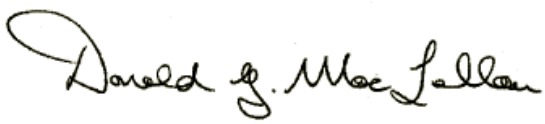
CORPORATE GOVERNANCE ATTESTATION STATEMENT
CENTRAL COAST LOCAL HEALTH DISTRICT

The following corporate governance attestation statement was endorsed by a resolution of the Central Coast Local Health District Board at its meeting on 26 August 2021.

The Board is responsible for the corporate governance practices of Central Coast Local Health District. This statement sets out the main corporate governance practices in operation within the organisation for the 2020-21 financial year.

A signed copy of this statement is provided to the Ministry of Health by 31 August 2021.

Signed:



Professor Donald G. MacLellan

Chair Date: 26 August 2021

Brad Astill

A/Chief Executive Date: 13 August 2021

STANDARD 1: ESTABLISH ROBUST GOVERNANCE AND OVERSIGHT FRAMEWORKS

Role and function of the Board

The Board carries out their functions, responsibilities and obligations in accordance with the *Health Services Act 1997, Government Sector Employment Act 2013*, and the determination of function for the organisation as approved by the Minister for Health.

The Board has in place practices that ensure that the primary governing responsibilities of the Board are fulfilled in relation to the following standards:

- Ensuring clinical and corporate governance responsibilities are clearly allocated and understood
- Setting the strategic direction for the organisation and its services
- Monitoring financial and service delivery performance
- Maintaining high standards of professional and ethical conduct
- Involving stakeholders in decisions that affect them
- Establishing sound audit and risk management practices.

Board Meetings

For the 2020-21 financial year the Board consisted of a Chair and ten members appointed by the Minister for Health. The Board met eleven times during this period.

Authority and role of senior management

All financial and administrative authorities that have been delegated by a formal resolution of the Board and are formally documented within a Delegations Manual for the Organisation.

The roles and responsibilities of the Chief Executive and other senior management within the Organisation are also documented in written position descriptions.

Regulatory responsibilities and compliance

The Board is responsible for and has mechanisms in place to ensure that relevant legislation and regulations are adhered to within all facilities and units of the Organisation, including statutory reporting requirements.

The Board also has a mechanism in place to gain reasonable assurance that the Organisation complies with the requirements of all relevant government policies and NSW Health policy directives and policy and procedure manuals as issued by the Ministry of Health.

STANDARD 2: ENSURING CLINICAL RESPONSIBILITIES ARE CLEARLY ALLOCATED AND UNDERSTOOD

The Board has in place frameworks and systems for measuring and routinely reporting on Clinical Governance and the safety and quality of care provided to the communities the Organisation serves. These systems and activities reflect the principles, performance and reporting guidelines as detailed in NSW Health Policy Directive '*Patient Safety and Clinical Quality Program'* (PD2005_608).

The Organisation has:

- Clear lines of accountability for clinical care which are regularly communicated to clinical staff and to staff who provide direct support to them. The authority of facility/network general managers is also clearly understood.
- Effective forums in place to facilitate the involvement of clinicians and other health staff in decision making at all levels of the organisation.
- A systematic process for the identification and management of clinical incidents and minimisation of risks to the organisation.
- An effective complaint management system for the organisation and complaint information is used to improve patient care.
- A Medical and Dental Appointments Advisory Committee to review the appointment or proposed appointment of all visiting practitioners and specialists. The Credentials Subcommittee provides advice to the Medical and Dental Appointment Advisory Committee on all matters concerning the clinical privileges of visiting practitioners or staff specialists.
- An Aboriginal Health Advisory Committee with clear lines of accountability for clinical services delivered to Aboriginal people.
- Adopted the *Decision Making Framework for NSW Health Aboriginal Health Practitioners Undertaking Clinical Activities* to ensure that Aboriginal Health Practitioners are trained, competent, ready and supported to undertake clinical activities.
- Achieved appropriate accreditation of healthcare facilities and their services.

The Chief Executive has mechanisms in place to ensure that the relevant registration authority is informed where there are reasonable grounds to suspect professional misconduct or unsatisfactory professional conduct by any registered health professional employed or contracted by the Organisation.

Health services are required to be accredited to the National Safety and Quality Health Service (NSQHS) Standards under the Australian Health Service Safety and Quality Accreditation Scheme (the AHSSQA Scheme).

The Organisation intends to submit an attestation statement confirming compliance with the NSQHS Standards for the 2020/21 financial year to their accrediting agency by 30 September 2021. The Organisation submitted an attestation statement to the accrediting agency for the 2019/20 financial year.

STANDARD 3: SETTING THE STRATEGIC DIRECTION FOR THE ORGANISATION AND ITS SERVICES

The Board has in place strategic plans for the effective planning and delivery of its services to the communities and individuals served by the Organisation. This process includes setting a strategic direction in a 3- to 5-year strategic plan for both the Organisation and the services it provides within the overarching goals of the 2020/21 NSW Health Strategic Priorities.

Organisational-wide planning processes and documentation is also in place, covering:

- Detailed plans linked to the Strategic Plan for the following:
  - Information management and technology
  - Research and teaching
  - Workforce management
- Corporate Governance Plan
- Aboriginal Health Action Plan

STANDARD 4: MONITORING FINANCIAL AND SERVICE DELIVERY PERFORMANCE

Role of the Board in relation to financial management and service delivery

The Board is responsible for ensuring compliance with the NSW Health Accounts and Audit Determination and the annual Ministry of Health budget allocation advice.

The Board is also responsible for ensuring that the financial and performance reports it receives and those submitted to the Finance and Performance Committee and the Ministry of Health are accurate and that relevant internal controls for the Organisation are in place.

To this end, the Board certifies that:

- The financial reports submitted to the Finance & Performance Committee and the Ministry of Health represent a true and fair view, in all material respects, of the Organisation's financial condition and the operational results are in accordance with the relevant accounting standards
- The recurrent budget allocations in the Ministry of Health's financial year advice reconcile to those allocations distributed to units and cost centres.
- Overall financial performance is monitored and reported to the Finance and Performance Committee of the organisation.
- Information reported in the Ministry of Health monthly reports reconciles to and is consistent with reports to the Finance and Performance Committee.
- All relevant financial controls are in place.
- Write-offs of debtors have been approved by duly authorised delegated officers.

Service and Performance

A written Service Agreement was in place during the financial year between the Board and the Secretary, NSW Health, and performance agreements between the Board and the Chief Executive, and the Chief Executive and all Health Executive Service Members employed within the organisation.

The Board has mechanisms in place to monitor the progress of matters contained within the Service Agreement and to regularly review performance against agreements between the Board and the Chief Executive.

The Finance and Performance Committee

The Board has established a Finance and Performance Committee to assist the Board and the Chief Executive to ensure that the operating funds, capital works funds, resource utilisation and service outputs required of the organisation are being managed in an appropriate and efficient manner.

The Finance and Performance Committee receives monthly reports that include:

- Financial performance of each major cost centre
- Subsidy availability
- The position of Restricted Financial Asset and Trust Funds
- Activity performance against indicators and targets in the performance agreement for the organisation
- Advice on the achievement of strategic priorities identified in the performance agreement for the organisation
- Year to date and end of year projections on capital works and private sector initiatives.

Letters to management from the Auditor-General, Minister for Health, and the NSW Ministry of Health relating to significant financial and performance matters, are also tabled at the Finance and Performance Committee.

During the 2020-21 financial year, the Finance and Performance Committee was chaired by Mr Neal O'Callaghan – Board Member until 31 December 2020 and Mr Greg Healy – Board Member from 01 January 2021 and comprised of:

- Mr Paul Tonkin, Board Chair
- Mr Greg Healy, Board Member (to 31 December 2020)
- Mr John Watkins, Board Member (to 31 December 2020)
- Mr Greg Flint, Board Member (from 1 January 2021)
- Mr Andrew Montague, Chief Executive (to 30 April 2021)
- Mr Brad Astill, Acting Chief Executive (from 01 May 2021)
- Mr Greg King, District Director, Asset Management, Finance and Procurement (to 30 September 2020)
- Mr Robert Wright, Acting District Director, Asset Management, Finance and Procurement (1 October 2020 to 31 December 2020)
- Mr Benjamin Tye, Acting District Director, Asset Management, Finance and Procurement (1 January 2021 to 28 February 2021)
- Mr Steven Carr, District Director, Asset Management, Finance and Procurement (from 1 March 2021)
- Ms Kate Lyons, Executive Director Operations
- Ms Fiona Wilkinson, District Director, Quality Strategy and Improvement

The Chief Executive and District Director, Asset Management, Finance and Procurement (Director of Finance) attended all meetings of the Finance and Performance Committee except where on approved leave.

STANDARD 5: MAINTAINING HIGH STANDARDS OF PROFESSIONAL AND ETHICAL CONDUCT

The Organisation has adopted the NSW Health Code of Conduct to guide all staff and contractors in professional conduct and ethical behaviour.

The Code of Conduct is distributed to, and signed by, all new staff and is included on the agenda of all staff induction programs. The Board has systems and processes in place to ensure the Code is periodically reinforced for all existing staff. Ethics education is also part of the organisation's learning and development strategy.

The Organisation has implemented models of good practice that provide culturally safe work environments and health services through a continuous quality improvement model.

There are systems and processes in place and staff are aware of their obligations to protect vulnerable patients and clients – for example, children and those with a mental illness.

The Chief Executive, as the Principal Officer, has reported all instances of corruption to the Independent Commission Against Corruption where there was a reasonable suspicion that corrupt conduct had, or may have, occurred, and provided a copy of those reports to the Ministry of Health.

During the 2020-21 financial year, the Chief Executive reported fourteen (14) cases to the Independent Commission Against Corruption.

Policies and procedures are in place to facilitate the reporting and management of public interest disclosures within the organisation in accordance with state policy and legislation, including establishing reporting channels and evaluating the management of disclosures.

During the 2020-21 financial year, the Organisation reported three (3) of public interest disclosures.

The Board attests that the Organisation has a fraud and corruption prevention program in place.

STANDARD 6: INVOLVING STAKEHOLDERS IN DECISIONS THAT AFFECT THEM

The Board is responsible for ensuring that the rights and interests of the Organisation's key stakeholders are incorporated into the plans of the organisation and that they are provided access to balanced and understandable information about the organisation and its proposals.

The District has a range of ways in involving consumers as partners in the design, delivery and evaluation of healthcare. The Consumer Participation Framework 2019 -2022 guides and assists the District with defining its direction, meeting its goals and working with the community. The Framework has been written with consumers for consumers and describes and supports the establishment of the consumer network. It also provides a governance structure and implementation of a toolkit for staff.

The Community, Consumer Engagement Committee is a subcommittee of the Board and meets monthly to discuss opportunities for consumer participation in all areas within the District. The role of the committee is to drive consumer engagement and partnership across the District at all levels. It also provides guidance incorporating the views of consumers to the Chief Executive and to the Board in order to improve the quality of health and healthcare through for the local community. There is a reporting mechanism in place that ensures that the committee is provided with key reports and documents to consider and comment on as required. The committee works proactively to facilitate the input of consumers of health services, and other members of the community, into the key policies, plans and initiatives of the organisation.

The District has consumers on all of the peak quality and safety committees and has a health literacy process that invites consumers to provide their input on the written information that we provide to consumers.

The District has commenced Patient Reported Measures and Patient Reported Experience Measures in key areas and has been funded a full time position from the Agency Clinical Innovation to further enhance this work.

The District has a patient experience consultant who works as part of the Consumer and Carer Engagement team who is working with members of the community on co-design projects to enhance the patient and carer experience.

Information on the key policies, plans and initiatives of the Organisation and information on how to participate in their development are available to staff and to the public at Central Coast Local Health District website (cclhd.health.nsw.gov.au/publications and cclhd.health.nsw.gov.au/consumer-participation).

The Organisation has the following in place:

- A consumer and community engagement plan to facilitate broad input into the strategic policies and plans.
- A patient service charter established to identify the commitment to protecting the rights of patients in the health system.
- A Local Partnership Agreement with Aboriginal Community Controlled Health Services and Aboriginal community services.
- Mechanisms to ensure privacy of personal and health information.
- An effective complaint management system.

STANDARD 7: ESTABLISHING SOUND AUDIT AND RISK MANAGEMENT PRACTICES

Role of the Board in relation to audit and risk management

The Board is responsible for supervising and monitoring risk management by the Organisation and its facilities and units, including the system of internal control. The Board receives and considers all reports of the External and Internal Auditors for the Organisation, and through the Audit and Risk Management Committee ensures that audit recommendations and recommendations from related external review bodies are implemented.

The Organisation has a current Risk Management Plan that identifies how risks are managed, recorded, monitored and addressed. It includes processes to escalate and report on risk to the Chief Executive, Audit and Risk Committee and Board.

The Plan covers all known risk areas including:

- Leadership and management
- Clinical care and patient safety
- Health of population
- Finance (including fraud prevention)
- Communication and information
- Workforce
- Legal
- Work health and safety
- Environmental
- Security
- Facilities and assets
- Emergency management
- Community expectations

Audit and Risk Management Committee

The Board has established an Audit and Risk Management Committee, with the following core responsibilities:

- to assess and enhance the organisation's corporate governance, including its systems of internal control, ethical conduct and probity, risk management, management information and internal audit
- to ensure that appropriate procedures and controls are in place to provide reliability in the Organisation's financial reporting, safeguarding of assets, and compliance with the Organisation's responsibilities, regulatory requirements, policies and procedures
- to oversee and enhance the quality and effectiveness of the Organisation's internal audit function, providing a structured reporting line for the Internal Auditor and facilitating the maintenance of their independence
- through the internal audit function, to assist the Board to deliver the Organisation's outputs efficiently, effectively and economically, so as to obtain best value for money and to optimise organisational performance in terms of quality, quantity and timeliness; and
- to maintain a strong and candid relationship with external auditors, facilitating to the extent practicable, an integrated internal/external audit process that optimises benefits to the organisation.

The Organisation completed and submitted an Internal Audit and Risk Management Attestation Statement for the 12-month period ending 30 June 2021 to the Ministry without exception.

The Audit and Risk Management Committee comprises three (3) members of which three (3) are independent and appointed from the NSW Government's Prequalification Scheme for Audit and Risk Committee Independent Chairs and Members.

QUALIFICATIONS TO THE GOVERNANCE ATTESTATION STATEMENT

Standard 6 - A Local Partnership Agreement with Aboriginal Community Controlled Health Services and Aboriginal community services.

Qualification

The Collaborative Partnership Agreement between Central Coast Local Health District, Yerin Aboriginal Health Service and Hunter New England and Central Coast Primary Health Network expired in October 2020.

A new agreement is still being negotiated.

Progress

The Aboriginal Health Plan that accompanies the Partnership Agreement has been completed.

Remedial Action

Central Coast Manager of Aboriginal Health has undertaken to progress the finalisation of the Partnership Agreement.

Signed:

Brad Astill

Acting Chief Executive

Date: 13 August 2021

Karen Berry

[Insert name]

Chief Audit Executive

Date 30/8/21