

# Corporate Governance Plan 2023

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# Contents

Version Control	3
Background	4
Context	4
Governance Standards	5
Monitoring and Review	18

# Version Control

Date	Revision	Author and Approval
July 2021	1	<b>Author:</b> Gina Finocchiaro Director, Workforce and Corporate Operations <b>Approval:</b> Dr Teresa Anderson AM Chief Executive, Sydney Local Health District
June 2023	2	<b>Author:</b> Gina Finocchiaro Director, Workforce and Corporate Operations <b>Approval:</b> Dr Teresa Anderson AM Chief Executive, Sydney Local Health District

# Background

Sydney Local Health District has a simple but important vision – *Excellence in health and healthcare for all*. Underpinning such a vision is a commitment to the sound management and control of our organisation. Sydney Local Health District is committed to the principles and practice of good governance – that is, a strong demonstrated ongoing commitment and practice of transparency, accountability and compliance with all laws, codes and directions. Our District is also committed to meeting community expectations – those of our patients, families, visitors, staff and communities, including stakeholders.

Good governance is critical for a high performing organisation. The Sydney Local Health District Corporate Governance Plan was developed to articulate the strategic plans, guidelines, directives, policies and governance structures that assist us to meet legislative and portfolio requirements with accountability and responsibility.

# Context

Sydney Local Health District forms part of NSW Health and as such, has supporting information regarding corporate governance.

The Corporate Governance & Accountability Compendium for NSW Health (2020) outlines the governance requirements and sets out roles, relationships and responsibilities for Sydney Local Health District.

Information in the Compendium noted above is 'sourced from legislation, Whole of Government directives issued through the Department of Premier and Cabinet or NSW Treasury, NSW Health policy directives or guidelines and other best practice resources' (p3).

The Compendium outlines the seven corporate governance standards applying to organisations as part of NSW Health. These include:

**Standard 1:** Establish robust governance and oversight frameworks.

**Standard 2:** Ensure clinical responsibilities are clearly allocated and understood.

**Standard 3:** Set the strategic direction for the organisation and its services.

**Standard 4:** Monitor financial and service delivery performance.

**Standard 5:** Maintain high standard of professional and ethical conduct.

**Standard 6:** Involve stakeholders in decisions that affect them.

**Standard 7:** Establish sound audit and risk management practices.

This Corporate Governance Plan forms part of the annual Corporate Governance Attestation Statement. It also assists the Board and District Executive on our corporate governance practices.

# Governance Standards

## Standard 1: Establish robust governance and oversight frameworks

Document or Artefact	Purpose / Overview
<b>Appointment of Board Members</b>	Board members are appointed by the Minister for Health through a centralised, transparent process administered by the Ministry of Health.
<b>Operating structures for the Board</b>	Board members complete relevant annual training and are governed by Board processes including meeting schedules pursuant to the Health Services Act 1997.
<b>Board Sub-Committees</b>	In addition to Board meetings, the Board has six sub committees: <ul style="list-style-type: none"> <li>• Finance, Risk and Performance Management Committee; chaired by a Board Member</li> <li>• Audit and Risk Committee: Independent Chair – three Board Members</li> <li>• Education and Research Committee chaired by a Board Member and one other in attendance.</li> <li>• Strategic Communications and Partnerships chaired by a Board Member and one other in attendance</li> <li>• Clinical Quality Council chaired by a Board Member and two others in attendance</li> <li>• Clinical Council chaired by a Board Member and two others in attendance</li> </ul>
<b>Board Representation on other Committees</b>	Board member/s also attend: <ul style="list-style-type: none"> <li>• Medical Staff Executive Council – two Board Members in attendance</li> <li>• Patient &amp; Family Centred Care (PFCC) Steering Committee - two Board Members in attendance</li> <li>• Cyber Security Steering Committee - one Board Member attends</li> <li>• Aboriginal Health Steering Committee - two Board Members attends</li> </ul>
<b>Sydney Local Health District Model By-Laws</b>	These by-laws establish a set of core governance provisions for the Local Health District.
<b>Delegations Manual</b>	Sets out clear, unambiguous delegations that are applied consistently throughout Sydney Local Health District. Provides guidance and direction on the authorisation and quantification of expenditure, staff related matters and other non-financial matters.
<b>Organisational Structure</b>	Clarifies relationships, lines of approval, reporting and hierarchy within the organisation.
<b>Committee Structure</b>	Clarifies reporting structure and hierarchy of committees within the organisation.

<b>Position Descriptions for employees, contractors, contingent workers</b>	<p>Outlines the purpose, key accountabilities and relationships, and core requirements of a position/role.</p> <p>In addition to recruitment, they are an effective tool for workforce planning and form the basis for the development of staff performance reviews.</p>
<b>Managing for Performance Policy</b>	State-wide policy which articulates management of performance, including unsatisfactory performance. Aligns workforce capabilities with performance and organisation objectives.
<b>Sydney Local Health District Aboriginal Health Strategic Plan</b>	Provides a vision and plan of action for Aboriginal Health within Sydney Local Health District, which is to improve Aboriginal access to healthcare, strengthening partnerships with government and non-government organisations in both health and non-health sectors, significantly expanding and enhancing the District's Aboriginal workforce, and providing high quality mandatory and voluntary Aboriginal cultural education.
<b>Board Charter including Board Minutes publicly available</b>	The Board of Sydney Local Health District is committed to open and transparent governance. As part of this commitment, the minutes of the monthly Board meetings are published each month on the webpage. Meetings are held on the second Monday of each month.
<b>Audit and Risk Management Charter</b>	The Charter sets out the Audit and Risk Management Committee's objectives, authority, composition and tenure, roles and responsibilities, reporting and administrative arrangements. The Charter is reviewed annually.
<b>Internal Audit Charter</b>	This charter provides the framework for the conduct of the Internal Audit function in Sydney Local Health District and has been approved by the Chief Executive taking into account the advice of the Audit and Risk Committee. This charter is reviewed annually by the Audit and Risk Committee.

## Standard 2: Ensure clinical responsibilities are clearly allocated and understood

<b>Document or Artefact</b>	<b>Purpose / Overview</b>
<b>NSW Health Policy Directive PD2020_013 - Complaint Management</b>	A policy which outlines the complaint management process with clear lines of communication, timeframes and documentation of complaints, feedback, suggestions, and compliments.
<b>IMS+</b>	A state-wide incident management system for the review and management of all incidents and near misses.
<b>Medical and Dental Appointments Advisory Committee (MDAAC)</b>	Defined Medical and Dental Appointments Advisory Committee credentialing committee for medical and dental staff appointments. Clear accountabilities and processes are outlined. Supported by the Procedures for Appointment and

	Determining Scope of Practice for Senior Medical and Dental Practitioners in Sydney Local Health District <a href="#">SLHD_PCP2021_042</a>
<b>Sydney Local Health District Policies and Procedures on intranet</b>	A high quality, streamlined and responsive policy framework for Sydney Local Health District that ensures compliance with NSW Health policies and promotes clinical and service excellence.
<b>Committee Structure</b>	Clarifies reporting structure and hierarchy of committees within the organisation.
<b>Organisation Structure</b>	Clarifies relationships, lines of approval and reporting and hierarchy within the organisation, including clinical directors.
<b>Eating Disorders Strategic Plan</b>	Provides a vision and plan of action for Eating Disorders within Sydney Local Health District.
<b>Nursing and Midwifery Strategic Priorities</b>	Provides a vision, priorities, and plan of action for nursing and midwifery within Sydney Local Health District.
<b>Renal Dialysis Plan</b>	Provides a vision and plan of action for Renal patients within Sydney Local Health District.
<b>Inner West Sydney Child and Health Wellbeing Plan</b>	Provides a vision and plan of action for Children and families within Sydney Local Health District.
<b>Disability Action Plan</b>	Provides a vision and plan of action for patients with a disability within Sydney Local Health District.
<b>Organ Donation for Transplantation Plan</b>	Provides a vision and plan of action for Organ Donation for Transplantation within Sydney Local Health District.
<b>Sexual Health Strategy</b>	Provides a vision and plan of action for sexual health services within Sydney Local Health District.
<b>Dementia Action Plan</b>	Provides a vision and plan of action for provision of care to people with dementia within Sydney Local Health District.
<b>Drug Health Services Strategic Plan</b>	Provides a vision and plan of action for drug health services within Sydney Local Health District.
<b>Sydney Local Health District Grading Committee</b>	This committee considers all applications for grading of new and existing positions within Sydney Local Health District (with the exception of nursing and midwifery and medical positions).

<b>Sydney Local Health District Nursing and Midwifery Grading Committee</b>	This committee considers applications for grading and re- grading for all nursing and midwifery positions.
<b>Professional Practice Governance Committee</b>	This committee provides oversight and a standard approach for the management of serious complaints and concerns about clinicians working in Sydney Local Health District; and all allegations of misconduct, bullying and harassment.
<b>Serious Incident Risk Management Policy SLHD_PCP2021_024</b>	Ensures a coordinated approach in the management of serious incidents. Operationalises the requirements of the NSW Health Incident Management Policy.
<b>Accreditation Processes and Accreditation of Facilities</b>	The National Safety and Quality Health Service (NSQHS) Standards provide a nationally consistent statement of the level of care consumers can expect from health service organisation.
<b>Clinical Governance Units</b>	The Sydney Local Health District Clinical Governance Unit and facility units work cooperatively with all disciplines, services, and facilities to continuously improve safety and quality in all aspects of patient care. The Clinical Governance Unit also takes a lead role in building and maintaining the capacity of managers and clinicians to improve systems and practices that support the delivery of safe, high-quality healthcare throughout the District.
<b>Aboriginal Health Steering Committee</b>	The Aboriginal Health Steering Committee provides leadership and support for the system wide approach to addressing the directions and strategies of the District's Aboriginal Health Strategic Plan and the District Strategic Plan. In addition, the committee ensures that the implementation process is community driven, respectful of Aboriginal culture, supportive of ongoing partnerships, and committed to Closing the Gap between Aboriginal and non- Aboriginal people by striving to have the healthiest Aboriginal community in Australia. The use of Aboriginal Impact Statements is incorporated into all Facility Strategic Plans and their continued use is monitored for all future health service plans to ensure health services are aligned and deliver the health, cultural and social needs of Aboriginal people.
<b>Aboriginal Workforce Strategies</b>	Supports the growth of our Aboriginal workforce in order to foster a culturally sensitive work environment in Sydney Local Health District.  The Aboriginal Workforce Action Plan 2023- 2028 is currently in place. While major strategies are incorporated in the Workforce Strategic Plan, this action plan provides a foundation and vision in how the District attracts, grows, supports, and retains a skilled and resilient Aboriginal health workforce. This has enabled the District to remain adaptable and responsive in delivering excellence in patient and family centred care that is culturally appropriate.
<b>Models of Care</b>	Multiple documented models of care outlining best practice care and services for population groups, diagnostic categories and patient cohorts as they progress through the stages of a condition, injury or event.



<b>Clinical Redesign</b>	This unit is primarily focused on improving clinical processes to enhance the patient journey via analysis, impact statements, patient journeys and introducing better ways to provide care.
<b>MDOK / My District OK</b>	A funded program designed to drive cultural and systemic change in health by teaching medical doctors the skills to manage their own wellbeing and improve their health and wellbeing. MDOK will pivot in 2023 to MyDistrictOK, which will encompass all staff in health and well-being initiatives.
<b>Policy Committee</b>	This committee delivers a high quality, streamlined and responsive policy framework for Sydney Local Health District that ensures compliance with NSW Health policies and promotes clinical service excellence.
<b>Guiding documents for Policy and Procedure development</b>	Multiple resources are available for the development, review and management of policies and procedures including the Governance and Development of Policy, Procedures and Guidelines SLHD_PCP2021_002
<b>Intranet and distribution of policies</b>	A dedicated intranet accessible site captures all policies and procedures for Sydney Local Health District.
<b>Compliance checklists from General Managers</b>	Monthly compliance checklists are completed by General Managers for a range of functions, including internal audit reports and investigations; Delegations Manual / Audit & Determinations Manual; fundraising and donations activities; financial budget; staff recruitment; professional registrations, etc.
<b>Clinical Supervision of Junior Medical Staff Guideline (SLHD_GL2021_030)</b>	This guideline describes the principles and actions to be taken to ensure Sydney Local Health District doctors-in-training have appropriate levels of clinical supervision.
<b>Clinical Supervision Policies (Mental Health, Community Health, Allied Health, Drug Health, Group Clinical Supervision, Medical)</b>	Policies and guidelines outlining the processes supporting the provision and reporting of clinical supervision across services and facilities. Obligations and standardisation of processes for clinical supervision to support the achievement of organisational goals.

### Standard 3: Set the strategic direction for the organisation and its services

<b>Document or Artefact</b>	<b>Purpose / Overview</b>
<b>Sydney Local Health District Strategic Plan 2018-23</b>	Sydney Local Health District Strategic Plan projects a vision for the District from 2018-2023 and sets priorities and a framework for planning and decision making across Sydney Local Health District. Consultation has commenced for the next Strategic Plan.

<b>Sydney Local Health District Workforce Strategic Plan 2023-28</b>	This plan is a key enabling plan to the District's Strategic Plan and vision, aligning with NSW Health Workforce and Future Health Planning Strategic directions and priorities.
<b>Sydney Education Strategic Plan 2023-28</b>	The Sydney Education Strategic Plan has concluded. Following consultation with staff, the Education Strategic Plan 2023 – 2028 has been developed and is scheduled for launch on 27 July 2023.
<b>Sydney Local Health District Workforce Disability Inclusion Action Plan 2021-25</b>	The Plan, launched in July 2021 builds upon the District's previous work and achievements. It challenges us to be ambitious in how we embrace diversity in our workforce, aiming to reach the Premier's priority target of 5.6% disability workforce participation by 2025.
<b>Aboriginal Health Strategic Plan 2018-22</b>	Aboriginal Health Strategic Plan projects a vision for Aboriginal Health from 2018-2022 and sets priorities and a framework for planning and decision making across Sydney Local Health District to 'Closing the Gap' between Aboriginal and non-Aboriginal people.
<b>Balmain Hospital Strategic Plan 2019-24</b>	Balmain Hospital Strategic Plan projects a vision for Balmain Hospital from 2019-2024 and sets priorities and a framework for planning and decision making across Sydney Local Health District.
<b>Canterbury Hospital Strategic Plan 2019-24</b>	Canterbury Hospital Strategic Plan projects a vision for Canterbury Hospital from 2019-2024 and sets priorities and a framework for planning and decision making across Sydney Local Health District.
<b>Child Health and Wellbeing Plan 2016-21</b>	Our commitment to improving child health and wellbeing in Sydney's inner west.
<b>Community Health Services Strategic Plan 2019-24</b>	Community Health Services Strategic Plan projects a vision for Community Health Services from 2019-2024 and sets priorities and a framework for planning and decision making across Sydney Local Health District.
<b>Concord Hospital Strategic Plan 2019-24</b>	Concord Hospital Strategic Plan projects a vision for Concord Hospital from 2019-2024 and sets priorities and a framework for planning and decision making across Sydney Local Health District.
<b>Eating Disorders Strategic Plan 2019-24</b>	Key strategic focus areas for improving treatment and service delivery for people with eating disorders.
<b>Inner West Sydney Youth Health and Wellbeing Plan 2018-23</b>	Collaborating to improve the health and wellbeing of young people across Inner West Sydney.

<b>Institute of Academic Surgery Strategic Plan 2019-23</b>	The Plan details the planned focus and direction of the IAS which is guided by an overarching framework including a range of interventions that have been developed in line with the vision, goal and key objectives of the Institute.
<b>Mental Health Service Strategic Plan 2023-28</b>	Mental Health Service Strategic Plan projects a vision for Mental Health Services and sets priorities and a framework for planning and decision making across Sydney Local Health District.
<b>Population Health Strategic Plan 2019-24</b>	Working to protect and promote the health of the local population, the Population Health Strategic Plan 2019-2024 projects its commitment to health promotion, prevention, and equity.
<b>Public Health Unit Strategic Plan 2019-24</b>	Key strategic focus areas for providing health protective services over the five-year period.
<b>Research Strategic Plan 2018-23</b>	This plan sets to strengthen biomedical, clinical research including clinical trials, health services research, population health research, translational research, and implementation science that is driven by the priorities of our health services and the communities they serve.
<b>Royal Prince Alfred Hospital Strategic Plan 2019-24</b>	Royal Prince Alfred Hospital Strategic Plan projects a vision for Royal Prince Alfred Hospital from 2019-2024 and sets priorities and a framework for planning and decision making across Sydney Local Health District.
<b>Sydney Dental Hospital Strategic Plan 2019-24</b>	Sydney Dental Hospital Strategic Plan projects a vision for Sydney Dental Hospital from 2019-2024 and sets priorities and a framework for planning and decision making across Sydney Local Health District.
<b>Asset Management Plan 2021/22 to 2025/26</b>	This Plan is a key management document of the NSW Health Asset Management Framework and provides direction for asset management, which includes asset management objectives and strategies for managing assets and achieving defined outcomes.
<b>Sydney Local Health District Equity Framework</b>	Articulates Sydney Local Health District's commitment to improving health equity and achieving the goal of excellence in healthcare for all, to ensure the community has equitable access to high quality patient centred care.
<b>Sydney Local Health District Corporate Governance Plan 2023-24</b>	This document pulls together the key components of the governance framework (seven governance standards for NSW Health organisations).

#### **Standard 4: Monitor financial and service delivery performance**

<b>Document or Artefact</b>	<b>Purpose / Overview</b>
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<b>Local Health District Service Agreement</b>	<p>The principal purpose of the Service Agreement is to set out the service and performance expectations for funding and other support provided to Sydney Local Health District, to ensure the provision of equitable, safe, high quality and human-centred healthcare services. It articulates direction, responsibility, and accountability across the NSW Health System.</p>
<b>Sydney Local Health District Delegations Manual</b>	<p>Sets out clear, unambiguous delegations that are applied consistently throughout the District. Provides guidance and direction on the authorisation and quantification of expenditure, staff related matters and other non-financial matters.</p>
<b>NSW Health Procurement PD2022_020</b>	<p>Staff undertaking procurement of goods and services on behalf of Sydney Local Health District will liaise with the Sydney Local Health District Procurement, Contracts &amp; Supply Service directorate for guidance on adhering to NSW Health and NSW Government requirements.</p>
<b>Major Procurement, Assets and Imaging Steering Committee</b>	<p>This committee provides advice to the Chief Executive and the District Board on asset planning and management and the prioritisation, management, coordination, and compliance of major procurements (&gt;\$250,000) and/or including contracts &gt;12 Months' duration.</p>
<b>Tender Review Committee</b>	<p>The Tender Review Committee is responsible for the oversight and facilitation of tendering processes, to review and contribute to tender reports, policies and guidelines.</p>
<b>Monthly Board Meetings</b>	<p>The Chief Executive and Board are responsible for:</p> <ul style="list-style-type: none"> <li>• Improving local patient outcomes and responding to issues that arise throughout our Local Health District.</li> <li>• Monitoring the performance of our Local Health District against performance measures in the LHD Service Agreement.</li> <li>• Delivering services and performance standards within an agreed budget, based on annual strategic and operating plans. This forms the basis of our Local Health District Service Agreement.</li> <li>• Ensuring services are provided efficiently and accountably. Production of Annual Reports that are subject to State financial accountability and audit frameworks.</li> <li>• Maintaining effective communication with local and State public health stakeholders.</li> </ul>
<b>Monthly Finance, Risk and Performance Management Committee (FRAP)</b>	<p>This committee meets monthly and reviews performance and risks across the District.</p>
<b>Audit and Risk Management Committee</b>	<p>This Committee provides independent oversight to the Board and the Chief Executive by monitoring, reviewing and providing advice about the organisation's governance processes, risk management, control frameworks and its external accountability requirements.</p>

<b>Monthly Risk Management Committee meetings</b>	This committee ensures there is an appropriate framework in place for identifying, managing, monitoring and prioritising risks and reporting these to the FRAP Committee.
<b>Internal Control Questionnaire</b>	Certification of the effectiveness of internal controls over financial information is completed annually by the Chief Executive and other Tier 2 executive members.

## Standard 5: Maintain high standard of professional and ethical conduct

<b>Document or Artefact</b>	<b>Purpose / Overview</b>
<b>Medical and Dental Appointments Advisory Committee (MDAAC)</b>	Defined Medical and Dental Appointments Advisory Committee credentialing committee for medical and dental staff appointment. Clear accountabilities and processes are outlined. SLHD_PCP2021_042
<b>Credentialing, Scope of Practice</b>	Policy, processes and structures to ensure provision of quality, safe health services through the appointment of appropriately qualified and skilled staff with regular review of clinical competence.
<b>Volunteers Policy</b>	Policies covering the management of volunteers to support the achievement of organisational goals. Outlines responsibilities under the Enterprise Risk Management System – Partnering with Consumers.
<b>Contractor Management</b>	Non-employee management covering contractors, sub- contractors and other workers. Outlines obligations for WHS and management of contractors.
<b>Student Placement Agreements</b>	Requirement for all education providers to govern the arrangements and processes required for University and non-secondary school VET organisations.
<b>NSW Health Code of Conduct PD2015_049</b>	Defines standards of ethical and professional conduct that are required of everyone working in NSW Health in any capacity, the outcomes we are committed to, and the behaviours which are unacceptable and will not be tolerated. The intent is to provide a framework to promote ethical day to day conduct and decision-making.
<b>Recruitment and Selection of Staff to the NSW Health Service PD2017_040</b>	<p>Policy outlines the mandatory standards to be applied when recruiting and selecting staff for employment in the NSW Health Service.</p> <p>The Workforce Operations Unit (recruitment and transaction) is focused on providing operational support and advice to hiring managers.</p>
<b>Managing for Performance PD2016_040</b>	State-wide policy which articulates management of performance, including unsatisfactory performance. Aligns workforce capabilities with performance and organisation objectives.

<b>Managing Misconduct Policy PD2018_031</b>	Sets out the requirements for managing potential and/or substantiated misconduct by staff of the NSW Health Service and by visiting practitioners. Flowcharts, checklists, and templates are included.
<b>Competency Assessments and Clinical Education</b>	Multiple competency assessments in each clinical area to ensure a standard of competence and compliance across clinical and non-clinical staff.
<b>Sydney Education</b>	Sydney Education is the training and education service for Sydney Local Health District. District staff are offered over 300 courses per year and have a comprehensive range of both clinical and non-clinical courses and programs.
<b>Leadership Programs</b>	Leadership programs within Sydney Local Health District help to build confidence, support managers and leaders and increase the culture of leadership and management. Some courses are RTO qualifications.
<b>Cultural Programs including Respecting the Difference training</b>	A framework and education program which aims to increase cultural competencies and therefore promote greater understanding of the processes and protocols for delivering health services to Aboriginal people.
<b>Professional Registration Processes</b>	Centrally managed process through the StaffLink platform, with regular monitoring.
<b>Health Record Management Policy</b>	Defines the requirements for the documentation and management of health care records across public health organisations in the NSW public health system. Ensure that high standards for documentation and management of health care records are maintained consistent with common law, legislative, ethical and current best practice requirements.
<b>Privacy Policy</b>	A guide to assist staff to with confidentiality and security of patient information to ensure release and access of patient information is in accordance with District, State and Commonwealth legislation, in particular the Health Records and Information Privacy Act 2002 NSW.
<b>Management Accountability Framework</b>	The Management Accountability Framework has been developed to support managers; it outlines the core expectations of our managers and provides clear guidance about the activities that we should be undertaking on a daily, weekly, monthly and annual basis.
<b>Staff Accountability Framework</b>	The Staff Accountability Framework has been developed to support all staff within the Local Health District. It articulates responsibilities and standards of working which should be followed.
<b>Legislative Compliance</b>	Clear policy directive on Legislative Compliance: Organisational, Management and Staff Obligations SLHD_PD2021_048. This outlines commitment, action and processes involved in complying with relevant legislation and other legal and

compliance obligations. This provides support for corporate governance responsibilities in relation to both clinical and non-clinical obligations.

## Standard 6: Involve stakeholders in decisions that affect them

Document or Artefact	Purpose / Overview
<b>Community and Consumer Participation Framework</b>	<p>The Community and Consumer Participation Framework reinforces the District’s commitment to partnering with consumers, carers and the community in their own care as well as in the planning, co-design, governance, measurement and evaluation of our health services.</p> <p>The Community Participation Framework 2023 – 2028 is nearing completion of the consultation process.</p>
<b>Health Literacy Framework</b>	A framework articulating action, vision, recommendations and plans for improving the health literacy of communities, patients and staff. Written with consumers.
<b>Consumer meetings and networks and structure</b>	A strong, well-managed and documented structure for community participation and engagement. A framework is also available outlining structure, commitment and actions. Embedded across the District at all levels.
<b>Your rights and responsibilities brochures</b>	Outlines the rights and responsibilities of NSW Health services and staff, and patients and carers.
<b>Complaints process and guidelines</b>	The Complaint Management Guidelines provide guidance to people dealing with a complaint. To support NSW Health staff to ensure that identified risks arising from complaints are managed appropriately, that issues are addressed satisfactorily, that effective action is taken to improve service to consumers.
<b>Patient surveys</b>	Multiple patient surveys for both inpatient and outpatient cohorts in order to drive improvement and collate, review and evaluate patient experience and engage patients and families in their care experience.
<b>Patient Experience Positions</b>	Dedicated, funded positions for Patient and Family Experience in emergency departments and other high-risk areas across the District.
<b>Patient and Family Centred Care (PFCC) Working Groups and Structure</b>	<ul style="list-style-type: none"> <li>• PFCC Our Staff</li> <li>• PFCC Our Patients</li> </ul> <p>These leadership groups report to the Steering Committee.</p>

<b>Death reviews</b>	All deaths are screened by the death review process. This may be inclusive of or separate to the Mortality and Morbidity meetings. Terms of reference available.
<b>Public display of key performance indicators</b>	Safety and quality performance indicators are displayed publicly for all visitors to the see. Performance indicators include falls, pressure injuries, hand hygiene
<b>You said, We did</b>	Ward level feedback for public display outlining patient and family feedback and what solutions are being taken as a result of the feedback.
<b>Family Case Conferencing</b>	Case conferencing incorporates family members and patients and significant others. These are documented in notes and a structure is in place to support this.
<b>Annual General Meeting (AGM)</b>	A public event outlining the year for Sydney Local Health District. Well attended by the general public and hosted by the Chair of the Board and the Chief Executive.
<b>Joint Consultative Committee (JCC)</b>	The JCC is a forum for consultation and discussion between Sydney Local Health District and health unions.
<b>Clinical Redesign</b>	Dedicated unit and staffing working within Clinical Redesign. Primarily focused on improving clinical processes to enhance the patient journey via analysis, impact statements, patient journeys and introducing better ways to provide care.
<b>Welcoming Partners in Care and Visitors SLHD_PD2020_022</b>	Sydney Local Health District aims to support family, friends, carers and significant others through the formal recognition and identification of such people as partners- in-care, if nominated by the patient. The policy helps to identify the patient's nominated partner/s-in-care and maintain a safe environment for the patient and those involved in the patient's care. SLHD wishes to formally recognise and work collaboratively with nominated partners-in-care' by making the healthcare setting an empowering one that enables the active participation of partner/s-in-care in the patient journey.
<b>NGO Program</b>	Working with our funded NGO partners in key vulnerable and marginalised groups. Clinical governance of services is the responsibility of the board of management of each NGO and we support the NGO with their priorities, plans and action.
<b>Consumer and Community Advisory Council</b>	Through the PFCC Working Group, the Consumer and Community Advisory Council was established to ensure that the voice of patients and consumers were adequately represented in the community.



## Standard 7: Establish sound audit and risk management practices

Document or Artefact	Purpose / Overview
<b>Audit and Risk Committee</b>	The Board has established the Audit and Risk Management Committee ('the Committee') in compliance with the NSW Health Internal Audit Policy. This Committee is formed with 3 independent members and meets 4 times per year with 3 additional meetings for the financial statement reviews.
<b>Enterprise Risk Management System</b>	The Enterprise Risk Management System contains all the risks and opportunities identified across the District.
<b>Incidents and near misses are recorded</b>	Incidents and near misses are recorded on the Incident Management System Plus (IMS+).
<b>Internal Audit Attestations at year end.</b>	The Internal Audit Attestation is to attest that the District has an internal audit and risk management framework and processes in operation that are, in all material respects, compliant with the policy and procedures contained in the NSW Health Internal Audit Policy Directive (PD2022_022)
<b>Internal Audit Policy PD2022_022</b>	This Policy Directive describes the internal audit framework and governance practices that NSW Health Organisations must implement and maintain to ensure objective oversight of the organisations activities. NSW Health Organisations are required to maintain an effective, independent Internal Audit function in accordance with this Policy Directive and Procedures.
<b>Risk Management Policy</b>	This Policy Directive describes the requirements for NSW Health organisations to establish, maintain and monitor risk management practices in accord with the Australian/New Zealand Standard ISO 31000:2009, consistent with whole of Government policies.
<b>Fraud Policy SLHD_PCP2022_059</b>	This is a Fraud Control Strategy that aims to foster an environment that actively discourages fraudulent activities in order to protect the District's assets, interests and reputation, and to provide a transparent framework for reporting and investigating fraud should it occur. It documents the District's approach to the prevention, detection, reporting and investigation of fraud and corruption.
<b>Internal Audit Annual Audit Plan</b>	The Internal Audit Department has an annual calendar of audits which are presented to the Audit & Risk Committee. The calendar outlines the planned audits being undertaken across the District.

# Monitoring and Review

In addition to the strategies outlined above in Standards 1-6, Sydney Local Health District performs other functions and processes to assist compliance with the corporate governance framework.

These include, for example:

- Regular review of the Sydney Local Health District Delegations Manual.
- Regular review of committees and their Terms of Reference.
- Regular review of policies and procedures.
- Regular review of the organisational structure.
- Monitoring of excessive leave balances.
- Monitoring compliance with performance development reviews.



Sydney,  
it's *your* local  
health district