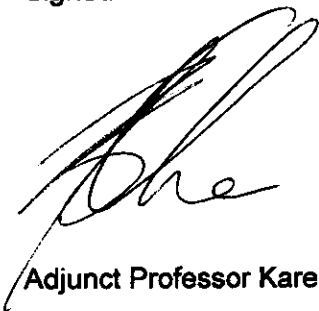

**CORPORATE GOVERNANCE ATTESTATION STATEMENT
SYDNEY LOCAL HEALTH DISTRICT**

The corporate governance attestation statement was presented to the Sydney Local Health District Board at its meeting on 19th August 2024. It was subsequently endorsed out of session by the Board and signed by the Chair on the 26th August 2024.

The Board is responsible for the corporate governance practices of the Sydney Local Health District. This statement sets out the main corporate governance practices in operation within the Sydney Local Health District for the 2023-24 financial year.

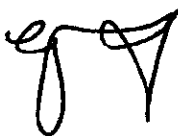
A signed copy of this statement is provided to the Ministry of Health by 31 August 2024.

Signed:



Adjunct Professor Karen Crawshaw PSM
Chair

Date 26/8/24



Mr Graeme Loy PSM
Acting Chief Executive

Date 26/8/24

STANDARD 1: ESTABLISH ROBUST GOVERNANCE AND OVERSIGHT FRAMEWORKS

Role and function of the Board and Chief Executive

The Board and Chief Executive carry out their functions, responsibilities and obligations in accordance with the *Health Services Act 1997* and the *Government Sector Employment Act 2013*.

The Board has approved systems and frameworks that ensure the primary responsibilities of the Board are fulfilled in relation to:

- Ensuring clinical and corporate governance responsibilities are clearly allocated and understood
- Setting the strategic direction for the entity 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 2023-24 financial year the Board consisted of a Chair and 12 members appointed by the Minister for Health. The Board met 11 times during this period.

Authority and role of senior management

All financial and administrative authorities that have been delegated by the Chief Executive are formally documented within a Delegations Manual for the Sydney Local Health District (SLHD). The delegations are approved by a formal resolution of the Board.

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

Regulatory responsibilities and compliance

The Board oversees and supports mechanisms aimed at promoting adherence to relevant legislation and regulations within all facilities and units of the SLHD, including statutory reporting requirements.

The Board also has mechanism(s) in place to gain reasonable assurance that the SLHD complies or can identify and rectify areas of non-compliance 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 in a timely manner.

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 SLHD serves. These systems and activities reflect the principles, performance and reporting guidelines as detailed in NSW Health Policy Directive '*Clinical Governance in NSW*' (PD2024_010).

The SLHD 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 SLHD.
- A systematic process for the identification and management of clinical incidents and minimisation of risks to the SLHD.
- An effective complaint management system for the SLHD 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 and other health 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.
- Licensing and registration requirements which are checked and maintained.
- A Medical Staff Executive Council, at least two Medical Staff Councils and a Mental Health Medical Staff Council (or an alternative mechanism established in accordance with the Model By-Laws).
- A Hospital Clinical Council for each public hospital in the entity (where appropriate that Council may be a Joint Hospital Clinical Council covering more than one hospital).
- A Local Health District Clinical Council.

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 SLHD.

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 SLHD intends to submit an attestation statement confirming compliance with the NSQHS Standards for the 2023/24 financial year to their accrediting agency. The SLHD submitted an attestation statement to the accrediting agency for the 2022/23 financial year.

STANDARD 3: SETTING THE STRATEGIC DIRECTION FOR THE ENTITY 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 SLHD. This process includes setting a strategic direction in a 3- to 5-year strategic plan for both the SLHD and the services it provides within the overarching goals of the 2023/24 NSW Health Strategic Priorities. The SLHD Strategic Plan was in place for 2018 – 2023. Whilst this plan has expired, a well-developed draft SLHD Strategic Plan 2024-2029 is in place. The draft plan has been reviewed by the Board and is awaiting the appointment of a new Chief Executive before finalisation.

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

- Detailed plans linked to the Strategic Plan for the following:
 - Asset management
 - Asset management plan (AMP)
 - Strategic asset management plan (SAMP)
 - Information management and technology
 - Research and teaching
 - Workforce management
- Local Health Care Services Plan
- 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 SLHD is responsible for ensuring compliance with the NSW Health Accounts and Audit Determination and the annual Ministry of Health budget allocation advice.

The Chief Executive is responsible for confirming the accuracy of the information in the financial and performance reports provided to the Board and those submitted to the Finance and Performance Committee and the Ministry of Health and that relevant internal controls for the SLHD are in place to recognise, understand and manage its exposure to financial risk.

The Board has confirmed that there are systems in place to support the efficient, effective and economic operation of the SLHD, to oversight financial and operational performance and assure itself financial and performance reports provided to it are accurate.

To this end, Board and Chief Executive certify 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 SLHD'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 SLHD.
- 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 SLHD.

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 SLHD 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 SLHD

Corporate Governance Attestation Statement

SYDNEY LOCAL HEALTH DISTRICT

1 July 2023 to 30 June 2024



- Advice on the achievement of strategic priorities identified in the performance agreement for the SLHD
- 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 2023-24 financial year, the Finance and Performance Committee was chaired by Ms Ronwyn North and comprised of:

- Dr Teresa Anderson, AM, Chief Executive, SLHD (until 27 May 2024)
- Mr Graeme Loy, PSM, Acting Chief Executive, SLHD (from 29 May 2024)
- Ms Ronwyn North, Chair
- Mr John McGee, Board Member
- Mr Ross Sinclair, Executive Director of Finance, SLHD (from February 2023 until August 2023).
- Mr Puneet Datta, Acting Executive Director of Finance, SLHD (from September 2023).
- Ms Genevieve Wallace, Executive Director of Operations, SLHD (from April 2023).
- Ms Gina Finocchiaro, Director Workforce and Corporate Operations, SLHD
- Dr Andrew Hallahan, Executive Director, Medical Services, Clinical Governance & Risk, SLHD
- Ms Ivanka Komusanac, Director of Nursing & Midwifery Services, SLHD
- Ms Lorraine Ho, Acting Director, Performance Monitoring, Systems Improvement, and Innovation, SLHD
- Dr Margy Halliday, Risk Manager, SLHD
- Ms Hannah Storey, Chief of Staff, SLHD

The Chief Executive and 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 SLHD 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 SLHD's learning and development strategy.

The SLHD 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 2023-24 financial year, the Chief Executive reported 10 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 SLHD in accordance with state policy and legislation, including establishing reporting channels and evaluating the management of disclosures.

During the 2023-24 financial year, the SLHD reported 6 cases of Public Interest Disclosures.

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

STANDARD 6: INVOLVING STAKEHOLDERS IN DECISIONS THAT AFFECT THEM

The Board seeks the views of local providers and the local community on the SLHD's plans and initiatives for providing health services, and also provides advice to the community and local providers with information about the SLHD's plans, policies and initiatives.

During the development of its policies, programs and strategies, the Entity considered the potential impacts on the health of Aboriginal people and, where appropriate, engaged with Aboriginal stakeholders to identify both positive and negative impacts and to address or mitigate any negative impacts for Aboriginal people.

Partnering with our community:

Partnering with our community is central to our vision, "excellence in health and healthcare for all".

We have strong partnerships and collaborations with community and non-government organisations including, for example, the Aboriginal Medical Service Redfern and Central and Eastern Sydney PHN.

Sydney Local Health District has a formalised structure for partnering with consumers. We have a Consumer and Community Advisory Network. Members collaborate with staff in the planning, delivery and evaluation of our health services. More than 200 consumer representatives work with us to ensure our services meet the needs of the communities we serve. We have formal networks at Balmain, Canterbury, Concord, RPA, RPA Virtual and Sydney Dental Hospitals as well as Mental Health, Sydney Education and Sydney Research.

We have a range of formal and informal mechanisms to engage our diverse community members and partner organisations. This includes meetings and forums, open days, health promotion activities, information sessions, education sessions, formal and informal consultations, clinical co-design and re-design, working groups, key safety and quality groups and through volunteering, fundraising, donations, communication and media initiatives and programs. Sydney Local Health District hosts a range of community events throughout the year including and Annual General Meeting and Awards, Aboriginal Cultural Events, Royal Easter Show and our Sydney Innovation Week hosted in collaboration with partner organisations.

Fundraising and donations:

Each year Sydney Local Health District receives donations from the community and in-kind support.

Communication:

Effective communication, teamwork, and strong partnerships are fundamental to supporting the work of the District. We have a formal Communication and Partnership sub-committee which reports to the Board on key communication and partnership initiatives.

The district utilises a range of communication tools to help engage our community and our staff and help our patients access health information. The District's website slhd.health.nsw.gov.au had around 650,000 users during the 2023-24 Financial Year.

We utilise a range of other communication channels including an intranet, digital storytelling platform SydneyConnect, social media including Facebook, LinkedIn and Vimeo. We partner with media organisations to provide information to the community and utilise community notice columns where required. We publish a range of health-related brochures, factsheets and newsletters. Our staff speak at various conferences and events and we participate in a range of education sessions. The District contributes to the NSW Health Annual Report and publishes a Year in Review which is made available on our website.

Corporate Governance Attestation Statement

SYDNEY LOCAL HEALTH DISTRICT

1 July 2023 to 30 June 2024



Information on the key policies, plans and initiatives of the SLHD and information on how to participate in their development are available to staff and to the public at <https://slhd.health.nsw.gov.au/planning/our-plans/publications>

The SLHD has the following in place:

- A consumer and community engagement framework 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.
- 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 SLHD 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 SLHD, and through the Audit and Risk Management Committee ensures that audit recommendations and recommendations from related external review bodies are implemented.

The SLHD has a current enterprise-wide risk management framework which includes procedures on how the organisation will identify, assess, manage and monitor risks. It includes processes to escalate and report on risk to the Chief Executive, Audit and Risk Committee and Board.

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 SLHD'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 SLHD's financial reporting, safeguarding of assets, and compliance with the SLHD's responsibilities, regulatory requirements, policies and procedures
- to oversee and enhance the quality and effectiveness of the SLHD'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 SLHD'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 SLHD.

The SLHD completed and submitted an Internal Audit and Risk Management Attestation Statement for the 12-month period ending 30 June 2024 to the Ministry without exception.

The Audit and Risk Management Committee comprises 4 members appointed from the NSW Government's Prequalification Scheme for Audit and Risk Committee Independent Chairs and Members.

QUALIFICATIONS TO THE GOVERNANCE ATTESTATION STATEMENT

Item: Standard 3: Setting the Strategic Direction for the Entity and Its Services

Qualification

The SLHD Strategic Plan 2024-2029 is in draft and has not been finalised and is currently awaiting the appointment of a new Chief Executive prior to finalisation.

Progress

The SLHD Strategic Plan 2024-2029 is in draft and has been reviewed by the Board.

Remedial Action

The SLHD Strategic Plan 2024-2029 is expected to be finalised and reviewed during FY24/25.

Signed:



Mr Graeme Loy PSM
Acting Chief Executive

Date

26/8/24



Ms Fleur Harriton
Chief Audit Executive

Date

26/8/24