

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

The following corporate governance attestation statement was endorsed by a resolution of the South Western Sydney Local Health District Board at its meeting on 22 August 2022.

The Board is responsible for the corporate governance practices of the South Western Sydney Local Health District. This statement sets out the main corporate governance practices in operation within the District for the 2021-22 financial year.

A signed copy of this statement is provided to the Ministry of Health by 31 August 2022.

Signed:



Sam Haddad

Chair

Date 22/08/2022



Amanda Larkin

Chief Executive

Date 22/08/2022

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## **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 2021-22 financial year the Board consisted of a Chair and 10 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 a formal resolution of the Board and are formally documented within a Delegations Manual for the District.

The roles and responsibilities of the Chief Executive and other senior management within the District 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 District, including statutory reporting requirements.

The Board also has a mechanism in place to gain reasonable assurance that the District 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 District 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 District 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 District.
- A systematic process for the identification and management of clinical incidents and minimisation of risks to the District.
- An effective complaint management system for the District 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 an alternative arrangement is in place instead of the Mental Health Medical Staff Council.
- A Hospital Clinical Council for each public hospital in the entity.
- 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 District.

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 District intends to submit an attestation statement confirming compliance with the NSQHS Standards for the 2021/22 financial year to their accrediting agency by 30 September 2022. The District submitted an attestation statement to the accrediting agency for the 2020/21 financial year.

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### 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 District. This process includes setting a strategic direction in a 3- to 5-year strategic plan for both the District and the services it provides within the overarching goals of the 2021/22 NSW Health Strategic Priorities.

The SWSLHD District is currently developing the SWSLHD Strategic Plan 2022-2027 in alignment with the NSW Health Future Health Strategy 2022-2032. The SWSLHD Strategic Plan 2022-2027 will replace the SWSLHD Strategic Plan 2018-2021(Midpoint Review).

District-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) 2022-2026
    - Strategic asset management plan (SAMP) 2022-2032
  - The District Digital Strategy 2022-2026 is under development and will replace the Information Communications and Technology Strategy 2015 – 2021.
  - The Organisational Development and Education plan 2022-2027 is currently under development and will supersede the Education and Training Strategic Plan 2015-2021.
  - SWSLHD Research Strategy to 2023.
  - SWSLHD Workforce Plan 2022-2027 is under development in line with the NSW Health Workforce Plan 2022-2032.
  - The SWSLHD Health Care Services Plan to 2031 is under development consistent with the local clinical services planning processes and will supersede the SWSLHD Strategic & Healthcare Services Plan.
- Corporate Governance Plan.
- The new Aboriginal Health Plan 2023 -2028 is under development and will replace the Aboriginal Health Plan 2017-2021.

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## STANDARD 4: MONITORING FINANCIAL AND SERVICE DELIVERY PERFORMANCE

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

The District 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 Assets Committee and the Ministry of Health and that relevant internal controls for the District 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 District, 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 & Assets Committee and the Ministry of Health represent a true and fair view, in all material respects, of the District'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 Assets Committee of the District.
- Information reported in the Ministry of Health monthly reports reconciles to and is consistent with reports to the Finance and Assets 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 District.

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 Assets Committee

The Board has established a Finance and Asset 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 District are being managed in an appropriate and efficient manner.

The Finance and Assets Committee receives the following monthly reports, except the financial performance of each major cost centre:

- Government Subsidy position
- The position of Restricted Financial Asset and Trust Funds
- Activity performance against indicators and targets in the performance agreement for the District

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- Advice on the achievement of strategic priorities identified in the performance agreement for the District
  - 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 Assets Committee.

During the 2021-22 financial year, the Finance and Assets Committee was chaired by Mr John Roach (Board Representative) and comprised of:

- Dr David Abi-Hanna – Board Representative
- Prof Neil Merrett – Board Representative
- Mr Max Bosotti – Board Representative

The Chief Executive and Director of Finance attended all meetings of the Finance and Assets Committee except where on approved leave.



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## **STANDARD 5: MAINTAINING HIGH STANDARDS OF PROFESSIONAL AND ETHICAL CONDUCT**

The District 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 District's learning and development strategy.

The District 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 2021-22 financial year, the Chief Executive reported 32 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 District in accordance with state policy and legislation, including establishing reporting channels and evaluating the management of disclosures.

During the 2021-22 financial year, the District reported 3 public interest disclosures.

The Board attests that the District 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 District's plans and initiatives for providing health services, and also provides advice to the community and local providers with information about the District'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.

SWSLHD has a number of structures and processes in place to ensure the input of consumers, carers and community members in delivery, development, monitoring and evaluation of health services. The Consumer and Community Participation Unit released the 6th edition of the 'Consumer and Community Participation Framework' to 2024. This framework documents the district direction and priority areas for consumer participation and the local activities that supports success in this standard. It also documents the facility and service based model that exist within SWSLHD to ensure input from consumers - the Consumer and Community Participation Networks and Services (within each hospital facilities), Primary and Community Health "Community Voices" Network, Oral Health Service Consumer Consultative Committee, Mental Health Consumer, Carer and Community Committee, Drug Health Services Consumer and Carer Engagement Strategy, Consumers and Research Working Group, Aboriginal Health Consumer Group. Other LHD departments regularly conduct consultations, planning and other related activities such as Population Health, Planning Unit and several of the multi partnerships for example with Health Alliances. The other important work conducted is through the re-developments and capital works projects, occurring across the District with their community engagement activities. All of these groups, individually and collectively support SWSLHD to ensure:

- the health service involves consumers, carers and the community in planning, delivery and evaluation of services;
- local communities are well informed about local and district health service issues and priorities; and
- there is transparency and accountability in the health service decision-making and evaluation.

SWSLHD has an Annual Public Meeting (APM) and Annual Report which is publically advertised and accessible through the SWSLHD website. The website also hosts plans and strategies which provide transparency of service delivery and planning for the future. Also the social media platforms of services and facilities, as well as CCP having its own page, also offers a level of accountability and information to the broader community on a regular basis.

- Local Partnership Agreements are in place with the following:
  - Tharawal Aboriginal Medical Services Aboriginal Corporation;
  - Gandangara Local Aboriginal Land Council; and
  - KARI Aboriginal Resources Incorporated.

Each of the partnership agreements run for a period of three years. The partnerships outline a number of broad principles for collaboration but also detail a number of specific service commitments and shared service arrangements. The intent of the partnerships is to facilitate improved access to services, support the development of collaborative service models and ensuring the Local Health District is working towards providing culturally responsive health services. The partnerships are built around mutual responsibility but acknowledge the need for SWSLHD to engage and collaborate with Aboriginal Community Controlled Organisations if it is to fulfil its mandate of providing accessible health services to all of its service communities.



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Information on the key policies, plans and initiatives of the District and information on how to participate in their development are available to staff and to the public at <https://www.swslhd.health.nsw.gov.au/ccp/>, SWSLHD Facebook page and local media.

The District 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.
- 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 District 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 District, and through the Audit and Risk Management Committee ensures that audit recommendations and recommendations from related external review bodies are implemented.

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

The District completed and submitted an Internal Audit and Risk Management Attestation Statement for the 12-month period ending 30 June 2022 to the Ministry without exception.

The Audit and Risk Management Committee comprises 5 members of which 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

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

#### Qualification

The following plans and strategies that have not been finalised and currently under development as at 30 June 2022. The delays in development are due to COVID-19 outbreak responses and associated disruptions.

- SWSLHD Strategic Plan 2022-2027.
- District Digital Strategy 2022-2026.
- The Organisational Development and Education Plan 2022-2027.
- Workforce Management Plan 2022-2027.
- SWSLHD Services Plan to 2031.
- Aboriginal Health Plan 2023 – 2028.

#### Remedial Action

The estimated date for completion of the new/updated plans is:

Strategies/Plans under development as at 30/6/22	Expected Completion Date
District Digital Strategy 2022-2026	October 2022
SWSLHD Strategic Plan 2022-2027	November 2022
The Organisational Development and Education Plan 2022-2027	December 2022
Workforce Management Plan 2022-2027	December 2022
Aboriginal Health Plan 2023-2028	December 2022
SWSLHD Services Plan to 2031	June 2023

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**QUALIFICATIONS TO THE GOVERNANCE ATTESTATION STATEMENT**

**Item: The Finance and Assets Committee**

**Qualification**

The Finance and Assets Committee does not receive monthly reports on the financial performance of each major cost centre.

**Remedial Action**

A monthly report of major cost centres is available within the financial operating system and is reviewed by management. Moving forward this report will be included in the Finance and Assets Committee papers.

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Signed:



Amanda Larkin  
Chief Executive

Date 22/08/2022



Rosemary Pronger  
Chief Audit Executive

Date 22.8.22