INSTRUCTIONS

Background

Public Health Entities (as defined in the *Accounts and Audit Determination Public Health Entities in NSW*) are Local Health Districts, Specialty Health Networks, Statutory Health Corporations, units of the Health Administration Corporation (including the NSW Ambulance Service, HealthShare NSW, eHealth NSW, Health Infrastructure and NSW Health Pathology), and health bodies established under their own statute, including the Cancer Institute of NSW.

Public Health Entities are required to complete an Annual Corporate Governance Attestation Statement as part of good corporate governance practice as referred by Central Agencies and External agencies like the Audit Office of NSW and as referred in the NSW Health Corporate Governance and Accountability Compendium.

Preparing your Entity's Attestation Statement

Local Health Districts (LHDs) and Specialty Health Networks (SNs) are to use the text provided in the '*Model Corporate Governance Attestation Statement for LHDs and SNs*' (attached) as the basis for their Corporate Governance Attestation Statement. Corporate Governance Attestation Statements report retrospectively by financial year.

The Corporate Governance Attestation Statement (including qualifications and any explanatory notes) should be:

- Prepared by the Chief Executive and tabled at the Audit and Risk Management Committee of the LHD/SN;
- endorsed by the Board and signed by the Board Chairperson;
- published in full on the LHD/SN Internet site, with a copy provided to the Corporate Governance and Risk Management Unit, Ministry of Health by 31 August 2023.

The Model Statement is designed to address requirements outlined within the NSW Health Corporate Governance and Accountability Compendium. Entities must include within their Statement all information contained in the Model Statement as a minimum. Entities may add information to the Statement as relevant to local needs in order to promote their governance activities to any stakeholders that may be interested in the content of the statement. Text requiring insertion or editing is identified as **blue** within the Model Statement.

Where an entity has not implemented or met the requirements identified in the Model Statement, the supplied text may be edited to reflect the implementation status within the Entity, and either explain within the Statement actions to be taken or, provide information to the Ministry of Health explaining the reasons why the requirement has not been met or implemented and actions proposed to rectify non-compliance.

Where information is not relevant to the business of the Entity it may be removed. **DO NOT include the 'Instructions' section in your final version.** Appropriate working papers and records should be maintained to support the content included within the Statement, and for audit purposes.

The Statement may be 'desktop published' or otherwise redesigned to reflect the Entity's preferred publication format. The Statement may also be redesigned in order to be published in full on the Internet, as long as the content of the Statement is not compromised.

For further information about the content of the Statement and its completion and submission, please contact the Director, Corporate Governance and Risk Management, Legal and Regulatory Services Branch, in the Ministry on (02) 9391 9654 or at MOH-CGRM@health.nsw.gov.au.

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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 Board at its meeting on 28 August 2023.

The Board is responsible for the corporate governance practices of the South Western Sydney Local Health. This statement sets out the main corporate governance practices in operation within the District for the 2022-23 financial year.

A signed copy of this statement is provided to the Ministry of Health by 31 August 2023.

Signed:

Sam Haddad
Chair Date 28/08/2023

Amanda Larkin
Chief Executive Date 28/08/2023

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 2022-23 financial year the Board consisted of a Chair and 11 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 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 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 2022/23 financial year to their accrediting agency by 30 September 2023. The District submitted an attestation statement to the accrediting agency for the 2021/22 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 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 2022/23 NSW Health Strategic Priorities.

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) 2023-2027
    - Strategic asset management plan (SAMP) 2022
  - SWSLHD Digital Strategy to 2028
  - Research and teaching to 2023
  - Workforce management 2022-2028
  - SWSLHD Health Care Services Plan to 2031 to be completed by October-December quarter of 2023
- Corporate Governance Plan
- Aboriginal Health Plan to 2027

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 Assets 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:

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

- 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 2022-23 financial year, the Finance and Assets Committee was chaired by Mr John Roach and comprised of:

1. Hon Frank Sartor
2. Prof Hugh Dickson
3. Mr Max Bosotti
4. A/Prof Deepak Bhonagiri

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 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 2022-23 financial year, the Chief Executive reported 38 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 2022-23 financial year, the District reported 6 of 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 Framework' to 2024 articulates the district's 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 groups (within each hospital facilities), and services, such as Primary and Community Health, Oral Health, Mental Health, Drug Health and Carer Engagement Strategy and Aboriginal Health Consumer Group.

The Consumer and Community Participation Unit support departments to regularly engage with SWSLHD consumers. This includes consultations, planning and other related activities such as staff recruitment and community engagement. The other important work conducted is 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:

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

The LHD 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.

A partnership agreement is currently in place with Tharawal Aboriginal Medical Service. Updated partnership agreements are being negotiated with KARI Aboriginal Resources Incorporated and Gandangara Local Aboriginal Land Council.

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 improve 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.

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 2023 to the Ministry without exception.

The Audit and Risk Management Committee comprises 4 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

SWSLHD Health Care Services Plan to 2031 has not been finalised and is currently under development as at 30 June 2023.

Remedial Action

The estimated date of completion of the new/updated plans are:

Strategies/Plans under development as at 30/6/23	Expected Completion Date
SWSLHD Health Care Services Plan to 2031	October-December quarter of 2023

QUALIFICATIONS TO THE GOVERNANCE ATTESTATION STATEMENT

Item: STANDARD 4: Monitoring financial and service delivery performance

Qualification

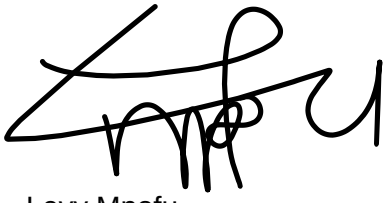
The Finance and Assets Committee does not receive monthly reports on the financial performance of each major cost centre.

Remedial Action

Discussions were held with the Chair of the Finance and Assets Committee to table monthly reports on the finance and performance of major cost centres at the committee meeting. The Chair of the Committee supports the proposal. The reports will be tabled at the Finance and Assets Committee subsequent to the finalisation and approval of the 2023/2024 Service Agreement and budget.

Signed:

Amanda Larkin
Chief Executive Date: 28.8.2023



Levy Mpofu
Chief Audit Executive Date 28.08.2023