MODEL CORPORATE GOVERNANCE ATTESTATION STATEMENT FOR SYDNEY LOCAL HEALTH DISTRICT

Background

Public Health Organisations 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. The requirement also forms part of the LHDs obligations under the Service Agreement (Schedule F)

Completion Instructions:

Local Health Districts (LHDs) and Specialty Networks (SNs) should 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
- a copy of the statement is provided to the Corporate Governance and Risk Management Unit, Ministry of Health by 31st August, 2018.

The Model Statement is designed to support the Organisation’s CORE values and structures and address the seven governance standards outlined within the NSW Health Corporate Governance and Accountability Compendium. Organisations must include within their Statement all information contained in the Model Statement as a minimum. Organisations 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 organisation 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 Organisation, and explain within the Qualifications page the 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 the actions proposed to rectify the identified non-compliance. Where information is not relevant to the business of the Organisation it may be removed.

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 Organisation’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 cqrm@doh.health.nsw.gov.au.

Issue date: May 2018

Instructions
Corporate Governance Attestation Statement for
Sydney Local Health District
1 July 2017 – 30 June 2018
CORPORATE GOVERNANCE ATTESTATION STATEMENT
Sydney Local Health District

The following corporate governance attestation statement was endorsed by a resolution of the Sydney Local Health District Board at its meeting on 20 August 2018 on the basis that the Chief Executive has conducted all the necessary enquiries and is not aware of any reason or matter that prevents the Board from giving the required attestations.

The Board is responsible for ensuring effective corporate governance frameworks are established for the Sydney Local Health District and not the day-to-day management of the Organisation. To this end, the Board is satisfied and has received assurances from the Chief Executive that the necessary processes are in place.

This statement sets out the main corporate governance frameworks and practices in operation within the organisation for the 2017-2018 financial year.

The 2017-2018 Sydney Local Health District’s Corporate Governance Attestation Statement has been reviewed by Internal Audit to ensure the District has implemented and met the requirements of the statement. Each section within the Corporate Governance Statement is supported by relevant and complete documentation, which has been reviewed and signed off by the Director, Internal Audit. The Chief Executive has reviewed the work papers and supporting documentation. Both the work papers and the supporting documentation were also made available to the Audit and Risk Management Committee and to the Board.

A signed copy of this statement was provided to the Ministry of Health on 31st August 2018.

Signed:

Hon Ron Phillips
Chairperson

Date 20/08/2018

Dr Teresa Anderson
Chief Executive

Date 28/8/18
Standard 1: ESTABLISH ROBUST GOVERNANCE AND OVERSIGHT FRAMEWORKS

Role and function of the Board and Chief Executive

The Sydney Local Health District 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:

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

Board meetings

For the 2017-2018 financial year the Board consisted of a Chair, The Hon. Ron Phillips and 12 members appointed by the Minister for Health. The Board met 11 times during this period.

The members of the Sydney Local Health District Board for 2017-18 include:

The Hon. Ron Phillips AO (Chair)
Dr Barry R Catchlove, AM Deputy Chair MB BS FRACP FRACMA FCHA
Dr Thomas Karplus
David McLean, FAIM FAICD
Frances O’Brien
Prof. Paul Torzillo, AM
Victoria Weekes
Associate Professor Christine Giles
Joanna Khoo
Susan Anderson
Associate Professor Mary Haines
Ronwyn North
Authority and role of senior management

All financial and administrative authorities have been appropriately delegated by the Chief Executive with approval of the Board on 9th July 2012 and are formally documented within a Delegations Manual for the Organisation. The latest amendment to the Delegations Manual was approved by the Board on 11th December 2017.

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

Regulatory responsibilities and compliance

The Chief Executive is responsible for and has mechanisms in place to ensure that relevant legislation, regulations and relevant government policies and NSW Health policy directives are adhered to within all facilities and units of the Organisation, including statutory reporting requirements.

The Ministry of Health and Local Health District policies and procedures are available to staff and are posted on the intranet. The District employs a Policy Manager to oversee policy development, coordination and dissemination of policies. The Policy Manager reports to the Chief Executive through the Director of Clinical Governance and Risk.

The Board has mechanisms in place to gain reasonable assurance from the Chief Executive and Internal Audit Program that the Organisation complies with the requirements of relevant legislation, regulations and relevant government policies and NSW Health policy directives and policy and procedure manuals as issued by the Ministry of Health.

Standard 2: ENSURING CLINICAL AND CORPORATE GOVERNANCE RESPONSIBILITIES ARE CLEARLY ALLOCATED AND UNDERSTOOD

The Board has in place frameworks and systems for measuring and routinely reporting on the safety and quality of care provided to the communities the Organisation serves.

These systems and activities reflect the principles, performance and reporting guidelines as detailed in NSW Health policy directive ‘Patient Safety and Clinical Quality Program’ (PD2005_608). The Principles underpinning the Patient Safety and Clinical Quality Program as outlined in the Clinical Excellence Commission Directions Statement are:

- Openness about failures
- Emphasis on learning
- Obligation to act
- Accountability
- Just culture
- Appropriate prioritisation of action
- Teamwork and information sharing
A Medical and Dental Appointments Advisory Committee is established 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 scope of practice and clinical privileges of visiting practitioners or staff specialists.

Clear lines of accountability are in place for the delivery of clinical services to Aboriginal people. An Aboriginal Health Steering Committee was established to provide leadership and support for the system wide approach to addressing the directions and strategies of the SLHD Aboriginal Health Strategic Plan and ensure 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.

SLHD has a Director of Aboriginal Health who reports directly to the Chief Executive as a member of the District Executive. The Director attends the weekly executive meeting and all peak governance committees. Aboriginal Health is the responsibility of all members of the Executive and Clinical Streams. SLHD has a Partnership Agreement with Aboriginal Medical Service (AMS) Redfern.

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

**Standard 3: SETTING THE STRATEGIC DIRECTION FOR THE ORGANISATION AND ITS SERVICES**

The Board and Chief Executive have in place strategic plans for the effective planning and delivery of its services to the communities and individuals served by the Organisation. This process includes setting a strategic direction for both the Organisation and the services it provides within the overarching goals and priorities of the *NSW State Health Plan*. The Sydney Local Health District Strategic Plan 2012-2017 was launched on the 24 April 2012 following extensive consultation with staff and the community. As significant progress had been made against the SLHD Strategic Plan it was updated in August 2014 and approved by the Board at the 46th Meeting on 18th August 2015. In addition, the Sydney Local Health District has published the Strategic Plan 2018-2023. Both Strategic Plans are available on the District’s website.

Organisational-wide planning processes and documentation is also in place, with a 3 to 5 year horizon, covering:

a. Asset management – Designing and building future-focused infrastructure. An annual Strategic Plan is prepared in consultation with staff and approved by the Board and the Chief Executive. The 2017 Asset Strategic Plan for SLHD was approved by the Chief Executive and endorsed by the Board in August 2017. It is a key planning and development document for the management, administration and delivery of assets for the next 10 years. Progress against the plan is reviewed regularly.

b. Information management and technology – Enabling eHealth. The Communications Technology (ICT) Strategic Plan was launched early in 2015.
This plan covers the period 2015 - 2020. Progress against the plan is reviewed regularly.

c. Research and teaching – Supporting and harnessing research and innovation. The high level Research and Teaching plan is contained within the District Strategic Plan. The District's second Research Strategic Plan 2018-2023 was launched in 2018. The District's Education and Training Plan was launched on 30 April 2013 and covers the period 2013 – 2018. Progress against the plan is reviewed regularly.

d. Workforce development – Supporting and developing our workforce. The high level workforce plan is contained within the District Strategic Plan. A detailed Workforce Strategic plan covers the period 2016 – 2020 and is available on the SLHD intranet. Progress against the plan is reviewed regularly.

e. Aboriginal Health Action Plan – Ensuring health needs are met competently. The Aboriginal Health Strategic Plan for 2018 – 2022 covers Aboriginal related health priorities. Progress against the plan is monitored by the Aboriginal Health Steering Committee. Aboriginal related priorities are also covered in the overarching SLHD Strategic Plan 2012-2017. Progress against the plan is reviewed regularly.

All plans are endorsed by the Board prior to publication.

Standard 4: MONITORING FINANCIAL AND SERVICE DELIVERY PERFORMANCE

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

The Organisation 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 information in the financial and performance reports provided to the Board and those submitted to the Sydney Local Health District Finance, Risk and Performance Management Committee and the Ministry of Health, and that relevant internal controls for the Organisation are in place to recognise, understand and manage its exposure to financial risk.

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

To this end, the Board and Chief Executive attest that:

1) The financial reports submitted to the Finance, Risk and Performance Management Committee and the Ministry of Health represent the Organisation's financial position and the operational results fairly and accurately, and are in accordance with generally accepted accounting principles.

2) The recurrent budget allocations in the Ministry of Health's financial year advice
align with those allocations distributed to organisation units and cost centres. Each financial year the Chief Executive, supported by the Director of Finance and the Board, presents the budget at various facilities within the District enabling all staff the opportunity to attend. The presentation includes both revenue targets and expected expenditure and is preceded by highlights of what was achieved in performance, financial accountability and improved patient outcomes in the previous 12 months. The District's annual service agreement and facility budgets are published on the District website.

3) It is assured overall financial performance is monitored and reported to the Finance, Risk and Performance Management Committee of the Organisation.

4) Information reported in the Ministry of Health monthly reports reconciles to and is consistent with reports to the Finance, Risk and Performance Management Committee.

5) It is assured all relevant financial controls are in place.

6) Creditor levels conform to Ministry of Health requirements.

7) Write-offs of debtors have been approved by duly authorised delegated officers, as reported by the Director of Finance/Chief Financial Officer.

8) The Public Health Organisation General Fund has not exceeded the Ministry of Health approved net cost of services allocation, as stated in the Organisation’s service agreement.

9) It is assured the Organisation did not incur any unfunded liabilities during the financial year.

10) The Director of Finance has reviewed the internal liquidity management controls and practices and they meet Ministry of Health requirements.

The Internal Auditor has reviewed the above ten points during the financial year.

Service and Performance agreements

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

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

The Finance, Risk and Performance Management Committee

The Board has established a Finance, Risk and Performance Management Committee to assist the Board and the Chief Executive to ensure that the operating funds, capital works funds, resource utilisation and service outputs required of the organisation are being managed in an appropriate and efficient manner.
The Finance, Risk and Performance Committee is chaired by The Hon. Ron Phillips and comprises of the 11 members including:

- Chief Executive
- A/Executive Director, Operations
- A/Director, Corporate Operations
- Director, Clinical Governance and Risk
- Director, Nursing and Midwifery
- Director of Finance
- A/Director, Performance Monitoring, Systems Improvement and Innovation
- 3 Board Members

The Chief Executive attends all meetings of the Finance, Risk and Performance Management Committee unless on approved leave. The Committee met 11 times during this period.

The Finance, Risk and Performance Management Committee receives monthly reports that include:

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

Letters to management from the Auditor-General, Minister for Health, and the NSW Ministry of Health relating to significant financial and performance matters are also tabled at the Audit and Risk Management Committee.
Standard 5: MAINTAINING HIGH STANDARDS OF PROFESSIONAL AND ETHICAL CONDUCT

The Sydney Local Health 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.

The Board and the Chief Executive lead by example in order to ensure an ethical and professional culture is embedded within the Organisation. Ethics education is also part of the organisation’s learning and development strategy.

The Chief Executive, as the Principal Officer for the Organisation, has reported all known cases of corrupt conduct, where there is a reasonable belief that corrupt conduct has occurred, to the Independent Commission Against Corruption, and has provided a copy of those reports to the Ministry of Health.

For the period the Organisation reported 13 cases of corrupt conduct.

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

For the period the Organisation reported 7 cases of public interest disclosures.

Standard 6: INVOLVING STAKEHOLDERS IN DECISIONS THAT AFFECT THEM

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

Sydney Local Health District is one of the top performing health services in Australia.

The District is located in the centre and inner west of Sydney and is made up of the Local Government Areas of the City of Sydney (western part), Inner West Council, Canterbury-Bankstown (Canterbury part), Canada Bay, Burwood and Strathfield.

With around 12,000 staff, our District is responsible for the health and wellbeing of more than 700,000 people living within our boundaries, as well as many from rural and remote parts of NSW and Australia who come to our health services for tertiary and quaternary care and more than a million people who come into our District each day to work, study and visit.

Sydney Local Health District is one of the most densely populated Local Health Districts in NSW and it is experiencing a period of rapid transformation and growth. By 2036 more than 900,000 people will call Sydney Local Health District home.
Corporate Governance Attestation Statement:
Sydney Local Health District
1 July 2017 – 30 June 2018

Sydney Local Health District is made up of hospitals and health services delivered in various settings in the community and a range of associated support services.

Patients and their families are at the centre of all aspects of our healthcare planning and delivery including our District's culture. Our Patient and Family Centred Care model actively seeks to place our patients and their families at the centre of what we do. The model is led by Board and Executive Staff and brings staff and consumers together to initiate and implement ideas and processes and to improve the physical environments of our healthcare facilities to enhance the experience of our patients, their families and loved ones. This year we held our inaugural Patient and Family Experience Symposium during Innovation Week in June to showcase the importance of Patient and Family Centred Care through the stories and experiences of people who use our health services and how we are supporting staff to improve patient experiences.

We have regular opportunities to engage consumers in our organisation and approach community engagement in a myriad of ways. Some examples include community events, information sessions and feedback or consultation groups, clinical co-design, formalised committees, direct feedback, fundraising and donations, volunteering, health literacy, wellbeing and health promotion in the community through communication initiatives and programs.

There are more than 120 registered consumers in Sydney Local Health District with many more informally participating in groups and activities and hundreds volunteering their time throughout our hospitals and services. We are proud to have the largest Mental Health Peer Worker program in Australia for people with a lived experience of mental illness.

We actively seek input from our community (patients, families, visitors and healthcare consumers, and other partners), into projects and initiatives, capital works projects, to review our publications, and provide important input into service plans. This year new plans include our District's new Strategic Plan, Aboriginal Health Plan, Research Strategic Plan and a collaborative Youth Health and Wellbeing Plan. Community consultation sessions for the Concord Redevelopment Project have been well attended.

We are very proud of our strong partnerships and collaborations with community and non-government organisations including, for example, the Aboriginal Medical Service, Redfern, Lebanese Muslim Association and Central and Eastern Sydney PHN. During Innovation Week, we hosted a special healthcare in the community forum in partnership with CESPHN to bring together primary care practitioners, our healthcare professionals and the community.

We have strong community consultation structures in place for providing policy, planning and service delivery feedback to the District and the Board. The District has an established peak community group – the Community and Consumer Participation Council, which includes community members, consumer representatives across our hospitals and services and representation from NGOs. This is supported by a Community Participation Manager and Coordinators. Our Community Participation Framework, launched in 2012, is reviewed regularly by the Consumer Council. The document underpins the strategies for ensuring effective community involvement in the decisions of the District.
Our Yaralla Estate Community Advisory Committee provides advice to the Chief Executive, as the Trustee of the Estate, into its management.

The Board’s Communication sub-committee includes members of the Board, community committees and networks, the Chief Executive, Director of Operations, Strategic Relations and Communication, Media, Partnerships, Community Participation, Population Health and Health Promotion and the Executive Director of Sydney Research. It meets regularly to share opportunities for feedback and develop opportunities for engaging our communities in our healthcare services and providing accessible information and resources.

Effective communication and Information Communication Technology supports the work of the District. Traditional, social and digital communication tools help our staff and community access our health district, be informed about our vision and organisation and know what to expect. It helps our District provide clear, timely, consistent and accurate information, promote and showcase our services, provide health information, and build relationships.

Some of the communication platforms we use to engage our community and staff include:

- Internet and Intranet platforms
- A new digital communication site – SydneyConnect to share and showcase the positive stories of our patients, staff, organisation, services, research and innovation
- Electronic Messages via email to staff
- Columns and community notices in local newspapers
- Media pitches and stories
- A monthly eight-page HealthMatters newsletter circulated to staff, patients, local GP surgeries, health centres, community centres an libraries, playgroups and schools
- Our District Facebook page, which features positive news stories about the District, its staff and patients
- Our District Community and Events Facebook page which shares information about services, awards, donations, events and health promotion initiatives
- Our District YouTube channel which tells the stories of our patients, staff and our community through video
- Our District Twitter feed which connects and promotes health and research news and information
- A new Instagram profile to share our District’s milestones and celebrations in photos
- Brochures and fact sheets (digital and printed materials)
- Our annual Year in Review publication capturing the work of the District over the course of the year
- Our contribution to the NSW Health Annual Report
- Other publications and speaking engagements

We continue to strengthen our connection with our community through our annual calendar of events which help to showcase the work of the District to internal and external stakeholders and to promote health and wellbeing. An annual calendar of events is published on our website and is promoted through street banners, website notices, flyers
and letter box drops, community notices in newspapers and social media.

This year the District hosted March Arts for the first time a month-long focus on Art in Health and welcoming community at staff to come together at our facilities. Other flagship events include the Sydney Innovation and Research Symposium, Annual General Meeting and Budget Roadshows, the Yaralla Estate Festival and Rivendell Flower Show which draw crowds of more than 2000 people annually, Carols at Yaralla, Close the Gap, NAIDOC and Sorry Day events, ANZAC Day and other significant commemorative events, celebrations throughout our Hospitals and Services for health related calendar week events for example - International Nurses Day, DonateLife, World Breastfeeding week and Mental Health Week.

Together we work toward our vision of excellence in health and healthcare for all.

Local Partnership Agreements for 2016-2021 are in place with the Aboriginal Medical Services Co-Operative Limited Redfern.

Information on the key policies, plans and initiatives of the Organisation and information on how to participate in their development are available to staff and to the public at https://www.slhd.nsw.gov.au/sydneyconnect/plans.html.

**Standard 7: ESTABLISHING SOUND AUDIT AND RISK MANAGEMENT PRACTICES**

**Role of the Board in relation to audit and risk management**

The Board supervises and monitors risk management by the Organisation and its facilities and units, including the organisation’s system of internal control. The Chief Executive develops and operates the risk management processes for the organisation.

The Risk Management Committee of the District meets monthly to review and assess all significant risks across the organisation. The Director of Clinical Governance and Risk reports directly to the Chief Executive.

The Board receives and considers reports of the External and Internal Auditors for the Organisation, and through the Audit and Risk Management Committee monitors their implementation. Quarterly reports are provided from the Audit and Risk Management Committee to the Board.

The Chief Executive ensures that audit recommendations and recommendations from related external review bodies are implemented.

The organisation has a Risk Management Policy and Framework which encompasses both clinical and non-clinical risks. It outlines the District’s management commitment to integrating effective risk management into the District’s culture, practices and business planning in accordance with the NSW Health Enterprise-Wide Risk Management Framework and the Australian/New Zealand Standard AS/NZ ISO 31000:2009 Risk management - Principles and guidelines.

It provides information and tools to assist the Board and all managers and staff to understand and fulfil their risk management responsibilities. It outlines governance and
structures for risk management in SLHD, the risk management process, roles and responsibilities, risk registers, risk communication and performance measures.

The organisation has a current Enterprise Wide Risk Management Plan encompassing both clinical and non-clinical risks. The Plan covers all known risk areas including:

- Leadership and management.
- Clinical care.
- Health of population.
- Finance.
- Fraud prevention.
- Information Management.
- Workforce.
- Security and safety.
- Facilities and asset management.
- Emergency and disaster planning.
- Community expectations.

Audit and Risk Management Committee

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

- to assess and enhance the organisation’s corporate governance, including its systems of internal control, ethical conduct and probity, risk management, management information and internal audit
- to ensure that appropriate procedures and controls are implemented by management to provide reliability in the Organisation’s financial reporting, safeguarding of assets, and compliance with the Organisation’s responsibilities, regulatory requirements, policies and procedures
- to oversee and enhance the quality and effectiveness of the Organisation’s internal audit function, providing a structured reporting line for the Internal Auditor and facilitating the maintenance of their independence
- through the internal audit function, to assist the Board to deliver the Organisation’s outputs efficiently, effectively and economically, so as to obtain best value for money and to optimise organisational performance in terms of quality, quantity and timeliness; and
- to maintain a strong and candid relationship with external auditors, facilitating to the extent practicable, an integrated internal/external audit process that optimises benefits to the organisation.
- to review whether management has in place a current and appropriate ‘enterprise risk management’ process, and associated procedures for effective identification and management of SLHD’s financial and business risks, including fraud and corruption
- to review whether a sound and effective approach has been followed in developing strategic risk management plans for major projects or undertakings
- to review the impact of SLHD’s risk management process on its control environment and insurance arrangements
Corporate Governance Attestation Statement:
Sydney Local Health District
1 July 2017 – 30 June 2018

- to review whether a sound and effective approach has been followed in establishing SLHD's business continuity planning arrangements, including whether disaster recovery plans have been tested periodically; and
- to review SLHD's fraud control plan and satisfy itself that SLHD has appropriate processes and systems in place to capture and effectively investigate fraud related information.
- to maintain a current Charter outlining its roles and responsibilities to the Organisation.

The Audit and Risk Management Committee met 7 times during the financial year.

The Audit and Risk Management Committee provides advice to the Chief Executive with respect to the financial reports submitted to the Finance and Performance Management Committee. Financial Statement meetings which are held three times per year in April, July and September. Furthermore, within each quarterly Audit & Risk Management Committee meeting, discussion on financial reports are a standing agenda item.

The Audit & Risk Management Committee members provide independent commentary and rigour to the review of the financial information in these meetings which is also attended by the Chief Executive.

On an annual basis the Chair of the Audit & Risk Management Committee presents to the Board on the Financial Statements.

The Chairperson of the Committee has right of access to the Secretary, NSW Health.
Qualifications to the governance attestation statement

Item:

Qualification

NIL

Progress
Not Applicable

Remedial Action
Not Applicable

Dr Teresa Anderson
Chief Executive  8.8.18.

Michael Clark
Director of Internal Audit  7.8.2018