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 17th August 2020.

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 District for the 2019-20 financial year.

A signed copy of this statement is provided to the Ministry of Health by 31 August 2020.

Signed:

Hon Ron Phillips  AO
Chair

Date  17 August 2020

Dr Teresa Anderson, AM
Chief Executive

Date  29.8.20
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:

- Ensuring clinical governance responsibilities are clearly allocated and understood
- Setting the strategic direction for the organisation 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 2019/2020 financial year the Board consisted of a Chair, the Hon. Ron Phillips, AO and 12 members appointed by the Minister for Health. The Board met 12 times during this period.

The members of the Sydney Local Health District Board for 2019-2020 include:

- Dr Teresa Anderson, AM, Chief Executive
- Ms Victoria Weekes
- Dr Thomas Karplus
- Mr Richard Acheson
- Mr David McLean, FAIM FAICD
- Ms Frances O’Brien
- Prof. Paul Torzillo, AM
- Associate Professor Christine Giles
- Ms Susan Anderson
- Associate Professor Mary Haines
- Ms Ronwyn North
- Ms Kerry-Anne Hartman (appointed 30 September 2019)

Authority and role of senior management

All financial and administrative authorities have been delegated by a formal resolution of the Board on 9th July 2012 and are formally documented within a Delegations Manual for the District. 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 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 Ministry of Health and Sydney Local Health District policies have procedures that 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 Acting Executive Director, Clinical Governance and Risk.

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.

SLHD has further formalised its Clinical Governance Framework which outlines the governance structures, functions and responsibilities within SLHD and policies underpinning this. The framework specifically outlines the SLHD Board mechanisms in place to satisfy them that care provided to patients is safe and of a high quality.

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 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.
- 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 services delivered to Aboriginal people. The SLHD Aboriginal Health Steering Committee provides leadership and support for the system wide approach to addressing the directions and strategies of the SLHD Aboriginal Health Strategic Plan and the SLHD Strategic Plan. In addition, the committee ensures that the implementation process is community driven, respectful of Aboriginal culture, supportive of ongoing partnerships, and committed to Closing the Gap between Aboriginal and non-Aboriginal people by striving to have the healthiest Aboriginal community in Australia. The use of Aboriginal Impact Statements is incorporated into all Facility Strategic Plans and their continued use is monitored for all future health service plans to ensure health services are aligned and deliver the health, cultural and social needs of Aboriginal people.
- SLHD has a Director of Aboriginal Health who reports directly to the Chief Executive as a member of the District Executive team. 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 Services (AMS).
- Adopted the NSW Health Decision Making Framework for Aboriginal Health Workers to Undertake Clinical Activities to ensure that Aboriginal Health Workers are trained, competent, ready and supported to undertake clinical activities.
- Achieved appropriate accreditation of healthcare facilities and their services.
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.
STANDARD 3: SETTING THE STRATEGIC DIRECTION FOR THE ORGANISATION 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 for both the District and the services it provides within the overarching goals and priorities of the NSW State Health Plan. The Sydney Local Health District Strategic Plan 2018-2023 was approved by the Board in December 2017 and is available on the District’s website.

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

- Asset management – Designing and building future-focused infrastructure. The 2018 Asset Strategic Plan for SLHD was approved by the Chief Executive and endorsed by the Board in September 2018. It is a key planning and development document for the management, administration and delivery of assets for the next 10 years. While progress against the plan is reviewed regularly, due to the current impact of COVID-19 activities, the MOH advised in April 2020 that the 2020 Asset Strategic Plans were not required to be submitted.

- Information management and technology – Enabling eHealth. The Communications Technology (ICT) Strategic Plan was launched early in 2015. The plan covers the period 2015-2020. Progress against the plan is reviewed regularly. In addition, each of the SLHD acute facilities have multi-year strategic plans which include related ICT initiatives. There are also comprehensive ICT plans for both re-development works underway at Concord General Repatriation Hospital and in planning for Royal Prince Alfred Hospital.

- Research and teaching – Supporting and harnessing research and innovation.

- 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.

- 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 2018-2023. 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 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 Sydney Local Health District Finance, Risk and Performance Management 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 oversee 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, Risk and Performance Management 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. 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 improve patient outcomes in the previous 12 months. The District’s annual service agreement and facility budgets are published on the District website.

- Overall financial performance is monitored and reported to the Finance, Risk and Performance Management Committee of the District.

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

- All relevant financial controls are in place.

- Write-offs of debtors have been approved by duly authorised delegated officers.

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

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 Performance 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
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1 July 2019 to 30 June 2020

utilisation and service outputs required of the District are being managed in an appropriate and efficient manner.

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

- Financial performance of each major cost centre.
- Subsidy availability.
- The position of Special Purpose 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, Risk and Performance Management Committee.

During the 2019-20 financial year, the Finance, Risk and Performance Management Committee was chaired by The Hon. Ron Phillips AO and comprised of 11 members, including:

- Dr Teresa Anderson, AM, Chief Executive, SLHD
- Dr Thomas Karplus, Member, Board Member
- Ms Ronwyn North, Board Member
- Ms Victoria Weekes, Board Member
- Dr Tim Sinclair, Executive Director Operations, SLHD
- Ms Gina Finocchiaro, Director Workforce and Corporate Operations, SLHD
- Mr Ross Sinclair, Executive Director of Finance
- Dr Katherine Moore, Director Clinical Governance and Risk, SLHD, (resigned December 2019)
- Ms Sharon Campbell, Acting Executive Director, Clinical Governance & Risk, SLHD
- Ms Ivanka Komusanac, Director of Nursing & Midwifery Services, SLHD
- Ms Hannah Storey, Acting Director, Performance Monitoring, Systems Improvement and Innovation, SLHD

The Chief Executive attends all meetings of the Finance, Risk and Performance Management Committee unless on approved leave. The Committee met 10 times during this period.
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 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 2019-20 financial year, the Chief Executive reported 7 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 2019-20 financial year, the District reported 9 public interest disclosures.
STANDARD 6: INVOLVING STAKEHOLDERS IN DECISIONS THAT AFFECT THEM

Sydney Local Health District - Organisation Statement 2020

Sydney Local Health District has a proud history of being at the forefront during times of adversity. This year (2019-20), has been one of the toughest in our history.

We cared for more than 700,000 people who live in our District, and the more than one million who come into our District each day to visit, study and work. Our staff provided care and support for victims of the New Zealand Volcano disaster and then joined the bushfire response in Southern NSW and Murrumbidgee Local Health Districts.

Our COVID-19 response, touched every part of our organisation, our staff, our volunteers, our patients, our partner organisations and our community. We made significant changes to help stop the spread of COVID-19, to keep our community and our staff safe.

We are very grateful for the support, understanding and kindness shown by our patients, their families and our community.

About our district and services:

The traditional custodians of the land covered by the District are the Gadigal, Wangal and Bediagal people of the Eora nation.

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. The District is one of the top performing health services in Australia.

Hospitals operated by the District include Royal Prince Alfred Hospital, (named in the 100 top ranked hospitals in the world for the second year in a row this year by Newsweek), Concord, Canterbury, Balmain and Sydney Dental Hospital.

Sydney Local Health District opened RPA Virtual Hospital this year the first service of its kind in NSW. Between February and July, rpavirtual provided virtual care for more than 1000 people.

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.

People of Aboriginal and Torres Strait Islander heritage make up 1.1 per cent of the population. Almost half of the District's population speak a language other than English at home, including significant numbers of refugees, asylum seekers and special humanitarian entrants. Almost nine per cent of the District population speaks little or no English.

The population is growing more rapidly than that of NSW, increasing by 115,000 (20 per cent) over the last decade. It is projected to grow by a further 30 per cent by 2031. In keeping with national trends, the proportion of our population aged over 70 is projected to increase by 65 per cent by 2031.

The population is socio-economically diverse, with pockets of both extreme advantage and extreme disadvantage. The District has a large population of people who are homeless - over 6000 people.

More than 28,000 people with a disability live in the District and there are over 53,000 unpaid carers who provide support across the inner west. Each year, almost 8500 babies are born to mothers residing in the District.

Staff and Culture:

A significant focus for the District has been culture. Sydney Local Health District has around 14,000 staff. Our vision is excellence in health and healthcare for all. In the People Matter Survey, our staff
voted our District one of the best places to work in NSW. We received the highest engagement index (67 per cent) and culture index (71 per cent) of any district in the state.

A range of wellbeing programs were implemented for staff, particularly junior and senior medical officers through the MDOK and district wide WeilMD Centre. It included the JMO mentoring program, access to GP and psychological support services, drop in meditation sessions, career counselling, professional development workshops (eg Breaking Bad News, relaxation strategies, goal setting, CV and interview, neurobiology of human connection), access to group and personal physical exercise classes, yoga classes and the all staff Choir.

COVID-19 Response:

In January we implemented our emergency operations governance protocols to respond to COVID-19. Our Public Health Unit surged to more than 100 staff for contact tracing, surveillance and to inform our decision making. We established the state’s first COVID-19 Clinic for testing at RPA, followed by 12 other dedicated testing locations, testing almost 90,000 people before the end of June.

We prepared our hospitals and services, and put measures in place to educate, inform and support our staff and community. We introduced screening stations across our facilities and a sticker entry system. We developed consistent signage, posters, and resources to help keep people informed, and through our Diversity Hub, Public Health Unit and Strategic Communication Team, developed resources in language for our diverse communities. We worked with local community leaders to develop video messages. We implemented changes to visiting in our facilities. As part of our preparation, we shifted the way we deliver some services through digital strategies like video conferencing for telehealth and administration. Specialised Tiger Teams were formed to support frontline staff.

The District set up Special Health Accommodation for people who are COVID-19 positive or are at risk of being COVID positive. This has supported the State’s public health response to COVID-19 pandemic working closely with SHEOC and supporting the Police Managed Quarantine accommodation by taking patients who become COVID-19 positive or who have health conditions not appropriate to manage in the Police Managed Accommodation. We have cared for almost 1800 people since March 2020. Patients requiring admission from either the Special Health Accommodation or the Police Managed Quarantine Accommodation have been cared for by RPA.

Measures were put in place to support vulnerable people including 11 wellbeing clinics to screen and vaccinate people who were homeless or living in boarding houses, testing and outreach for the 4000 people living in aged care facilities in our district and delivering 10,000 meals to elderly people or those with disabilities when food security became an issue. We established an important partnership with the Aboriginal Medical Service Redfern to support our Aboriginal and Torres Strait Islander community. The Sydney Health Care Interpreter Service received more than 63,707 requests for interpreting and spent almost 46,000 hours interpreting for patients and their loved ones. Demand for telephone interpreting has increased by 77 per cent during the COVID-19 response.

In February we launched the state’s first virtual hospital, rpa virtual. In the first four months of operations rpa virtual staff cared for more than 1000 patients, 600 of them with COVID-19, the highest number of patients cared for by a single service in NSW.

Partnering with our community:

Partnering with our community is central to our vision, “excellence in health and healthcare for all”. We engage our community through formal and informal mechanisms including community events and open days, health promotion activities, information sessions, education sessions, formal and informal consultations, clinical co-design and re-design, presence of consumers on committees, working
groups and key safety and quality groups and through volunteering, fundraising, donations, communication and media initiatives and programs.

We have a proud history in partnering with consumers and community, with a formalised structure and dedicated funding and staffing. There is a dedicated community participation framework and guiding documents which articulate our commitment to partnering with consumers. More than 100 meetings are held each year with consumers across the District.

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.

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. Last year we launched new strategic plans for RPA, Concord, Canterbury, Balmain and Sydney Dental Hospital and Community Health.

During our COVID-19 response, our engagement with consumers was able to continue through the use of digital communication tools such as teleconferencing and videoconferencing. We have continued to partner with consumers to help shape our visiting policy, signage and information provided to patients and families. We engaged one of our consumers to help us tailor communication for young people aged 18-35 by developing a video blog series about coronavirus with our Public Health Unit. Our Health Promotion Team coordinated other videos which involved local children demonstrating social distancing measures for our community.

Our Cultural Diversity Hub is integral to our approach to community participation. This year the team of cultural support workers provided support to help build dedicated in language resources for our multicultural community. The District also partnered with community leaders to develop a range of video resources to help share important and timely information with community groups about COVID-19.

We have also continued to focus on the experience of our patients, families and community when they visit our facilities and services. A particular focus for this year has been on using environmental design to improve way finding and to refresh some of our facilities and services. This is an important part of improving patient and community experiences in our services. Our Aboriginal Health Team has worked with local Aboriginal artists to install art and gardens throughout our facilities.

Each year the District publishes and hosts community events. While many of our usual events have not gone ahead this year because of COVID-19, we have been able to find novel ways of marking important calendar dates (through multimedia and video) and engaging with our community and building our partnerships. Many formal and informal networks have also been developed through donations during this period with business and our community offering support. We have managed to support local business and form important relationships with local businesses and residents.

**Key performance and significant milestones celebrated:**

There were more than 1.7 million people cared for in our outpatient services, 169,344 people in our Emergency Departments, nearly 40,000 of them arriving by ambulance. Our 20 Community Health Services delivered care to more than 33,500 clients at our service locations, 10,440 clients in their homes and to almost 40,000 children. There were 588 active clinical trials in more than 68 departments. More than half of the trials are international studies.
We opened the National Centre for Veterans’ Healthcare at Concord Hospital and the Kidney Centre RPA, launched RPA Virtual Hospital and STriDeS - Specialist Team Intellectual Disability Sydney, a multidisciplinary team to improve health services and outcomes for people with intellectual disability in Sydney and Western Sydney Local Health Districts and the Primary Health Network. As part of our digital healthcare strategy, we implemented Powerchart Maternity at RPA and Canterbury Hospitals. Almost 4500 babies born in our District since the launch in October now have a digital health record for life.

We continued our infrastructure program with the $341 million redevelopment of Concord Repatriation General Hospital and $6.5 million Canterbury Hospital Emergency Department Expansion. Planning is underway for further upgrades to Canterbury Hospital and for the $750 million redevelopment of Royal Prince Alfred Hospital.

We celebrated the 90 year anniversary of Canterbury Hospital, 10 years for our Dementia Café at Concord and five year milestones for the Institute of Academic Surgery at RPA and Concord Centre for Palliative Care. Our Oral Health Services achieved accreditation.

**Communication:**

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
- Our digital communication platform - SydneyConnect to share and showcase the positive stories of our patients, staff, organisation, services, research and innovation
- Electronic Messages via email to all staff
- Columns and community notices in local newspapers
- Media pitches and stories
- The *HealthMatters* newsletter circulated to staff, patients, local GP surgeries, health centres, community centres an libraries, playgroups and schools (and a digital copy placed on SydneyConnect)
- 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 and Vimeo channels which tell 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
- An Instagram profile to share our District’s milestones and celebrations
- 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 launched annually at the AGM.
- Our contribution to the NSW Health Annual Report
- Other publications and speaking engagements
Thank you
This year has not been easy. But together, our staff and the people who live and work in our District, we have shown the resilience and strength of our community and how we work together and care for one another. Thank you to everyone who is part of this incredible team.
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 Policy and Framework 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. It outlines District management’s 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 31000:2018 Risk management – Guidelines.

It provides information and tools to assist the Board and all managers and staff to understand and fulfill 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, risk reporting and performance measures.

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.

- 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.

- 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.

The District completed and submitted an Internal Audit and Risk Management Attestation Statement for the 12-month period ending 30 June 2020 to the Ministry without exception.

The Audit and Risk Management Committee comprises 3 members, all appointed from the NSW Government’s Prequalification Scheme for Audit and Risk Committee Independent Chairs and Members.
QUALIFICATIONS TO THE GOVERNANCE ATTESTATION STATEMENT

Item:
Qualification
NIL

Progress
Not Applicable

Remedial Action
Not Applicable

Signed:

[Signature]
Dr Teresa Anderson, AM
Chief Executive

Date 29.8.20

[Signature]
Mr Michael Clark
Chief Audit Executive

Date 6/8/20