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, 2019.

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 MOH-CGRM@health.nsw.gov.au.

Issue date: May 2019
Corporate Governance Attestation Statement for
Sydney Local Health District
1 July 2018 – 30 June 2019
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 19th August 2019 on the basis that the Chief Executive has conducted all necessary enquiries and is not aware of any reason or matter that prevents the Board from giving the required attestation.

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 2018-2019 financial year.

The 2018-2019 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 attestation statement is supported by relevant and complete documentation, which has been reviewed and signed off by the Director, Internal Audit. The Chief Audit Executive has reviewed the work papers and supporting documentation. Both the work papers and the supporting documentation will also be made available to the Audit and Risk Management Committee and to the Board.

A signed copy of this statement is provided to the Ministry of Health by 31 August 2019.

Signed:

Hon Ron Phillips  
Chairperson  

Date  19/8/2019

Dr Teresa Anderson, AM  
Chief Executive  

Date  9-8-19
Corporate Governance Attestation Statement:
Sydney Local Health District
1 July 2018 – 30 June 2019

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 and corporate 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 2018/2019 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 2018-2019 include:

- The Hon. Ron Phillips AO (Chair)
- Dr Barry R Catchlove, AM Deputy Chair MB BS FRACP FRACMA FCHA (Retired December 2018)
- Dr Thomas Karplus
- Mr David McLean, FAIM FAICD
- Ms Frances O'Brien
- Prof. Paul Torzillo, AM
- Ms Victoria Weekes
- Associate Professor Christine Giles
- Ms Joanna Khoo (Resigned November 2018)
- Ms Susan Anderson
- Associate Professor Mary Haines
- Ms Ronwyn North
- Mr Richard Acheson (appointed February 2019)
- Dr Karen Luxford (appointed February 2019, resigned 30/6/2019)
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 Sydney 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 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.

SLHD has further formalised it's 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 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
Corporate Governance Attestation Statement:
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- 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. A review of the Terms of Reference was undertaken in 2018-2019 and approved by the Board in March 2019. 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.

An Aboriginal Health Advisory Committee is established. 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. In 2019, the Aboriginal Health Steering Committee oversaw the use of Aboriginal Health Impact Statements incorporated into all new Facility Strategic Plans and monitor their continued use 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. 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) 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 the Chief Executive have in place strategic plans, such as a Local Health Services Plan, 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 2018 – 2023 was approved by the Board in December 2017 and is 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 Asset Strategic Plan is prepared in consultation with staff and approved by the Board and Chief Executive. 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. 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.

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 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 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 the LHD/SN, 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 & 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 Corporate Services (or Director of Finance, where applicable) 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 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 utilisation and service outputs required of the Organisation are being managed in an appropriate and efficient manner.

The Finance, Risk and Performance Management Committee is chaired by The Hon. Ron Phillips and comprises of 11 members, including:

- Dr Teresa Anderson, AM, Chief Executive
- Ms Victoria Weekes, Board Member
- Dr Barry Catchlove, AM, Board Member (Commenced March 2018 retired December 2018)
- Ms Ronwyn North, Board member (Commenced February 2018)
- Dr Thomas Karplus, Board Member
- Ms Gina Finocchiaro, Acting Director, Corporate Operations, SLHD
- Dr Katherine Moore – Director, Clinical Governance and Risk, SLHD
- Ms Ivanka Komusanc, Acting Director, Nursing and Midwifery, SLHD (commenced in October 2017)
- Mr John O'Connor – A/Director of Finance, SLHD (Acted between February 2018 May 2019)
- Mr Ross Sinclair – Director of Finance (commenced May 2019)
- Ms Hannah Storey, Acting Director, Performance Monitoring, Systems Improvement and Innovation, SLHD
- Dr Tim Sinclair, A/ Executive Director, Operations, SLHD (commenced May 2018)

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
Letters to management from the Auditor-General, Minister for Health, and the NSW Ministry of Health relating to significant financial and performance matters are also tabled at the Finance and Performance Committee.

**Standard 5: MAINTAINING HIGH STANDARDS OF PROFESSIONAL AND ETHICAL CONDUCT**

The LHD/SN 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. The Audit and Risk Management Committee also has oversight of matters referred.

For the period the Organisation reported 8 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 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 LHD/SN plans and initiatives for providing health services and also provides advice to the community and local providers with information about the LHD/SN plans, policies and initiatives.

In 2018-19 Sydney Local Health District’s communication and engagement initiatives have had a focus on experience. The experiences of our patients and their loved ones, the experiences of staff working in our organisation and the experience of the District as a leader in healthcare.

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 this year by Newsweek), Concord, Canterbury, Balmain and Sydney Dental Hospital.

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. The District is also responsible for caring for 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.

Up to 55 per cent of residents speak a language other than English at home. The establishment of the District’s Diversity Hub is focussing on supporting all people in our community to have equitable access to our services. More than 60 cultural support workers were employed this year to promote health and wellbeing and the work of the District in these communities.

This is just one example of the continued focus of the District in ensuring that the experiences of our patients and their families are at the centre of all aspects of our healthcare planning and delivery. The District’s culture is at the heart of the Patient and Family Centred Care model - “Our patients, Our People, Our Culture”. The governance of the model is led by Board and Executive Staff in a series of Patient and Family Centred Care committees, bringing together staff and consumers to initiate and implement ideas to improve the experience of our patients, their families and our staff in our organisation.

Communication and engagement is everyone’s business, but there are key examples of the approaches we take to community engagement. Some of these include; community events and open days, health promotion activities, information sessions and education classes, feedback, planning or consultation groups, clinical co-design, formalised committees, direct feedback, fundraising and donations, volunteering, communication and media initiatives and programs.

Sydney Local Health District’s Communication and Consumer Participation structure, supported by our Community Participation Framework, includes the Communication Sub-Committee of the Board, Patient and Family Centred Care – Community Committee, Consumer Council and Consumer Networks in our Hospitals and a range of services. Consumers engage in a range of activities formally and informally participating in groups and activities to improve patient care. Aside from the Cultural Support Program, we also 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 underway in our District include the RPA, Concord, Canterbury, Balmain and Sydney Dental Hospital and Community Health Strategic Plans, other service plans and the Diabetes plan. All will be launched in the next financial year.

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.

Our Yaralla Estate Community Advisory Committee provides advice to the Chief Executive, as the Trustee of the Estate, into its management. We have also established a committee this year to oversee planning for a health and wellbeing event at Callan Park, with the Friends of Callan Park community group.

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
- A monthly 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
- 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
- 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 helps 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, other promotions of community facing events includes street banners, website notices, flyers and letter box drops, community notices in newspapers and social media.

In 2018-19 the District hosted its second annual Patient and Family Experience Symposium during Innovation Week, showcasing the importance of Patient and Family Centred Care through the stories and experiences of people who use our health services and showcasing the important role our staff have in improving the patient experience.

Other events include: The Sydney Innovation and Research Symposium, Annual General Meeting, Budget Roadshows, Yaralla Estate Festival, Rivendell Flower Show, Carols at Yaralla, Equity Fest, Fair Day Stall and March Arts. As well as commemorative events hosted at Concord Repatriation General Hospital recognising the contribution of veterans. Hospital Open Days this year were hosted at RPA and Canterbury Hospitals with tours in English and a number of the languages spoken locally. The District continues to strengthen our cultural program of events this year hosting Close the Gap, Sorry Day and NAIDOC Week events.

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

Local Partnership Agreements are in place for the period 2016-2021 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/planning/.

**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 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 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, risk reporting and performance measures.

The Organisation has a current 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...
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 maintain a current Charter outlining its roles and responsibilities 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

- 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 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 Corporate Governance Attestation Statement

Item: 1

Qualification

Ministry of Health creditor requirements for trade creditors were not met in the months of January, March, April, May and June for the FY2018-2019. Forty one (41) invoices were not paid within 45 days representing 0.09% of the overall trade creditor invoices processed. As at 30 June 2019, there were 6 trade creditor invoices that remained outside of the 45-day limit. The value of these unpaid trade creditor invoices was $629.31.

Changes in the way that HealthShare process payments have resulted in invoices over 45 days, that were previously put on hold by HealthShare, now being released at a time when SLHD do not have the opportunity to progress these invoices resulting in SLHD not achieving the KPI of paying all trade creditors within 45 days.

Progress

Ongoing.

Remedial Action

None identified.

Dr Teresa Anderson, AM, Chief Executive

Mr Michael Clark, Chief Audit Executive