

**Corporate Governance Attestation Statement for
Illawarra Shoalhaven Local Health District
30 June 2016**



Health

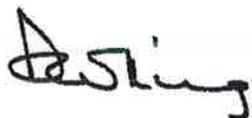
CORPORATE GOVERNANCE ATTESTATION STATEMENT **ILLAWARRA SHOALHAVEN LOCAL HEALTH DISTRICT**

The following corporate governance attestation statement was endorsed by a resolution of the Illawarra Shoalhaven Local Health District Board at its meeting on 1 August 2016.

The Board is responsible for ensuring effective corporate governance frameworks are established for the Illawarra Shoalhaven Local Health District. This statement sets out the main corporate governance frameworks and practices in operation within the organisation for the 2015-2016 financial year.

A signed copy of this statement will be provided to the Ministry of Health.

Signed:



Clinical Professor Denis King OAM
Board Chair

Date

17/8/16



Ms Margot Mains
Chief Executive

Date

18/8/16

ESTABLISH ROBUST GOVERNANCE AND OVERSIGHT FRAMEWORKS

Role and function of the Board and Chief Executive

The Board and Chief Executive carry out their functions, responsibilities and obligations in accordance with the *Health Services Act*.

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 2015-2016 financial year the Board consisted of a Chair and twelve members appointed by the Minister for Health. The Board met eleven times during this period.

Authority and role of senior management

All financial and administrative authorities have been appropriately delegated by the Chief Executive with approval of the Board and are formally documented within a Delegations Manual for the Organisation.

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 Board has mechanisms in place to gain reasonable assurance 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.

A 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).

A Health Care Quality Committee has been established to monitor the quality and safety of care provided by the Organisation. This Committee assists the Chief Executive and the Board to ensure the care and services provided by the Organisation are patient-centred, safe and effective. The Health Care Quality Committee is chaired by Ms Jill Boehm OAM and comprised of:-

- Dr William Pratt, Board Member
- Clinical Professor Jan Potter, Board Member
- Associate Professor Rod McMahon, Board Member
- Ms Carrie Schulman, Board Member

A Medical Staff Executive Council is established to advise the Chief Executive on medical matters and to represent the views of medical staff within the Organisation.

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 clinical privileges of visiting practitioners or staff specialists.

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.

B 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 Organisation. This process includes setting a strategic direction for both the Organisation and the services it provides.

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

- a** Asset management
- b** Information management and technology

- c Research and teaching
- d Workforce development

C 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 ensures that the financial and performance reports provided to the Board and those submitted to the LHD Finance and Performance Committee and the Ministry of Health are accurate and that relevant internal controls for the organisation are in place.

The Board has approved, and has in place systems to support the efficient and economic operation of the LHD, 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 certify that:

- The financial reports submitted to the Finance and Performance Committee and the Ministry of Health represent a true and fair view, in all material respects, of the Organisation'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 organisation units and cost centres.
- Overall financial performance is monitored and reported to the Finance and Performance Committee of the organisation.
- Information reported in the Ministry of Health monthly reports reconciles to and is consistent with reports to the Finance and Performance Committee.
- All relevant financial controls are in place.
- Creditor levels comply with Ministry of Health requirements.
- Write-offs of debtors have been approved by duly authorised delegated officers.
- The Organisation did not incur any unfunded liabilities during the financial year.
- The Executive Director of Finance and Corporate Services has reviewed the internal liquidity management controls and practices and they comply with Ministry of Health requirements.

The Internal Auditor reviews the above on a regular and planned basis.

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 and Performance Committee to assist the Board and the Chief Executive ensure that the operating funds, capital works funds and service outputs required of the Organisation are being managed in an appropriate and efficient manner.

The Finance and Performance Committee is chaired by Mr Geoff O'Donnell and comprises three other members:-

- Dr William Pratt, Board member,
- Mr Paul Knight, Board member, and
- Dr Stephen Andersen OAM (from September 2015).

The Chief Executive or her representative attends all meetings of the Finance and Performance Committee.

The Finance and Performance Committee receives monthly reports that include:

- Financial performance of each major cost centre
- Liquidity 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 Finance and Performance Committee.

D MAINTAINING HIGH STANDARDS OF PROFESSIONAL AND ETHICAL CONDUCT

The LHD has adopted the NSW Health Code of Conduct to guide all staff and contractors in ethical conduct.

The Code of Conduct is distributed to 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 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.

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.

E INVOLVING STAKEHOLDERS IN DECISIONS THAT AFFECT THEM

The Board seeks the views of local providers and the local community on the LHDs plans and initiatives for providing health services and also provides advice to the community and local providers with information about the LHDs plans, policies and initiatives.

A Community Participation Council has been established to enhance engagement with community stakeholders representing our key client groups.

Processes have been implemented to better engage with and respond to the identified needs of our consumers such as the Patient Journey programme, Patient Experience Survey and Diversity Health programme.

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 <http://www.islhd.health.nsw.gov.au>.

F 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 Board, through the Audit and Risk Management Committee, receives and considers reports of the External and Internal Auditors for the Organisation.

The Chief Executive ensures that audit recommendations and recommendations from related external review bodies are implemented. The Board, through the Audit and Risk Management Committee monitors the implementation of these recommendations.

The Organisation has a current Risk Management Plan. The Plan covers all known risk areas including:

- Leadership and management
- Clinical care
- Health of population
- Finance (including 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 in place 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.

The above core responsibilities are embedded in the Audit and Risk Management Committee's Charter.

The Audit and Risk Management Committee comprises five members, including three independent members who are not Board members of, employees of, or individuals contracted to provide services to, the Organisation.

The Chairperson of the Audit and Risk Management Committee is Mr Todd Davies (since October 2015). Mr Davies is one of the independent members of the Committee. The other members of the committee are:-

- Mr Jim Mitchell, independent member (Chair until September 2015),
- Ms Lyn Baker, independent member,
- Ms Marisa Mastroianni, Board representative member, and
- Ms Jill Boehm OAM, Board representative member.

The Audit and Risk Management Committee met on six occasions during the financial year.

The Chairperson of the Committee has right of access to the Chair of the Board and to the Secretary, NSW Health, where necessary.

G Qualifications to governance attestation statement

Item: NIL

Qualification

Progress

Remedial Action

[Signed – Chief Executive]

[Signed – Director of Internal Audit]