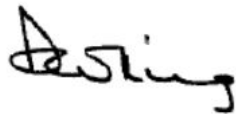

CORPORATE GOVERNANCE ATTESTATION STATEMENT
ILLAWARRA SHOALHAVEN LOCAL HEALTH DISTRICT

The following corporate governance attestation statement was endorsed by a resolution of the Illawarra Shoalhaven Local Health District Board at its meeting on 3 August 2020, on the basis that the Chief Executive has conducted all necessary enquiries and is not aware of any reason or matter why the Board cannot give the required attestation.

The Board is responsible for the corporate governance practices of the Illawarra Shoalhaven 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:



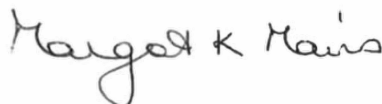
Professor Denis King OAM

Chair

Date 3 August 2020

Margot Mains

Chief Executive



Date 14 August 2020

STANDARD 1: ESTABLISH ROBUST GOVERNANCE AND OVERSIGHT FRAMEWORKS

Role and function of the Board and Chief Executive

The Board and Chief Executive carry out their functions, responsibilities and obligations in accordance with the *Health Services Act 1997* and the *Government Sector Employment Act 2013*.

The Board has approved systems and frameworks that ensure the primary responsibilities of the Board are fulfilled in relation to:

- Ensuring clinical 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 2019-20 financial year the Board consisted of a Chair and 12 members appointed by the Minister for Health. The Board met 11 times during this period.

Authority and role of senior management

All financial and administrative authorities that have been delegated by a formal resolution of the Board and are formally documented within a Delegations Manual for the District.

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

Regulatory responsibilities and compliance

The Board is responsible for and has mechanisms in place to ensure that relevant legislation and regulations are adhered to within all facilities and units of the District, including statutory reporting requirements.

The Board also has a mechanism in place to gain reasonable assurance that the District complies with the requirements of all relevant government policies and NSW Health policy directives and policy and procedure manuals as issued by the Ministry of Health.

STANDARD 2: ENSURING CLINICAL RESPONSIBILITIES ARE CLEARLY ALLOCATED AND UNDERSTOOD

The Board has in place frameworks and systems for measuring and routinely reporting on Clinical Governance and the safety and quality of care provided to the communities the District serves. These systems and activities reflect the principles, performance and reporting guidelines as detailed in NSW Health Policy Directive '*Patient Safety and Clinical Quality Program*' (PD2005_608).

A Health Care Quality Committee, Clinical Governance Council and a Strategic Executive Committee are established to provide the Board and the Chief Executive with assurance and advice on clinical matters affecting the District.

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/district 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.
- 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 such as the 'Health Care Services Plan 2020-2030' and the 'Strategic Directions for Illawarra Shoalhaven Local Health District 2017 - 2020', 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.

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

- Asset management – Designing and building future-focussed infrastructure
- Information management and technology – Enabling eHealth
- Research and teaching – Supporting and harnessing research and innovation
- Workforce development – Supporting and developing our workforce
- Aboriginal Health Action Plan – Ensuring health needs are met competently

These plans have been cascaded through the organisation in a structured approach through the commencement of major initiatives such as:

- The Asset Strategic Plan 2018-2028
- The ICT Strategic plan 2016 – 2021
- Research & Innovation Strategy 2017-2020
- Strategic Directions for Illawarra Shoalhaven Local Health District - 2017 - 2020
- The Strategic Capability Development Program
- ISLHDs Workforce Planning Framework
- The Financial Sustainability Program
- The Aboriginal Mental Health action plan
- Closing the Gap - Aboriginal Health Action Plan 2017-2020

STANDARD 4: MONITORING FINANCIAL AND SERVICE DELIVERY PERFORMANCE

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

The District is responsible for ensuring compliance with the NSW Health Accounts and Audit Determination and the annual Ministry of Health budget allocation advice.

The Chief Executive is responsible for confirming the accuracy of the information in the financial and performance reports provided to the Board and those submitted to the Finance and Workforce Performance Committee and the Ministry of Health and that relevant internal controls for the District are in place to recognise, understand and manage its exposure to financial risk.

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

To this end, Board and Chief Executive certify that:

- The financial reports submitted to the Finance & Workforce Performance Committee and the Ministry of Health represent a true and fair view, in all material respects, of the District's financial condition and the operational results are in accordance with the relevant accounting standards.
- The recurrent budget allocations in the Ministry of Health's financial year advice reconcile to those allocations distributed to units and cost centres.
- Overall financial performance is monitored and reported to the Finance and Workforce Performance Committee of the District.
- Information reported in the Ministry of Health monthly reports reconciles to and is consistent with reports to the Finance and Workforce Performance Committee.
- All relevant financial controls are in place.
- Write-offs of debtors have been approved by duly authorised delegated officers.

Service and Performance

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

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

The Finance and Workforce Performance Committee

The Board has established a Finance and Workforce Performance Committee to assist the Board and the Chief Executive to ensure that the operating funds, capital works funds, resource utilisation and service outputs required of the District are being managed in an appropriate and efficient manner.

The Finance and Workforce Performance 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 tabled at the Audit and Risk Committee and the Board. The Finance and Workforce Performance Committee are briefed on the content and process for finalising the Auditor-General's report to management.

During the 2019-20 financial year, the Finance and Workforce Performance Committee was chaired by Mr Paul Knight (replaced by Ms Marissa Mastroianni from February 2020) and comprised of:

- Professor Denis King OAM – Board Member
- Mr Alan Hudson – Board Member
- Ms Eve Bosak – Board Member.

The Finance and Workforce Performance Committee has an agreed annual schedule of meetings and work program. This schedule is part of the governance calendar for the full Board, with regular reporting going from the Committee to the Board.

The Chief Executive is represented at all meetings of the Finance and Workforce Performance Committee by the Executive Director Finance, and the Executive Director Strategic Improvement Projects. The Director of Internal Audit is also an attendee.

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 'CORE living' Campaign is a high priority of the District. It promotes the CORE values and the Code of Conduct to ensure behavioural standards are maintained.

The District has a 'Corporate Governance Hub' intranet site to guide staff on ethical issues including Conflicts of Interests, Gifts and Benefits and Fraud and Corruption. An Ethical Behaviours Framework has been developed and will be implemented throughout the District which will provide further ethical education and guidance to staff.

The Chief Executive, as the Principal Officer, has reported all known 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 17 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 5 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 the District's plans and initiatives for providing health services, and also provides advice to the community and local providers with information about the District's plans, policies and initiatives.

The District's Consumer Participation Framework 2018-2021 provides the structure in place to facilitate the input of consumers into policies plans and initiatives of the organisation. Extensive community consultation from business and local communities occurred in the development of the current ISLHD Health Care Services Plan as well as having community representatives as members of the District Clinical Governance Council and National Standards Committees. The Districts Patient Information Portal process provides extensive involvement of community on an ongoing basis.

Examples of the District engaging consumers and service providers in strategic initiatives include involvement in the 'Fit for Frailty Program' (aimed at improving the outcomes and experience of frail older consumers and their carers) and the Bulli Aged Care Centre development. All Healthcare Redesign Projects involve and consult consumers such as the recent 'Interventional Radiology Service Improvement Project'.

The Districts key policies, are available to staff on the ISLHD Intranet Site. There are well established processes in place for staff to be involved in the development of policies and initiatives of the organisation.

ISLHD has upgraded its internet platform which provides a more responsive, robust and user-friendly public website. The public can access the Districts plans, initiatives and key Corporate Policies. Processes are underway to ensure all new and revised clinical policies are written in 'plain English' to support the transition to internet public availability.

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 Committee ensures that audit recommendations and recommendations from related external review bodies are implemented.

The District has a current Enterprise Risk Management Plan that identifies how risks are managed, recorded, monitored and addressed. It includes processes to escalate and report on risk to the Chief Executive, Audit and Risk Committee and Board.

The Plan covers all known risk areas including:

- Leadership and management
- Clinical care and patient safety
- Health of population
- Finance (including fraud prevention)
- Communication and information
- Workforce
- Legal
- Work health and safety
- Environmental
- Security
- Facilities and assets
- Emergency management
- Community expectations

Audit and Risk Committee

The Board has established an Audit and Risk 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.

Corporate Governance Attestation Statement

ILLAWARRA SHOALHAVEN LOCAL HEALTH DISTRICT

1 July 2019 to 30 June 2020



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 with without exception. Commentary has been added to the Attestation regarding the redeployment of Internal Audit resources for a period of time during the COVID-19 Pandemic.

The Audit and Risk Committee has consisted of between three to five members at various times throughout the last financial year, all members but one member, a Board representative, were appointed from the prequalification scheme. Since June 2020, the Committee now consists of four members, all of which have been appointed from the prequalification scheme. Committee membership has aligned throughout the year with the requirements Ministry of Health related Policy.

Corporate Governance Attestation Statement

ILLAWARRA SHOALHAVEN LOCAL HEALTH DISTRICT

1 July 2019 to 30 June 2020



QUALIFICATIONS TO THE GOVERNANCE ATTESTATION STATEMENT

Item 1

N/A

Signed:

A handwritten signature in blue ink, appearing to be "B Robb".

Beverly Robb

Director, Corporate Governance & Risk Management

Date 22/7/2020

Signed:

A handwritten signature in black ink, appearing to be "G Trajcevski".

Gordana Trajcevski

Chief Audit Executive

Date 22/7/20

Signed:

A handwritten signature in black ink, appearing to be "Margot K Mains".

Margot Mains

Chief Executive

Date 14.08.2020

