



CORPORATE GOVERNANCE ATTESTATION STATEMENT
NORTHERN SYDNEY LOCAL HEALTH DISTRICT

The following corporate governance attestation statement was endorsed by a resolution of the Northern Sydney Local Health District Board upon recommendation of the Chief Executive at its meeting on 16 August 2022.

The Board is responsible for the corporate governance practices of the Northern Sydney Local Health District. This statement sets out the main corporate governance practices in operation within the District for the 2021-22 financial year. The Chief Executive confirmed that the necessary systems and processes are in place in order for the Chair to sign on behalf of the Board.

A signed copy of this statement is provided to the Ministry of Health by 31 August 2022.

Signed:

Handwritten signature of Trevor Danos in black ink.

17 August 2022

Mr. Trevor Danos AM
Chair

Date

Handwritten signature of Deborah Willcox in black ink.

17 August 2022

Ms. Deborah Willcox
Chief Executive

Date

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 and corporate governance responsibilities are clearly allocated and understood
- Setting the strategic direction for the entity 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 2021-22 financial year the Board consisted of a Chair and 10 members (from July 2021 to December 2021) and 11 members (from January 2022 to June 2022) appointed by the Minister for Health. The Board met 10 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).

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/network 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 and complaint information is used to improve patient care.
- 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 and other health services delivered to Aboriginal people.
- Adopted the *Decision Making Framework for NSW Health Aboriginal Health Practitioners Undertaking Clinical Activities* to ensure that Aboriginal Health Practitioners are trained, competent, ready and supported to undertake clinical activities.
- Achieved appropriate accreditation of healthcare facilities and their services.
- Licensing and registration requirements which are checked and maintained.
- A Medical Staff Executive Council, at least two Medical Staff Councils and a Mental Health Medical Staff Council (or an alternative mechanism established in accordance with the Model By-Laws)
- A Hospital Clinical Council for each public hospital in the entity (where appropriate that Council may be a Joint Hospital Clinical Council covering more than one hospital).
- A Local Health District Clinical Council.

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.

Health services are required to be accredited to the National Safety and Quality Health Service (NSQHS) Standards under the Australian Health Service Safety and Quality Accreditation Scheme (the AHSSQA Scheme).

The District intends to submit an attestation statement confirming compliance with the NSQHS Standards for the 2021/22 financial year to their accrediting agency by 30 September 2022. The District submitted an attestation statement to the accrediting agency for the 2020/21 financial year.

STANDARD 3: SETTING THE STRATEGIC DIRECTION FOR THE ENTITY 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 in a 3- to 5-year strategic plan for both the District and the services it provides within the overarching goals of the 2021/22 NSW Health Strategic Priorities.

District-wide planning processes and documentation is also in place, covering:

- Detailed plans linked to the Strategic Plan for the following:
 - Asset management
 - Asset management plan (AMP)
 - Strategic asset management plan (SAMP)
 - Information management and technology
 - Research and teaching
 - Workforce management
- Local Health Care Services Plan
- Corporate Governance Plan
- Aboriginal Health Action Plan

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, Risk and 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, Risk and 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, Risk and Performance 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 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, Risk and Performance Committee

The Board has established a Finance, Risk and 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, Risk and Performance Committee receives monthly reports that include:

- Financial performance of each facility / service
- Subsidy availability
- The position of Restricted Financial Asset and Trust Funds

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1 July 2021 to 30 June 2022



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- 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 Committee.

During the 2021-22 financial year, the Finance and Performance Committee was chaired by Mr Keith Skinner - Chair and Board Member NSLHD (July 2021 to December 2021) and Mr Andrew Goodsall - Chair and Board Member NSLHD (January 2022 to June 2022) and comprised of:

- Mr Andrew Goodsall - Board Member NSLHD
- Dr Michelle Mulligan - Board Member, NSLHD
- Mr Chris Greatrex - Board Member, NSLHD
- Ms Deborah Wilcox - Chief Executive
- Ms Jacqueline Ferguson - Director Finance and Corporate Services
- Mr Lee Gregory – Executive Director Operations
- Ms Nicole Ikenberg - Chief Risk Officer

The Chief Executive and Director of Finance attended all meetings of the Finance, Risk and Performance Committee except where on approved leave.

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 District has implemented models of good practice that provide culturally safe work environments and health services through a continuous quality improvement model.

There are systems and processes in place and staff are aware of their obligations to protect vulnerable patients and clients – for example, children and those with a mental illness.

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 2021-22 financial year, the Chief Executive reported 12 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 2021-22 financial year, the District reported 1 public interest disclosure.

The Board attests that the District has a fraud and corruption prevention program in place.

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.

During the development of its policies, programs and strategies, the Entity considered the potential impacts on the health of Aboriginal people and, where appropriate, engaged with Aboriginal stakeholders to identify both positive and negative impacts and to address or mitigate any negative impacts for Aboriginal people.

1. The Executive, with Board involvement, provides information and advice to the community and local providers about the local health district policies and initiatives and seeks their views on Northern Sydney Local Health District (NSLHD) plans for providing health services. Information dissemination and community voice is achieved through general community based Forums and special interest groups forums such as Carers, Youth, Disabled and Mental Health Consumer forums. The Health service also engages with consumers and the community via its committee governance structure with the Board Consumer Committee and local Consumer Participation Committees and Peer worker committees at the facility and service level.
2. Supported by the Board, NSLHD is committed to enabling and enhancing opportunities for input and feedback. The District also strives to improve the health, well-being and the health literacy of our community through the availability and access to information and resources about our services and health-related topics tailored to the needs of consumers. An example of exemplary practice in health literacy is the District's purchase of the EIDO Patient Information Brochure Library, a suite of plain English and pictorial brochures for the intellectually challenged that simply explain clinical procedures, their risks, benefits and alternatives, for the purpose of achieving truly informed consent. In addition, Consumers co-design information for patients and the community in electronic and hard copy form. The Consumer Tick application on these resources ensures consultation from a minimum of 5 consumers. The Multicultural Access Committee also includes a consumer representative.
3. The NSLHD Consumer Committee is a Board Sub-Committee established to provide Board assurance and strategic advice in relation to the consumer and carer experience of health care and to develop effective communication and engagement strategies for our NSLHD community. The NSLHD Consumer Committee is chaired by a Board Member and membership includes eight consumer advisors, a representative from the Aboriginal Health Service and a minimum of two NSLHD Board members, one of whom is a member of the Health Care Quality Committee (HCQC).
4. Consumers are involved in governance processes through their membership and involvement on Committees in the facilities and services throughout the LHD. Currently Royal North Shore Hospital, Ryde Hospital, Mona Vale Hospital, Hornsby Hospital and Primary and Community Health have Consumer Participation Committees (CPC) or Consumer Advisory Councils (CACs) which meet regularly to discuss consumer engagement and the patient experience in these facilities and services. Consumers are also involved in many other aspects of service evaluation and development including involvement as team members on service co-design and quality improvement initiatives. Currently NSLHD has more than 50 consumer advisors providing input in this capacity, with an ever increasing demand for their involvement.
5. Mental Health Drug and Alcohol (MHDA) has a Peer Workforce Committee (previously Consumer Participation Committee) and a Carer Network. Members from these committees also sit on the MHDA Clinical Council. Consumers and carers are members of a number of key committees, at both MHDA and sector/service level, and also participate in operational planning, service evaluation, education, quality improvement and research. MHDA employs consumer

and carer peer workers to liaise with and represent consumers in key decision making, including in the development of resources, procedures, committees and working groups.

6. The NSLHD Carer Support Service has launched the NSLHD Carer Strategy 2018-2023. The Carer Strategy identifies a number of strategic goals that will support the implementation of the NSW Health Recognition and Support for Carers Key Directions 2018-2020.
7. Sources of consumer feedback include complaints captured via the NSLHD Incident Management System. Complaints are investigated and managed at the facility/service level with the support of local patient representatives. Reporting to the HCQC including reporting against target key performance indicators for acknowledgement and resolution of complaints. All Key Performance Indicators for complaint management are regularly achieved, i.e. 5 day complaint receipt response, 100% and 35 day complaint closure >80%.
8. The NSW Bureau of Health Information Patient Survey Program provides consumer feedback data to NSLHD regarding the patient's experience of their care at a facility level. The results of the Patient Survey Program are reviewed by a number of governing committees across NSLHD including the NSLHD Consumer Committee and at each of the local CPC/CAC meetings. Within MHDA consumer feedback is obtained using national Your Experience of Services (YES) and Carer Experience of Services (CES) surveys. Results are reviewed by sector/services and by the MHDA Service Experience Working Group and action and change processes are implemented to respond to the feedback. NSLHD is also developing a real-time patient experience feedback surveying tool (in conjunction with the CEC) that will be deployed in late 2021 and is participating in the state-wide PREMs and PROMs program, an initiative of the ACI.
9. A Local Partnership Agreement is in place between the Aboriginal Medical Service Co-operative Limited and the Northern Sydney LHD, South Eastern Sydney LHD, Sydney LHD, St Vincent's Health Network and Sydney Children's Hospitals Network.
10. Information on plans and initiatives of the Organisation and information on how to participate in their development are available to the public and staff at the internet site www.nslhd.health.nsw.gov.au. The Board rotates its meeting sites so as to visit each hospital facility at least once per year.
11. The LHD's intranet site <http://intranet.nslhd.health.nsw.gov.au/Pages/default.aspx> can be accessed by all staff.
12. A patient service charter is established to identify the commitment to protecting the rights of patients in the health system. The LHD protects the rights of patients in the health system by following policy and guidelines, locally implemented, that include:
 - NSW Health My Health Record Security and Access_PD2019_054
 - Your Health Rights and Responsibilities_PD2011_022
 - Australian Charter of Health and Health Care Rights
13. There are appropriate mechanisms in place to ensure privacy of personal and health information. The LHD adheres to privacy legislation by following policy and guidelines, locally implemented, about management of personal information held by NSW Health organisations. Key documents include:
 - Privacy Management Plan_PD2015_036
 - Privacy Manual for Health Information
 - NSW Health Privacy Internal Review Guidelines_GL2019_015
 - NSW Health My Health Record Security and Access_PD2019_054

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- Records Management of Electronic Messages (email) Policy & Guidelines_PD2005_230
 - Your Health Rights and Responsibilities __ PD2011_022
 - Electronic Information Security_PD2020_046
 - Emergency Services Accessing Clinical Information from MHDA Services during High Risk Situations - MHDA
 - Health Care records- Documentation and Management_PD2012_069
 - Disclosure of unit record data by Local Health Districts for research or contractor services_PD2018_001
 - Social Media- NSLHD
 - Use and Disclosure of Electronic Data and Camera Surveillance Records

Information on the key policies, plans and initiatives of the District and information on how to participate in their development are available to staff and to the public at <http://intranet.nslhd.health.nsw.gov.au/Pages/default.aspx>.

The District has the following in place:

- A consumer and community engagement plan to facilitate broad input into the strategic policies and plans.
- A patient service charter established to identify the commitment to protecting the rights of patients in the health system.
- A Local Partnership Agreement with Aboriginal Community Controlled Health Services.
- Mechanisms to ensure privacy of personal and health information.
- An effective complaint management system.

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's NSLHD Board Audit and Risk Committee receives and considers all reports of the External and Internal Auditors for the District, and the Board, through the Board 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 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

Board 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.

The District completed and submitted an Internal Audit and Risk Management Attestation Statement for the 12-month period ending 30 June 2022 to the Ministry without exception.

The Audit and Risk Management Committee comprises 4 members of which 3 are independent and appointed from the NSW Government's Prequalification Scheme for Audit and Risk Committee Independent Chairs and Members.