

## Model Corporate Governance Attestation Statement

### LOCAL HEALTH DISTRICTS AND SPECIALTY HEALTH NETWORKS



## INSTRUCTIONS

### Background

Public Health Entities (as defined in the *Accounts and Audit Determination Public Health Entities in NSW*) are Local Health Districts, Specialty Health Networks, Statutory Health Corporations, units of the Health Administration Corporation (including the NSW Ambulance Service, HealthShare NSW, eHealth NSW, Health Infrastructure and NSW Health Pathology), and health bodies established under their own statute, including the Cancer Institute of NSW.

Public Health Entities 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.

### Preparing your Entity's Attestation Statement

Local Health Districts (LHDs) and Specialty Health Networks (SNs) are to 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, with a copy provided to the Corporate Governance and Risk Management Unit, Ministry of Health by 31 August 2023.

The Model Statement is designed to address requirements outlined within the NSW Health Corporate Governance and Accountability Compendium. Entities must include within their Statement all information contained in the Model Statement as a minimum. Entities 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 entity 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 Entity, and either explain within the Statement 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 actions proposed to rectify non-compliance.

Where information is not relevant to the business of the Entity it may be removed. **DO NOT include the 'Instructions' section in your final version.** 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 Entity'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](mailto:MOH-CGRM@health.nsw.gov.au).

**Model Corporate Governance Attestation Statement**  
**LOCAL HEALTH DISTRICTS AND SPECIALTY HEALTH NETWORKS**



---

This page is intentionally blank.

**Corporate Governance Attestation Statement****MURRUMBIDGEE LOCAL HEALTH DISTRICT****1 July 2022 to 30 June 2023****CORPORATE GOVERNANCE ATTESTATION STATEMENT  
MURRUMBIDGEE LOCAL HEALTH DISTRICT**

The following corporate governance attestation statement was endorsed by a resolution of the Murrumbidgee Local Health District Board at its meeting on 22<sup>nd</sup> August 2023.

The Board is responsible for the corporate governance practices of the Murrumbidgee Local Health District. This statement sets out the main corporate governance practices in operation within the district for the 2022-23 financial year.

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

Signed:

A handwritten signature in black ink, appearing to read "Glynis Ingram".

Glynis Ingram

Chair

Date 26 September 2023.

A handwritten signature in black ink, appearing to read "Jill Ludford".

Jill Ludford

Chief Executive

Date 27 September 2023

## Corporate Governance Attestation Statement

### MURRUMBIDGEE LOCAL HEALTH DISTRICT

1 July 2022 to 30 June 2023



## 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 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

The Board met 11 times during the 2022-23 financial year. The Board consisted of a Chair and 11 members appointed by the Minister for Health. The previous Board Chair and Board Members served their maximum term and completed their time with the Board at the end of December 2022. The new Board Chair commenced in July 2023 and a further three new Board Members commenced in January 2023.

### 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 Murrumbidgee Local Health 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 Murrumbidgee Local Health District, including statutory reporting requirements.

The Board also has a mechanism in place to gain reasonable assurance that the Murrumbidgee Local Health 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 Murrumbidgee Local Health 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 Murrumbidgee Local Health 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.

## Corporate Governance Attestation Statement

### MURRUMBIDGEE LOCAL HEALTH DISTRICT

1 July 2022 to 30 June 2023



- 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.
- Clear lines of accountability for clinical services delivered to Aboriginal people. MLHD has an agreement with the Riverina Murray Regional Alliance (RMRA). The RMRA provides a regional governance structure to coordinate the provision of services across the Riverina Murray region and is a mechanism through which Riverina Murray communities can collectively identify priority issues, and engage with MLHD and other Government and key service delivery stakeholders to develop targeted service responses and solutions, and directly influence how those services are delivered. RMRA also provides an opportunity for Riverina Murray communities to participate in local decision making focused on improving education, employment, service delivery and accountability outcomes. MLHD has direct reporting requirements to the RMRA.
- Adopted the NSW Health *Decision Making Framework for Aboriginal Health Workers to Undertake Clinical Activities* to ensure that Aboriginal Health Workers are trained, competent, and 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.
- Medical Staff Council and a Hospital Clinical Council for each public hospital in the District.
- 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 will submit an attestation statement confirming compliance with the NSQHS Standards for the 2022-23 financial year to their accrediting agency by 30 September 2023. The District submitted an attestation statement to the accrediting agency for the 2021-22 financial year.

### **STANDARD 3: SETTING THE STRATEGIC DIRECTION FOR THE ORGANISATION AND ITS SERVICES**

The Board has in place strategic plans for the effective planning and delivery of its services to the communities and individuals served by Murrumbidgee Local Health District. This process includes setting a strategic direction in a 3- to 5-year strategic plan for both the LHD and the services it provides within the overarching goals and priorities of the 2022/23 NSW Health Strategic Priorities.

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

- Detailed plans linked to the Strategic Plan for the following

## Corporate Governance Attestation Statement

### MURRUMBIDGEE LOCAL HEALTH DISTRICT

1 July 2022 to 30 June 2023



- Asset management
  - Asset management plan (AMP)
  - Strategic asset management plan (SAMP)
- Information management and technology
- Research and teaching
- Workforce management
- Local Health Care Services Plans
- 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 Murrumbidgee Local Health 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 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 Murrumbidgee Local Health 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 & Performance Committee and the Ministry of Health represent a true and fair view, in all material respects, of the MLHD'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 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 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 Murrumbidgee Local Health District.



## Corporate Governance Attestation Statement

### MURRUMBIDGEE LOCAL HEALTH DISTRICT

1 July 2022 to 30 June 2023



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 (called the Planning, Resources 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 and Performance Committee receives monthly reports that include:

- Financial performance of each major cost centre
- Subsidy availability
- The position of Restricted Financial Asset and Trust Funds
- Activity performance against indicators and targets in the performance agreement for the District.
- Advice on the achievement of strategic priorities identified in the performance agreement for the District.
- Year to date and end of year projections on capital works and private sector initiatives.

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

During the 2022-23 financial year, the Finance and Performance Committee was chaired by Mr Adrian Lindner and Mr Jonathan Green and comprised of all Board Members:

- Mr Thomas Douch – MLHD Board Chair (June to December 2022) (ended with Board December 2022)
- Ms Elke Cleverdon
- Ms Elizabeth Dixon
- Mr John Ireland
- Mr Adrian Lindner – MLHD Interim Board Chair (January to July 2023)
- Dr Alam Yoosuff
- Ms Andrea Jordan (ended with Board December 2022)
- Mr Geoffrey Twomey (ended with Board December 2022)
- Mr Jonathan Green
- Ms Mary Atkinson
- Ms Cheryl Penrith
- Ms Glynis Ingram (appointed January 2023)
- Mr Anthony Kolbe (appointed January 2023)
- Mr Andrew Jones (appointed January 2023)

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

## Corporate Governance Attestation Statement

### MURRUMBIDGEE LOCAL HEALTH DISTRICT

1 July 2022 to 30 June 2023



## STANDARD 5: MAINTAINING HIGH STANDARDS OF PROFESSIONAL AND ETHICAL CONDUCT

MLHD 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 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 (ICAC) 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 2022-23 financial year, the Chief Executive reported two 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 2022-23 financial year, MLHD reported nil public interest disclosures.

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 MLHD's plans, policies and initiatives.

During the development of its policies, programs and strategies, the District 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.

MLHD currently has 33 Local Health Advisory Committees (LHAC) permanently established across the District. Membership reflects the background, demographic and social disadvantage of the community. The LHAC take an active role in the development of strategic and service plans for the District and fostering local community input to these. MLHD works in conjunction with the Murrumbidgee Primary Health Network to host two forums annually for LHAC members to meet, discuss health services and health needs with the Board and MLHD Executive.

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:

- MLHD Intranet (for staff): <https://nswhealth.sharepoint.com/sites/MLHD-INTRANET>
- MLHD Internet: <http://www.mlhd.health.nsw.gov.au/>

The District has the following in place:



## Corporate Governance Attestation Statement

### MURRUMBIDGEE LOCAL HEALTH DISTRICT

1 July 2022 to 30 June 2023



- A consumer and community engagement process 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 and Aboriginal community 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 MLHD 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 Audit and Risk Committee Charter sets out the Committee's objectives, authority, composition and tenure, roles and responsibilities, and reporting and administrative arrangements.

The district has developed its Risk Appetite. The district has current Risk Management Frameworks 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.

MLHD risk management covers all known risk areas including:

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

### Audit and Risk Management 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.

## Corporate Governance Attestation Statement

### MURRUMBIDGEE LOCAL HEALTH DISTRICT

1 July 2022 to 30 June 2023



The Internal Audit Charter ensures appropriate organisational structures, authority, access and reporting arrangements are in place to maintain an effective, independent Internal Audit function.

- 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.

Murrumbidgee Local Health District completed and submitted an Internal Audit and Risk Management Attestation Statement for the 12-month period ending 30 June 2023 to the Ministry without exception.

The Audit and Risk Committee comprised of four members during the period, of which all members are independent. One independent member sits on the district Board and three members were appointed from the NSW Government's Prequalification Scheme for Audit and Risk Committee Independent Chairs and Members.

**Corporate Governance Attestation Statement**  
**MURRUMBIDGEE LOCAL HEALTH DISTRICT**  
**1 July 2022 to 30 June 2023**



---

**QUALIFICATIONS TO THE GOVERNANCE ATTESTATION STATEMENT**

**Item:**

**Qualification**

Nil

**Progress**

Nil

**Remedial Action**

Nil

---

A handwritten signature in black ink, appearing to read "Ludford".

Signed:

Jill Ludford  
Chief Executive

Date 27 September, 2023

A handwritten signature in black ink, appearing to read "Spain".

Jenny Spain  
Director Governance, Risk, Audit

27/09/2023 Date