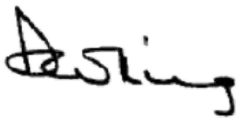
CORPORATE GOVERNANCE ATTESTATION STATEMENT
JUSTICE HEALTH AND FORENSIC MENTAL HEALTH NETWORK

The following corporate governance attestation statement was endorsed by a resolution of the Justice Health and Forensic Mental Health Network Board at its meeting on 11 August 2022.

The Board is responsible for the corporate governance practices of the Justice Health and Forensic Mental Health Network. This statement sets out the main corporate governance practices in operation within the Network for the 2021-22 financial year.

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

Signed:



Denis King

Chair Date 26 July 2022

Wendy Hoey

Acting Chief Executive Date 19 July 2022

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 8 members appointed by the Minister for Health. The Board met six 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 Network.

The roles and responsibilities of the Chief Executive and other senior management within the Network 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 Network, including statutory reporting requirements.

The Board also has a mechanism in place to gain reasonable assurance that the Network 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 Network 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 Network 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 Network.
- A systematic process for the identification and management of clinical incidents and minimisation of risks to the Network.
- An effective complaint management system for the Network 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 Council and a Mental Health Medical Staff Council A Speciality Health Network 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 Network.

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 Network 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 Network 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 Network. This process includes setting a strategic direction in a 3- to 5-year strategic plan for both the Network and the services it provides within the overarching goals of the 2021/22 NSW Health Strategic Priorities.

Network-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 Network 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 Network 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 Network, 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 Network'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 Network.
- 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 Network.

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 to ensure that the operating funds, capital works funds, resource utilisation and service outputs required of the Network 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 Network

- Advice on the achievement of strategic priorities identified in the performance agreement for the Network
- 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 2021-22 financial year, the Finance Workforce and Performance Committee was chaired by Mr. Paul Knight, Board Member and comprised of:

- Mr Ken Baker — Chaired until 31 March 2022
- Mr. Stuart Loveday — Board Representative until 31 March 2022
- Mr. Gary Forrest — Chief Executive (Until 27 September 2021
- Mr. Roger Downs — Board Representative
- Ms. Wendy Hoey — Acting Chief Executive
- Mr. Rajiv Anand — Executive Director Corporate Services
- Mr. Ing Yu — Chief Financial Committee
- Ms. Jo Holden — Executive Director Performance and Planning
- Ms. Michelle Eason — Acting Executive Director, Clinical Operations
- Ms. Vindya Nanayakkara — Co-Director Forensic Mental Health
- Mr. Marcin Pasternak — Director, Health Intelligence Analytics Unit
- Ms.Tracy-Lee Varga — Director Workforce

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

STANDARD 5: MAINTAINING HIGH STANDARDS OF PROFESSIONAL AND ETHICAL CONDUCT

The Network 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 Network's learning and development strategy.

The Network 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 2 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 Network in accordance with state policy and legislation, including establishing reporting channels and evaluating the management of disclosures.

During the 2021-22 financial year, the Network reported 0 public interest disclosures.

The Board attests that the Network 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 Network's plans and initiatives for providing health services, and also provides advice to the community and local providers with information about the Network'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.

The following programs, initiatives, policies and partnerships facilitate ongoing patient involvement and feedback for quality improvement, and ensure that the rights and interests of patients, their families and carers are represented at all levels;

- Nurse Unit Manager's participation in the Inmate Development Committee (IDC) meetings.
- Manager D and A Release Planning, Drug and Alcohol Service, participates in Primary Health Networks meetings across a number of Local Health Districts.
- Partnership with the South Coast Women's Health and Welfare Aboriginal Corporation, WAMINDA, including the appointment of the Aboriginal Wellbeing Liaison Officer.
- The Hepatitis in Prison Elimination (HIPE) Program managed by Population Health: developed and delivered in consultation with patients, Hepatitis NSW, and the NSW Users and AIDS Association (NUAA).
- Aboriginal Interagency meetings with South West Sydney, and Inner Sydney.
- Justice Health and Forensic Mental Health Network Aboriginal Representative Group (ARG) was designed in partnership with the AH and MRC to support community perspective and engagement

Information on the key policies, plans and initiatives of the Network and information on how to participate in their development are available to staff and to the public at http://www.justicehealth.nsw.gov.au.

The Network 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 Network 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 Network, and through the Audit and Risk Management Committee ensures that audit recommendations and recommendations from related external review bodies are implemented.

The Network 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

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 Network'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 Network's financial reporting, safeguarding of assets, and compliance with the Network's responsibilities, regulatory requirements, policies and procedures
- to oversee and enhance the quality and effectiveness of the Network'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 Network'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 Network.

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

QUALIFICATIONS TO THE GOVERNANCE ATTESTATION STATEMENT

Item: 3 - Setting the Strategic Direction for the Organisation and its Services

Qualification

Justice Health and Forensic Mental Health Network has been exempted from the Ministry of Health Asset Strategic Planning process due to the small size of its asset base.

Progress

Nil required

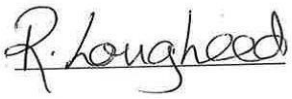
Remedial Action

Nil required

Signed:

Wendy Hoey

Acting Chief Executive Date 19 July 2022



Rose Lougheed

Acting Chief Audit Executive Date 19 July 2022