

Corporate Governance Attestation Statement

JUSTICE HEALTH AND FORENSIC MENTAL HEALTH
1 July 2022 to 30 June 2023



CORPORATE GOVERNANCE ATTESTATION STATEMENT JUSTICE HEALTH AND FORENSIC MENTAL HEALTH (JUSTICE HEALTH NSW)

The following corporate governance attestation statement was endorsed by a resolution of the [Justice Health and Forensic Mental Health \(Justice Health NSW\) Board](#) at its meeting on [24 August 2023](#).

The Board is responsible for the corporate governance practices of [Justice Health NSW](#). This statement sets out the main corporate governance practices in operation within the Justice Health NSW for the 2022-23 financial year.

A signed copy of this statement is provided to the Ministry of Health by 31 August 2023.

Signed:

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

[Denis King](#)

Chair

Date 30 August 2023

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

[Wendy Hoey](#)

Chief Executive

Date 30 August 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 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 2022-23 financial year the Board consisted of a Chair and 11 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 [Justice Health NSW](#).

The roles and responsibilities of the Chief Executive and other senior management within [Justice Health NSW](#) 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 Justice Health NSW, including statutory reporting requirements.

The Board also has a mechanism in place to gain reasonable assurance that [Justice Health NSW](#) 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 [Justice Health NSW](#) 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).

[Justice Health NSW](#) 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 [Justice Health NSW](#) 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 [Justice Health NSW](#).
- A systematic process for the identification and management of clinical incidents and minimisation of risks to [Justice Health NSW](#).
- An effective complaint management system for [Justice Health NSW](#) 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.
- [The Justice Health NSW is in the process of establishing](#) 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 Justice Health NSW 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 [Justice Health NSW](#).

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) and [The Royal Australian College of General Practitioners \(RACGP\)](#).

[Justice Health NSW](#) intends to submit an attestation statement confirming compliance with the NSQHS Standards for the 2022/23 financial year to their accrediting agency by 30 September 2023. [Justice Health NSW](#) submitted an attestation statement to the accrediting agency for the 2021/22 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 [Justice Health NSW](#). This process includes setting a strategic direction [for ten years](#) for both [Justice Health NSW](#) and the services it provides within the overarching goals of the 2022/23 NSW Health Strategic Priorities.

[Justice Health NSW](#) -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)
 - [Digital Health Strategy](#)
 - [Workforce Strategy](#)
 - [Clinical Services Plan](#)
 - [Partnership and Engagement Strategy](#)
- Corporate Governance Plan

STANDARD 4: MONITORING FINANCIAL AND SERVICE DELIVERY PERFORMANCE

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

Justice Health NSW 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 [Justice Health NSW](#) 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 [Justice Health NSW](#), 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 and Workforce Performance Committee](#) and the Ministry of Health represent a true and fair view, in all material respects, of [Justice Health NSW](#)'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 [Justice Health NSW](#).
- 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 [Justice Health NSW](#).

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 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 [Justice Health NSW](#) 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

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- The position of Restricted Financial Asset and Trust Funds
- Activity performance against indicators and targets in the performance agreement for [Justice Health NSW](#)
- Advice on the achievement of strategic priorities identified in the performance agreement for [Justice Health NSW](#)
- 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 Workforce Performance Committee](#) was chaired by [Mr. Paul Knight, Board Member](#) and comprised of:

- [Ms. Marisa Mastroianni](#) Board Member
- [Ms. Wendy Hoey](#) Chief Executive
- [Mr. Ing Yu](#) Chief Financial Officer
- [Ms. Rose Lougheed](#) A/Executive Director Performance and Planning
- [Ms. Helen Emmerson](#) Director People and Culture.

The Chief Executive and Director of Finance attended all meetings of the [Finance Workforce and Performance Committee](#) except where on approved leave.

STANDARD 5: MAINTAINING HIGH STANDARDS OF PROFESSIONAL AND ETHICAL CONDUCT

The [Justice Health NSW](#) 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 [Justice Health NSW](#) 's learning and development strategy.

The [Justice Health NSW](#) 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 2022-23 financial year, the Chief Executive reported [zero](#) cases to the Independent Commission Against Corruption.

Policies and procedures are in place to facilitate the reporting and management of public interest disclosures within [Justice Health NSW](#) in accordance with state policy and legislation, including establishing reporting channels and evaluating the management of disclosures.

During the 2022-23 financial year, [Justice Health NSW](#) reported [one](#) of public interest disclosures.

The Board attests that [Justice Health NSW](#) 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 [Justice Health NSW](#) 's plans and initiatives for providing health services, and also provides advice to the community and local providers with information about [Justice Health NSW](#) '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 Drug and Alcohol Release Planning, Drug and Alcohol Service, participates in Primary Health Justice Health NSW s 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 Southwest Sydney, and Inner Sydney.
- Justice Health NSW Aboriginal Representative Group (ARG) was designed in partnership with the Aboriginal Health and Medical Research Council to support community perspective and engagement.

Information on the key policies, plans and initiatives of [Justice Health NSW](#) 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 [Justice Health NSW](#) 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 [Justice Health NSW](#) 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 [Justice Health NSW](#), and through the Audit and Risk Management Committee ensures that audit recommendations and recommendations from related external review bodies are implemented.

The [Justice Health NSW](#) 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 [Justice Health NSW](#) '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 [Justice Health NSW](#) 's financial reporting, safeguarding of assets, and compliance with [Justice Health NSW](#) 's responsibilities, regulatory requirements, policies and procedures
- to oversee and enhance the quality and effectiveness of [Justice Health NSW](#) '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 [Justice Health NSW](#) '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 [Justice Health NSW](#).

The [Justice Health NSW](#) 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.

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

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QUALIFICATIONS TO THE GOVERNANCE ATTESTATION STATEMENT

Item:

Qualification

Nil.

Progress

Nil.

Remedial Action

Nil.

Signed:

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

Wendy Hoey

Chief Executive

Date 30 August 2023

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

Donna Blomgren

Chief Audit Executive

Date 30 August 2023