CORPORATE GOVERNANCE ATTESTATION STATEMENT
SOUTH EASTERN SYDNEY LOCAL HEALTH DISTRICT

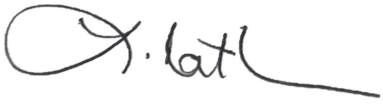
The following corporate governance attestation statement was endorsed by a resolution of the South Eastern Sydney Local Health District (SESLHD) Board at its meeting on 29 July 2026.

The Board is responsible for the corporate governance practices of SESLHD. This statement sets out the main corporate governance practices in operation within SESLHD for the 2025/26 financial year.

A signed copy of this statement is provided to the Ministry of Health by 31 August 2026.

Signed:

Dr Gregory Levenston OAM
Chair Date: 30/07/2026



Leisa Rathborne
Chief Executive Date: 30/07/2026

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 2025-26 financial year the Board consisted of a Chair and six members (as at 30 June 2026) appointed by the Minister for Health. The Board met 10 times during this period and held an Annual Public Meeting.

Authority and role of senior management

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

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

The Board also has a mechanism in place to gain reasonable assurance that SESLHD 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 SESLHD serves. These systems and activities reflect the principles, performance and reporting guidelines as detailed in NSW Health Policy Directive '*Clinical Governance in NSW*' (PD2024_010).

SESLHD 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 SESLHD.
- A systematic process for the identification and management of clinical incidents and minimisation of risks to SESLHD.
- An effective complaint management system for SESLHD 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 Community Council was established in 2024. This community council has enabled a District-led perspective in the expectations SESLHD has on local community. This council decides whether wider consultation is required, or if endorsement of activities can occur. The council includes Aboriginal workforce and community members of varying age groups and genders, from across geographical locations in SESLHD.
- 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.
- 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, referred to as the SESLHD Clinical and Quality 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 SESLHD.

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).

SESLHD intends to submit an attestation statement confirming compliance with the NSQHS Standards for the 2025/26 financial year to their accrediting agency. SESLHD submitted an attestation statement to the accrediting agency for the 2024/25 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 SESLHD. This process includes setting a strategic direction in a 3- to 5-year strategic plan for both SESLHD and the services it provides within the overarching goals of the 2025/26 NSW Health Strategic Priorities.

SESLHD-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

SESLHD has a range of documentation in place to support corporate governance, including frameworks, policies and procedures in such areas as delegations, legislative compliance, policy development, committee governance and records management. These documents form part of the corporate governance strategy for SESLHD.

STANDARD 4: MONITORING FINANCIAL AND SERVICE DELIVERY PERFORMANCE

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

SESLHD 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 SESLHD 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 SESLHD, 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 SESLHD'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 SESLHD.
- 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 SESLHD.

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 SESLHD 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 SESLHD

- Advice on the achievement of strategic priorities identified in the performance agreement for SESLHD
- 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 2025/26 financial year, the Finance and Performance Committee was chaired by Arthur Diakos, SESLHD Board Member, and comprised of (as at 30 June 2026):

- Anna Guillan, SESLHD Board Member
- Liam Harte, SESLHD Board Member
- Leisa Rathborne, Chief Executive, SESLHD
- Ian Anderson, Director, Finance, SESLHD
- Alan Ngo, Director, Internal Audit, SESLHD
- Jennie Barry, Acting Executive Director, Operations, SESLHD

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

SESLHD 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 SESLHD's learning and development strategy.

SESLHD 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 2025/26 financial year, the Chief Executive reported seven cases to the Independent Commission Against Corruption.

Policies and procedures are in place to facilitate the reporting and management of public interest disclosures within SESLHD in accordance with state policy and legislation, including establishing reporting channels and evaluating the management of disclosures.

During the 2025/26 financial year, SESLHD reported six of public interest disclosures.

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

SESLHD has a broad range of consumer engagement activities occurring from the individual to the system level. At the individual level, partnerships occur between individual patients, their families and carers, and clinicians in the provision of person-centred clinical care. This enables the involvement of patients, carers and families to achieve the best possible health outcomes.

At a service level, SESLHD's consumer partnerships draw on the experience of those who have used a service, are currently using a service or those who may use it in the future, to improve the experience and outcomes for patients, families, carers and staff.

SESLHD's major facilities have Consumer Advisory Committees chaired by consumers that provide an opportunity to shape the strategic direction of SESLHD's services. An Aboriginal Community Council was established in 2024 to ensure that Aboriginal voices are represented in shaping the future direction of SESLHD's services. This group does not replace wider engagement with SESLHD's Aboriginal Community; it is one of the ways that engagement is being strengthened.

The committees play a role in reviewing and developing patient information resources that reflect consumer involvement in health literacy. They have also been consulted on the development of the next iteration of the SESLHD strategy to 2028.

Governance for consumer participation is well supported at the Board level, including the Board Strategic Community Partnerships Committee, which oversees SESLHD's engagement with community members and agencies to deliver a coordinated and integrated strategic and community partnership approach.

The development of plans involves consumer input, with the Consumers and Partners Forum providing an annual structured opportunity for this. Additional forums are hosted, as appropriate.

SESLHD is also implementing its Consumer Partnership Framework, which involves streamlining consumer recruitment processes and refreshing the current consumer membership on executive committees.

Information on the key policies, plans and initiatives of SESLHD and information on how to participate in their development are available to staff and to the public via the SESLHD intranet and internet pages.

SESLHD 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 the Redfern Aboriginal Medical Service through the Sydney Metropolitan Local Aboriginal Health Partnership Agreement and continued engagement with Local Community Controlled organisations within SESLHD's area.
- 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 SESLHD and its facilities and units, including the system of internal control.

The Audit and Risk Committee and Chief Executive receive a summary of findings, recommendations and management responses for each internal audit report, and appropriate information on external audits. Final copies of internal audit reports are available at any time on request to the Audit and Risk Committee, Chief Executive and Board.

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

SESLHD has a current enterprise-wide risk management framework which includes procedures on how the organisation will identify, assess, manage and monitor risks. It includes processes to escalate and report on risk to the Chief Executive, Audit and Risk Committee and Board.

Audit and Risk Management Committee

The Board has established an Audit and Risk Management Committee, with the following core responsibilities:

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

SESLHD completed and submitted an Internal Audit and Risk Management Attestation Statement for the 12-month period ending 30 June 2026 to the Ministry without exception.

The Audit and Risk Management Committee comprises four members appointed from the NSW Government's Prequalification Scheme for Audit and Risk Committee Independent Chairs and Members.