

## Model Corporate Governance Attestation Statement

### CHIEF EXECUTIVE GOVERNED HEALTH CORPORATIONS

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## 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

The Health Education and Training Institute and Agency for Clinical Innovation are to use the text provided in the *'Model Corporate Governance Attestation Statement for Chief Executive Governed Entity's'* (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;
- published in full on the entity's 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).

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**CHIEF EXECUTIVE GOVERNED HEALTH CORPORATIONS**

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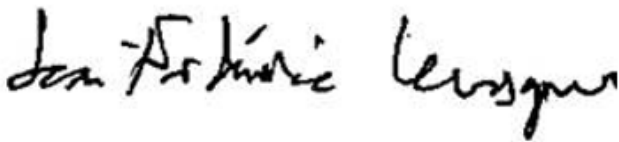
**CORPORATE GOVERNANCE ATTESTATION STATEMENT**  
**AGENCY FOR CLINICAL INNOVATION**

The following corporate governance attestation statement was endorsed by the Chief Executive of the Agency for Clinical Innovation on 18 July 2023.

The Chief Executive is responsible for the corporate governance practices of the Agency for Clinical Innovation. This statement sets out the main corporate governance practices in operation within the entity for the 2022-23 financial year.

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

Signed:



Dr Jean-Frederic Levesque  
Chief Executive

Date 18/07/2023

## STANDARD 1: ESTABLISH ROBUST GOVERNANCE AND OVERSIGHT FRAMEWORKS

### Role and function of the Chief Executive

The Chief Executive carries out the Office's functions, responsibilities and obligations in accordance with the *Health Services Act 1997*, *Government Sector Employment Act 2013* and the determination of function for the entity as approved by the Minister for Health.

The Chief Executive has in place practices that ensure that the primary governing responsibilities are fulfilled in relation to:

- Ensuring 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.

### Authority and role of senior management

All financial and administrative authorities that have been appropriately delegated by the Chief Executive are formally documented within a Delegations Manual for the Entity.

The roles and responsibilities of the Chief Executive and other senior management within the Entity are also documented in written position descriptions.

### Regulatory responsibilities and compliance

The Chief Executive 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 Entity, including statutory reporting requirements.

The Chief Executive also has a mechanism in place to gain reasonable assurance that the Entity 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.

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**STANDARD 2: ENSURING CLINICAL RESPONSIBILITIES ARE CLEARLY ALLOCATED AND UNDERSTOOD**

The Agency for Clinical Innovation does not provide clinical services.

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

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

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

- Detailed plans linked to the Strategic Plan for the following:
  - Information management and technology
  - Research and teaching
  - Workforce management
- Corporate Governance Plan

The Agency for Clinical Innovation published a new Strategy 2023-2026 in January 2023. The strategy is supported by a robust operational planning cycle to ensure alignment.

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## **STANDARD 4: MONITORING FINANCIAL AND SERVICE DELIVERY PERFORMANCE**

### **Role of the Chief Executive in relation to financial management and service delivery**

The Chief Executive 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 also responsible for ensuring that the financial and performance reports it receives and those submitted to its Finance and Performance Committee and the Ministry of Health are accurate and that relevant internal controls for the entity are in place.

To this end, the Chief Executive certifies 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 Entity'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 entity.
- 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 Performance Agreement was in place during the financial year between the Entity and the Secretary, NSW Health, and performance agreements between the Secretary and the Chief Executive, and the Chief Executive and all Health Executive Service Members employed within the entity.

The Chief Executive has mechanisms in place to monitor the progress of matters contained within the Performance Agreement.

### **The Finance and Performance Committee**

The Chief Executive has established a Finance and Performance Committee to assist the Chief Executive in ensuring that the operating funds, capital works funds, resource utilisation and service outputs required of the entity 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 entity
- Advice on the achievement of strategic priorities identified in the performance agreement for the entity
- 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 operated as a sub-committee of the ACI Board from 1 July 2022 to 23 February 2023, and was chaired by Mr Scott Griffiths PSM, and comprised of:

- Dr Leon Clark AM, Member
- Dr Michelle Mulligan AM, Board Representative
- Dr Jean-Frederic Levesque, Chief Executive

From 24 February 2023 the ACI became a Chief Executive Governed Statutory Health Corporation, and the Finance and Performance Committee that was a sub committee of the now defunct board ceased to exist on that date. The Finance and Performance Committee of the new Chief Executive Governed Health Corporation held its first meeting on 23 May 2023.

The Finance, Performance and People Committee is chaired by the Chief Executive and its members are the ACI Executive:

- Ellen Rawstron, Executive Director PRISM
- Richard Cheney, Executive Director CATALYST
- Kim Sutherland, Director Evidence
- Lea Kirkwood, Director STEP
- Melissa Tinsley, Associate Director IDEA
- Karen Perini, Associate Director SCOPE
- Basil Byrne, Associate Director Finance

The ACI Finance, Performance and People Committee will meet 6 times every year.

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



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

The Chief Executive 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 Chief Executive has systems and processes in place to ensure the Code is periodically reinforced for all existing staff. Ethics education is also part of the entity's learning and development strategy.

The Chief Executive 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 nil 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 entity in accordance with state policy and legislation, including establishing reporting channels and evaluating the management of disclosures.

During the 2022-23 financial year, the Entity reported nil of public interest disclosures.

The Chief Executive attests that the Entity has a fraud and corruption prevention program in place.

## STANDARD 6: INVOLVING STAKEHOLDERS IN DECISIONS THAT AFFECT THEM

The Chief Executive is responsible for ensuring that the rights and interests of the Entity's key stakeholders are incorporated into the plans of the entity and that they are provided access to balanced and understandable information about the entity and its proposals.

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.

Aboriginal health impact statements are undertaken to support projects of the entities and to ensure that its work meaningfully considers the needs of Aboriginal communities. The completion of these tools is further supported by an internal Framework for working effectively with Aboriginal people which was updated and published in early 2023. The ACI also has an internal Aboriginal Cultural Capability Advocates working group which supports a range of activities aimed at building capability of staff, including hosting yarning circles (Murrung Junyirri) where staff can seek assistance on how best to engage with Aboriginal Communities for their project.

The ACI also works closely with consumers across its various programs and networks and has an internal team to support meaningful engagement with consumers. The ACI approach to consumer engagement is underpinned by a "Working with Consumers Strategy", as well as an internal monthly session led by the Patient Partner aimed at building the capability of staff partnering with consumers.

Information on the key policies, plans and initiatives of the Entity and information on how to participate in their development are available to staff and to the public at [www.aci.health.nsw.gov.au](http://www.aci.health.nsw.gov.au). This includes outputs of the ACI which are undergoing consultation, as well as final products.

Internal facing policies such as corporate governance, financial and HR policies and procedures are published on the ACI intranet which is accessible to all staff. They are also shared via an internal newsletter and staff meetings when they are updated. Where applicable, the updates are led by the host team, in partnership with a staff working group.

The Entity has the following in place:

- A consumer and community engagement plan to facilitate broad input into the strategic policies and plans.
- 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 Chief Executive in relation to audit and risk management**

The Chief Executive is responsible for supervising and monitoring risk management by the Entity and its facilities and units, including the system of internal control. The Chief Executive receives and considers all reports of the External and Internal Auditors for the Entity, and through the Audit and Risk Committee ensures that audit recommendations and recommendations from related external review bodies are implemented.

The Entity 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 and Audit and Risk Committee.

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 Committee**

The Chief Executive has established an Audit and Risk Committee, with the following core responsibilities:

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

The Entity 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 comprises 3 members of which all 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:**

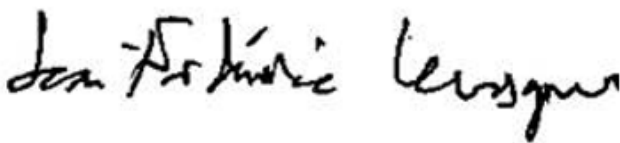
#### **Qualification**

#### **Progress**

#### **Remedial Action**

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Signed:



Dr Jean-Frederic Levesque  
Chief Executive

Date 18/07/2023



Ellen Rawstron  
Chief Audit Executive

Date 18/07/2023