
MODEL CORPORATE GOVERNANCE ATTESTATION STATEMENT FOR BOARD GOVERNED ORGANISATIONS

Background

Public Health Organisations are required to complete an Annual Corporate Governance Attestation Statements 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. The requirement also forms part of the LHDs obligations under the Service Agreement (Schedule F)

Completion Instructions:

Board governed organisations are to use the text provided in the '*Model Corporate Governance Attestation Statement for Board Governed Organisations*' (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 SHC ;
- endorsed by the Board and signed by the Board Chairperson;
- published in full on the Agency Internet site, with a copy provided to the Corporate Governance and Risk Management Unit, Ministry of Health by 31st August, 2018.

The Model Statement is designed to address requirements outlined within the NSW Health Corporate Governance and Accountability Compendium. Organisations must include within their Statement all information contained in the Model Statement as a minimum. Organisations 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 organisation 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 Organisation, 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 Organisation it may be removed. 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 Organisation'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 cgrm@doh.health.nsw.gov.au.

Issue date: May 2018

Instructions

Corporate Governance Attestation Statement for
Agency for Clinical Innovation
1 July 2017 – 30 June 2018



Health

CORPORATE GOVERNANCE ATTESTATION STATEMENT

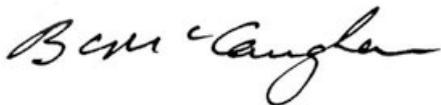
Agency for Clinical Innovation

The following corporate governance attestation statement was endorsed by a resolution of the Agency for Clinical Innovation Board at its meeting on 16 August 2018.

The Board 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 Organisation for the 2017-2018 financial year.

A signed copy of this statement is provided to the Ministry of Health by 31 August 2018.

Signed:



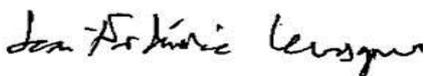
Associate Professor Brian McCaughan

(Chairperson)

Agency for Clinical Innovation

Date: 16 August 2018

Signed:



Dr. Jean-Frederic Levesque

(Chief Executive)

Agency for Clinical Innovation

Date 16 August 2018

STANDARD 1: ESTABLISH ROBUST GOVERNANCE AND OVERSIGHT FRAMEWORKS

Role and function of the Board

The Board carries out its functions, responsibilities and obligations in accordance with the *Health Services Act 1997* and the determination of function for the organisation as approved by the Minister for Health.

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

- A** Setting the strategic direction for the organisation and its services
- B** Monitoring financial and service delivery performance
- C** Maintaining high standards of professional and ethical conduct
- D** Involving stakeholders in decisions that affect them
- E** Establishing sound audit and risk management practices.

Board Meetings

For the 2017-18 financial year, the Board consisted of a Chair and eleven 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 Organisation.

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

The Board also has a mechanism in place to gain reasonable assurance that the Organisation 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 Agency for Clinical Innovation does not provide clinical services.

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 the Organisation. This process includes setting a strategic direction for both the Organisation and the services it provides within the overarching goals and priorities of the NSW State Health Plan.

Organisational-wide planning processes and documentation is also in place, with a 3 to 5 year horizon, covering:

- a** Asset management – Designing and building future-focused infrastructure
- b** Information management and technology – Enabling eHealth
- c** Research and teaching – Supporting and harnessing research and innovation
- d** Workforce development – Supporting and developing our workforce
- e** Aboriginal Health Action Plan – Ensuring health needs are met competently

STANDARD 4: MONITORING FINANCIAL AND SERVICE DELIVERY PERFORMANCE

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

The Board is responsible for ensuring compliance with the NSW Health Accounts and Audit Determination and the annual Ministry of Health budget allocation advice.

The Board 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 organisation are in place.

To this end, the Board 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 Organisation'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 organisation units and cost centres.
- Overall financial performance is monitored and reported to the Finance and Performance Committee of the organisation.
- 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.
- Creditor levels comply with Ministry of Health requirements.
- Write-offs of debtors have been approved by duly authorised delegated officers.
- The Public Health Organisation General Fund has not exceeded the Ministry of Health approved net cost of services allocation.
- The organisation did not incur any unfunded liabilities during the financial year.
- The Director of Corporate Services (or Director of Finance where applicable) has reviewed the internal liquidity management controls and practices and they comply with Ministry of Health requirements.

The Internal Auditor has reviewed the above during the financial year.

Service and Performance

A written service compact/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 organisation.

The Board has mechanisms in place to monitor the progress of matters contained within the Service compact/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 Organisation are being managed in an appropriate and efficient manner.

The Committee is chaired by Ken Barker and comprises of Dr Andrew Cooke and Dr Leon Clark. The Chief Executive attends all meetings of the Committee unless on approved leave.

The Committee receives monthly reports that include:

- Financial performance of each major cost centre
- Liquidity management and performance
- Activity performance against indicators and targets in the performance agreement for the organisation
- Advice on the achievement of strategic priorities identified in the performance agreement for the organisation

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.

STANDARD 5: MAINTAINING HIGH STANDARDS OF PROFESSIONAL AND ETHICAL CONDUCT

The Agency for Clinical Innovation 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 Chief Executive, as the principal officer, reports all known cases of corrupt conduct, where there is a reasonable belief that corrupt conduct has occurred, to the Independent Commission Against Corruption, and provides a copy of those reports to the Ministry of Health.

For the reporting period the Agency for Clinical Innovation reported zero cases of corrupt conduct.

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

For the reporting period the Agency for Clinical Innovation reported zero of public interest disclosures.

STANDARD 6: INVOLVING STAKEHOLDERS IN DECISIONS THAT AFFECT THEM

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

The ACI is committed to involving consumers and the community in the development of its models of care. Consumers who join ACI clinical networks, taskforces and committees are active partners who provide input to the development of ACI models of care through; their experience as a patient within the NSW health system, as a carer, or as a representative of a peak health or disability community organization. The Consumer Council advises the Board on its strategic direction when engaging the community.

The ACI Patient Experience and Consumer Engagement (PEACE) team promotes meaningful consumer engagement and the capture and use of patient, carer and staff experience in health care provision and improvement to support NSW Health to deliver person-centred care.

The ACI Patient Reported Measures (PRMs) project is an investment that has been co-designed by consumers and supports patients at the clinical level.

The ACI Consumer Council provides expert advice to the ACI and its Board on consumer engagement strategies and represents consumer members of ACI Networks, Taskforces and Institutes.

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 www.aci.health.nsw.gov.au.

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 Organisation and its facilities and units, including the organisation's system of internal control. The Board receives and considers all reports of the External and Internal Auditors for the Organisation, and through the Audit and Risk Management Committee ensures that audit recommendations and recommendations from related external review bodies are implemented.

The organisation has a current Risk Management framework. The Framework covers all known risk areas including:

- Leadership and management.
- Finance (including fraud prevention).
- Information Management.
- Workforce.
- Security and safety.
- Emergency and disaster planning.
- 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 Organisation'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 Organisation's financial reporting, safeguarding of assets, and compliance with the Organisation's responsibilities, regulatory

- requirements, policies and procedures
- to oversee and enhance the quality and effectiveness of the Organisation'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 Organisation'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 organisation.

The Organisation completed and submitted an Internal Audit and Risk Management Attestation Statement for the 12 month period ending 30 June 2018 to the Ministry without exception.

The Audit and Risk Management Committee comprises three independent members, including the Chairperson, and met on five occasions during the financial year.

QUALIFICATIONS TO THE GOVERNANCE ATTESTATION STATEMENT

Nil.