

Corporate Governance Attestation Statement

CANCER INSTITUTE NSW

1 July 2022 to 30 June 2023



**CORPORATE GOVERNANCE ATTESTATION STATEMENT
CANCER INSTITUTE NSW**

The following corporate governance attestation statement was endorsed by a resolution of the Cancer Institute NSW Board at its meeting on 25 July 2023.

The Board is responsible for the corporate governance practices of Cancer Institute NSW. 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:

A handwritten signature in black ink, appearing to read "Morris Iemma".

The Hon Morris Iemma
Chair

Date 7th August 2023

A handwritten signature in black ink, appearing to read "Tracey O'Brien".

Professor Tracey O'Brien
Chief Executive Officer

Date 7th August 2023

STANDARD 1: ESTABLISH ROBUST GOVERNANCE AND OVERSIGHT FRAMEWORKS

Role and function of the Board

The Board carries out their 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 Board has in place practices that ensure that the primary governing responsibilities of the Board are fulfilled in relation to the following standards:

- 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 eight members appointed by the Minister for Health, and the Chief Cancer Officer. The Board met five 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 Cancer Institute NSW.

The roles and responsibilities of the Chief Executive Officer and other senior management within the Cancer Institute 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 the Cancer Institute NSW, including statutory reporting requirements.

The Board also has a mechanism in place to gain reasonable assurance that the Cancer Institute 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 Cancer Institute NSW does not provide direct clinical care and as such has not previously had a clinical governance framework. During the late 2022-23 financial year, Cancer Institute NSW undertook a review of service offerings, including information, training and quality systems developed by the Cancer Institute NSW and used by clinical services in the delivery of clinical care.

During the 2023-24 financial year, the Institute will design, implement and maintain a clinical governance framework appropriate to the provision of indirect clinical care to better enable safe and connected clinical governance across NSW Health.

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 Cancer Institute NSW. This process includes setting a strategic direction for both the Cancer Institute NSW 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:

- Information management and technology
- Research
- Workforce management
- Corporate Governance Plan

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 the Finance and Performance Committee and the Ministry of Health are accurate and that relevant internal controls for the Cancer Institute NSW are in place.

To this end, the Board certifies that:

- The financial reports submitted to the Audit and Risk Committee and the Ministry of Health represent a true and fair view, in all material respects, of the Cancer Institute 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 Audit and Risk Committee of the Cancer Institute NSW.
- Information reported in the Ministry of Health monthly reports reconciles to and is consistent with reports to the Audit and Risk 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 Board and the Secretary, NSW Health, and performance agreements between the Board and the Chief Executive Officer, and the Chief Executive Officer and all Health Executive Service Members employed within the entity.

The Board has mechanisms in place to monitor the progress of matters contained within the Performance Agreement and to regularly review performance against agreements between the Board and the Chief Executive Officer.

STANDARD 5: MAINTAINING HIGH STANDARDS OF PROFESSIONAL AND ETHICAL CONDUCT

The Cancer Institute 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 the entity's learning and development strategy.

The Cancer Institute NSW has implemented models of good practice that provide culturally safe work environments and health services through a continuous quality improvement model.

The Chief Executive Officer, 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 Officer reported no 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 Cancer Institute NSW in accordance with state policy and legislation, including establishing reporting channels and evaluating the management of disclosures.

During the 2022-23 financial year, the Cancer Institute NSW reported no public interest disclosures.

The Board attests that the Cancer Institute NSW has a fraud and corruption prevention program in place.

STANDARD 6: INVOLVING STAKEHOLDERS IN DECISIONS THAT AFFECT THEM

The Board is responsible for ensuring that the rights and interests of the Cancer Institute NSW's key stakeholders are incorporated into the plans of the Cancer Institute NSW 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 Cancer Institute NSW 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 Cancer Institute NSW draws on community and consumer advisors for representative views on a range of issues, projects and programs of work.

Information on the key policies, plans and initiatives of the Cancer Institute NSW and information on how to participate in their development are available to staff and to the public at

www.cancer.nsw.gov.au.

The Cancer Institute NSW has the following in place:

- 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 Cancer Institute NSW, including the system of internal control. The Board 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 Cancer Institute NSW has a current Risk Management Framework that identifies how risks are managed, recorded, monitored and addressed. It includes processes to escalate and report on risk to the Chief Executive Officer, Audit and Risk Committee and Board.

The Risk Management Framework covers all known risk areas including:

- Assets
- Clinical care and patient safety
- Cyber security
- Financial management
- Governance and performance
- Grants
- Health of the population
- Legal
- People and culture
- Procurement
- Service delivery
- Stakeholder engagement and communications
- Work health and safety

Audit and Risk Management Committee

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

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

The Cancer Institute NSW completed and submitted an Internal Audit and Risk Management Attestation Statement for the 12-month period ending 30 June 2023 to the Ministry of Health with exception.

The Audit and Risk Committee comprises three members of which all members 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: Standard 2 *Ensuring Clinical Responsibilities are Clearly Allocated and Understood*

Qualification

The Cancer Institute NSW does not provide direct clinical care and as such has not previously had a clinical governance framework. During the late 2022-23 financial year, Cancer Institute NSW undertook a review of service offerings, including information, training and quality systems developed by the Cancer Institute NSW and used by clinical services in the delivery of clinical care.

Progress

Not started.

Remedial Action

During the 2023-24 financial year, the Institute will design, implement and maintain a clinical governance framework appropriate to the provision of indirect clinical care to better enable safe and connected clinical governance across NSW Health.

Item: Standard 7 *Establishing Sound Audit and Risk Management Practices*

Qualification

Clause 2.1 of *Internal Audit Policy Directive* (PD2022_022) requires that the Chief Audit Executive must not have the Chief Financial Officer (or equivalent) as a direct report. During the 2022-23 financial year, the Financial Controller (the equivalent of the Chief Financial Officer) reported to the Chief Operating Officer. The Chief Operating Officer is also the Chief Audit Executive. The consequence of these reporting arrangement is the Cancer Institute NSW submitted the Internal Audit and Risk Management Attestation Statement with exception for 2022-23 financial year to the Ministry of Health.

Progress

Not started.

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Remedial Action

During the 2023-24 financial year, the Chief Executive Officer will review the reporting line of the Financial Controller to the Chief Operating Officer, as well as the placement of the Chief Audit Executive, with the objective of complying with Clause 2.1 of *Internal Audit Policy Directive*. This is expected to be completed during Quarter 2 2023-24 financial year.

Signed:

A handwritten signature in black ink that reads "Tracey O'Brien".

Professor Tracey O'Brien
Chief Executive Officer

Date: 7th August 2023

A handwritten signature in black ink that reads "Rachael Bodley".

Ms Rachael Bodley
Acting Chief Audit Executive

Date: 7 August 2023