

Corporate Governance Attestation Statement

CANCER INSTITUTE NSW

1 July 2019 to 30 June 2020



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 21 July 2020.

The Board is responsible for the corporate governance practices of the Organisation. This statement sets out the main corporate governance practices in operation within the organisation for the 2019-20 financial year.

A signed copy of this statement is provided to the Ministry of Health by 31 August 2020.

Signed:

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

The Hon Morris Iemma

Chair

Date 21 July 2020

A handwritten signature in black ink, appearing to read "David Currow".

Professor David Currow

Chief Executive

Date: 13 July 2020

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*, *Government Sector Employment Act 2013*, 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 the following standards:

- Setting the strategic direction for the organisation 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 2019-20 financial year the Board consisted of a Chair and nine members appointed by the Minister for Health. 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 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 Cancer Institute NSW 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:

- Asset management – Designing and building future-focussed infrastructure
- Information management and technology – Enabling eHealth
- Research and teaching – Supporting and harnessing research and innovation
- Workforce development – Supporting and developing our workforce
- 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 Audit and Risk 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 Board and Audit and Risk 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 Board and the Audit and Risk Committee of the organisation.
- 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, 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 Performance Agreement and to regularly review performance against agreements between the Board and the Chief Executive.

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 organisation's learning and development strategy.

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 2019-20 financial year, the Chief Executive 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 organisation in accordance with state policy and legislation, including establishing reporting channels and evaluating the management of disclosures.

During the 2019-20 financial year, the Organisation reported no 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 Cancer Institute NSW draws on Community and Consumer Advisors for representative views on a range of issues and projects.

The development of NSW Cancer Plan (launched in April 2016) involves extensive consultation with more than 1,000 individuals, including people affected by cancer, community members, leaders in cancer control and health professionals, as well as many government and non-government organisations. This is achieved through workshops, small group consultations, individual consultations and a public consultation process.

The Cancer Plan is currently being evaluated and refreshed which includes consultation with Local Health Districts and Primary Health Networks.

A yearly report on achievements against the NSW Cancer Plan is published on the Cancer Institute NSW website.

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

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 Committee ensures that audit recommendations and recommendations from related external review bodies are implemented.

The organisation has a current Risk Management Procedure that identifies how the Organisation manages, records, monitors and addresses risk. 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
- Security
- Facilities and assets
- Community expectations

Audit and Risk Management Committee

The Board has established an Audit and Risk 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 2020 to the Ministry without exception.

The Audit and Risk Management Committee comprises three independent members, all appointed from the NSW Government's Prequalification Scheme for Audit and Risk Committee Independent Chairs and Members, and met on 5 occasions during the financial year

Signed:



Professor David Currow
Chief Executive

Date: 13 July 2020



Lisa Cox
Chief Audit Executive

Date: 13 July 2020