

**Corporate Governance Attestation Statement for
Cancer Institute NSW**
1 July 2016 – 30 June 2017



Health

CORPORATE GOVERNANCE ATTESTATION STATEMENT CANCER INSTITUTE NSW

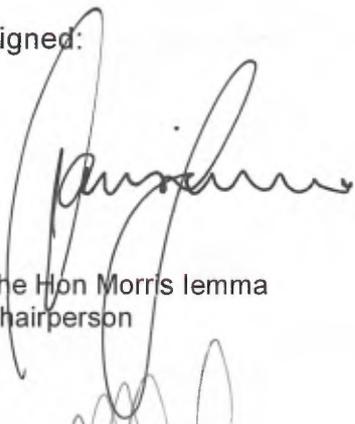
The following corporate governance attestation statement was endorsed by a resolution of the Board of the Cancer Institute at its meeting on ~~[insert date]~~.

29 AUGUST 2017

The Board is responsible for the corporate governance practices of the Cancer Institute NSW. This statement sets out the main corporate governance practices in operation within the organisation for the 2016-2017 financial year.

A signed copy of this statement is provided to the Ministry of Health by 31 August 2017.

Signed:



The Hon Morris Iemma
Chairperson

Date

29.8.2017



Professor David Currow
Chief Cancer Officer and CEO

Date

29/08/17

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 Cancer Institute (NSW) Act 2003 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** Ensuring clinical and corporate governance responsibilities are clearly allocated and understood
- B** Setting the strategic direction for the organisation and its services
- C** Monitoring financial and service delivery performance
- D** Maintaining high standards of professional and ethical conduct
- E** Involving stakeholders in decisions that affect them
- F** Establishing sound audit and risk management practices.

Board Meetings

For the 2016–2017 financial year the Board consisted of the Chief Executive Officer, Chairperson and between 8 and 10 members appointed by the Minister for Health. The Board met four 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 are formally documented within a Delegations Manual for the Organisation.

The roles and responsibilities of the Chief Executive Officer 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 AND CORPORATE GOVERNANCE RESPONSIBILITIES ARE CLEARLY ALLOCATED AND UNDERSTOOD

N/A

STANDARD 3: SETTING THE STRATEGIC DIRECTION FOR THE ORGANISATION AND ITS SERVICES

The Board has in place strategic plans (NSW Cancer Plan) 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 three to five-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 has approved, and has in place, systems to support the efficient and economic operation of the Organisation, to oversee financial and operational performance and assure itself financial and performance reports provided to it are accurate.

The Chief Executive Officer ensures that the financial and performance reports provided to the Board and those submitted to the Ministry of Health are accurate and that relevant internal controls for the organisation are in place. To this end, the Chief Executive Officer certifies that:

- The financial reports submitted to 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 its Audit and Risk Committee.
- All relevant financial controls are in place.
- Creditor levels comply with Ministry of Health requirements.

- Write-offs of debts 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 Financial Controller has reviewed the internal liquidity management controls and practices and they comply with Ministry of Health requirements.

The Audit and Risk Committee of the Board periodically received and has reviewed the above during the financial year.

Service and Performance

A written Service Compact was in place during the financial year between the Organisation 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 organisation.

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

The Audit and Risk Committee

The Board has established an Audit and Risk Committee to assist the Board and the Chief Executive Officer 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 Audit and Risk Committee is chaired by Mr Todd Davies and comprises Mr Todd Davies, Mr Greg Rochford and Mr Michael Still. The Chief Executive Officer attends all meetings of the Audit and Risk Committee unless on approved leave.

The Audit and Risk Committee receives regular reports that include:

- Divisional financial performance
- Year to date and end of year projections on capital works
- Outcome of internal audits

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 Audit and Risk Committee.

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 Officer, as the principal officer for the organisation, has reported all known cases of corrupt conduct, where there is a reasonable belief that corrupt conduct has occurred, to the Independent Commission Against Corruption, and has provided a copy of those reports to the Ministry of Health.

For the reporting period the Organisation reported no 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 Organisation reported two public interest disclosures.

STANDARD 6: INVOLVING STAKEHOLDERS IN DECISIONS THAT AFFECT THEM

The Cancer Institute NSW is committed to ensuring that people affected by cancer are involved in cancer control, consistent with the *National Framework for Consumer Involvement in Cancer Control* that was developed by Cancer Australia and its own Community and Consumer Engagement Framework (December 2014).

The Cancer Institute NSW draws on Community and Consumer Advisors for representative views on a range of issues and projects.

The development of the current NSW Cancer Plan (launched in April 2016) involved extensive consultation with more than 1000 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 was achieved through workshops, small group consultations, individual consultations and a public consultation process.

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

The Cancer Institute NSW has invested in the upgrade and refinement design of its website, to make it more accessible and easier to navigate.

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.cancerinstitute.org.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 Register and Risk Management Plan, in line with the NSW Health Risk Management Framework. All known risk areas are covered, including:

- Leadership and management
- Finance (including fraud prevention)
- Information Management
- Workforce
- Facilities and asset management
- 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 2017 to the Ministry without exception.

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

QUALIFICATIONS TO THE GOVERNANCE ATTESTATION STATEMENT

Item: Qualification

A Service Compact between the Secretary of the NSW Ministry of Health and the Cancer Institute NSW was developed for 2016-2017. The Compact sets out the functions, agreed work plan, service and performance expectations and funding for the Cancer Institute NSW.

Progress

The Chief Executive Officer and the Director Screening & Prevention met with the Ministry of Health to review the progress of the Compact in May 2017.

Remedial Action

Nil

Professor David Currow
Chief Cancer Officer and CEO
Cancer Institute NSW