

**Corporate
Governance
Attestation
Statement
HealthShare NSW
2017-18**



HealthShare

CORPORATE GOVERNANCE ATTESTATION STATEMENT

HealthShare NSW

The following corporate governance attestation statement was endorsed by the Chief Executive of the HealthShare NSW on 31st January 2019.

The Chief Executive is responsible for the corporate governance practices of HealthShare NSW. This statement sets out the main corporate governance practices in operation within the organisation for the 2017-2018 financial year.

Signed:



Carmen Rechbauer

Chief Executive

Date 31/1/2019

STANDARD 1: ESTABLISH ROBUST GOVERNANCE AND OVERSIGHT FRAMEWORKS

Role and function of the Chief Executive

The Chief Executive carries out that Offices' 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 Chief Executive has in place practices that ensure that the primary governing responsibilities of the Chief Executive 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.

Authority and role of senior management

All financial and administrative authorities that have been appropriately delegated by the Chief Executive and are formally documented within a Delegations Manual for the Organisation. The Delegations Manual is updated at least annually and approved by the Secretary, NSW Health.

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 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 Organisation, including statutory reporting requirements.

The Chief Executive 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

The Chief Executive has systems in place to ensure that clinicians employed by HealthShare NSW in a clinical advisory or direct clinical care role have relevant qualifications & registration to practice their profession. Guidelines or resources relating to the provision of equipment or services to the public are developed following thorough consultation with appropriately skilled clinicians.

The Chief Executive has mechanisms in place to ensure that the relevant registration authority is informed where there are reasonable grounds to suspect professional misconduct or unsatisfactory professional conduct by any registered health professional employed or contracted by the Organisation.

A small Clinical Governance team was established in 2017-18 and is now developing the systems and processes identified by the Clinical Excellence Commission review (July 2018). This will provide HealthShare NSW the frameworks and systems for measuring and reporting on Clinical Governance and the safety and quality of care provided to the communities the Organisation serves.

STANDARD 3: SETTING THE STRATEGIC DIRECTION FOR THE ORGANISATION 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 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 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 organisation 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 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 Executive Director of Finance, Commercial and Corporate Services 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 agreements

A written service agreement was in place during the financial year between the Organisation and the Secretary, NSW Health, and a performance agreement between the Secretary and the Chief Executive, and the Chief Executive and all Health Executive Service Members employed within the organisation.

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

The Finance and Performance Committee

The Chief Executive has established a Finance and Performance Committee to assist 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 Finance and Performance Committee is co-chaired by the HealthShare NSW and eHealth NSW Chief Executives. The Chief Executives attends all meetings of the Finance and Performance Committee unless on approved leave. Other members of the Committee during 2017-18 were:

- Executive Director, Finance, Commercial and Corporate Services), HealthShare & eHealth
- Executive Director, Clinical Support Services, HealthShare
- Executive Director, Procurement, HealthShare & eHealth
- Director, Workforce, HealthShare & eHealth
- Director, Corporate Programs, eHealth
- Director, Clinical Engagement & Patient Safety, eHealth
- Director, Investment, Strategy & Architecture, eHealth
- Deputy Director, Finance, HealthShare
- Director, Program Service Delivery, eHealth
- Director, Work, Health and Safety, HealthShare
- Director, Business Performance, HealthShare
- Director, Customer Experience, HealthShare
- Director, Patient Support Services, HealthShare
- Director, Employee & Financial Shared Services, HealthShare
- Director Customer Engagement & Service Transition
- Chief Clinical Information Officer¹

¹. Was a member until end of October 2017

The Finance and Performance 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
- 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.

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 organisation's learning and development strategy.

The Chief Executive, 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 one of public interest disclosure.

STANDARD 6: INVOLVING STAKEHOLDERS IN DECISIONS THAT AFFECT THEM

The Chief Executive 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.

HealthShare NSW has a number of forums or mechanisms that facilitate the input of customers and consumers into its key policies, plans and initiatives, such as:

- The HealthShare NSW Board holds meetings every second month with a majority of members being customer Chief Executives;
- Regular monthly meetings with all NSW Health Chief Executives at the Senior Executive Forum chaired by the Secretary;
- Annual service consultation meetings held with Senior Management of each Health Agency to discuss services and pricing;
- Regular strategic relationship meetings held with each individual Chief Executive to address shared service needs, issues and upcoming projects;
- Regular attendance at the Directors of Finance Forum and Workforce Advisory Group for NSW Health;
- A range of other committees for specific services and/or programs which include customer participation.

Information on the key policies, plans and initiatives of HealthShare NSW and information on how to participate in their development are available to staff and to the public via the internet at www.healthshare.nsw.gov.au.

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 Organisation and its facilities and units, including the organisation's system of internal control. The Chief Executive 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 Plan. The Plan covers all known risk areas including:

- Leadership and management.
- Clinical care.
- Health of population.
- Finance (including fraud prevention).
- Information Management.
- Workforce.
- Security and safety.
- Facilities and asset management.
- Emergency and disaster planning.
- Community expectations.

Audit and Risk Management Committee

The Chief Executive 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 Chief Executive 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 two independent members, including the Chairperson and met on seven occasions during the financial year.