

**Corporate Governance Attestation Statement for  
Health Education & Training Institute  
01 July 2014 to 30 June 2015**



**Health**

---

## **CORPORATE GOVERNANCE ATTESTATION STATEMENT** **Health Education and Training Institute**

The following corporate governance attestation statement was endorsed by the Chief Executive of the Health Education Training Institute as of 31 August 2015

The Chief Executive is responsible for the corporate governance practices of the Health Education Training Institute. This statement sets out the main corporate governance practices in operation within the organisation for the 2013-2014 financial year.

A signed copy of this statement was provided to the Ministry of Health on 01 September 2015.

Signed:



Adjunct Professor Annette Solman  
Chief Executive

Date 1 September 2015 .

---

## **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 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.

## **A ENSURING CLINICAL AND CORPORATE GOVERNANCE RESPONSIBILITIES ARE CLEARLY ALLOCATED AND UNDERSTOOD**

Not Applicable.

## **B 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.

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

- a** Asset management
- b** Information management and technology
- c** Research and teaching
- d** Workforce development

## **C 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 received and those submitted to the 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 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 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 ensure that the operating funds, capital works funds and service outputs required of the organisation are being managed in an appropriate and efficient manner.

The Finance and Performance Committee is chaired by the Chief Executive and comprises the following members:

1. Deputy Chief Executive
2. Director Rural and Remote
3. Director Operations
4. Director Nursing and Midwifery
5. Medical Director
6. Director Allied Health
7. Director Corporate Services
8. Director Strategy, Performance and Evaluation
9. Finance Manager

The Chief Executive attends all meetings of the Finance and Performance Committee unless on approved leave.

The Finance and Performance Committee receives monthly reports that include:

- Financial performance of each major cost centre
- Liquidity performance
- The position of Special Purpose and Trust Funds

- 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.

## **D 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 ethical conduct.

The Code of Conduct is distributed to 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.

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.

## **E 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.

HETI is engaged with the Local Health Districts and the Pillars through a number of consultative forums including the following:

1. HETI Chief Executive is on the Ministry of Health Secretary's Executive Leadership Team.
2. Regular meetings between the HETI Chief Executive, Chief Executives of Local Health Districts, Chief Executives of Pillars and the Ministry of Health Deputy Secretary, Governance, Workforce and Corporate.

3. District HETI Priorities Committee for the prioritisation of the development of online education resources
4. Initiation of a web-based consultative mechanism providing Consultations Page on the HETI intranet for communicating and collaborating with key stakeholders on various projects.

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 <http://www.heti.nsw.gov.au>.

## **F 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 Audit and Risk Management Committee comprises *three* members, including *two* persons who are not employees of, or contracted to, provide services to the organisation.

The Chairperson of the Audit and Risk Management Committee is Ms. Susan Lenehan and is one of the independent members of the committee. The other members of the committee are: Mr. Ian Gillespie (Independent Member) and HETI Chief Executive. The Audit and Risk Management Committee met on 4 occasions during the financial year.

The Chairperson of the committee has right of access to the Secretary of the NSW Ministry of Health.



**G Qualifications to governance attestation statement**

**Item:**

**Qualification**


Nil.

**Progress**

N/a

**Remedial Action**

Nil

  
Adjunct Professor Annette Solman  
Chief Executive

  
Ravi Srinivasan  
Director Corporate Services  
Chief Audit Executive

