

**Corporate Governance Attestation Statement for
Health Education and Training Institute
Period 2011/2012 from 2 April 2012 to 30 June 2012**



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 and Training Institute (HETI) on 30 August 2012

The Chief Executive is responsible for the corporate governance practices of the Health Education and Training Institute. This statement sets out the main corporate governance practices in operation within the organisation for the period from 2 April, 2012 to 30 June 2012 as a portion of the 2011-2012 financial year.

A signed copy of this statement was provided to the Ministry of Health on 30 August 2012

Signed:



Ms Heather Gray
Chief Executive

Date: 30 August 2012

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 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 as HETI is not directly involved in health service delivery

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 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 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 Director-General, NSW Health, and a performance agreement between the Director General 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:

- Chief Executive, HETI (Chair)
- Acting General Manager
- Acting Program Manager, General Medical Training
- Program Coordinator, Nursing & Midwifery
- Program Coordinator(s), Allied Health
- Executive Support and Corporate Governance Officer, Office of HETI
- Director, Medical Directorate
- Learning Innovation & Future Technology Manager
- Program Manager, Clinical Supervision & Support Project
- Acting Finance Information and Resource Manager
- Team Health Program Coordinator, Centre for Learning & Teaching
- State-wide Manager, Health Workforce Australia Projects
- Acting Finance Officer
- Acting Program Manager, Specialist Medical Training
- Senior Program Coordinator, Specialist Medical Training
- Program Manager, Specialist Medical Training
- Finance Director, Health Support Services
- Executive Director, Transition

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 utilises a range of advisory committees, forums and clinical councils to gain the input of our consumers who are the staff of the public health system of New South Wales. Examples of the above include: the Allied Health Advisory Committee, the Team Health Advisory Committee, numerous clinical councils which address specific areas of medicine education and training, the Simulation Learning Environments Advisory committee and the Clinical Supervision Advisory committee all of which have statewide representation from the Local Health Districts from across NSW. HETI has also met with the Consumers Health Forum and plans to hold regular meetings with that organisation in future years.

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.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 established a Risk Register and reports and manages risks through its Management structure. The Register covers all known risk areas including:

- Leadership and management.
- Finance (including fraud prevention).
- Information Management.
- Workforce.
- Security and safety.
- Facilities and asset management.
- Community expectations.

The Organisation has recently undertaken a governance review and is in the process of undertaking a revised Risk Management Plan for the new organisation.

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 at least three (3) members, including two (2) persons who are not employees of, or contracted to, provide services to the organisation.

The Members of the Audit and Risk Committee are:

- **Alan Cook** independent Chair appointed for four (4) years
- **Gerry Brus** independent Member appointed for four (4) years
- **Robyn Kruk** non-independent Member appointed for term of appointment to the Board of Clinical Excellence Commission/Agency for Clinical Innovation.
- **Liz Rummery** non-independent Member appointed for term of appointment to the Board of Bureau for Health Information.
- **Heather Gray** non-independent Member appointed for term of appointment as the Chief Executive of Health Education and Training Institute.

The Audit and Risk Management Committee met on two occasions during this period of the financial year.

The Chairperson of the committee has right of access to the Director-General of the NSW Ministry of Health.

G Qualifications to governance attestation statement

Item F: ESTABLISHING SOUND AUDIT AND RISK MANAGEMENT PRACTICES

Qualification: the wording for this section has been altered to reflect actual practises and flag intent to develop a risk management plan. HETI has also deleted several areas which do not apply as HETI does not deliver clinical services. These included Clinical Care, Health of population and emergency and disaster planning.

The organisation has established a Risk Register and reports and manages risks through its Management structure. The Register covers all known risk areas including:

- Leadership and management.
- Finance (including fraud prevention).
- Information Management.
- Workforce.
- Security and safety.
- Facilities and asset management.
- Community expectations.

The Organisation has recently undertaken a governance review and is in the process of undertaking a revised Risk Management Plan for the new organisation.

Progress

A complete governance review has been completed and is currently being implemented

Remedial Action

Nil required at this time



Heather Gray
Chief Executive



Linda M. Cutler
Director of Internal Audit
30 August 2012

