

## Corporate Governance Attestation Statement

Health Infrastructure

1 July 2021 to 30 June 2022



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### CORPORATE GOVERNANCE ATTESTATION STATEMENT HEALTH INFRASTRUCTURE

The following corporate governance attestation statement was endorsed by the Chief Executive of Health Infrastructure on 29 July 2022.

The Chief Executive is responsible for the corporate governance practices of Health Infrastructure. This statement sets out the main corporate governance practices in operation within the entity for the 2021-22 financial year.

A signed copy of this statement is provided to the Ministry of Health by 31 August 2022.

Signed:

A handwritten signature in blue ink, appearing to read "RWark".

Rebecca Wark  
Chief Executive

Date: 29 July 2022

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## **STANDARD 1: ESTABLISH ROBUST GOVERNANCE AND OVERSIGHT FRAMEWORKS**

### **Role and function of the Chief Executive**

The Chief Executive carries out the Office's functions, responsibilities and obligations in accordance with the *Health Services Act 1997*, *Government Sector Employment Act 2013* and the determination of function for the entity as approved by the Minister for Health.

The Chief Executive has in place practices that ensure that the primary governing responsibilities are fulfilled in relation to:

- Setting the strategic direction for the entity 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.

### **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 Entity.

The roles and responsibilities of the Chief Executive and other senior management within the Entity 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 Entity, including statutory reporting requirements.

The Chief Executive also has a mechanism in place to gain reasonable assurance that the Entity 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.

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**STANDARD 2: ENSURING CLINICAL RESPONSIBILITIES ARE CLEARLY ALLOCATED AND UNDERSTOOD**

Health Infrastructure does not provide clinical services.

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### **STANDARD 3: SETTING THE STRATEGIC DIRECTION FOR THE ENTITY 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 Entity. This process includes setting a strategic direction in a 3-to 5-year strategic plan for both the Entity and the services it provides within the overarching goals of the 2021/22 NSW Health Strategic Priorities.

Entity-wide planning processes and documentation is also in place, covering:

- *Health Infrastructure Corporate Strategy 2021-25*
- Detailed plans linked to the Corporate Strategy for the following:
  - Information management and technology
  - Workforce management
- Corporate Governance Plan

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## **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 Board, Project and Program Delivery Board Subcommittee and Audit and Risk Committee and the Ministry of Health are accurate and that relevant internal controls for the entity are in place.

To this end, the Chief Executive certifies that:

- The financial reports submitted to the Audit and Risk Committee, Board and Ministry of Health represent a true and fair view, in all material respects, of the Entity'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 units and cost centres.
- Overall financial performance is monitored and reported to the Project and Program Delivery Board Subcommittee of the entity.
- Information reported in the Ministry of Health monthly reports reconciles to and is consistent with reports to the Project and Program Delivery Board Subcommittee.
- All relevant financial controls are in place.
- Write-offs of debtors have been approved by duly authorised delegated officers.

### **Service and Performance**

A written Service Agreement was in place during the financial year between the Entity and the Secretary, NSW Health, and performance agreements between the Secretary and the Chief Executive, and the Chief Executive and all Health Executive Service Members employed within the entity.

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

### **The Project and Program Delivery Board Subcommittee**

The Chief Executive has established a Project and Program Delivery Board Subcommittee to assist the Chief Executive in ensuring that the capital program funds, resource utilisation and service outputs required of the entity are being managed in an appropriate and efficient manner.

The Project and Program Delivery Board Subcommittee receives regular reports that include:

- Financial performance of capital project including subsidy available.
- Procurement and tender reporting.
- Activity performance against indicators and targets set by the Executive Steering Committee of each capital project, including program and cost reporting against budgets.
- Year to date and end of year projections on capital works and private sector initiatives (if private sector initiatives are relevant).
- Assurance and compliance reviews, including Infrastructure NSW Gateway Reviews.

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- Advice on the achievement of strategic priorities identified in the performance agreement for the entity.

During the 2021-22 financial year, the Project and Program Delivery Board Subcommittee was chaired by Mr John Roach (Health Infrastructure Board Member) and comprised of:

- Chief Executive
- Executive Directors
- Director of Finance
- Other Directors by invitation

The Chief Executive and Director of Finance attended all meetings of the Project and Program Delivery Board Subcommittee, except where on approved leave.

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## **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 entity's learning and development strategy.

The Chief Executive has implemented models of good practice that provide culturally safe work environments and health services through a continuous quality improvement model.

There are systems and processes in place and staff are aware of their obligations to protect vulnerable patients and clients – for example, children and those with a mental illness.

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 2021-22 financial year, the Chief Executive reported zero 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 entity in accordance with state policy and legislation, including establishing reporting channels and evaluating the management of disclosures.

During the 2021-22 financial year, the Entity reported zero public interest disclosures.

The Chief Executive attests that the Entity has a fraud and corruption prevention program in place.

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## **STANDARD 6: INVOLVING STAKEHOLDERS IN DECISIONS THAT AFFECT THEM**

The Chief Executive is responsible for ensuring that the rights and interests of the Entity's key stakeholders are incorporated into the plans of the entity and that they are provided access to balanced and understandable information about the entity and its proposals.

During the development of its policies, programs and strategies, the Entity considered the potential impacts on the health of Aboriginal people and, where appropriate, engaged with Aboriginal stakeholders to identify both positive and negative impacts and to address or mitigate any negative impacts for Aboriginal people.

Health Infrastructure has a standard Project Governance Structure that is applied to all projects across the capital program. This includes project committees comprising executives of key stakeholder organisations, as well as clinicians, staff, patients, carers and members of the community. This governance structure provides a collaborative platform for key stakeholders to be informed of project progress and to provide key inputs to inform the direction of project planning, design and delivery.

Information on the key policies, plans and initiatives of the Entity and information on how to participate in their development are available to staff and to the public at <https://www.hinfra.health.nsw.gov.au/>.

The Entity has the following in place:

- A consumer and community engagement plan to facilitate broad input into the strategic policies and plans.
- Mechanisms to ensure privacy of personal and health information.
- An effective complaint management system.

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## **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 Entity and its facilities and units, including the system of internal control. The Chief Executive receives and considers all reports of the External and Internal Auditors for the Entity, and through the Audit and Risk Management Committee ensures that audit recommendations and recommendations from related external review bodies are implemented.

The Entity has a current Risk Management Plan that identifies how risks are managed, recorded, monitored and addressed. It includes processes to escalate and report on risk to the Chief Executive and Audit and Risk Committee.

The Plan covers all known risk areas including:

- Leadership and management
- Finance (including fraud prevention)
- Communication and information
- Workforce
- Legal
- Work health and safety
- Environmental
- Emergency management
- Community expectations

### **Audit and Risk Committee**

The Chief Executive has established an Audit and Risk Committee, with the following core responsibilities:

- To assess and enhance the entity'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 Entity's financial reporting, safeguarding of assets, and compliance with the Entity's responsibilities, regulatory requirements, policies and procedures
- To oversee and enhance the quality and effectiveness of the Entity'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 Entity'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 entity.

The Entity completed and submitted an Internal Audit and Risk Management Attestation Statement for the 12-month period ending 30 June 2022 to the Ministry without exception.

The Audit and Risk Committee comprises four individuals, of which three are independent members and appointed from the NSW Government's Prequalification Scheme for Audit and Risk Committee Independent Chairs and Members. The fourth acts as an Independent Board ex-officio nomination on the Audit and Risk Committee.

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**QUALIFICATIONS TO THE GOVERNANCE ATTESTATION STATEMENT**

**Nil**

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Signed:

A handwritten signature in blue ink, appearing to be "RWark".

Rebecca Wark  
Chief Executive

Date: 29 July 2022

A handwritten signature in black ink, appearing to be "ESkulander".

Emma Skulander  
Chief Audit Executive

Date: 22 July 2022