CORPORATE GOVERNANCE ATTESTATION STATEMENT
NSW HEALTH PATHOLOGY

The following corporate governance attestation statement was endorsed by the Chief Executive of NSW Health Pathology on 25 August 2026.

The Chief Executive is responsible for the corporate governance practices of NSW Health Pathology. This statement sets out the main corporate governance practices in operation within NSW Health Pathology for the 2025-26 financial year.

A signed copy of this statement is provided to the Ministry of Health by 31 August 2026.

Signed:

Vanessa Janissen

Chief Executive

Date: 25 August 2026

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:

- Ensuring clinical and corporate governance responsibilities are clearly allocated and understood
- 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.

STANDARD 2: ENSURING CLINICAL RESPONSIBILITIES ARE CLEARLY ALLOCATED AND UNDERSTOOD

The Chief Executive has in place frameworks and systems for measuring and routinely reporting on Clinical Governance and the safety and quality of care provided to the communities the Entity serves. These systems and activities reflect the principles, performance and reporting guidelines as detailed in NSW Health Policy Directive '*Clinical Governance in NSW*' (PD2024_010).

The Entity has:

- Clear lines of accountability for clinical care which are regularly communicated to clinical staff and to staff who provide direct support to them.
- Effective forums in place to facilitate the involvement of clinicians and other health staff in decision making at all levels of the entity.
- A systematic process for the identification and management of clinical incidents and minimisation of risks to the entity.
- An effective complaint management system for the entity and complaint information is used to improve patient care.
- Licensing and registration requirements which are checked and maintained.

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 Entity.

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 2025/26 NSW Health Strategic Priorities.

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

- Detailed plans linked to the Strategic Plan for the following:
  - Asset management
    - Asset management plan (AMP)
    - Strategic asset management plan (SAMP)
  - Information management and technology
  - Research and teaching
  - Workforce management
- Corporate Governance
- Aboriginal Health and partnerships

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 entity 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 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 Finance and Performance Committee of the entity.
- 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.
- 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 Finance and Performance Committee

The Chief Executive has established a Finance and Performance Committee to assist the Chief Executive in ensuring that the operating funds, capital works funds, resource utilisation and service outputs required of the entity are being managed in an appropriate and efficient manner.

The Finance and Performance Committee receives monthly reports that include:

- Financial performance of each major cost centre
- Subsidy availability
- The position of Restricted Financial Asset and Trust Funds
- Activity performance against indicators and targets in the performance agreement for the entity
- Advice on the achievement of strategic priorities identified in the performance agreement for the entity
- 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.

During the 2025-26 financial year, the Finance and Performance Committee was chaired by John Roach and comprised of:

- John Roach
- Nigel Lyons
- Gayle Murphy

The Chief Executive and Director of Finance attended all meetings of the Finance and Performance Committee except where on approved leave.

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 2025-26 financial year, the Chief Executive reported **one (1)** 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 2025-26 financial year, the Entity reported **two (2)** of public interest disclosures.

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

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.

Key stakeholders of the Organisation include clinical referrers in and external to LHDs, as well as patient consumers and other agencies to whom services are provided. Clinical referrers are consulted through the Organisation's Medical Staff Council and Clinical Council, through consultation forums and directly in relation to key change initiatives. Patients are consulted via representation on the Organisation's Clinical Council. Other key stakeholders are consulted through governance and stakeholder meetings.

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://pathology.health.nsw.gov.au/contact-us/community-partnerships.

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.

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 enterprise-wide risk management framework which includes procedures on how the organisation will identify, assess, manage and monitor risks. It includes processes to escalate and report on risk to the Chief Executive and Audit and Risk Committee.

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 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 2026 to the Ministry without exception.

The Audit and Risk Management Committee comprises three (3) members appointed from the NSW Government's Prequalification Scheme for Audit and Risk Committee Independent Chairs and Members.

QUALIFICATIONS TO THE GOVERNANCE ATTESTATION STATEMENT – N/A

Item:

Qualification

Progress

Remedial Action

Signed:

Chief Executive Date

Chief Audit Executive Date