MINISTRY OF HEALTH STATUTORY ACTS OF GRACE REGISTER ACCOUNTABLE AUTHORITY CERTIFICATION

I, SUSAN PEARCE, in my capacity as Secretary of the Ministry of Health pursuant to section 2.7 of the *Government Sector Finance Act 2018* and with reference to the undernamed entities for whom the Secretary of the Ministry of Health is determined to be the accountable authority.

HEREBY CERTIFY

- (iv) all undernamed entities have provided details of all Statutory Act of Grace payments from 1 July 2021 up to and including 31 May 2022, the details of which are included on the attached register
- (v) where the health entity's name is not mentioned, the register is taken to record a NIL return
- (vi) I have reviewed and confirm, to the best of my knowledge and belief, that the attached register is complete and accurate.

Susan Pearce

Secretary, NSW Health

NSW Health entities (including all employment divisions)

Ministry of Health Cancer Institute NSW Sydney Local Health District South Western Sydney Local Health District South Eastern Sydney Local Health District Illawarra Shoalhaven Local Health District Western Sydney Local Health District Nepean Blue Mountains Local Health District Northern Sydney Local Health District Central Coast Local Health District **Hunter New England Local Health District** Murrumbidgee Local Health District Southern NSW Local Health District Western NSW Local Health District Far West Local Health District Mid North Coast Local Health District Northern NSW Local Health District

Agency for Clinical Innovation
Bureau of Health Information
Clinical Excellence Commission
Health Education and Training Institute
Justice Health and Forensic Mental Health
Network

The Sydney Children's Hospitals Network Health Administration Corporation including:

- Ambulance Service of NSW
- NSW Health Pathology
- Health Infrastructure
- eHealth NSW
- HealthShare NSW
- Health Services Support Group

NSW Health Foundation Albury Base Hospital Graythwaite Charitable Trust

STATUTORY ACTS OF GRACE REGISTER AS AT 31.05.2022

Date of payment	Value	Name of recipient	Reason	Approving officer's name and position	Health Entity
NIL					