

Corporate Governance Attestation Statement

NSW AMBULANCE

1 July 2019 to 30 June 2020



**CORPORATE GOVERNANCE ATTESTATION STATEMENT
NSW AMBULANCE**

The following corporate governance attestation statement was endorsed by the Chief Executive of NSW Ambulance on 28 August 2020.

The Chief Executive is responsible for the corporate governance practices of NSW Ambulance. This statement sets out the main corporate governance practices in operation within the organisation for the 2019-20 financial year.

A signed copy of this statement is provided to the Ministry of Health by 31 August 2020.

Signed

A handwritten signature in blue ink, appearing to read "DM", written over a light blue horizontal line.

Dr Dominic Morgan ASM

Chief Executive

Date 31/8/20

STANDARD 1: ESTABLISH ROBUST GOVERNANCE AND OVERSIGHT FRAMEWORKS

Role and function of the Chief Executive

The Chief Executive carries out that 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 organisation 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 governance responsibilities are clearly allocated and understood
- Setting the strategic direction for the organisation 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 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.

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 Organisation serves. These systems and activities reflect the principles, performance and reporting guidelines as detailed in NSW Health Policy Directive 'Patient Safety and Clinical Quality Program' (PD2005_608).

The Organisation has:

- Clear lines of accountability for clinical care which are regularly communicated to clinical staff and to staff who provide direct support to them. The authority of facility/network general managers is also clearly understood.
- Effective forums in place to facilitate the involvement of clinicians and other health staff in decision making at all levels of the organisation.
- A systematic process for the identification and management of clinical incidents and minimisation of risks to the organisation.
- An effective complaint management system for the organisation.
- Collaborative mechanisms in place with local Aboriginal Health Services as well as the LHD Aboriginal Community Controlled Health Services.
- Adopted the NSW Health *Decision Making Framework for Aboriginal Health Workers to Undertake Clinical Activities* to ensure that Aboriginal Health Workers are trained, competent, ready and supported to undertake clinical activities.

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 Organisation.

STANDARD 3: 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 within the overarching goals and priorities of the NSW State Health Plan.

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

- Asset management – Designing and building future-focussed infrastructure
- Information management and technology – Enabling eHealth
- Research and teaching – Supporting and harnessing research and innovation
- Workforce development – Supporting and developing our workforce
- Aboriginal Health Action Plan – Ensuring health needs are met competently

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 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.
- 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 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 in ensuring that the operating funds, capital works funds, resource utilisation and service outputs required of the organisation 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
- 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

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- Year to date and end of year projections on capital works.

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 2019-20 financial year, the Finance and Performance Committee was chaired by Dr Dominic Morgan, ASM Chief Executive and comprised of:

- Brian Jackson, Executive Director, Finance & Corporate Services
- Kalena Smitham, Executive Director, People & Culture
- David Dutton, Executive Director, Clinical Operations
- Dr Sarah Coombes, A/Executive Director, Aeromedical Operations
- Ian Johns, A/Director, Assets & Infrastructure
- Anna Rozario, A/Director, Strategy & Innovation

The Chief Executive attends all meetings of the Finance and Performance Committee unless 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 organisation's learning and development strategy.

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 2019-20 financial year, the Chief Executive reported two 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 organisation in accordance with state policy and legislation, including establishing reporting channels and evaluating the management of disclosures.

During the 2019-20 financial year, the Organisation reported zero of public interest disclosures.

STANDARD 6: 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.

NSW Ambulance has a Community and Consumer Engagement Framework in place and also has community members on the following committees:

- Advisory Board
- Audit & Risk Committee
- Clinical Governance Committee

Staff and the public can access information regarding plans and initiatives about NSW Ambulance on the official website: www.ambulance.nsw.gov.au

As part of the Sydney Ambulance Infrastructure Strategy (SAMIS), community engagement and working groups are held in conjunction with NSW Ambulance partner Health Infrastructure to develop communication strategies for each site to ensure a robust governance framework for communicating activities with relevant external stakeholders.

The Rural Ambulance Infrastructure Reconfiguration (RAIR) program has a consultative structure in place including:

- RAIR Service Planning working group which engages local council as well as other government agencies
- RAIR communication working group held in conjunction with NSW Ambulance partner Health Infrastructure to develop communication strategies for each site to ensure a robust governance framework for communicating activities with relevant external stakeholders and undertake local engagement events for each announced site.

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 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 that identifies how the Organisation manages, records, monitors and addresses risk. 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
- Clinical care and patient safety
- Health of population
- Finance (including fraud prevention)
- Communication and information
- Workforce
- Legal
- Work health and safety
- Environmental
- Security
- Facilities and assets
- 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 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 Organisation completed and submitted an Internal Audit and Risk Management Attestation Statement for the 12-month period ending 30 June 2020 to the Ministry without exception.



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The Audit and Risk Committee comprises three members, all appointed from the NSW Government's Prequalification Scheme for Audit and Risk Committee Independent Chairs and Members.

QUALIFICATIONS TO THE GOVERNANCE ATTESTATION STATEMENT

Item: Standard 2 (Ensuring Clinical Responsibilities are clearly allocated and understood)

Qualification

NSW Ambulance 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 Organisation serves. However, it does not have an Aboriginal Health Advisory Committee.

Progress

NSW Ambulance notes that it currently collaborates with local Aboriginal Health Services as well as the LHD Aboriginal Community Controlled Health Services.

Remedial Action

NSW Ambulance notes that it is looking to establish an Aboriginal Health Advisory Committee based on the strength of current relationships and partnerships. This will directly meet the requirement to have an Aboriginal Health Advisory Committee with clear lines of accountability for clinical services delivered to Aboriginal people.

Signed:



Dr Dominic Morgan, ASM Chief Executive
Chief Executive

Date 31/8/20



Ms Carly Lewis
Chief Audit Executive

Date 28/08/20