



NSW Ambulance

NSW Ambulance Corporate Governance Framework

July 2019





Acknowledgement of traditional custodians

NSW Ambulance would like to respectfully acknowledge the traditional custodians of the land throughout NSW and acknowledge their ancestors and elders, both past and present.

EXECUTIVE SUMMARY

The NSW Ambulance Corporate Governance Framework (the Framework) identifies the governance principles and practices that drive and support implementation of good public sector governance; and sets out the standards of accountability and transparency expected of NSW Ambulance by NSW Government, NSW Health, our stakeholders and the people of New South Wales.

Public sector governance refers to “the arrangements and practices which enable a public sector entity to set its direction and manage its operations to achieve expected outcomes and discharge its accountability duties.” (Australian National Audit Office, 2014:7).

Good governance is the cornerstone for efficient and effective organisational performance and is underpinned by a number of accountability requirements. The Framework provides the foundations of good governance in NSW Ambulance and outlines the systems and structures for governance needed to be supported by effective leadership and organisational culture, which assist in responsible and ethical decision-making, management and accountability, and performance improvement.

A commitment to good governance is fundamental to the achievement of the NSW Ambulance Strategic Plan and the Framework allows a continual evolution to ensure that organisational objectives are met effectively, efficiently and transparently.

All staff of NSW Ambulance have a part to play in strengthening performance and accountability to support continued enhancement and delivery of health services to the people of New South Wales.



Dr Dominic Morgan ASM
Chief Executive

Date: 21/8/19

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1. Introduction

NSW Ambulance provides an essential service to the people of the State of New South Wales (NSW).

1.1 Purpose

NSW Ambulance, a key member of NSW Health, delivers a mobile health service providing high quality clinical care, compassion, relief of pain and suffering, and rescue and retrieval services to those people of NSW with emergency medical needs.

NSW Ambulance collaborates with the NSW community, pro-actively developing safety and prevention programs designed to reduce mortality and morbidity and improve health outcomes.

1.2 Vision

Excellence in care.

1.3 Strategic Priorities

NSW Ambulance has FIVE Strategic Priorities:

- **Clinical Safety & Quality:** We will provide world class clinical care.
- **People & Culture:** We will develop and support our people and culture.
- **Governance & Accountability:** We will build robust governance.
- **Infrastructure:** We will deliver future focused infrastructure and strategic commissioning.
- **Digital Health & Data Analytics:** We will enable eHealth, health information and data analytics.

1.4 Values

The **CORE** values of NSW Health are:

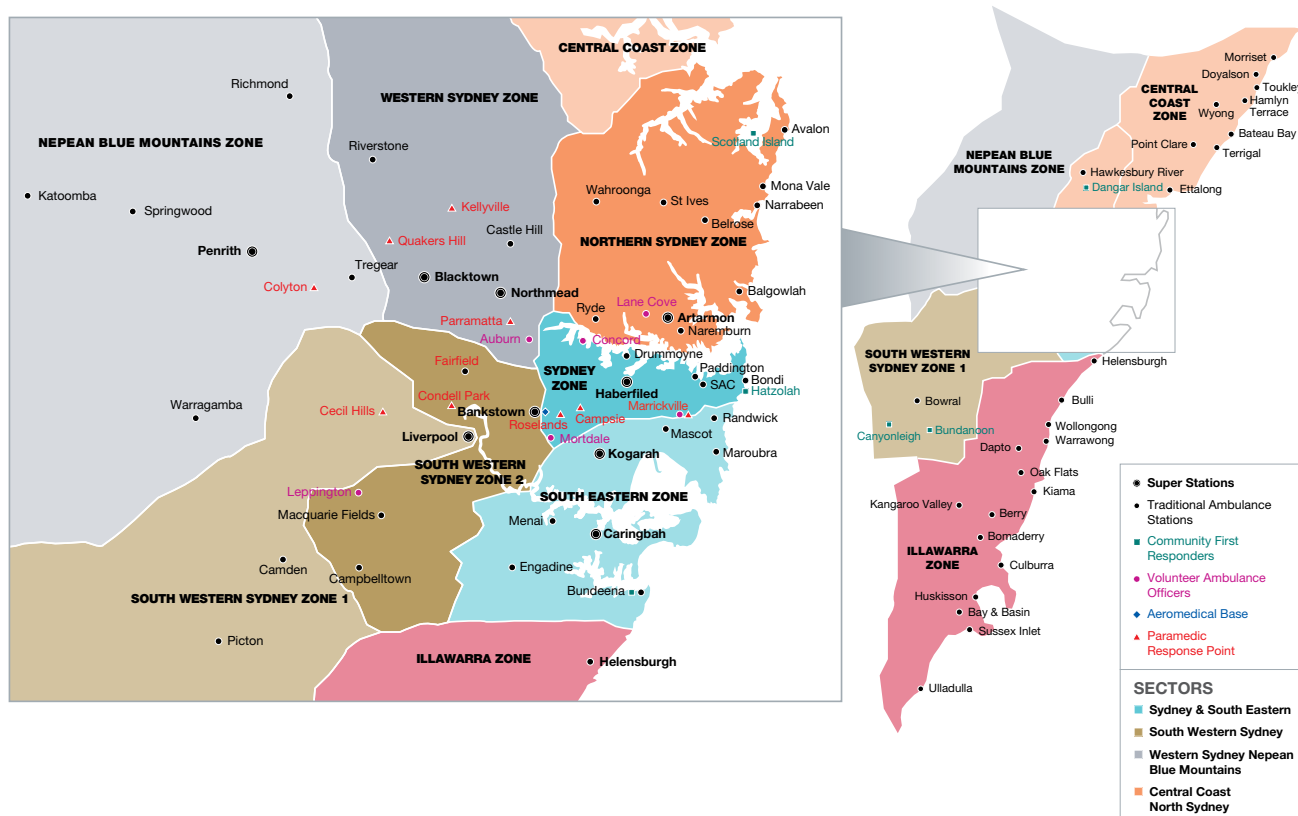
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|------------------------|--|
| C ollaboration: | We are committed to working collaboratively with each other to achieve the best possible outcomes for our patients. |
| O penness: | We are committed to openness about the care we provide to our patients, encouraging their feedback to help us provide better services. |
| R espect: | We are committed to respecting the feelings, wishes and rights of our patients and their carers. |
| E mpowerment: | We are committed to ensuring our patients are able to make well-informed decisions about their care and treatment. |

1.5 NSW Ambulance Coverage

Regional Station Map



Metropolitan Division Map



2. Corporate Governance

2.1 Definition

The Governance Institute of Australia defines governance as ‘.....the system by which an organisation is controlled and operates, and the mechanisms by which it, and its people, are held to account. Ethics, risk management, compliance and administration are all elements of governance.’

Corporate governance involves a set of relationships between an organisation’s management, the board and other stakeholders. It also encompasses the role of leadership in ensuring sound governance practices are instilled throughout an organisation, and the wider responsibility of all staff to apply governance practices and procedures to their daily work.

2.2 Legislation

The Health Services Act 1997 is the principal Act regulating the governance and management of the public health system in NSW. Chapter 5A, is the overarching governance framework of NSW Ambulance.

2.3 NSW Health Corporate Governance Compendium

The NSW Health ‘Corporate Governance and Accountability Compendium’ outlines the governance framework requirements that apply to those organisation that form part of NSW Health and sets out the roles and responsibilities for each organisation.

2.4 NSW Health Corporate Governance Standards

The NSW Health Corporate Governance and Accountability Compendium identifies the basic corporate governance standards applying to organisations established as part of NSW Health.

- Standard 1: Establish robust governance and oversight frameworks.
- Standard 2: Ensure clinical responsibilities are clearly allocated and understood.
- Standard 3: Set the strategic direction for the organisation and its services.
- Standard 4: Monitor financial and service delivery performance.
- Standard 5: Maintain high standards of professional and ethical conduct.
- Standard 6: Involve stakeholders in decisions that affect them.
- Standard 7: Establish sound audit and risk management practices.

2.5 NSW Ambulance Corporate Governance Framework

The Health Services Act 1997, Chapter 5A, is the overarching governance framework of NSW Ambulance Service. Section 67C of *The Health Services Act 1997* determines the function of the Ambulance Service Advisory Board.

NSW Ambulance has built on these foundations by documenting a Corporate Governance Framework. In this context, NSW Ambulance believes that good governance has two main requirements:

Performance: how an organisation uses governance arrangements and practices to shape and enable overall performance and delivery of effective, efficient and economical services.

Accountability: how an organisation uses governance arrangements and practices to provide visibility of results to leadership, the Government, the Parliament, and the community. To meet applicable legislative and policy obligations as well as public expectations of openness, transparency and integrity.

There is a need to strike the right balance between performance and accountability to deliver effective, efficient, sustainable and economical services.

The way NSW Ambulance prioritises its expenditure and is accountable for decisions must be consistent with organisational objectives and good governance principles and practices.

On a daily basis, NSW Ambulance staff make decisions and implement policies; hence corporate governance arrangements must continually evolve to ensure that organisational and service delivery objectives are met effectively, efficiently and transparently. Governance should be enduring, not just something done from time to time.

2.6 Corporate Governance Attestation Statement

NSW Ambulance publishes an annual Corporate Governance Attestation Statement that outlines governance arrangements and includes key information on operations.

This statement, submitted to NSW Ministry of Health by 31 August each calendar year, is certified by the NSW Ambulance Chief Executive as accurately reflecting the corporate governance arrangements for the preceding financial year.

2.7 Corporate Governance Planning

The *NSW Ambulance Service Agreement* requires that NSW Ambulance has a responsibility for developing a corporate governance plan. This plan outlines details for enhancing the *NSW Ambulance Corporate Governance Framework*.

3. Governance and Oversight Framework

The *NSW Ambulance Corporate Governance Framework* has seven inter-related elements. Each element contributes to, and supports, the other elements in the framework:

1. **Leadership and strategy:** Shared understanding of our purpose and priorities, through effective planning and resource allocation;
2. **Ethical standards and values:** Functions, structures and culture that align with our organisational goals through quality leadership, a clear line of sight, role clarity, sound governance and empowered staff;
3. **Accountability:** Clear and transparent accountabilities;
4. **Systems and processes:** Organisation-wide understanding of performance and behavioural expectations, through effective communication and the implementation of best practice public sector management principles;
5. **Delivery:** Quality service delivery through effective program and resource management, and monitoring, reviewing and reporting processes;
6. **Performance improvement and evaluation:** Enhance organisational performance through review, intervention, capability-building and internal control mechanisms; and
7. **Risk management:** Regularly assess and respond to risks and opportunities as part of our daily activities.



3.1 Principle Regulation

The Health Services Act 1997 is the principal Act regulating the governance and management of the public health system in NSW. The Act establishes the NSW public health system as comprising:

- local health districts;
- statutory health corporations, including board, chief executive and network governed statutory health corporations;
- affiliated health organisations (with respect to their recognised services); and
- the Secretary, NSW Health with respect to ambulance services and other services to support the public health system.

Local health districts, statutory health corporations, and affiliated health organisations (with respect to their recognised services) are referred to collectively under *The Health Services Act 1997* as public health organisations.

The Health Administration Act 1982 sets out the broad roles of the Minister and Secretary, NSW Health in relation to the Health portfolio generally.

3.2 Key roles, functions and agreements

3.2.1 Secretary

Under *The Health Services Act 1997*, the Health Secretary's functions include: the facilitation of the achievement and maintenance of adequate standards of patient care within public hospitals, provision of governance, oversight and control of the public health system and the statutory health organisations within it, as well as in relation to other services provided by the public health system, and to facilitate the efficient and economic operation of the public health system (s.122).

The legislative provisions for ambulance services in NSW are set out in Chapter 5A of *The Health Services Act 1997*.

Under *The Health Services Act 1997*, it is a function of the Health Secretary to provide, conduct, operate and maintain ambulance services (s.67B).

Other functions of the Secretary in relation to ambulance services include: adopting and implementing all necessary measures (including systems of planning, management and quality control) as will best ensure the efficient and economic operation and use of resources, monitoring whether objectives in the provision of ambulance services are achieved and, achieving and maintaining adequate standards of ambulance services (s. 67B).

3.2.2 Service Agreement

Each year NSW Ambulance enters into a Service Agreement with the Secretary, NSW Health. The *NSW Ambulance Service Agreement* sets out the performance expectations for funding and other support provided to NSW Ambulance.

3.2.3 Ambulance Service Advisory Board

The Health Services Act 1997 confers three functions on the Advisory Board.

The first, conferred by subsection 67, is “to provide advice to the Health Secretary . . . in relation to the exercise of functions under” Chapter 5A “in respect of the provision of Ambulance Services”. This function is broad, but attracts these key points:

- This function enables the Advisory Board to provide advice on any matter in relation to the exercise of functions under Chapter 5A in respect of the provision of Ambulance Services.
- The advice may be provided to the Health Secretary or to the Chief Executive in his capacity as delegate of the Health Secretary or both.
- The advice may be provided on the initiative of the Board, or in response to a request from the Secretary or the Chief Executive.
- Priority should be, and will be, given to providing advice that has been requested by the Health Secretary or the Chief Executive.

The second function, also conferred by subsection 67B, is “to provide advice . . . to an appointed body in relation to the exercise of functions under” Chapter 5A “in respect of the provision of Ambulance Services”. The reference to “an appointed body” is a reference to any committee, board or other body appointed by the Health Secretary under subsection 67AA (1) for the purposes of Chapter 5A of the Act. The Advisory Board will provide such advice when asked to do so by the Health Secretary, the Chief Executive or an appointed body or, if the Advisory Board considers that particular circumstances warrant its doing so, upon its own initiative after consulting the Health Secretary, Chief Executive and/or appointed body in question (as the circumstances require).

Third, by subsection 67C (6), the Advisory Board “has such other functions as may be conferred or imposed on it by the Health Secretary.” Such other functions need not be confined to the purposes of Chapter 5A. The Health Secretary has conferred such other functions, by way of a written determination dated 2018 (“the Determination”). The Advisory Board regards the Determination as setting its first regular priority and main focus of work.

The Determination provides for the role and functions of the Advisory Board as follows:

Governance

- Ensure clinical and corporate governance and risk management frameworks are in place and monitor the effectiveness of those frameworks.
- Ensure strategic plans to guide the delivery of services are developed and recommend approval of those plans to the Health Secretary.
- Ensure the Ambulance Service maintains effective and efficient compliance and quality control, improvement and management programs.

Performance and Financial Oversight

- Approve systems to support the efficient and economic operation of the Ambulance Service
- Monitor performance of the Ambulance Service against financial, operational and strategic targets set in the Service Agreement.
- Monitor implementation and outcomes of other initiatives or projects of the Ambulance Service as directed by the Health Secretary from time to time
- Monitor compliance by the Ambulance Service with applicable Government approvals and policies, Ministry of Health policies. Ministry of Health policy directives including directives and financial and performance reporting requirements issued from time to time.

Reporting

- Ensure financial and other internal reporting mechanisms are in place in the Ambulance Service to provide adequate, accurate and timely information to the Board and the Health Secretary.

Risk Management

- Ensure financial and other internal reporting mechanisms are in place and monitor the effectiveness of those frameworks.

Chief Executive Oversight

- Exercise employment functions in respect of the role of the Chief Executive of the Ambulance Service on behalf of the Health Secretary as set out in the Ambulance Service Delegations Manual.

Committees

- Constitute such committees as the Board considers necessary to undertake its role, including but not limited to a Finance Committee, an Audit and Risk Committee and a Clinical Governance Committee.

Formal delegations

- Undertake such other specific functions delegated by the Minister or Health Secretary as set out in the NSW Ambulance Delegations Manual as varied from time to time.

3.2.4 Chief Executive

NSW Ambulance has a Chief Executive employed by NSW Health, being appointed by the Secretary, NSW Health under section 67A of *The Health Services Act 1997*.

The Chief Executive manages NSW Ambulance in accordance with relevant legislation, policies and procedures and the Service Agreement.

The Chief Executive is accountable to the Secretary, NSW Health for the operations and performance of NSW Ambulance.

3.3 Services provided by the Health Administration Corporation

The Health Administration Corporation (HAC) is used as the statutory vehicle to provide ambulance services and support services to the public health system. A number of entities have been established under the HAC to provide these functions including:

NSW Ambulance: is responsible for the delivery of front line out-of-hospital care, medical retrieval and health related transport to people in NSW as set out in Chapter 5A of *The Health Services Act 1997*.

HealthShare NSW: delivers support services for NSW Health through the provision of food and linen services and the supply of disability services and equipment.

eHealth NSW: provides state-wide leadership on the shape, delivery and management of ICT-led healthcare introducing new ways of managing health information and the delivery of healthcare online.

Health Infrastructure: manages and coordinates approved major health capital works projects, and provides capital project delivery support services to public health organisations.

NSW Health Pathology: is a state-wide service that provides health pathology services to NSW public hospitals and health services as well as forensic medical pathology services and analytical services.

3.4 NSW Health Pillars

The NSW Health Pillars are statutory health corporations providing services across the whole State.

The Agency for Clinical Innovation (ACI): is a board governed statutory health corporation and works with clinicians, consumers and managers to design and promote better healthcare for NSW.

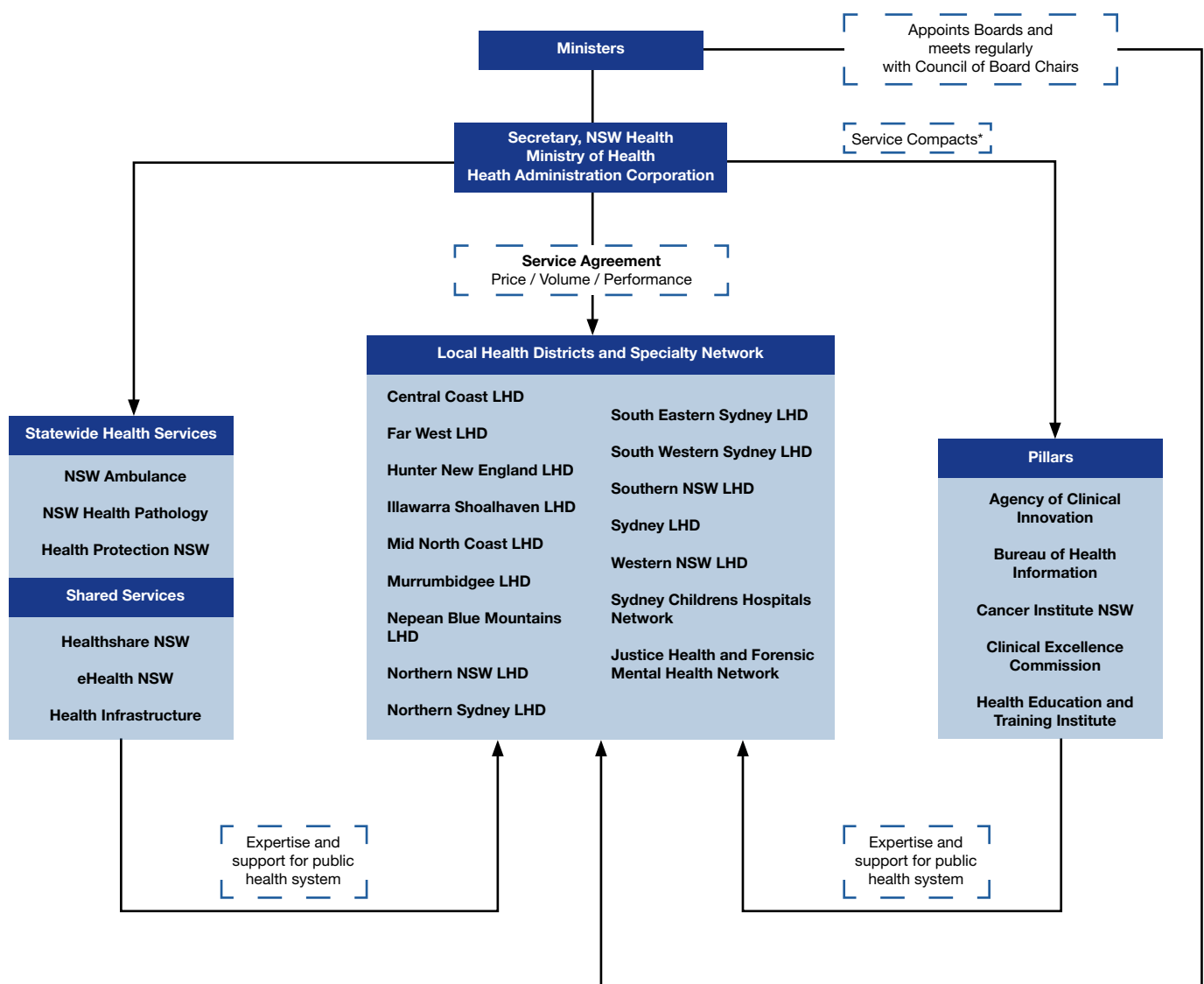
The Clinical Excellence Commission (CEC): is a board governed statutory health corporation and was established to promote and support improved clinical care, safety and quality across the NSW health system.

The Bureau of Health Information (BHI): is a board governed statutory health corporation and was established to support transparency in health data and allow for greater local control of information analysis.

The Health Education and Training Institute (HETI): is a Chief Executive-governed statutory health corporation which coordinates education and training for NSW Health staff. HETI is an accredited Higher Education Provider.

The Cancer Institute NSW: was established under the Cancer Institute (NSW) Act 2003 to lessen the impact of cancer across the State. Its statutory objectives are to reduce the incidence of cancer in the community; increase survival from cancer; improve the quality of life for people with cancer and their carers; and provide a source of expertise on cancer control for the government, health service providers, medical researchers and the general community.

The following diagram illustrates the components of the NSW Public Health System and their inter-relationships.

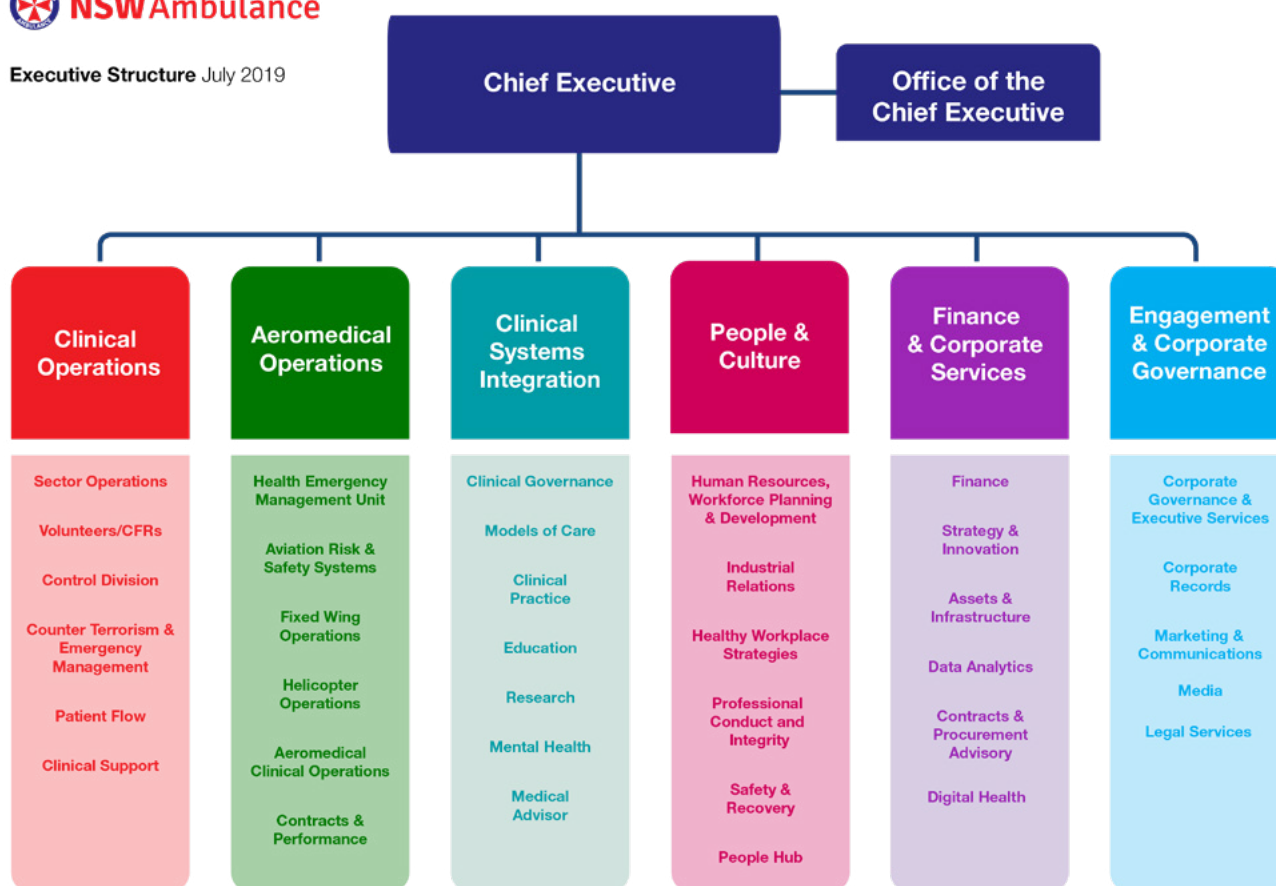


3.5 NSW Ambulance Organisational Structure

The following diagram illustrates the organisational structure of NSW Ambulance. The Executive Leadership Team is comprised of the Chief Executive and six Executive Directors.



Executive Structure July 2019



3.6 Legal requirements

A brief outline of key legislative obligations, for a management 'governance' perspective is provided in the following paragraphs.

A broader, more detailed guide to key legal obligations for NSW Ambulance is provided in the NSW Health Legal Compendium and attached at Appendix A.

3.6.1 Health Services Act and Health Administration Act

For public health organisations the key relevant Act is the *Health Services Act 1997*.

The Health Administration Act 1982 sets out the roles of the Minister and the Secretary, in general terms, to the provision, conduct and operation of health services.

3.6.2 Work Health and Safety

The Work Health and Safety Act 2011 substantially amended the previous *Occupational Health and Safety Act 2000*. *The Work Health and Safety Act 2011* places obligations on "persons who conduct a business or undertaking" to ensure, as far as is reasonably practicable, the health and safety of workers and others who may be put at risk from work carried out as part of the conduct of the business or undertaking such as visitors to that workplace.

The Chief Executive is responsible for ensuring that health and safety systems are implemented across the organisation to eliminate/minimise workplace injuries; as well as injury management plans in returning injured employees to work (including external employment). Under the Act, these persons must discharge their duties to the extent that they have the capacity to influence or control the matter.

Other persons, such as visitors have a legal duty under the Act to take 'reasonable care' to ensure that their acts do not adversely affect the health and safety of themselves and others.

3.6.3 Industrial Relations

The Chief Executive is required to ensure that employment arrangements comply with NSW Ministry of Health policy and instructions and that employment related delegations from the Secretary are exercised in an appropriate and lawful manner.

The public health organisation is responsible for customary employer responsibilities such as hiring, managing, reviewing performance and taking disciplinary action, terminations, work health and safety, and ensuring that staff receive the appropriate remuneration, conditions and other entitlements.

3.6.4 Independent Commission Against Corruption

The Independent Commission Against Corruption Act 1988 imposes obligations on principal officers of public authorities to notify the Independent Commission Against Corruption (ICAC) of any matter where the officer suspects, on reasonable grounds, that corrupt conduct has occurred.

An effective internal reporting system must be established to facilitate the flow of corruption reports to the Chief Executive and to ICAC under Section 11 of the ICAC Act.

3.6.5 State Records Act

The State Records Act 1998 applies to public health organisations. It provides for:

- a) protecting records in the custody of a public office;
- b) making and keeping full and accurate records of its activities;
- c) establishing and maintaining a records management program in conformity with standards and codes of best practice;
- d) making arrangements for monitoring and reporting on the records management program; and
- e) keeping technology-dependent records accessible.

All papers maintained by the public health organisation are considered to be state records and subject to the State Records Act. This Act contains provisions as to retention, disposal and maintenance. Records can include work papers, electronic records, diaries, minutes of meetings etc.

3.6.6 Legislative Compliance Reviews

Legislative compliance is reviewed through a mechanism of annual reporting on new or amended legislation to the Chief Executive.

3.7 Policy Framework

3.7.1 NSW Government Policy

Whole of government policies are issued from time to time by central agencies including the Department of Premier and Cabinet, NSW Treasury or the Department of Customer Service. These policies can include mandatory requirements across the whole government sector in relation to financial accountability and reporting, procurement or other issues.

The content of these policies and any mandatory requirements are generally notified to public health organisations through the NSW Health Policy Directive system.

3.7.2 NSW Health Policy Directives

NSW Ambulance is required to comply with policy directives issued by the Secretary and the Ministry of Health as outlined in the NSW Health Accounts and Audit Determination.

NSW Health Policy - NSW Health Policy Directives and Other Policy Documents (PD2016_049) requires NSW Health Organisations to develop and manage Policy Documents in accordance with the principles set out and to defined standards.

3.7.3 NSW Ambulance Policies

NSW Ambulance develops its own local policies, procedures and guidelines. These are consistent with statute and common law, and with Government policy.

These documents are also consistent with NSW Health policy directives and guidelines; and are generally developed to clarify local implementation issues where there is no other instruction, or there is a gap in instruction.

Following appropriate consultation, all local policies are approved by the Executive Leadership Team prior to publication on the NSW Ambulance Intranet.

All NSW Ambulance policies and procedures are initially reviewed every three to five years to ensure they are contemporary and relevant. They be reviewed more frequently if changes are made to NSW Health Policy Directives, Legislation or Standards.

3.8 Delegations of Authority

3.8.1 Delegating Statutory Authority

NSW Ambulance may delegate powers it has under statute. Consistent with section 61 of the *Health Services Act 1997* the Chief Executive may delegate to any officer or employee of the organisation the exercise of any functions other than:

- the power of delegation itself; and
- the power to make by-laws.

Although the Chief Executive can delegate their authority, they remain accountable for the performance of the organisation and for the implementation of any directions from the Secretary and the Minister for Health.

3.8.2 NSW Ambulance Delegations Manual

The NSW Ambulance Delegations Manual is designed to ensure that there is a set of clear and unambiguous directions that can be applied consistently across NSW Ambulance on all matters that impact operations encountered by NSW Ambulance on a day-to-day basis. It provides guidance and direction on the quantification and authorisation of expenditure, staff related matters and general business matters.

Each delegated officer can only exercise delegation in relation to their own area of responsibility. Delegated authority is to follow the management line and be functionally and operationally in alignment with it. Where the Delegations Manual specifies a delegation to a position, the position to which it reports is also deemed to have the delegated authority unless otherwise indicated.



4. Clinical Systems and Governance

NSW Ambulance has a documented Clinical Governance Framework. The framework provides the structures and systems to improve the safety and quality of health services provided by NSW Ambulance.

The actions taken by NSW Ambulance to support a well-rounded quality and safety program can be grouped under the following four strategies:

- clinical performance and effectiveness;
- clinical risk management;
- consumer value;
- preparing the workforce.

The NSW Ambulance Clinical Systems Integration Directorate has oversight of clinical systems and governance. The Directorate is to lead, coordinate and support the implementation of clinical programs and patient safety throughout NSW Ambulance.

The core functions are to:

- Support appropriate, safe, and quality clinical practice including education; patient safety; infection control; clinical performance; clinical professional development; MPDS standards and the development of clinical models of care and research;
- Develop and implement policies and procedures to ensure patient safety and effective clinical governance;
- Ensure that an incident management system is in place to effectively manage incidents that occur within NSW Ambulance and that risk mitigation strategies are implemented to prevent their recurrence; and
- Oversee audits of clinical practice including death reviews; patient complaints; and where necessary, implement strategies for improving practice.

4.1 Quality assurance processes

4.1.1 Management Clinical Incidents

NSW Ambulance manages clinical incidents in accordance with NSW Health Policy - Incident Management Policy (PD2019_034) which provides direction for a consistent approach to management and investigation of clinical incidents.

An Incident Information Management System (IIMS) is used by staff/clinicians to support application of the NSW Health Incident Management process that is outlined in the Incident Management Policy.

All Severity Assessment Code (SAC) 1 incidents are reported to NSW Ministry of Health within 24 hours or next business day.

A privileged Root Cause Analysis (RCA) is conducted on all clinical SAC1 incidents and other incidents when deemed appropriate.

4.2 Clinical Management and Advisory Structures

NSW Ambulance has a number of committees which have been established in accordance with the NSW Governance Structure for Committee's and are outlined in Appendix B.

4.2.1 Clinical Governance Committee

NSW Ambulance has a Clinical Governance Committee whose role is to make recommendations to the Chief Executive and Executive Leadership Team that appropriate clinical governance mechanisms are in place and effective throughout the service.

The functions of the Clinical Governance Committee, include, but are not limited to:

- Support and advise on the appropriateness of clinical governance mechanisms that are in place throughout NSW Ambulance;
- Report on clinical risk management and ensure clinical risk is managed in accordance with the relevant policies and procedures. Ensure risk assessment and management systems are in place; incident reporting and critical incident reviews are effective and in particular that lessons are being learned from the adverse events and near misses;
- Advise on the effectiveness of systems required to meet research governance standards;
- Ensure that structures are in place to support clinical effectiveness activities, including clinical audit and appropriate information systems;
- Ensure that clinical effectiveness and quality improvement arrangements are in place. Specifically that services are provided, organised and managed in a manner which supports the delivery of consistently safe high quality care; and appropriate mechanisms are in place to allow staff and others to raise concerns on the level of care provided;
- Ensure that effective credentialing processes are in place and that NSW Ambulance is compliant with that process;
- Provide assurance that a governance system is in place for the development, implementation and review of clinical policies and procedures;
- Provide assurance that a system is in place that identifies non-compliant performance of clinical care;
- Review compliance with state and federal standards/policies as applicable to NSW Ambulance; and
- Ensure that research programs are screened, initiated, monitored and reviewed.

4.2.2 Clinical Advisory Committee

Clinical effectiveness refers to ensuring the right care is delivered to the right patient; who is informed and involved in their care at the right time, by the right clinician, with the right skills, in the right way.

NSW Ambulance has a Clinical Advisory Committee who provides advice to the Clinical Governance Committee on issues relating to clinical practice and equipment. The Committee demonstrates a solution-orientated, pro-active role in advising on clinical issues and encouraging best-practice and innovation.

4.2.3 Clinical Credentialing Advisory Committee

The NSW Ambulance Clinical Credentialing Advisory Committee oversees the scope of practice and credentialing of all clinical personnel employed within NSW Ambulance.

The functions of the Committee include:

- Recognition of appropriate prior credentialing where this has occurred in other organisations/ regions;
- Where recognition of prior credentialing is not possible or available, the Committee will undertake a primary credentialing process to ensure credentialing is relevant to the roles and responsibilities of the organisation; and
- Assess and report on the state of credentialing for all employees.

4.2.4 Response Grid Quality Advisory Committee

The NSW Ambulance Response Grid Quality Advisory Committee reviews the effectiveness of the Medical Priority Dispatch System (MPDS), and where necessary, make recommendations for change which may include protocols, response determinants and grid, educational requirements, quality processes or policy and procedures.

The Committee monitors all aspects of MPDS which specifically includes:

- Oversee the analysis of relevant MPDS data including aspects of clinical content and audited outcomes;
- Provide recommendations where required to the Clinical Governance Committee to enhance the effective delivery of ambulance services;
- Assess the risks and benefits to ambulance and patients of MPDS enhancements and of any proposed initiatives or actions;
- Review annually, all MPDS determinants and their allocated response priorities;
- Disseminate information as appropriate to key stakeholders, primarily the Controls Division, of MPDS performance as reviewed by the committee to engage the organisational system understanding; and

- Advise the Executive Leadership Team through the Clinical Governance Committee (CGC) of RGQC activities, MPDS performance and of any changes implemented

4.2.5 Clinical Operations Performance and Quality Committee

The purpose of the NSW Ambulance Clinical Operations Performance and Quality Committee is to monitor and promote the strategic direction of patient safety, clinical quality and related programs within the Clinical Operations Directorate.

Functions of the Committee include:

- Overseeing the analysis of relevant Clinical Operations key indicator data and performance measures, including compliance with clinical audits to maintain clinical standards;
- Identify clinical issues through peer review and patient health care records/eMR audits, and other resources, and facilitate improvement strategies within Clinical Operations;
- Effectively promote the use of evidence based best practice clinical guidelines by all staff;
- Identify and report to the Clinical Governance Committee;
 - Effective initiatives that may be worthy of dissemination to all Sectors;
 - Patient safety/clinical issues and strategies implemented to address these issues.



5. Strategic Planning

The NSW Ambulance Strategic Planning Framework is described below.

5.1 State-wide strategic plans

There are two key NSW Health plans guiding NSW Ambulance, described below:

5.1.1 NSW Health Plan

The NSW Health: State Health Plan: Towards 2021 provides a strategic framework which brings together NSW Health's existing plans, programs and policies and sets priorities across the health system for the delivery of the 'the right care, in the right place, at the right time'.

5.1.2 Rural Health Plan

The NSW Health: Rural Health Plan: Towards 2021 aims to strengthen the capacity of rural health services to provide world class, connected and seamless care for people living in regional, rural and remote NSW.

5.2 NSW Ambulance Strategic Planning

The following paragraphs provide a summary of the key components of the local strategic framework for NSW Ambulance.

5.2.1 NSW Ambulance Strategic Plan

Commencing in 2020 NSW Ambulance will publish a Strategic Plan on a five-year basis. The plan will articulate the vision, mission, values and strategic priorities for NSW Ambulance. The current NSW Ambulance Strategic Priorities spans the period from 2018-2019.

5.2.2 Corporate Governance Plan

Commencing in 2019 NSW Ambulance will develop a Corporate Governance Plan. This will be an action plan for the ongoing enhancement of Corporate Governance for NSW Ambulance and will be reviewed annually.

5.2.3 Asset Plan

NSW Ambulance develops an Asset Strategic Plan annually in June. A key function of this plan is to identify the highest capital investment requirements for NSW Ambulance to deliver its service objectives.

5.3 Annual Service Agreement

Each year NSW Ambulance enters into a Service Agreement with the NSW Ministry of Health. The *NSW Ambulance Service Agreement* operates as a key component of the NSW Performance Framework and specifies the level of funding to be provided to NSW Ambulance and the performance expectations.

5.4 Operating Plans

Based upon the annual Service Agreement and Strategic Plan, NSW Ambulance Directorates will develop operating plans of project deliverables, assigned budget and targets for each financial year.

6. Financial and Performance Management

The Minister for Health approves the initial budget allocations to public health organisations in accordance with the *Health Services Act 1997*.

The NSW Ministry for Health issues budgets, on or around State Budget day, as detailed within Schedule C of the annual Service Agreement between NSW Ministry of Health and NSW Ambulance.

6.1 Annual Service Agreement

Each year NSW Ambulance enters into a Service Agreement with the NSW Ministry of Health. The *NSW Ambulance Service Agreement* specifies the level of funding to be provided to NSW Ambulance and the associated service delivery and performance expectations.

6.2 Finance and Investment Committee

The NSW Ambulance Finance and Investment Committee is set up in accordance with NSW Governance Structure for Committee's and convenes on a monthly basis.

The role of the Committee is to monitor and oversee the organisations financial and commercial performance in accordance with NSW Health and NSW Government policy. The Committee reports to the Board and Chief Executive advising exposure to financial and performance risk, the extent to which those risks are being effectively managed and the impact of these risks on the finances and performance of the organisation.

6.3 NSW Health Performance Framework

The National Health Reform Agreement requires NSW Government to establish Service Agreements with each health service and implement a performance management and accountability system, including processes for remediation of poor performance.

The NSW Health Performance Framework provides an integrated process for performance review and assessment. The Performance Framework outlines the performance expected of health services to achieve levels of health improvement, service delivery and financial performance as set out in the Service Agreements.

NSW Ambulance is to meet the performance requirements as set out in its Service Agreement and within allocated budget.

Key Performance Indicators (KPIs) have been established with related targets and performance thresholds. Performance against these indicators is reported in the monthly Health System Performance Report which is prepared by NSW Ministry of Health and is assessed as follows:

Performing	Performance at, or better than, target
Underperforming	Performance within a tolerance range
Not performing	Performance outside the tolerance threshold.

Each KPI has been designated into one or two categories:

- Tier 1:** Will generate a performance concerns when the Health Service performance is outside the tolerance threshold for the applicable reporting period.
- Tier 2:** Will generate a performance concern when the Health Service performance is outside the tolerance threshold for more than one reporting period.

Should a performance issue emerge with one or more of the monitoring measures, the issue is discussed with NSW Ambulance. If the performance issue continues, the NSW Ministry of Health may increase the frequency of meetings until the issue is resolved.

6.3.1 Monitoring and reporting

A monthly Health System Performance Report is prepared by NSW Ministry of Health which details performance against the KPIs and Improvement Measures.

A monthly performance status summary for all health services is provided to the Secretary for Health.

6.3.2 Performance Review meetings

The NSW Ministry of Health meets quarterly with the Chief Executive and Executive Leadership Team through the performance review meetings. Where a performance issue is identified, the frequency of meetings may be increased until the issue is resolved.

6.3.3 Performance escalation levels

The performance levels that may be assigned to NSW Ambulance by the NSW Ministry of Health are:

Level 0: No performance issues

Level 1: Under review

Level 2: Under performing

Level 3: Serious under-performance risk

Level 4: Health service challenged and failing.

If the Performance Level of NSW Ambulance is escalated, the Secretary of Health will advise the Chief Executive of the increase in performance level.

If the escalation is to a level above 1, a senior member of the Patient Experience and System Performance Division attends meetings with the Chief Executive and NSW Ministry of Health staff to discuss the escalation, the Performance Recovery Plan and actions required to re-establish performance levels to meet agreed trajectories and reduce the performance level for NSW Ambulance.

A more robust structure may be implemented for specific escalations related to key strategic or state priorities or a significant clinical incident or sentinel event.

7. Professional and Ethical Conduct

7.1 Values

The **CORE** values of NSW Health are:

- C**ollaboration: We are committed to working collaboratively with each other to achieve the best possible outcomes for our patients.
- O**penness: We are committed to openness about the care we provide to our patients, encouraging their feedback to help us provide better services.
- R**espect: We are committed to respecting the feelings, wishes and rights of our patients and their carers.
- E**mpowerment: We are committed to ensuring our patients are able to make well informed decisions about their care and treatment.

7.2 Code of Conduct

The NSW Health Policy - Code of Conduct (PD2015_049) defines standards of ethical and professional conduct that are required of everyone working in NSW Health in any capacity, the outcomes we are committed to, and the behaviours which are unacceptable and will not be tolerated.

Signing of the Code of Conduct is an integral part of the recruitment process for NSW Ambulance.

7.3 Compliance with Health Practitioner Regulation

7.3.1 National

There is a National Registration and Accreditation Scheme for health practitioners involving a national registration board for each health profession. The national registration boards issue registration standards, codes or guidelines (e.g. Code of Professional Conduct). The Australian Health Practitioner Regulation Agency (AHPRA) is the administrative body that supports the national registration boards. The scheme is governed in NSW by the Health Practitioner Regulation National Law (NSW).

7.3.2 NSW

For health, performance and conduct matters involving registered practitioners, there are health professional councils of NSW which manage complaints about professional performance, conduct and/or health of a registered practitioner in NSW. They act in co-regulation with the Health Care Complaints Commission (HCCC) in relation to the handling of these complaints. The Health Professional Councils Authority (HCPA) is the administrative body that supports the Health Professionals Council of NSW.

7.4 Conduct and Performance

Setting the standards for conduct and professional performance are:

- The NSW Health Code of Conduct – for all NSW Health staff.
- The Codes of Professional Conduct – for registered health practitioners.
- The Code of Conduct in the Public Health Regulation 2012 (NSW) – for health practitioners who are not registered and for registered health practitioners who provide health services that are unrelated to their registration.

The requirements for notification of health practitioners by NSW Ambulance are governed by the Health Practitioner Regulation National Law (NSW) and the *Health Services Act 1997*.

- Notifiable conduct to Australian Health Practitioner Regulation Agency (AHPRA):
 - a) practised the practitioner's profession while intoxicated by alcohol or drugs; or
 - b) engaged in sexual misconduct in connection with the practice of the practitioner's profession; or
 - c) placed the public at risk of substantial harm in the practitioner's practice of the profession because the practitioner has an impairment; or
 - d) placed the public at risk of harm because the practitioner has practised the profession in a way that constitutes a significant departure from accepted professional standards.
- Health practitioner who has been charged with having committed, or is convicted of, a serious sex or violence offence.
- Conduct which may constitute "unsatisfactory professional conduct" or "professional misconduct" (as defined in the legislation).

7.5 Misconduct

Misconduct is managed in accordance with NSW Health Policy - Managing Misconduct (PD2018_031). This Policy Directive sets out the mandatory requirements for managing alleged or suspected misconduct by staff of the NSW Health Service or Visiting Practitioners.

Misconduct includes:

- Behaviour or conduct which seriously or repeatedly breaches expected standards, as identified in relevant legislation (such as the *Health Services Act 1997* or the Health Practitioner Regulation National Law (NSW)), registration standards or codes/guidelines approved by a National Health Practitioner Board or NSW Health policies (such as the Code of Conduct);

- Refusal to carry out a lawful and reasonable direction given by a line manager or another member of staff authorised to give the direction;
- Reportable (i.e. child-related) conduct as defined under the Ombudsman Act 1974 (including allegations relating to conduct outside the workplace);
- Corrupt conduct as defined under the Independent Commission Against Corruption Act 1988.

7.6 Complaints or Concerns about a Clinician

NSW Ambulance applies the NSW Health Policy - Complaint or Concern about a Clinician - Principles for Action (PD2018_032).

The policy describes the principles for managing complaints or concerns regarding all clinicians and outlines the roles and responsibilities for ensuring all complaints or concerns are managed by NSW Ambulance, and outline the legislative responsibility for doing so.

More serious concerns are notified to AHPRA and the relevant professional council of NSW. The NSW Ambulance People & Culture Directorate, via Professional Conduct & Integrity, takes the overarching responsibility to ensure the system for managing complaints about clinicians is in place, and functions effectively.

Reporting to the Executive Director People & Culture is a Director Professional Conduct & Integrity who oversees investigation of all concerns raised.

In accordance with the provisions of the *Health Services Act 1997* the Chief Executive reports to registration boards any conduct of a visiting practitioner (or employee) that the Chief Executive suspects on reasonable grounds may constitute professional misconduct or unsatisfactory professional conduct under the Health Registration Act by which the registration authority is constituted.

The Chief Executive notifies the Secretary and relevant external agencies where a complaint against a clinician concerns a serious criminal matter, professional misconduct, unsatisfactory professional conduct or inappropriate child related conduct.

7.7 Major oversight Agencies

7.7.1 Public Service Commissioner

The NSW Public Service Commission (PSC) was established under the *Government Sector Employment Act 2013*.

The principal objectives of the Commissioner are to:

- Promote and maintain the highest levels of integrity, impartiality, accountability and leadership across the government sector;
- Improve the capability of the government sector to provide strategic and innovative policy advice, implement the decisions of the Government and meet public expectations;
- Attract and retain a high calibre professional government sector workforce;
- Ensure that government sector recruitment and selection processes comply with the merit principle and adhere to professional standards;
- Foster a public service culture in which customer service, initiative, individual responsibility and the achievement of results are strongly valued;
- Build public confidence in the government sector; and
- Support the Government in achieving positive budget outcomes through strengthening the capability of the government sector workforce.

7.7.2 Australian Health Practitioner Regulation Agency

The Australian Health Practitioner Regulation Agency's (AHPRA) operations are governed by the Health Practitioner Regulation National Law, as in force in each State and Territory, which came into effect on 1 July 2010. This law means that health professions are regulated by nationally consistent legislation under the National Registration and Accreditation Scheme.

AHPRA supports 15 National Boards that are responsible for regulating health professions. The primary role of the National Boards is to protect the public and they set standards and policies that all registered health practitioners must met. Each Board has entered into a health professional agreement with AHPRA which sets out the fees payable by health practitioners, the annual budget of the Board and the services provided by AHPRA.

7.7.3 Health Professionals Council

Since 1 July 2010, health professional registration and accreditation has been undertaken at a national level under the National Registration and Accreditation Scheme, through national health professional boards under the Health Practitioners Regulation National Law.

NSW applies the National law differently to other States as complaints, performance and disciplinary processes continue to be managed at State level. This means the existing

‘co-regulatory model’, where complaints are dealt with through a health professional body and an independent complaints body (the HCCC), is retained. As a result, complaints about health professionals who reside in NSW, or have their primary place of practice in NSW, must be referred to the NSW Professional Council and the HCCC rather than the National Boards.

7.7.4 Health Care Complaints Commission (HCCC)

The NSW HCCC is established under the *Health Care Complaints Act 1993*.

The HCCC is an independent statutory body headed by a Commissioner that:

- Receives and deals with complaints concerning the care and treatment provided by health practitioners and health services;
- Investigates complaints and takes appropriate action including making recommendations to NSW Health;
- Prosecutes cases before disciplinary bodies;
- Advises the Minister for Health and others on trends in complaints;
- Resolves complaints with parties and provides opportunities and support for people to resolve their complaints and concerns locally; and
- Consults with consumers and other key stakeholders.

7.7.5 Mental Health Review Tribunal

The Mental Health Review Tribunal is a specialist quasi-judicial body established under the *Mental Health Act 2007*. It has a wide range of powers that enable it to make and review orders and to hear some appeals, about the treatment and care of people with a mental illness.

7.7.6 Independent Commission against Corruption

The Independent Commission Against Corruption (ICAC) is established by the *ICAC Act 1988*. Its aims are to protect the public interest, prevent breaches of public trust and guide the conduct of public officials.

The principal objectives of the ICAC Act are to promote the integrity and accountability of public administration through the establishment of the ICAC to:

- Investigate, expose and prevent corruption involving or affecting public authorities or public officials; and
- Educate public authorities, public officials and members of the public about corruption and its detrimental effects on public administration and on the community.

The ICAC has the authority to investigate any matter involving public sector corruption in NSW.

The Chief Executive is required to report allegations of corrupt conduct to the ICAC in accordance with NSW Health policy. Where allegations are reported, the ICAC can adopt a monitoring role to confirm that appropriate investigations are conducted, findings made, and recommendations implemented. For more serious matters, the ICAC may decide to take a more active role.

7.7.7 NSW Ombudsman

The NSW Ombudsman deals with complaints about NSW public sector agencies.

The complaints may include:

- Complaints about maladministration (for example conduct by an agency or its employee that is contrary to the law, unreasonable, unjust, oppressive, discriminatory or made without giving proper reasons);
- Public interest disclosures from public sector staff and officials about maladministration, serious wrongdoing, corrupt conduct, serious & substantial waste or failure to deal appropriately with Government Information;
- Reportable allegations against employees of designated agencies and other public authorities, and complaints about how such allegations were handled by the agency concerned;
- Complaints from members of the community about unfair treatment by a NSW government agency or employee, or certain non-government service providers and their employees; and
- Complaints about the provision, failure to provide, withdrawal, variation or administration of a community service.

7.7.8 NSW Audit Office

The NSW Auditor-General is responsible for audits and related services under the *Public Finance and Audit Act 1983*; the *Corporations Act 2001*; and other NSW legislation. The Auditor-General also provides certain assurance services in respect of Commonwealth grants and payments to the State under Commonwealth legislation.

The Audit Office's core services are:

7.7.8.1 Financial audits

Financial audits provide an independent opinion on NSW Government agencies' financial report. They identify whether public sector agencies comply with accounting standards and relevant laws, regulations and government directions. A report on each financial audit is provided to the Minister responsible for the agency, to the agency and the Treasurer and to Parliament through the Auditor-General's reports to Parliament.

7.7.8.2 Compliance audits

Compliance reviews seek to confirm that specific legislation, directions and regulations have been adhered to by the government agency.

7.7.8.3 Performance audits

Performance audits determine whether an agency is carrying out its activities efficiently, economically and in compliance with the law. These audits may review all or part of an agency's operations. Some audits consider particular issues across a number of agencies. Results of these audits are reported to the Chief Executive, the responsible Minister, the Treasurer and Parliament.

7.8 Information and Privacy Commissioner

The Information and Privacy Commission NSW (IPC) is an independent statutory authority that administers NSW legislation dealing with privacy and access to government information.

The IPC administers the following NSW Legislation:

- *Government Information (Public Access) Act 2009 (GIPA Act)*
- *Government Information (Information Commissioner) Act 2009 (GIIC Act)*
- *Privacy and Personal Information Protection Act 1998 (PPIP Act)*
- *Health Records and Information Privacy Act 2009 (HRIP Act)*

The IPC reviews the performance and decisions of agencies and investigates and conciliates complaints relating to government agencies, health service providers (public and private) and some large organisations which deal with health information.

7.8.1 Office of the Information Commissioner

The Government Information (Public Access) Act 2009 (GIPA) was established to provide an open and transparent process for giving the public access to information from NSW public agencies and to encourage the proactive public release of government information.

7.8.2 Office of the Privacy Commissioner

The role of the Office of the Privacy Commissioner includes promoting the adoption of and compliance with the two privacy laws in NSW:

- *Privacy and Personal Information Protection Act 1998 (PPIP Act)*
- *Health Records and Information Privacy Act 2009 (HRIP Act).*

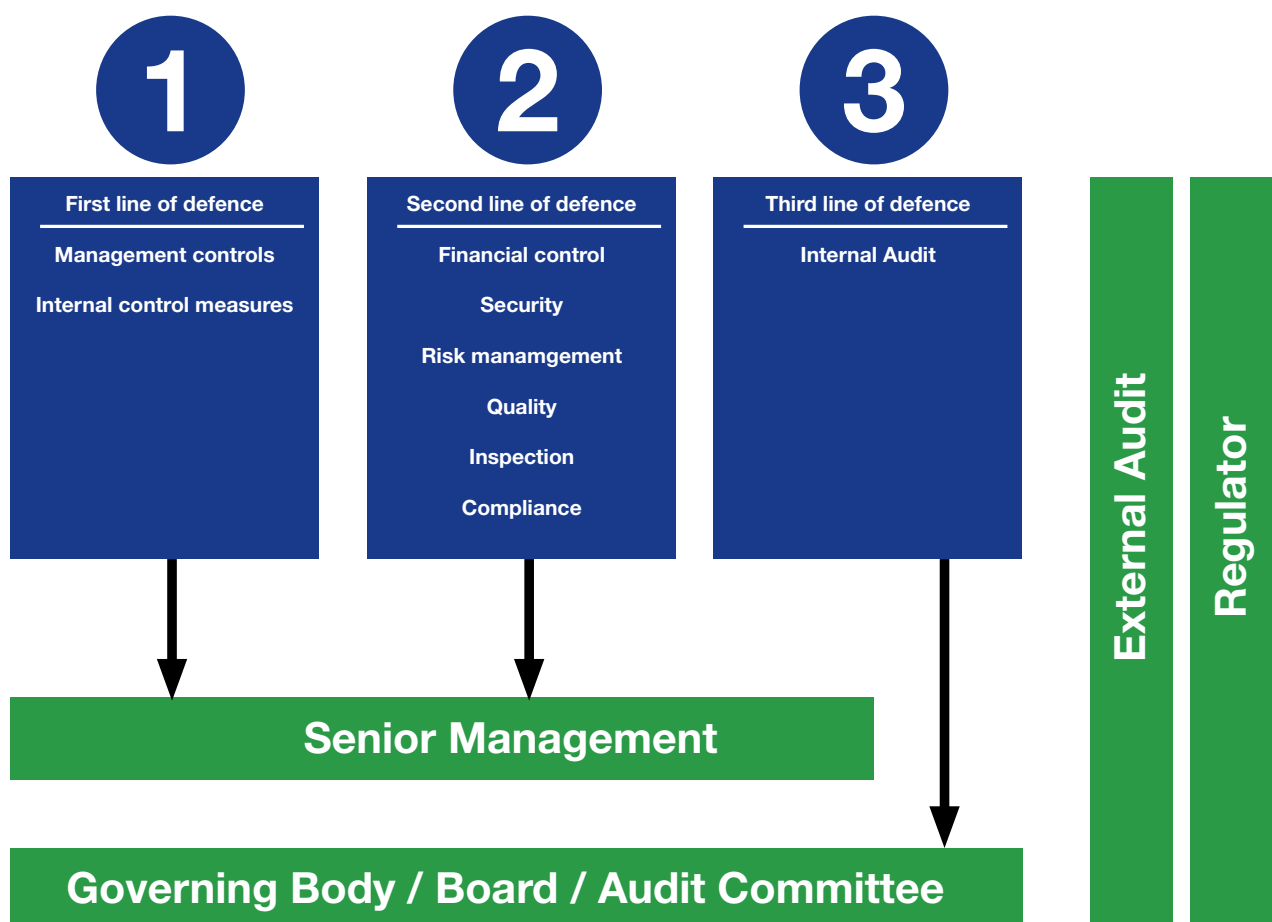
8. Stakeholder Engagement

Commencing in 2019, NSW Ambulance will develop a Community and Consumer Engagement Plan that demonstrates our commitment to meaningful and effective engagement with consumers and the community to improve our services.

9. Audit and Risk Management

The following diagram from Managing Risks in the NSW Public Sector: Risk Culture and Capability (Audit NSW) illustrates the function of audit in a 'three lines of defence' risk management model.

Under this model, primary responsibility for risk management rests with the business units undertaking day-to-day operations. The second line of defence reviews and challenges the first line. This is generally delivered through oversight committees, specialist enterprise risk and compliance functions, which are independent from the first line of defence. The third line of defence gives independent assurance that the first and second lines are working effectively. This is typically supplied by an internal audit function.



9.1 Risk Management Framework

NSW Ambulance adheres to the NSW Health Policy - Enterprise-Wide Risk Management Policy and Framework (PD2015_043). This describes the structures and processes Health organisations are required to use to manage risks.

The NSW Ambulance role of Enterprise Risk Manager has primary responsibility for implementing the risk management framework processes.

The NSW Health Risk Matrix (Appendix C) is applied to identify risks in order to prioritise them and define the requirement for escalation. The NSW Health risk escalator (below) shows the communication flow to the appropriate authority, consistent with the NSW Health Risk Matrix.

Risk Rating	Action required
Red = Extreme (A - E)	Escalate to Chief Executive or head of health service Implement a detailed action plan to reduce risk rating
Orange = High (F - K)	Escalate to senior management Implement a detailed action plan to reduce risk rating
Yellow = Medium (L - T)	Specify management accountability and responsibility Monitor trends and plan for improvement
Green = Low (U - Y)	Manage by routine procedures Monitor trends

9.2 Risk Management Plan

Commencing in 2019 NSW Ambulance will develop a Risk Management Plan. The Risk Management Plan will detail how NSW Ambulance will continue to implement and mature its enterprise risk management function.

The Audit Office of NSW has issued a Risk Management Maturity Assessment Tool which is useful for the assessment of and guiding the development of the risk management system operating within NSW Ambulance.

9.3 Strategic Risk Register

The NSW Ambulance Strategic Risk Register captures the top 10 organisational risks and identifies the responsibilities of managers and staff in responding to these risks. This register is updated and reviewed at each meeting of the Audit and Risk Committee meeting and the Executive Leadership Team meetings.

9.4 Internal Audit

At NSW Ambulance, the Engagement & Corporate Governance Directorate is responsible for providing independent, objective and professional evaluations and assessments designed to improve NSW Ambulance operations.

The Engagement & Corporate Governance Directorate ensures that regular and systematic reviews of the operations of NSW Ambulance are carried out to ensure:

- Compliance with policies, plans, procedures, laws and regulations;
- Risks are identified and controls or systems are in place to alleviate them;
- Assets are protected from loss;
- Appropriate controls are in place in financial and non-financial information systems and reports;
- Economic and efficient use of resources; and
- Achievement of strategic and operational objectives and goals; implementation of appropriate controls; and monitoring and evaluation of performance.

The People & Culture Directorate oversees any special investigations/reviews in response to allegations of impropriety or corrupt conduct. Such matters may be raised internally or referred by external bodies such as ICAC and the Auditor-General.

9.5 External Audit

The NSW Audit Office appoints an external auditor for NSW Ambulance. The external auditor performs an annual review of the financial and accounting practices and associated internal controls of the organisation to ensure they meet relevant government and accounting standards.

9.6 Audit and Risk Committee

NSW Ambulance has established the Audit and Risk Committee in compliance with NSW Treasury TPP15-03 Internal Audit & risk Management Policy for NSW Public Sector; NSW Health Risk Management Enterprise-wide Risk Management Policy Framework (PD2015_043) and NSW Health Internal Audit Policy (PD2016_051).

The objective of the Audit and Risk Committee is to provide independent assistance to the Chief Executive by overseeing and monitoring the organisations governance, risk and control frameworks, and its accountability requirements.

The scope of the authority and activities of the Audit and Risk Committee include the development and application of an effective control framework. This framework is to address organisational performance and accountability and includes strategic planning, risk management, operational improvement, control systems, ethical conduct and fraud prevention.

10. Resources

The links to resources appear in the order they are mentioned within the document.

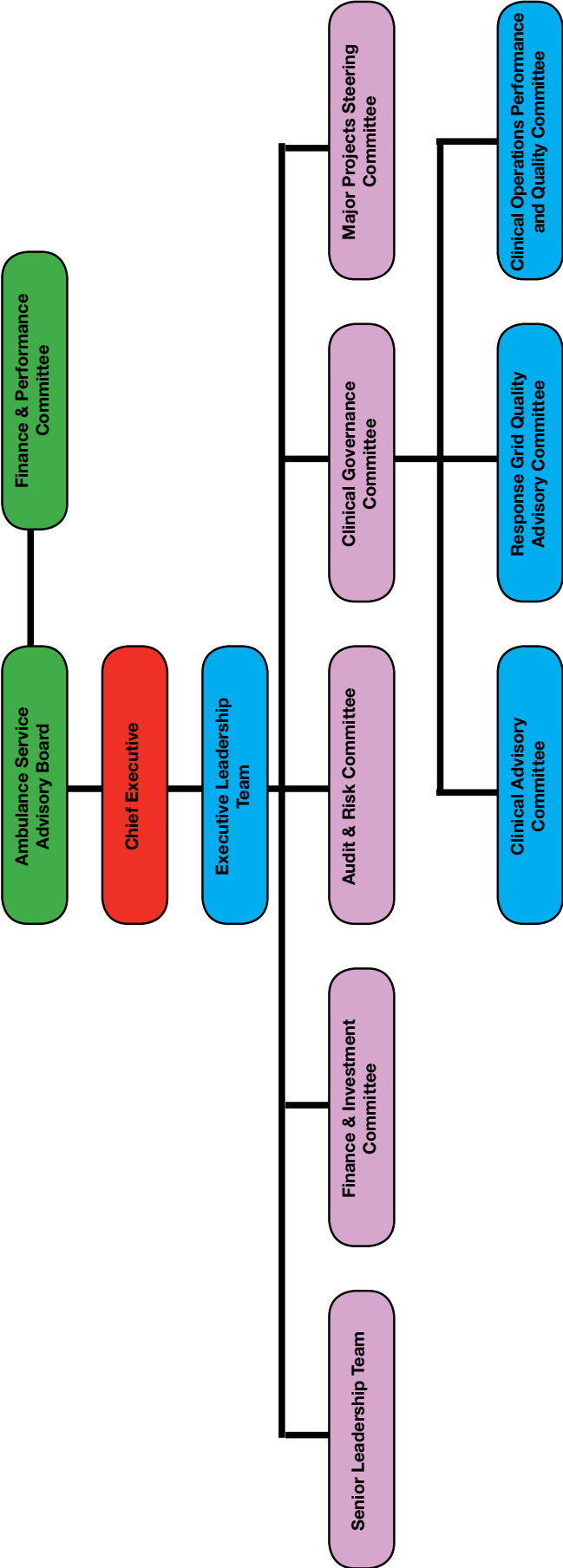
- NSW Health Corporate Governance and Accountability Compendium
<https://www.health.nsw.gov.au/policies/manuals/Publications/corporate-governance-compendium.pdf>
- Health Services Act 1997
<https://www.legislation.nsw.gov.au/~view/act/1997/154>
- NSW Ambulance Service Agreement with NSW Ministry of Health
<http://www.ambulance.nsw.gov.au/media/docs/NSW%20Ambulance%202018%2019%20SA-e6fc7ca6-d253-4818-a6db-f23c6586dcdb-0.pdf>
- Health Administration Act 1982
<https://www.legislation.nsw.gov.au/~view/act/1982/135>
- Work Health and Safety Act 2011
<https://www.legislation.nsw.gov.au/~view/act/2011/10>
- Independent Commission Against Corruption Act 1988
<https://www.legislation.nsw.gov.au/~view/act/1988/35>
- State Records Act 1998
<https://www.legislation.nsw.gov.au/~view/act/1998/17>
- NSW Health Policy – NSW Health Policy Directives and Other Policy (PD2016_049)
https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2016_049.pdf
- NSW Health Policy – Incident Management (PD2019_034)
https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2019_034.pdf
- NSW Health – State Health Plan: Towards 2021
<https://www.health.nsw.gov.au/statehealthplan/Pages/NSW-state-health-plan-towards-2021.aspx>
- NSW Health – Rural Health Plan: Towards 2021
<https://www.health.nsw.gov.au/rural/Pages/rural-health-plan.aspx>
- National Health Reform Agreement
http://www.federalfinancialrelations.gov.au/content/npa/health/_archive/national-agreement.pdf
- NSW Health Performance Framework
<https://www.health.nsw.gov.au/Performance/Pages/frameworks.aspx>

- NSW Health Policy – Code of Conduct (D2015_049)
https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2015_049.pdf
- Health Practitioner Regulation National Law (NSW)
<https://www.legislation.nsw.gov.au/~view/act/2009/86a/full>
- NSW Health Policy – Managing Misconduct (PD2018_031)
https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2018_031.pdf
- NSW Health Policy – Complaint or Concern about a Clinician – principles for Action (PD2018_032)
https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2018_032.pdf
- Health Care Complaints Act 1993
<https://www.legislation.nsw.gov.au/~view/act/1993/105>
- Mental Health Act 2007
<https://www.legislation.nsw.gov.au/~view/act/2007/8>
- Public Finance and Audit Act 1983
<https://www.legislation.nsw.gov.au/~view/act/1983/152>
- Corporations Act 2001
<https://www.legislation.gov.au/Details/C2013C00605>
- Government Information (Public Access) Act 2009 (GIPA Act)
<https://www.legislation.nsw.gov.au/#/view/act/2009/52>
- Government Information (Public Access) Regulation 2018 NSW
<https://www.legislation.nsw.gov.au/#/view/regulation/2018/510>
- Government Information (Information Commissioner) Act 2009 (GIIC Act)
<https://www.legislation.nsw.gov.au/#/view/act/2009/53>
- Privacy and Personal Information Protection Act 1998 (PPIP Act)
<https://www.legislation.nsw.gov.au/#/view/act/1998/133>
- NSW Public Service Commission (PSC)
<https://www.psc.nsw.gov.au/>

- Government Sector Employment Act 2013
<https://legislation.nsw.gov.au/~view/act/2013/40>
- Health Records and Information Privacy Act 2009 (HRIP Act)
<https://www.legislation.nsw.gov.au/#/view/act/2002/71>
- Managing Risks in the NSW Public Sector: Risk Culture and Capability
<https://www.audit.nsw.gov.au/our-work/reports/managing-risks-in-the-nsw-public-sector-risk-culture-and-capability>
- NSW Health Policy – Enterprise-Wide Risk Management Policy and Framework (PD2015_043)
https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2015_043.pdf
- NSW Treasury Internal Audit & Risk Management Policy for NSW Public Sector (TPP15-03)
https://www.treasury.nsw.gov.au/sites/default/files/pdf/TPP15-03_Internal_Audit_and_Risk_Management_Policy_for_the_NSW_Public_Sector.pdf
- NSW Health Policy – Internal Audit (PD2016_051)
https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2016_051.pdf
- Australian Health Practitioner Regulation Agency (AHPRA)
<https://www.ahpra.gov.au/>
- Paramedicine Board of Australia
<https://www.paramedicineboard.gov.au/>
- Medical Board of Australia
<https://www.medicalboard.gov.au/>
- Nursing and Midwifery Board of Australia
<https://www.nursingmidwiferyboard.gov.au/>
- Health Professional Council Authority (HCPA)
<https://www.hpca.nsw.gov.au/>

11. Appendices

Subject Area	Commonwealth	State Government	NSW Health	LHD/Network
Key Legislative and Regulatory Instruments	Health-related Legislation <ul style="list-style-type: none"> • Health Insurance Act 1973: establishes provisions for payment of Medical Benefits and Hospital Services by the Commonwealth, as well as restrictions to those payments • National Health Act 1953: establishes Commonwealth requirements and systems for the provision of pharmaceutical, sickness and hospital benefits, and of medical and dental services including the PBS and s100 highly specialised drug program • Therapeutic Goods Act 1989: establishes a national system of controls for the quality, safety, efficacy and timely availability of therapeutic goods and is administered by the Therapeutic Goods Administration (TGA) General Laws <ul style="list-style-type: none"> • Taxation legislation, including FBT cap/deductible gift recipient status provisions, employee tax and other deductions, superannuation payments, GST • Australian Competition Law Agreements <ul style="list-style-type: none"> • National Health Reform Agreement (NHRA) including ABF funding to Local Health Districts/Networks, reporting and performance requirements for Stat 	Financial Legislation <ul style="list-style-type: none"> • Public Finance and Audit Act 1983: establishes the financial and accounting framework for the NSW Public Sector, including requirements for the use of appropriated funds, auditing of accounts, the role of the NSW Auditor General, Audit Office and Public Accounts Committee of Parliament • Public Authorities (Financial Arrangements) Act 1987: establishes additional requirements in relation to certain financial arrangements including investments, joint financing arrangements and joint ventures • Charitable fundraising legislation (including Charitable Fundraising Act 1991, Charitable Trusts Act 1993): ensures a level of accountability and oversight relating to the operation of trusts and authorities to raise money as a moiety Workplace Related Legislation <ul style="list-style-type: none"> • Public Sector Employment and Management Act 2002: provides the framework for the establishment of the NSW public sector workforce • Workplace Health and Safety Act 2011: implements in NSW the model WHS law and establishes the framework for WHS obligations for employers including notification and general safety obligations in the workplace • Workers Compensation Act 1987 and Workplace Injury Management and Workers Compensation Act 1988: establishes the NSW workplace injury management and compensation systems including: <ul style="list-style-type: none"> o Treatment and management of injuries at work o Medical and vocational rehabilitation Oversight & Accountability Legislation <ul style="list-style-type: none"> • Independent Commission Against Corruption Act 1988 • Ombudsman Act 1974 • Public Interest Disclosures Act 1994 • Government Information (Public Access) Act 2009 • Privacy and Personal Information Protection Act 1998 • Health Care Complaints Act • Mental Health Commission Act Mandatory Directives <ul style="list-style-type: none"> • Premier's Memoranda • Dept. Premier and Cabinet Circulars • Treasury Directives • Treasury Circulars • Public Service Commission Policy Directives and Guidelines 	Health Sector Specific Legislation <ul style="list-style-type: none"> • Health Administration Act 1982: establishes the role and functions of the Minister, Director General and the Health Administration Corporation • Health Services Act 1997: establishes the governance structure for the NSW Public Health System, including LHDs, Speciality networks, and pillars, provides for the recognition of affiliated health services and a range of functions of the Director General, including providing shared services, ambulance services and the Director General's role as manager of the system. • Public Health Act 2010: sets out the public health regulatory framework, including in relation to drinking water, legionella control and management of public health risks, including from infectious disease • Mental Health Act 2007: establishes provision for the care and treatment of persons with mental illness in NSW, including treatment in facilities and under community treatment orders • Health Records and Information Privacy Act 2002: establishes the Health Privacy Principles that and disclosure of health information in NSW • Health Practitioner Regulation National Law (NSW) No 86a: adopts the national system of accreditation and registration of health practitioners in NSW, as well as setting out the NSW specific processes for managing complaints, health and performance matters in NSW Agreements <ul style="list-style-type: none"> • Service Agreements between Director-General and public health organisations Mandatory Directives <ul style="list-style-type: none"> • Accounts and Audit • Determination and other conditions of subsidy paid to public health organisations • NSW Health Policy Directive 	<ul style="list-style-type: none"> • Health Services Regulation 2013 • Part 4 Ambulance Service applies to those staff of the NSW Health Service who are employed primarily in connection with the provision of ambulance services under Chapter 5A of the Act but (unless otherwise expressly provided) does not apply to the Chief Executive • Public Health Organisation By-Laws • Local Directives



Enterprise-Wide Risk Management Framework



NSW Health Risk Matrix

Risk rating	Action required
Red = Extreme (A – E)	Escalate to CE or Head of Health service or Secretary, MoH A detailed action plan must be implemented to reduce risk rating with at least monthly monitoring and reporting.
Orange = High (F – K)	Escalate to Senior Management A detailed action plan must be implemented to reduce risk rating.
Yellow = Medium (L – T)	Specify Management Responsibility Monitor trends and put in place improvement plans.
Green = Low (U – Y)	Manage by routine procedures Monitor trends.

NSW HEALTH RISK CATEGORIES						
		CONSEQUENCE EXAMPLES				
		Catastrophic	Major	Moderate	Minor	Minimal
Clinical Care & Patient Safety		Unexpected multiple patient deaths unrelated to the natural course of the illness.	Unexpected patient death or permanent loss/reduction of bodily function unrelated to the natural course of the illness.	Unexpected temporary reduction of patient's bodily function unrelated to the natural course of the illness which does not meet the expected outcome.	Patient's care level has increased unrelated to the natural course of the illness.	First Aid provided to patient unrelated to the natural course of the illness.
Health of the Population		An increase in the prevalence of known conditions contributing to chronic diseases across the state-wide population health KPI categories measured by NSW Health and/or an increase of more than 5% up to 10% in one or more category.	Failure to materially reduce the prevalence of known conditions contributing to chronic disease across the majority of the state-wide population health KPI categories measured by NSW Health and/or an increase of more than 5% up to 10% in one or more category.	Failure to materially reduce the prevalence of one of the known conditions contributing to chronic disease from the state-wide population KPI categories measured by NSW Health and/or an increase of more than 2% and up to 5% in one or more category.	Failure to reduce the prevalence of one of the known conditions contributing to chronic disease from the state-wide population KPI categories measured by NSW Health and/or an increase of up to 2% in one or more category.	A preventative Health program has not demonstrably met planned objectives but has not demonstrably failed. The program continuing to decrease in line with KPI targets.
Workforce		Unplanned cessation of a critical state-wide program or service or multiple programs and services.	Unplanned cessation of a service or program availability within a Service Area with possible flow on to other locations.	Unplanned restrictions to services and programs in multiple locations or a whole hospital or community service.	Unplanned service delivery or program delays localised to department or community service.	Minimal effect on service delivery.
Communication & Information		Cessation of services due to loss, damage or unauthorised access to property, assets, records and information.	Prolonged service disruption or suspension of services due to the loss, damage or unauthorised access to property, assets, records and information.	Temporary suspension of services due to the loss, damage or unauthorised access to property, assets, records and information.	Localised disruption to services. Minor loss, damage or unauthorised access to property, assets, records and information.	Minimal effect on services. No loss or damage to property, assets, records or information.
Facilities & Assets						
Security						
Emergency Management						
Legal		State-wide system dysfunction resulting in total shutdown of service delivery or operations.	Services compromised as service providers are unable to provide effective support and other areas of NSW Health are known to be affected.	Disruption of a number of services within a location with possible flow on to other locations in the area.	Some disruption within a location but manageable by altering operational routine.	No interruption to services.
Finance		Legal judgement, claim, non compliance with legislation resulting in indeterminate or prolonged suspension of service delivery.	Legal judgement, claim, non compliance with legislation resulting in medium term suspension of service delivery.	Legal judgement, claim, non-compliance with legislation resulting in medium term but temporary suspension to services.	Legal judgement, claim, non-compliance with legislation resulting in short term disruption to services.	Legal judgement, claim or legislative change but no impact on service delivery.
Work Health & Safety		More than 5% over budget NOT including financial year. Unable to pay staff or finance critical services.	Up to 5% over budget or a material overrun in the following financial year. Unable to pay staff or finance critical services.	Up to 5% over budget but recoverable within current financial year.	Up to 1% temporarily over budget and recoverable within current financial year.	Less than 1% over budget. Temporary loss of or unplanned expenditure related to individual program or project but no net impact on budget.
Environmental		Multiple deaths or life threatening injuries to staff or non-patients.	Death or life threatening injury or illness causing hospitalisation of non-patients.	Serious harm, injury or illness causing hospitalisation or multiple medical treatment in current financial year.	Minor harm, injury or illness to a non-patient while treatment or First Aid is required.	Harm, injury or illness not requiring immediate medical treatment.
Leadership and Management		Permanent effect on the environment or a facility to recover.	Long term effect on the environment. The environment will only recover through external assistance/ intervention (EPA).	Short term effect on the environment. Environment likely to make a full recovery through local planning and response measures.	Minor effect on the environment. Environment to make a full recovery by routine procedures.	No lasting effect on the environment.
Community Expectations		Failure to meet critical priority KPI's included in the service's performance agreement. Sustained adverse national public confidence, reputational or media interest across NSW in services.	Failure to meet a significant number of priority KPI's included in the service's performance agreement. Significant adverse national public confidence, reputational or media interest at a state-wide level leading to the requirement for external intervention. Systemic and sustained loss of public support/opinion across a service.	Failure to meet a number of priority KPI's included in the service's performance agreement. Adverse national public confidence at a local level. Loss of consumer confidence, escalating patient/consumer complaints. Extended loss of public support/opinion for a Facility/Service.	Failure to meet one or more of the priority KPI's included in the service's performance agreement. Periodic loss of public support.	Minimal impact on local operations, local management review and occasional adverse local publicity.
CONSEQUENCE RATINGS						
		Catastrophic	Major	Moderate	Minor	Minimal
Almost certain		A	D	J	P	S
Likely		B	E	K	Q	T
Possible		C	H	M	R	W
Unlikely		F	I	N	U	X
Rare		G	L	O	V	Y
LIKELIHOOD						

Table 3

Likelihood		CONSEQUENCE RATINGS				
		Catastrophic	Major	Moderate	Minor	Minimal
Almost certain	> 95% to 100%	A	D	J	P	S
Likely	> 70% to 95%	B	E	K	Q	T
Possible	> 30% to 70%	C	H	M	R	W
Unlikely	> 5% to 30%	F	I	N	U	X
Rare	< 5%	G	L	O	V	Y