

**Corporate Governance Attestation Statement**

**NSW AMBULANCE**

**1 July 2020 to 30 June 2021**



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**CORPORATE GOVERNANCE ATTESTATION STATEMENT  
NSW AMBULANCE**

The following corporate governance attestation statement was endorsed by the Chief Executive of NSW Ambulance on 31 August 2021.

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 2020-21 financial year.

A signed copy of this statement is provided to the Ministry of Health by 31 August 2021.

Signed:

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

Dr Dominic Morgan ASM  
Chief Executive

Date 31/8/2021

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

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

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

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## 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 and complaint information is used to improve patient care.
- An Aboriginal Health Advisory Committee with clear lines of accountability for clinical services delivered to Aboriginal people.
- Adopted the *Decision Making Framework for NSW Health Aboriginal Health Practitioners Undertaking Clinical Activities* to ensure that Aboriginal Health Practitioners are trained, competent, ready and supported to undertake clinical activities.
- Achieved appropriate accreditation of healthcare facilities and their services.

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.

Health services are required to be accredited to the National Safety and Quality Health Service (NSQHS) Standards under the Australian Health Service Safety and Quality Accreditation Scheme (the AHSSQA Scheme).

The Organisation intends to submit an attestation statement confirming compliance with the NSQHS Standards for the 2020/21 financial year to their accrediting agency by 30 September 2021. The Organisation submitted an attestation statement to the accrediting agency for the 2019/20 financial year.

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### 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 in a 3- to 5-year strategic plan for both the Organisation and the services it provides within the overarching goals of the 2020/21 NSW Health Strategic Priorities.

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

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

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## **STANDARD 4: MONITORING FINANCIAL AND SERVICE DELIVERY PERFORMANCE**

### **Role of the Chief Executive in relation to financial management and service delivery**

The Chief Executive is responsible for ensuring compliance with the NSW Health Accounts and Audit Determination and the annual Ministry of Health budget allocation advice.

The Chief Executive is also responsible for ensuring that the financial and performance reports it receives and those submitted to its 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 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 performance agreements 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 Restricted Financial Asset 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
- Year to date and end of year projections on capital works.

## Corporate Governance Attestation Statement

### NSW AMBULANCE

1 July 2020 to 30 June 2021

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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 2020-21 financial year, the Finance and Performance Committee was chaired by Dr Dominic Morgan, Chief Executive, NSW Ambulance and comprised of:

- Arthur Diakos, Advisory Board Representative
- David Dutton, Executive Director Clinical Operations
- Dr Sarah Coombes, Executive Director Aeromedical Operations
- Kalena Smitham, Executive Director People and Culture
- Peter Elliott, Director Assets and Infrastructure

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

The Associate Director, Finance, and the Director of Management Accounting Services also attend meetings of the Finance and Performance Committee.

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## STANDARD 5: MAINTAINING HIGH STANDARDS OF PROFESSIONAL AND ETHICAL CONDUCT

The Chief Executive has adopted the NSW Health Code of Conduct to guide all staff and contractors in professional conduct and ethical behaviour.

The Code of Conduct is distributed to, and signed by, all new staff and is included on the agenda of all staff induction programs. The Chief Executive has systems and processes in place to ensure the Code is periodically reinforced for all existing staff. Ethics education is also part of the organisation's learning and development strategy.

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

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

The Chief Executive, as the Principal Officer, has reported all instances of corruption to the Independent Commission Against Corruption where there was a reasonable suspicion that corrupt conduct had, or may have, occurred, and provided a copy of those reports to the Ministry of Health.

During the 2020-21 financial year, the Chief Executive reported eleven 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 2020-21 financial year, the Organisation reported three public interest disclosures.

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

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

The Chief Executive is responsible for ensuring that the rights and interests of the 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 leveraged the opportunity to develop a Patient & Community Strategy and Framework that aligns with the NSW Health 'Elevating the Human Experience (EtHE) Guide to Action' released in September 2020. A strategy and framework has been drafted for application in the NSW Ambulance context. Implementation in early 2021/22 will be further informed following a comprehensive consultation period with a breadth of stakeholders.

The Patient & Community Strategy and Framework aims to firmly embed patient experience in the activities and decision-making processes of NSW Ambulance to drive improvements in delivering high-quality care. The strategy is principle-based and gives guidance and direction. The framework is intended to operationalise the strategy and will assist in alignment to NSQHS Standard 2 – *Partnering with Consumers*. Consideration has been given to incorporate the NSW Health CALD and Indigenous Health documents as part of the framework. In addition, eleven NSW Ambulance clinicians have been nominated to form part of the recently established 'NSW Health EtHE Enabler Working Group' who met for the first time in June 2021. NSW Ambulance work to date to contribute to this strategy includes:

- paramedics learning how to have discussions about goals of care with patients and families around end of life wishes;
- patient surveys with additional questions about their experience of care;
- NSW Ambulance as an organisation is considering how best to organise our structures and processes to enable the patient and community voice to inform all we do, from design through to implementation and evaluation.

Information on the key policies, plans and initiatives of the Organisation and information on how to participate in their development are available to staff and to the public at [www.ambulance.nsw.gov.au](http://www.ambulance.nsw.gov.au).

The Organisation has the following in place:

- A consumer and community engagement plan to facilitate broad input into the strategic policies and plans.
- A patient service charter established to identify the commitment to protecting the rights of patients in the health system.
- A Local Partnership Agreement with Aboriginal Community Controlled Health Services and Aboriginal community services.
- Mechanisms to ensure privacy of personal and health information.
- An effective complaint management system.

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## STANDARD 7: ESTABLISHING SOUND AUDIT AND RISK MANAGEMENT PRACTICES

### Role of the Chief Executive in relation to audit and risk management

The Chief Executive is responsible for supervising and monitoring risk management by the Organisation and its facilities and units, including the system of internal control. The Chief Executive receives and considers all reports of the External and Internal Auditors for the Organisation, and through the Audit and Risk Committee ensures that audit recommendations and recommendations from related external review bodies are implemented.

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

The Plan covers all known risk areas including:

- Leadership and management
- 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 2021 to the Ministry without exception.

**Corporate Governance Attestation Statement**

**NSW AMBULANCE**

**1 July 2020 to 30 June 2021**

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

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## QUALIFICATIONS TO THE GOVERNANCE ATTESTATION STATEMENT

### Item: Standard 1 (Establish Robust Governance and Oversight Frameworks)

#### Qualification

All financial and administrative authorities that have been appropriately delegated by the Chief Executive are formally documented within a Delegations Manual for the Organisation however some updates are awaiting approval from NSW Health.

#### Progress

Updates to the Delegations Manual include a new delegation for disclosure of aggregate and/or deidentified information, updates to job titles and alignment with legislation changes. The updated Delegations Manual will be made available to staff once approved by the Secretary, NSW Health.

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

#### Qualification

NSW Ambulance, in FY19/20 and FY20/21, is not required to undergo accreditation to health standards and, as such, has not submitted National Safety and Quality Health Service attestation statements for FY19/20 or FY20/21 to the accrediting agency by 30 September 2021.

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 services. However, it does not have an Aboriginal Health Advisory Committee.

NSW Ambulance does not currently employ any Aboriginal Health Practitioners however it is the organisation's intention that the *Decision Making Framework for NSW Health Aboriginal Health Practitioners Undertaking Clinical Activities* is adopted in the event that Aboriginal Health Practitioner positions are established to ensure those practitioners are trained, competent, ready and supported to undertake clinical activities.

A Medical and Dental appointments advisory Board is not relevant to NSW Ambulance.

#### Progress

NSW Ambulance systems and processes are being developed to support a transition to accreditation against the NSQHS standards in the next two to three years.

NSW Ambulance currently collaborates with local Aboriginal Health Services as well as Local Health District Aboriginal Community Controlled Health Services.

#### Remedial Action

NSW Ambulance is looking to establish an Aboriginal Health Advisory Committee based on the strength of current relationships and partnerships. It is envisaged that the Committee will be established by March 2022.

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.

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## Item: Standard 3 (Setting the Strategic Direction for the Organisation and its Services)

### Qualification

NSW Ambulance does not have an Aboriginal Health Action Plan.

### Progress

NSW Ambulance delivers *Respecting the Difference* training for all staff, provides opportunities for aboriginal applicants through recruitment processes, communicates and encourages *Welcome to Country* protocols and utilisation of health impact statements in models of care development.

### Remedial Action

NSW Ambulance continues to use the NSW Health Aboriginal Health Services Aboriginal Cultural Engagement Self-Assessment Tool as the basis for developing an Aboriginal Health Action Plan. It is expected that the Action Plan will be in place from March 2022.

## Item: Standard 5 (Maintaining High Standards of Professional and Ethical Conduct)

### Qualification

During the 2020-21 financial year, NSW Ambulance reported three public interest disclosures however one did not meet criteria and was not pursued.

## Item: Standard 6 (Involving Stakeholders in decisions that affect them)

### Qualification

The development of a consumer and community engagement strategy and framework to facilitate broad input into strategic policies and plans is ongoing.

A patient service charter is yet to be established. A Local Partnership Agreement with Aboriginal Community Controlled Health Services and Aboriginal community services is yet to be established.

An effective complaint management system is in place however there are opportunities to strengthen this system. Enhancement resources are yet to be assigned.

## Corporate Governance Attestation Statement

NSW AMBULANCE

1 July 2020 to 30 June 2021



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### Progress

A NSW Ambulance Patient & Community Engagement Strategy and Framework is currently in consultation with stakeholders. The Strategy and Framework guiding principles have been adapted from the NSW Health 'Elevating the Human Experience' Guide to Action released in September 2020. Recruitment is currently underway to identify and appoint the Associate Director – Clinical Programs as the key resource to oversee these key activities.

### Remedial Action

NSW Ambulance Patient & Community Engagement Strategy and Framework to be finalised by March 2022.

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Signed:

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

Dr Dominic Morgan ASM  
Chief Executive

Date 31/8/2021

A handwritten signature in black ink, appearing to read "R Gilchrist".

Mr Ryan Gilchrist  
Chief Audit Executive

Date 31 August 2021