

## Corporate Governance Attestation Statement

eHEALTH NSW

1 July 2020 to 30 June 2021



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### CORPORATE GOVERNANCE ATTESTATION STATEMENT EHEALTH NSW

The following corporate governance attestation statement was endorsed by the Chief Executive of eHealth NSW on 31<sup>st</sup> day of August 2021

The Chief Executive is responsible for the corporate governance practices of eHealth NSW. 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 black ink, appearing to read "Z. Bolevich".

Dr Zoran Bolevich

Chief Executive

Date 31 August 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:

- 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.

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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.

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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 Executive Management Team, Audit and Risk Management 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 Executive Management Team, Audit and Risk Management 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 Executive Management Team Meetings and the Audit and Risk Management Committee of the organisation;
- Information reported in the Ministry of Health monthly reports reconciles to and is consistent with reports to the Executive Management Team and Audit and Risk Management 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.

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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 0 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 0 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.

The organisation has consultative measures in place to facilitate input by consumers of health services and other members of the community into key policies, plans and initiatives of the organisations. eHealth NSW has operationalised the NSW Clinical Solutions Design Framework and has 12 Design Working Groups using it. This initiative is underpinned by input of consumers of health services and community members consulted through other mechanisms. eHealth also undertakes regular Customer Engagement Meetings and meetings of Customer Account Managers. Stakeholder consultations are also part of the process for all strategy projects and business case developments.

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 <http://hseh.intranet.health.nsw.gov.au/> and <https://www.ehealth.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;
- 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 Management Committee ensures that audit recommendations and recommendations from related external review bodies are implemented.

The Organisation has a current Risk Management Plan that identifies how 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
- Environmental
- Security
- Facilities and assets
- Emergency management
- Community expectations

### Audit and Risk Management Committee

The Chief Executive has established an Audit and Risk Management Committee, with the following core responsibilities:

- to assess and enhance the 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.



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The Audit and Risk Management Committee comprises 3 members, all of which 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 2

#### Qualification 1

The following statement was removed from the proforma

*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).*

eHealth NSW does not provide direct clinical services.

#### **Progress**

Not Applicable

#### **Remedial Action**

Not Applicable

#### Qualification 2

The following statement was removed from the proforma:

*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.*

eHealth NSW does not provide direct clinical services.

#### **Progress**

Not Applicable

#### **Remedial Action**

Not Applicable

#### Qualification 3

The following statement was removed from the proforma:

*A Medical and Dental Appointments Advisory Committee to review the appointment or proposed appointment of all visiting practitioners and specialists. The Credentials Subcommittee provides advice to the Medical and Dental Appointment Advisory Committee on all matters concerning the clinical privileges of visiting practitioners or staff specialists.*

eHealth NSW does not provide direct clinical services.

#### **Progress**

Not Applicable

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**Remedial Action**

Not Applicable

**Qualification 4**

The following statements were removed from the proforma:

*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.*

eHealth NSW does not provide direct clinical services.

**Progress**

Not Applicable

**Remedial Action**

Not Applicable

**Qualification 5**

The following statement was removed from the proforma:

*Achieved appropriate accreditation of healthcare facilities and their services.*

eHealth NSW does not run healthcare facilities and their services.

**Progress**

Not Applicable

**Remedial Action**

Not Applicable

**Qualification 6**

The following statements were removed from the proforma:

*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.*

eHealth NSW do not provide direct clinical services and as such does not monitor misconduct or unsatisfactory professional conduct by any registered health professional.

**Progress**

Not Applicable

**Remedial Action**

Not Applicable

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### **Qualification 7**

The following statements were removed from the proforma:

*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*

eHealth NSW does not run healthcare facilities and their services and is not required undertake accreditation under the AHSSQA Scheme.

### **Progress**

Not Applicable

### **Remedial Action**

Not Applicable

### **Item: Standard 3**

#### **Qualification**

The following statement was removed from the proforma:

*Aboriginal Health Action Plan*

eHealth NSW does not deliver clinical services to Aboriginal people.

### **Progress**

Not Applicable

### **Remedial Action**

Not applicable

### **Item: Standard 4**

#### **Qualification**

All references to the Finance and Performance Committee including establishment, membership, meetings, duties and responsibilities have been removed from the proforma.

Establishment of a Finance and Performance Committee is not applicable to eHealth NSW.

Model by-laws enacted under the Health Services Act (NSW) require Local Health Districts to have a Finance and Performance Committee. The Committee is a subset of their governing boards.

The membership of the then Finance and Performance Committee was the same as Executive Management Team (EMT). Matters discussed at the Finance and Performance Committee were therefore duplicated at EMT.

As such, in June 2019 the Finance and Performance Committee was decommissioned. The substantive requirements are currently being met by the Executive Leadership Team Meetings and the Audit and Risk Management Committee.

An informal review of requirements related to the Finance and Performance Committee confirmed that eHealth NSW's EMT and Audit and Risk Management Committee meets the substantive requirements required of a Finance and Performance Committee.

**Progress**

Not Applicable

**Remedial Action**

Not Applicable

**Item: Standard 6**

**Qualification**

The following statements were removed from the proforma:

*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.*

eHealth NSW does not deliver direct clinical services to patients so does not have a patient service charter.

eHealth does not enter partnership agreements with Aboriginal Community Controlled Health Service or aboriginal community services to deliver services.

**Progress**

Not Applicable

**Remedial Action**

Not Applicable

**Item: Standard 7**

**Qualification 1**

The following statement was removed from the proforma:

*Work health and safety*

eHealth NSW work health and safety obligations are undertaken by HealthShare NSW.

**Progress**

Not Applicable

**Remedial Action**

Not Applicable

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**Qualification 2**

From September 2020, the Audit and Risk Management Committee comprises of only 3 members, all of whom are independent members.

**Progress**

Not Applicable

**Remedial Action**

Not Applicable

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Signed:

A handwritten signature in black ink, appearing to read "Z. Bolevich".

Dr Zoran Bolevich

Chief Executive

Date 31 August 2021

A handwritten signature in black ink, appearing to read "N. Patterson".

Noel Patterson

Chief Audit Executive

Date 31 August 2021