CORPORATE GOVERNANCE ATTESTATION STATEMENT
NORTHERN NEW SOUTH WALES LOCAL HEALTH DISTRICT

The following corporate governance attestation statement was endorsed by a resolution of the NNSWLHD Board at its meeting on 27 August 2025.

The Board is responsible for the corporate governance practices of the NNSWLHD. This statement sets out the main corporate governance practices in operation within the District for the 2024-25 financial year.

A signed copy of this statement is provided to the Ministry of Health by 31 August 2025.

Signed:

Peter Carter

Board Chair **Date** 27 August 2025

Tracey Maisey

Chief Executive **Date** 27 August 2025

STANDARD 1: ESTABLISH ROBUST GOVERNANCE AND OVERSIGHT FRAMEWORKS

Role and function of the Board and Chief Executive

The Board and Chief Executive carry out their functions, responsibilities and obligations in accordance with the *Health Services Act 1997* and the *Government Sector Employment Act 2013*.

The Board has approved systems and frameworks that ensure the primary responsibilities of the Board 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.

Board Meetings

For the 2024-25 financial year the Board consisted of a Chair and 10 Board Members from 1 July 2024 to 28 February 2025 and 9 Board members after that till 30 June 2025 appointed by the Minister for Health. The Board met 10 times (including the AGM) during this period.

Authority and role of senior management

All financial and administrative authorities that have been delegated by a formal resolution of the Board and are formally documented within a Delegations Manual for the District.

The roles and responsibilities of the Chief Executive and other senior management within the District are also documented in written position descriptions.

Regulatory responsibilities and compliance

The Board 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 District, including statutory reporting requirements.

The Board also has a mechanism in place to gain reasonable assurance that the District complies with the requirements of all relevant government policies and NSW Health policy directives and policy and procedure manuals as issued by the Ministry of Health.

STANDARD 2: ENSURING CLINICAL RESPONSIBILITIES ARE CLEARLY ALLOCATED AND UNDERSTOOD

The Board 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 District serves. These systems and activities reflect the principles, performance and reporting guidelines as detailed in NSW Health Policy Directive *Clinical Governance in NSW* (PD2025_010).

The District 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 District.
- A systematic process for the identification and management of clinical incidents and minimisation of risks to the District.
- An effective complaint management system for the District and complaint information is used to improve patient care.
- 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.
- An Aboriginal Health Advisory Committee with clear lines of accountability for clinical and other health 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. Licensing and registration requirements which are checked and maintained.
- A Medical Staff Executive Council, at least two Medical Staff Councils and a Mental Health Medical Staff Council (or an alternative mechanism established in accordance with the Model By-Laws).
- A District Clinical Council responsible for service development, health service planning and governance over the establishment and functioning of clinical networks and clinical stream.

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 District.

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 District intends to submit an attestation statement confirming compliance with the NSQHS Standards for the 2024/25 financial year to their accrediting agency by 30 September 2025. The District submitted an attestation statement to the accrediting agency for the 2023/24 financial year.

STANDARD 3: SETTING THE STRATEGIC DIRECTION FOR THE ENTITY AND ITS SERVICES

The Board has in place strategic plans for the effective planning and delivery of its services to the communities and individuals served by the District This process includes setting a strategic direction in a 3 to 5 year strategic plan for both the District and the services it provides within the overarching goals of the 2024/25 NSW Health Strategic Priorities.

District-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
- Local Health Care Services Plan
- Corporate Governance Plan
- Aboriginal Health Action Plan

STANDARD 4: MONITORING FINANCIAL AND SERVICE DELIVERY PERFORMANCE

Role of the Board in relation to financial management and service delivery

The District 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 responsible for confirming the accuracy of the information in the financial and performance reports provided to the Board and those submitted to the Finance and Performance Committee and the Ministry of Health and that relevant internal controls for the District are in place to recognise, understand and manage its exposure to financial risk.

The Board has confirmed that there are systems in place to support the efficient, effective and economic operation of the District, to oversight financial and operational performance and assure itself financial and performance reports provided to it are accurate.

To this end, Board and Chief Executive certify 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 District'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 District.
- 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 Board and the Secretary, NSW Health, and performance agreements between the Board and the Chief Executive, and the Chief Executive and all Health Executive Service Members employed within the District.

The Board has mechanisms in place to monitor the progress of matters contained within the Service Agreement and to regularly review performance against agreements between the Board and the Chief Executive.

The Finance and Performance Committee

The Board has established a Finance and Performance Committee to assist the Board and the Chief Executive to ensure that the operating funds, capital works funds, resource utilisation and service outputs required of the District 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
- Subsidy availability
- The position of Restricted Financial Asset and Trust Funds
- Activity performance against indicators and targets in the performance agreement for the District
- Advice on the achievement of strategic priorities identified in the performance agreement for the District
- Year to date and end of year projections on capital works and private sector initiatives.

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 2024-25 financial year, the Finance and Performance Committee was chaired by Mr Michael Carter NNSWLHD Board Member from 1 January 2024 to present. The members as at 30 June 2025 consisted of:

- Mr Michael Carter NNSWLHD Board Member
- Mr Peter Carter NNSWLHD Board Chair (Observer)
- Dr Andrew White NNSWLHD Staff/ Board Member

- Ms Tracey Maisey NNSWLHD Chief Executive Officer
- Ms Lynne Weir NNSWLHD Director Clinical Operations
- Mr Brett Skinner NNSWLHD Chief Finance Officer
- Ms Joanne McGoldrick NNSWLHD Director Corporate Services
- Ms Jane Walsh acting/ NNSWLHD Director Clinical Governance
- Ms Emma Webb NNSWLHD Internal Audit Manager
- Mr Peter Clark NNSWLHD Deputy Chief Finance Officer.

The Chief Executive and Chief Financial Officer attended all meetings of the Finance and Performance Committee except where on approved leave or secondment.

STANDARD 5: MAINTAINING HIGH STANDARDS OF PROFESSIONAL AND ETHICAL CONDUCT

The District 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 Board has systems and processes in place to ensure the Code is periodically reinforced for all existing staff. Ethics education is also part of the District's learning and development strategy.

The District 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 2024-25 financial year, the Chief Executive reported three (3) 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 District in accordance with state policy and legislation, including establishing reporting channels and evaluating the management of disclosures.

During the 2024-25 financial year, the District reported two (2) public interest disclosures.

The Board attests that the District has a fraud and corruption prevention program in place.

STANDARD 6: INVOLVING STAKEHOLDERS IN DECISIONS THAT AFFECT THEM

The Board seeks the views of local providers and the local community on the District's plans and initiatives for providing health services and also provides advice to the community and local providers with information about the District's plans, policies and initiatives.

During the development of its policies, programs and strategies, the NNSWLHD considered the potential impacts on the health of Aboriginal people and, where appropriate, engaged with Aboriginal stakeholders to identify both positive and negative impacts and to address or mitigate any negative impacts for Aboriginal people.

NNSWLHD has a comprehensive Community Engagement Framework to facilitate the input of consumers of health services, and other members of the community, into the key policies, plans and initiatives.

The community engagement structure includes the following advisory committees:

- Seven community advisory groups in areas where NNSWLHD has facilities.
- Four service advisory groups (Mental Health, Alcohol and Other Drugs, Maternity and Multi-Purpose Service)
- Ngayundi Aboriginal Health Council Health Literacy Steering Committee
- Community Partnership Advisory Council, an executive committee, which includes the Chief Executive, Board members and community representatives from each of the above committees to oversee engagement across the District.

In addition to advisory groups, the community also participates in the following ways:

- Safety and quality committees, project teams and special interest groups
- Planning and co-design workshops and initiatives
- Developing and reviewing health information
- Recruitment panels
- Focus groups and surveys.

Information on the key policies, plans and initiatives of the District and information on how to participate in their development are available to staff and to the public on the NNSW LHD website and can be viewed via this link: https://nnswlhd.health.nsw.gov.au/get-involved/community-engagement

The District has the following in place:

- A consumer and community engagement plan to facilitate broad input into strategic policies and plans.
- An online community engagement platform, Engage Northern NSW Health, launched in May 2025 to facilitate information sharing and consultation.
- 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.

STANDARD 7: ESTABLISHING SOUND AUDIT AND RISK MANAGEMENT PRACTICES

Role of the Board in relation to audit and risk management

The Board is responsible for supervising and monitoring risk management by the District and its facilities and units, including the system of internal control. Through its Audit and Risk Committee the Board receives and considers all reports from the external and internal auditors and ensures that all audit recommendations including those from external review bodies are implemented.

The District has a current Enterprise-Wide Risk Management Framework which it includes procedures on how the organisation will identify, assess, manage and monitor risks. It includes processes to escalate and report on risk to the Chief Executive, Audit and Risk Committee and Board.

Audit and Risk Committee

The Board has established an Audit and Risk Committee, with the following core responsibilities:

- to assess and enhance the District'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 District's financial reporting, safeguarding of assets, and compliance with the District's responsibilities, regulatory requirements, policies and procedures
- to oversee and enhance the quality and effectiveness of the District'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 Board to deliver the District'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 District.

The District completed and submitted an Internal Audit and Risk Management Attestation Statement for the 12-month period ending 30 June 2024 to the Ministry without exception.

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

QUALIFICATIONS TO THE GOVERNANCE ATTESTATION STATEMENT

ITEM: "District-wide planning processes and documentation is also in place, covering detailed plans linked to the Strategic Plan for the following:…….Research and Teaching and Workforce Management".

Qualification

- The Strategic Plan expired December 2024. A comprehensive revision process, bottom up and top down, involving staff, Board members, key external stakeholders and community members, has now concluded. The Board will be asked to approve the Strategic Plan 2025 – 2030 at the September 2025 Board meeting.
- Our Research and Teaching Department are currently in the process of developing a plan linked to the Strategic Plan.
- Our District Workforce Management plan has expired will be revised to align with the 2025 – 2030 District's Strategic Plan.

Signed:

Tracey Maisey

Chief Executive Date 27 August 2025

Emma Webb

Chief Audit Executive Date 27/08/2025