CORPORATE GOVERNANCE ATTESTATION STATEMENT
MID NORTH COAST LOCAL HEALTH DISTRICT

The following corporate governance attestation statement was endorsed by a resolution of the Mid North Coast Local Health District Board at its meeting on 19 August 2026.

The Board is responsible for the corporate governance practices of the Mid North Coast Local Health District. This statement sets out the main corporate governance practices in operation within the District for the 2025-26 financial year.

A signed copy of this statement is provided to the Ministry of Health by 31 August 2026.

Signed:

Brendan Walsh

Chair Date 19.08.2026

Jill Wong

Chief Executive Date 25.08.2026

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 entity 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 2025-26 financial year the Board consisted of a Chair and seven members appointed by the Minister for Health. The Board met 14 times 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*' (PD2024_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. (refer to qualification on page 13)
- 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 Hospital Clinical Council for each public hospital in the entity (where appropriate that Council may be a Joint Hospital Clinical Council covering more than one hospital).
- A Local Health District Clinical Council.

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 2025/26 financial year to their accrediting agency. The District submitted an attestation statement to the accrediting agency for the 2024/25 financial year.

STANDARD 3: SETTING THE STRATEGIC DIRECTION FOR THE ORGANISATION 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 2025/26 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 (refer to qualification on page 13)
- Local Health Care Services Plan (refer to qualification on page 14)
- Corporate Governance Plan (refer to qualification on page 14-15)
- 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 2025-26 financial year, the Finance and Performance Committee was chaired by Luke Hartsuyker, Deputy Chair MNCLHD Governing Board and comprised of:

- Michael Coulter, Deputy Chair Finance and Performance Committee and MNCLHD Governing Board Member
- Jill Wong, Chief Executive MNCLHD

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

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 2025-26 financial year, the Chief Executive reported two cases to the Independent Commission Against Corruption.

Policies and procedures are in place to facilitate the reporting and management of public interest disclosures within the District in accordance with state policy and legislation, including establishing reporting channels and evaluating the management of disclosures.

During the 2025-26 financial year, the District reported 10 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 Entity 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.

The Mid North Coast Aboriginal Health Accord 2024-2029 (The Accord), established since 2014, includes five partner entities:

- Durri Aboriginal Corporation Medical Service (Kempsey)
- Galambila Aboriginal Health Service Incorporated (Coffs Harbour)
- Werin Aboriginal Corporation (Port Macquarie)
- Mid North Coast Local Health District
- Healthy North Coast (North Coast Primary Health Network)

The Accord represents a shared commitment to ensuring that Aboriginal communities across the Mid North Coast enjoy a high standard of health and wellbeing, comparable to the expectations for all Australians. At its core, the Accord fosters effective partnerships and meaningful collaboration, with a strong focus on shared decision-making. These elements are critical to driving real and sustained improvements in health outcomes for Aboriginal people.

Aligned with State and National Aboriginal Health Plans and the National Agreement on Closing the Gap, the Accord promotes a unified approach to addressing health disparities. It calls for collective action to improve health service delivery, guided by the understanding that Aboriginal health is everyone's business.

The vision shared by the partners under the Accord is optimal health and wellbeing for Aboriginal people on the Mid North Coast. The Accord is underpinned by six core guiding principles, which shape its approach and implementation

- Partnership, Not Competition: We are not competitors in the provision of health care for Aboriginal people on the Mid North Coast, we are Partners.
- Leadership for Health: Strong leadership in healthcare is required on the Mid North Coast to bring about necessary Aboriginal health reform.
- Self-Determination: Aboriginal Health outcomes will improve when Aboriginal people have an equal say in how health services are designed, delivered and evaluated.
- Innovation and Creativity: Creative exploration of new solutions to old problems will be the spirit needed for success in improving Aboriginal health outcomes.
- Quality and Excellence: The pursuit of constantly improving health services and the achievement of best possible health practice is central to the Accord.
- Equity in Healthcare: The Aboriginal community requires improved access to quality healthcare if current poor health outcomes are to be reversed.

Mid North Coast Aboriginal Health Authority

The Accord 2024 - 2029 was renewed and signed by the Partners in May 2024. The Mid North Coast Aboriginal Authority (the Authority, is a dedicated working committee giving effect to the Accord vision as outlined above.

Clinical Networks

The Galambila Aboriginal Health Service and Coffs Clinical Network Strategic Collaboration Working Group provides a formal forum for clinical collaboration, strategic engagement, and shared leadership to strengthen partnerships between the Aboriginal Community Controlled Health Organisation (ACCHO) sector and the Mid North Coast Local Health District. The Working Group supports the delivery of culturally safe, responsive, and person-centred health care for Aboriginal communities across the Coffs Coast by promoting coordinated service planning, integrated models of care, and seamless transitions between health service providers.

The Working Group plays a key role in identifying service gaps and opportunities for improvement, informing local service planning and redesign, strengthening cross-sector partnerships, and supporting collaborative initiatives that improve access, continuity of care, and health outcomes for Aboriginal people.

Representation by the Mid North Coast Local Health District on the Durri Aboriginal Corporation Medical Service Nambucca Advisory Committee further strengthens collaborative governance and shared decision-making across the Nambucca Valley. This partnership provides an important mechanism for coordinating and aligning health service delivery, ensuring services are responsive to the needs and priorities of local Aboriginal communities.

Through active participation in these clinical networks, the Local Health District demonstrates its commitment to working in genuine partnership with Aboriginal Community Controlled Health Organisations, Aboriginal communities, and other service providers to deliver culturally safe, high-quality, and equitable health care. These partnerships support improved access to services, enhanced care coordination, and better health outcomes for Aboriginal people through shared leadership, mutual respect, and culturally informed models of care.

MNCLHD/ NNSWLHD and Healthy North Coast (PHN) MOU, Joint Statement and Schedule of Works

In December 2023, the PHN and 2 LHDs signed a Memorandum of Understanding recognising the commitment of by the parties to work together with a one health system mindset. This MOU was based on the Primary Healthy Network and NSW Health Joint statement (executed in 2021) with a focus on listening to community, investing in building relationships, valuing perspectives, building leadership capability and thinking as one workforce.

The schedule of works linked to the MOU outlines 17 priority areas for the Health Services and activities to focus on these areas. The MNCLHD is actively involved in the following Joint activities as part of the schedule of works:

- Enhancing end of life care planning across acute and primary health care.
- Conducting joint advocacy for the enhanced provision of specialist dementia Residential Aged Care Home beds.
- Joint regional advocacy for Urgent Care Clinics
- Ongoing analysis of avoidable hospital admissions
- Disaster preparedness

- Targeted activities to increase vaccination for children and other priority populations
- Joint identification and action on emerging public health risks
- Undertake collaborative approaches to reducing communicable diseases and environmental health risks
- Establish trials of innovative workforce models to increase access to general practice in at-risk rural communities

MNCLHD's liaison with other agencies, development of local partnerships and consumer and community engagement

During 2022, a review of consumer consultative processes was undertaken and MNCLHD Local Health Advisory Council (LHAC) was established in 2023 to function as an advisory group of the Governing Board, aligned with recommendations and principles of NSW Parliamentary Inquiry into Rural and Regional Healthcare published May 2022, associated consultation process led by NSW Regional Health Division completed December 2022 and MNCLHD Strategic Plan 2022-2032.

LHAC fulfils an organisational-wide role in providing advice to the Governing Board to support effective coordination and promotion of purposeful engagement with our community. Delivery of this objective ensures the consumer voice is integral in shaping the health service and is central to decision making at all levels of the organisation.

LHAC terms of reference reflect continued consumer engagement focus with membership reflective of a strong consumer representative cohort of at least 50% and key staff with decision making authority.

MNCLHD engages consumer and community representatives across a variety of activities including:

- Committees (steering, advisory, reference, working groups)
- Consultations, forums, focus groups and workshops
- Section and recruitment panels
- Special projects (such as new capital developments)
- Examples of other MNCLHD joint initiatives include but are not limited to:
- Continued collaboration with NSW Regional Health in delivery of key strategic priorities.
- Delivery of recommendations of MNCLHD Consumer Stakeholder Mapping Project completed in 2022.
- Joint Regional Planning Group – initiative between the LHD and Health North Coast (PHN).
- Ongoing MNCLHD Mental Health Consumer Advisory Group (initiate, resource, support).
- IMHAOD Service Coordinator – Partnerships and Planning has a core role of partnership with external organisations.
- Suicide prevention collaborative in each network brings together a number of external partners providing suicide prevention activities.
- Continued strong partnership with Aboriginal Medical Services.
- Continue partnerships with IMHAOD and local Schools via Getting on Track in Time Project and School Link Coordinators
- AOD Services partnership with NSW User and AIDS Association (NUAA).

- Disaster Recovery Team provides community engagement services in partnerships with Department of Primary Industry, State Emergency Services and other key agencies.
- Cross sector meetings to facilitate involvement between Integrated Care Team MNCLHD, Integrated Care Team in NNSWLHD, PHN and Residential Aged Care Homes.
- Involvement of MNCLHD staff in Primary Care Access working groups with PHN.
- Joint project/ collaboration with PHN on 'Health pathways' project.
- Involvement in PHN Consumer and Clinical Reference Groups to encourage consultation with the community when planning for services and evaluating service delivery.

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 at https://mnclhd.health.nsw.gov.au/. The District 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.
- 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. The Board receives and considers all reports of the External and Internal Auditors for the District, and through the Audit and Risk Management Committee ensures that audit recommendations and recommendations from related external review bodies are implemented.

The District has a current enterprise-wide risk management framework which 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 Management Committee

The Board has established an Audit and Risk Management 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 2026 to the Ministry without exception.

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

QUALIFICATIONS TO THE GOVERNANCE ATTESTATION STATEMENT

Item 1: Standard 2: Ensuring clinical responsibilities are clearly allocated and understood: 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.

Qualification

The District did not have a formally established Hastings Macleay Clinical Network Credentials Subcommittee operating during the reporting period. While credentialing and appointment decisions continued to be considered through existing medical governance processes, these arrangements did not fully align with the requirements of the NSW Health model by-laws.

Progress

A review of credentialing governance arrangements has been undertaken and the gap in formal committee structures has been identified. Planning has commenced to establish a District-wide Credentials Subcommittee, including consideration of membership, reporting arrangements, terms of reference and alignment with relevant NSW Health requirements.

Remedial Action

A District Credentials Subcommittee will be established in accordance with NSW Health model by-laws and governance requirements. The Subcommittee will provide formal advice to the Medical and Dental Appointments Advisory Committee on credentialing and clinical privilege matters, supported by approved terms of reference, defined reporting arrangements and regular meeting schedules. Implementation is expected to be completed during 2026–27.

Item 2: Standard 3: Setting the strategic direction for the organisation 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: Workforce Management.

Qualification

The District did not have a formally endorsed Strategic Workforce Plan in place for the reporting period. Workforce planning activities were undertaken across all Executive Leadership Team directorates in alignment with Ministry of Health strategic workforce planning requirements. The District developed a Strategic Workforce Plan within the reporting period, however the final governance approval process had not been completed by 30 June 2026.

Progress

The 2026–2031 Mid North Coast Local Health District Strategic Workforce Plan has been developed through a structured consultation and review process. The Plan has been endorsed by the Executive Leadership Team and the Chief Executive and reviewed by the Audit and Risk Committee. At the time of this attestation, the Plan is with the Governing Board for consideration and endorsement.

Remedial Action

Following Board endorsement, the 2026–2031 Strategic Workforce Plan will be formally released and implemented across the District. Progress against the Plan's priorities, initiatives and performance measures will be monitored through established governance and reporting arrangements to support the District's current and future workforce requirements.

Item 3: Standard 3: Setting the strategic direction for the organisation and its services: District-wide planning processes and documentation is in place, which includes a Local Health Care Services Plan.

Qualification

The District did not have a formally endorsed Local Health Care Services Plan in place during the reporting period. A draft Health Care Services Plan had been developed however, the final governance approval process had not been completed by 30 June 2026.

Progress

A comprehensive draft Health Care Services Plan has been developed following extensive consultation across the District, including engagement with clinical leaders, executive governance forums, Medical Staff Councils and community representatives. The Plan is currently under consideration by the Chief Executive and Governing Board as part of the final endorsement process.

Remedial Action

The District will seek formal Board endorsement of the Health Care Services Plan during 2026–27 and, following approval, will implement the Plan through established governance, planning and performance monitoring processes. The Plan will provide a strategic framework to guide service development and health care delivery across the District.

Item 4: Standard 3: Setting the strategic direction for the organisation and its services: District-wide planning processes and documentation is in place, which includes a Corporate Governance Plan.

Qualification

The District did not have a standalone Corporate Governance Plan in place during the reporting period. While corporate governance arrangements were supported through established governance structures, policies and the Mid North Coast Local Health District Corporate Governance Framework, a formal Corporate Governance Plan had not been developed and approved.

Progress

The District has maintained a Corporate Governance Framework that outlines governance principles, accountabilities and oversight arrangements. Responsibility for corporate governance is assigned to the Office of the Chief Executive, and planning has commenced to develop a

standalone Corporate Governance Plan to further strengthen and document the District's governance arrangements.

Remedial Action

The District will develop and implement a Corporate Governance Plan during 2026–27. The Plan will align with the existing Corporate Governance Framework and NSW Health governance requirements and will consolidate governance priorities, responsibilities, reporting arrangements and monitoring mechanisms into a single strategic document.

Signed:

Jill Wong
Chief Executive

Date 25.08.2026

Melanie Mearns
Chief Audit Executive

Date 26.08.2026