

## Hunter New England Local Health District

### Attestation Statement under the AHSSQA Scheme

This attestation statement is made by	Martin Cohen
	<i>Name of office holder</i>
Holding the position/office on the Governing Body	Chair, Hunter New England Health Board
	<i>Title of officeholder/member of Governing Body</i>
For and on behalf of the governing body titled	Hunter New England Health Board
	<i>Governing body's title (the Governing Body)</i>
	Hunter New England Local Health District
	<i>Health service organisation name (the organisation)</i>

1. The Governing Body has fully complied with, and acquitted, any Actions in the National Safety and Quality Health Service (NSQHS) Standards, or parts thereof, relating to the responsibilities of governing bodies generally for Governance, Leadership and Culture. In particular I attest that during the past 12 months the Governing Body:
  - a. has provided leadership to develop a culture of safety and quality improvement within the Organisation, and has satisfied itself that such a culture exists within the Organisation
  - b. has provided leadership to ensure partnering by the Organisation with patients, carers and consumers
  - c. has set priorities and strategic directions for safe and high-quality clinical care, and ensured that these are communicated effectively to the Organisation's workforce and the community
  - d. has endorsed the Organisation's current clinical governance framework
  - e. has ensured that roles and responsibilities for safety and quality in health care provided for and on behalf of the Organisation, or within its facilities and/or services, are clearly defined for the Governing Body and workforce, including management and clinicians

- f. has monitored the action taken as a result of analyses of clinical incidents occurring within the Organisation's facilities and/or services
  - g. has routinely and regularly reviewed reports relating to, and monitored the Organisation's progress on, safety and quality performance in health care.
2. The Governing Body has, ensured that the Organisation's safety and quality priorities address the specific health needs of Aboriginal and Torres Strait Islander people.
  3. I have the full authority of the Governing Body to make this statement.
  4. All other members of the Governing Body support the making of this attestation statement on its behalf *(delete if there is only one member/director of the governing body)*.

I understand and acknowledge, for and on behalf of the Governing Body, that:

- submission of this Attestation Statement is a pre-requisite to accreditation of the Organisation using NSQHS Standards under the Scheme
- specific Actions in the NSQHS Standards concerning Governance, Leadership and Culture will be further reviewed at any onsite accreditation visit/s.



Signed

Position

Chair, Hunter New England Health Board

Date

19/07/2023

Counter signed by the Health Service Organisation's Chief Executive Officer



Signed

Position

Chief Executive, Hunter New England Health

Name

Tracey McCosker

Date

19/07/2023

Schedule of health service organisations covered by this attestation statement

Name of health service organisation	Hunter New England LHD Address
Community and Aged Care Services-GNS (HSO ID B2020041)	Lookout Road, New Lambton NSW, 2305
Greater Newcastle Sector-John Hunter, John Hunter Children's and Belmont Hospitals (HSO ID B2020010)	
Hunter Valley Sector (HSO ID B2020019)	
Lower Hunter Sector (HSO ID B2020031)	
Lower Mid North Coast Sector (HSO ID B2020020)	
Mehi Sector (HSO ID B2020021)	
Mental Health Services (HSO ID B2020022)	
Peel Sector (HSO ID B2020023)	
Tablelands Sector (HSO ID B2020024)	