Corporate Governance Attestation Statement for St Vincent's Health Network 2025/2026

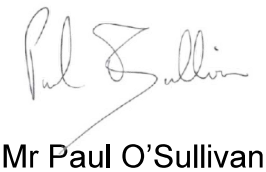
CORPORATE GOVERNANCE ATTESTATION STATEMENT ST VINCENT'S HOSPITAL SYDNEY LIMITED (SVHS) operating as the ST VINCENT'S HEALTH NETWORK

The following corporate governance attestation statement was endorsed by a resolution of the SVHA Board at its meeting on 6 August 2026.

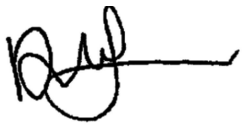
The Board is responsible for the corporate governance practices of SVHN. This statement sets out the main corporate governance practices in operation within the organisation for the 2025/2026 financial year.

A signed copy of this statement is provided to the NSW Ministry of Health.

Signed:



Mr Paul O'Sullivan
Chair of the Board
St Vincent's Health Australia Date 24 August 2026



Ms. Anna McFadgen
Chief Executive
St Vincent's Hospital Sydney Limited Date 19 August 2026

STANDARD 1: ESTABLISH ROBUST GOVERNANCE AND OVERSIGHT FRAMEWORKS

Role and function of the Board

St Vincent's Health Australia (SVHA) is a group of not-for-profit, non-listed companies operating under the stewardship of Mary Aikenhead Ministries.

SVHA is governed by a Board that sets our strategic direction. Our group executive manages the daily operations of the organisation to the highest standards. We all work together to realise the mission of our founders to serve all in need of care.

The SVHA Board sits as the Board of SVHA and of the seven subsidiary companies that operate private and public health facilities and services, and aged care services, including SVHS.

The Board closely monitors the organisation's performance and ensures that we achieve our mission to bring God's love to those in need through the healing ministry of Jesus.

It also governs the SVHA group of companies in compliance with the *Corporations Act 2001* (Cth), the *Australian Charities and Not-for-profits Commission Act 2012* (Cth), Canon law and all other relevant civil legislation.

St Vincent's Hospital Sydney (SVHS) is an affiliated health organisation in respect of its recognised services and establishments under the *Health Services Act 1997* (NSW) and operates St Vincent's Health Network (SVHN) under that Act. This statement applies to SVHS only to the extent of its activities as a networked affiliated health organisation.

The Board must at all times operate within the Mary Aikenhead Ministries Ethical Framework and the Catholic Health Australia Code of Ethical Standards of Health and Aged Care Services in Australia (2001).

The Board also conducts itself and considers its decisions in accordance with the principles of Catholic Social Teaching, including:

- the dignity of the human person
- solidarity and service
- the common good
- a preference for the poor
- responsible stewardship of resources
- subsidiarity

All directors serve as independent non-Executive directors and are appointed by the Trustees of Mary Aikenhead Ministries.

The Board has in place practices that ensure that the primary governing responsibilities of the Board are fulfilled in relation to:

- Oversight of clinical and corporate governance responsibilities so they 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; and
- Establishing sound audit and risk management practices.

Board Meetings

For the 2025/2026 financial year the SVHA Board consisted of a Chair, 11 members appointed by the Trustees of Mary Aikenhead Ministries, with two Directors retiring in July and August 2025 respectively. The Board held six scheduled Board meetings during this period, plus convened additional Board meetings as required during the year.

Authority and role of senior management

The SVHA Public Hospitals Division Delegated Levels of Authority Manual (Delegations Manual) establishes staggered levels of delegations from hospital management through to the SVHS Chief Executive, the SVHA CEO and to the SVHA Board.

All financial and administrative authorities that have been delegated to the Chief Executive, SVHS, are articulated within the Delegations Manual.

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 Board is responsible for and has oversight mechanisms in place so that relevant legislation and regulations are adhered to within all facilities and units of the organisation, including statutory reporting requirements.

The Board's oversight mechanisms are designed 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 NSW Ministry of Health, subject to the qualifications set out in this document.

STANDARD 2: ENSURING CLINICAL AND GOVERNANCE 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 organisation serves.

These systems and activities reflect and align with the principles detailed in the SVHA Clinical Governance Policy and the NSW Health policy directive 'Clinical Governance in NSW' (PD2025_032).

SVHS has:

- A Clinical Governance Framework that clearly defines the relationships and responsibilities for committees and individuals across SVHN, as well as defining the goals of safe, high-quality care.

- A systematic process for the identification and management of clinical incidents and minimisation of risks, clinical audit systems and policy system across the organisation.
- An effective complaint management system for the organisation.
- A Medical and Dental Appointments Advisory Committee to review the appointment or proposed appointment of all Senior Medical Practitioners. Recommendations for appointment are made to the Chief Executive and follow the requirements of appropriate credentialling of senior medical staff using a defined scope of practice to ensure appropriate appointment occurs..
- The Dalarinji Aboriginal Health and Workforce Committee, an advisory committee, with clear lines of accountability for ensuring the delivery of high quality patient outcomes and experiences to Aboriginal and Torres Strait Islander people.
- Achieved appropriate accreditation of healthcare facilities and their services.

The Chief Executive has mechanisms in place so 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.

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

The Board has in place strategic plans including St Vincent's Strategy 2030 (as amended from time to time) 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 for both the organisation and the services it provides within the overarching goals and priorities of the NSW Health Future Health Strategic Framework 2022-2032, the NSW Regional Health Strategic Plan 2022-2032, the NSW Health Aboriginal Health Plan 2024-2034, the NSW Health Workforce Plan 2022-2032, and the NSW Health Research and Innovation Strategy 2025-2030.

Organisational-wide planning processes and documentation is also in place with a 3-year horizon, covering:

- Asset management – Designing and building future-focused infrastructure
- Information management and technology – Enabling eHealth
- Research and teaching – Supporting and harnessing research and innovation
- Workforce development – Supporting and developing our workforce
- Aboriginal Health Action Plan – Ensuring health needs are met competently

STANDARD 4: MONITORING FINANCIAL AND SERVICE DELIVERY PERFORMANCE

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

The Board is responsible for oversight of compliance with the NSW Health Accounts and Audit Determination (as varied from time to time) and the annual NSW Ministry of Health budget allocation advice, subject to the qualifications set out at the end of this document.

The Board is also responsible for oversight of and ensuring, the financial and performance reports it receives and those submitted to its Finance and Investment Committee and the Ministry of Health are accurate and that relevant internal controls for the organisation are in place. To this end, the Board certifies that:

- The financial reports submitted to the Finance and Investment Committee and the NSW 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 NSW Ministry of Health's financial year advice can be reconciled to allocations distributed to organisation units and cost centres.
- Overall financial performance is monitored and reported to the Finance and Investment Committee of the organisation.
- Information reported in the NSW Ministry of Health quarterly reports reconciles to and is consistent with reports to the Finance and Investment Committee.
- All relevant financial controls are in place.
- Creditor levels comply with NSW Ministry of Health requirements.
- Write-offs of debtors have been approved by duly authorised delegated officers.
- The organisation did not incur any unfunded liabilities during the financial year.
- The SVHS Chief Financial Officer has reviewed the internal liquidity management controls and practices and they comply with NSW Ministry of Health requirements.

The external SVHA Auditor reviews controls and verifies financial performance and position as part of its audit program on an annual basis.

Service and Performance agreements

The 2025-2029 Service Agreement and FY2026 Funding and Performance Supplement was in place during the financial year between the Board and the Secretary, NSW Health. The Board has mechanisms in place to monitor the progress of matters contained within these documents. In particular, processes are in place to regularly review performance.

Underpinning these documents is the Memorandum of Understanding between SVHS and the NSW Ministry of Health, which was executed in August 2025. It reflects the contemporary principles for the continuing partnership and documents the roles and contributions of both parties.

There are also performance agreements in place between the SVHA Chief Executive Officer and the Chief Executive, SVHS, and all Executive members of SVHS employed within the organisation.

The SVHA Finance and Investment Committee

The Board has established a Finance and Investment Committee to assist the Board and Chief Executive, SVHS, in its oversight of the organisation's financial performance, policies, strategies, and capital structure, in accordance with the mission and values of the organisation. It services to monitor that the operating funds, capital works funds and service outputs required of the organisation are being managed in an appropriate and efficient manner.

The Finance and Investment Committee receives regular reports that include:

- Financial performance of SVHN
- Financial position of SVHN
- The income and expense impact of Special Purpose and Trust Funds

- Cashflow and liquidity position of SVHN to meet operational and capital commitments
- Activity performance against indicators and targets in the performance agreement for the organisation
- Advice on the achievement of financial targets identified in the performance agreement for the organisation
- Year to date investments and end of year projections made on capital works.

Letters to management from an independent External Auditor, Minister for Health, and the NSW Ministry of Health relating to significant financial and performance matters are also tabled at the Audit and Risk Committee.

The Finance and Investment Committee was initially chaired by Mr Paul O'Sullivan during the first quarter of 2025/2026 financial year, with Jill Watts appointed as Chair from November 2025. The Finance and Investment Committee comprises:

- Mr Paul O'Sullivan
- Ms Jill Watts
- Ms Kathleen Bailey-Lord
- Ms Anne McDonald
- Ms Ariane Barker

The Chief Executive, SVHS, attends all meetings of the Finance and Investment Committee unless on approved leave.

STANDARD 5: MAINTAINING HIGH STANDARDS OF PROFESSIONAL AND ETHICAL CONDUCT

SVHS operates under the SVHA Code of Conduct (the Code) with respect to its staff.

The Code is distributed to all new staff during their orientation program and their acknowledgement is required to demonstrate that they have been provided access to the code. Furthermore, the Code is included on the agenda of all staff induction programs and is available on the St Vincent's website. The Board has systems and processes in place to monitor that the Code is periodically reinforced for all existing staff. Ethics education is also part of the organisation's learning and development strategy. This is partly supported by the St Vincent's Clinical Ethics Support Service established in FY2026.

SVHS supports the NSW Ministry of Health's core values in the operation of SVHN – which are currently Collaboration, Openness, Respect and Empowerment. However, the values of SVHS are determined by the Board of SVHA and are set out in the Code as amended from time to time.

All decisions within SVHA are made in accordance with the frameworks of Mary Aikenhead Ministries, the Mission and Values of SVHA, Catholic teaching and the Code of Ethical Standards for Catholic Health and Aged Care Services in Australia.

For the reporting period the organisation reported no cases of corrupt conduct. Further, the Chief Executive, SVHS, as the principal officer for the organisation, confirms she is not aware of and did not suspect on reasonable grounds any concern of corrupt conduct to which report to the Independent Commission Against Corruption and NSW Ministry of Health was required.

Policies and procedures are in place to facilitate the reporting and management of inappropriate behaviours within the organisation in accordance with state policy and legislation applicable to the organisation, including establishing reporting channels and evaluating the management of these behaviours.

As set out in response to Item 21, SVHS is of the view that it is not subject to the *Public Interest Disclosures Act 1994* (NSW) as the organisation and its staff do not constitute "public officials", and SVHS is not an "agency" as defined under the Act. For clarity, over the reporting period the organisation received zero (0) reports of public interest disclosures.

STANDARD 6: INVOLVING STAKEHOLDERS IN DECISIONS THAT AFFECT THEM

The Board is responsible for the oversight of systems and processes so that the rights and interests of key stakeholders are considered in organisational planning. It also ensures stakeholders receive balanced, accessible and understandable information about the organisation and its proposals.

SVHN supports consumer engagement through a range of formal structures and initiatives including a *Consumer Engagement Recruitment, On-boarding and Orientation Procedure; Consumer, Carer and Community Member Remuneration Guideline*; and has a dedicated Consumer Engagement Lead.

Consumers and staff co-developed the SVHN Consumer Engagement Framework which outlines a central vision and five strategic priorities to enhance and diversify consumer involvement in decision-making. The organisation meets all of the requirements of the National Safety and Quality Health Service Standards (NSQHS) in relation to Standard 2: 'Partnering with Consumers'.

Consumer representatives participate in a range of safety and quality forums, including NSQHS Standards Committees and Clinical Council. All relevant committees include consumer membership as outlined in their Terms of Reference. Consumers also have the opportunity to attend Consumer Representative training with Health Consumers NSW and the SVHS Corporate Orientation Program.

In alignment with the Consumer Engagement Framework, SVHN is working to increase diversity amongst its consumer representatives. This includes representation from culturally and linguistically diverse communities, Aboriginal and Torres Strait Islander peoples, young people, people with disabilities and LGBTQIA+ communities. Examples of these include:

- Yarn'n Circle – a forum for Aboriginal Community Consultation and cultural guidance.
- Homeless Health Service Consumer Group – offering input into initiatives, policies and procedures for people experiencing homelessness.
- Trans and gender diverse engagement - focus groups and one-to-one interviews to understand common trans and gender diverse experiences when accessing healthcare. Insights informed the development of a staff education program on trans-inclusive practise.

Consumers contribute to service design and redesign through participation in stream meetings and collaborative projects, departmental reviews, and topic specific workshops and focus groups.

The SVHN Diversity and Health Literacy Coordinator works closely with staff and consumers to ensure communication is inclusive, transparent and tailored to support effective partnerships and reflect consumer needs and preferences.

SVHN gathers comprehensive patient feedback using tools such as the Net Promoter Score (NPS), Patient Reported Experience Measures (PREMs), Patient Reported Outcome Measures (PROMs), and the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPs) survey. This feedback is communicated across all levels of governance and informs continuous improvement.

Information about patient care, patient stories and opportunities for feedback are available on the SVHN public website: Our Philosophy of Care - St Vincent's Hospital Sydney (svhs.org.au)Our Philosophy of Care - St Vincent's Hospital Sydney (svhs.org.au)

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 overseeing and monitoring risk management by the organisation and its facilities and divisions, including the organisation's system of internal controls. The Board receives and considers all reports of the external and internal auditors for the organisation, and through the Audit and Risk Committee, and has oversight of systems and procedures so that audit recommendations and recommendations from related external review bodies are implemented.

The organisation has a current Risk Management Policy and Procedure. These documents identify how the organisation manages, records and monitors risk. It includes processes to identify, manage and escalate risk threats and opportunities through to the Chief Executive, SVHS, Audit and Risk Committee and SVHA Board, including those across the following areas:

- Strategic risks
- Operational risks
- Project risks
- Emerging/evolving risks

Audit and Risk Committee

The SVHA Board has established an Audit and Risk Committee. The purpose of the Committee is to assist the SVHA Board in its oversight of financial reporting, internal financial controls, risk management, legislative compliance, insurance coverage and internal and external audit in accordance with the Mission and values of the organisation.

The Committee is responsible for providing an integrated view of risk to the SVHA Board in relation to all aspects of risk across the organisation.

The Committee also considers the statutory accounts of the organisation and the related group of companies, and any other such similar statements as may be considered appropriate from time to time prior to recommending them to the Board for approval.

In particular, the core responsibilities of the SVHA Audit and Risk Committee are:

- To assess and enhance the organisation's corporate governance, including its systems of internal control, ethical conduct and probity, risk management, management of 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 SVHA Auditor and facilitating the maintenance of their independence.
- Through the internal audit function, to assist the Board 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.
- 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 SVHA Audit and Risk Committee comprises three Board directors who are not employees of, or contracted to, provide services to the organisation. The Chair of the SVHA Audit and Risk Committee is Ms Anne McDonald. The Audit and Risk Committee met on six occasions during the financial year.

There is a framework and mechanisms are in place to facilitate escalation of the organisation's enterprise risks to the SVHA Audit and Risk Committee, including the SVHS Risk and Corporate Governance Committee which functions as an advisory committee.

QUALIFICATIONS TO THE GOVERNANCE ATTESTATION STATEMENT

Item 1: Establish robust governance and oversight frameworks – By-laws

Qualification
SVHS operating as SVHN has adopted by-laws other than the NSW Ministry of Health By-laws with the approval of the Ministry in accordance with the requirements under Section 63 of the *Health Services Act 1997* (NSW).

Progress
Approved by the NSW Ministry of Health.

Remedial Action
Nil required.

Item 2: Establish robust governance and oversight frameworks – Delegations of authority

Qualification
SVHS operates under the Delegations Manual as amended from time to time.

SVHS does not adopt the NSW Health's Delegations of Authority – Local Health Districts and Speciality Health Networks Policy Directive (currently PD2012_059).

The Delegations Manual specifically requires SVHS to adhere to applicable NSW Ministry of Health policies and directives in addition to any delegation obligations set out in the manual.

Progress
N/A

Remedial Action
N/A

Item 3: Establish robust governance and oversight frameworks – Corporate Governance Standards

Qualification
SVHA companies adopt the ASX Corporate Governance Principles and Recommendations where they can be applied to a company limited by guarantee.

Progress
Nil Required

Remedial Action
Nil Required

Item 4: Maintain high standards of professional and ethical conduct - Code of Conduct

Qualification
SVHS operates under the SVHA Code of Conduct with respect to its staff. The SVHA Code of Conduct is provided at the time staff are employed and is available on the SVHA website.

Progress
Nil Required

Remedial Action
Nil Required

Item 5: Maintain high standards of professional and ethical conduct – Core Values

Qualification
SVHS supports the NSW Ministry of Health core values in the operation of SVHN – which are currently Collaboration, Openness, Respect and Empowerment. However, the values of SVHS are determined by the Board of SVHA and are set out in the SVHA Code of Conduct as amended from time to time.

Progress
Nil Required

Remedial Action
Nil Required

Item 6: Maintain high standards of professional and ethical conduct – NSW Ministry of Health – employment related policy directives

Qualification
SVHS staff are employees of SVHS and are not employees of the NSW State Government. SVHS is subject to the *Fair Work Act 2009* (Cth) as well as applicable awards, industrial agreements, legislative and contractual and common law requirements and internal SVHA group requirements including the Delegations Manual.

SVHS adopts its own policy documentations or a modified version of NSW Ministry of Health policies to enable compliance with the above requirements.

Progress
Communicated to NSW Ministry of Health on 21 April 2017.

Remedial Action
Nil Required

Item 7: Monitor financial and service delivery performance - Finance and Audit – *Government Sector Audit Act 1983 (NSW)*

Qualification
SVHS is of the view that it is not directly subject to the *Government Sector Audit Act 1983* (NSW). SVHS prepares audited accounts as part of the SVHA Group in compliance with the *Corporations Act 2001* (Cth) (and not through the NSW Ministry of Health or Auditor General).

Progress
Nil Required

Remedial Action
Nil Required

Item 8: Monitor financial and service delivery performance – Policy directives – Finance

Qualification
SVHS applies the key directives and policies such as the Accounts and Audit Determination, the Fees Procedures Manual and the Accounting Manual in the context of:

- its operation as an affiliated health organisation;
- its reporting requirements to the NSW Ministry of Health under the annual Service Agreement;
- SVHS not being subject to the *Government Sector Finance Act 2018*;
- SVHS being subject to the *Corporations Act 2001* (Cth) and the fact that accounts are prepared as part of the SVHA Group;
- The Delegations Manual.

Progress
Communicated to NSW Ministry of Health on 21 April 2017.

Remedial Action
Nil Required

Item 9: Monitor financial and service delivery performance - Policy directives - Procurement

Qualification
SVHS forms part of SVHA procurement group activities and governance. SVHS elects to participate in NSW State Contracts (not mandatory) and adopts the NSW Health Facility Planning Process to the extent practicable when NSW Health is a financial co-contributor for a major capital infrastructure project. SVHS may elect to leverage benefits of technical expertise and technology advances from Corporate Pillars e-Health and HealthShare. SVHS also conducts procurement at a local level, under SVHA group contracting and through the Catholic Negotiating alliance. SVHS also provides services to and receives services from other members of the SVHA group.

SVHS is committed to the key principles set out in the NSW Procurement Policy PD2022_020 and other relevant policy directives relating to appropriate governance, compliance with laws, effective competition, appropriate procurement processes, transparency in the process, security and confidentiality, identification and resolution of conflicts, accountability, probity, ethical conduct and appropriate contracting.

SVHS operates under the SVHA group procurement policies and utilises SVHS or SVHA template contracts and tender documentation. It also operates under the Delegations Manual.

With respect to the application of NSW Ministry of Health procurement policy and in respect of the Accounts and Audit Determination as it relates to procurement, SVHS notes the terms of the letter dated 13 October 2011 from the Ministry of Health's then Director General.

Progress
Communicated to NSW Ministry of Health on 21 April 2017.

Remedial Action
Nil Required

Item 10: Establish sound audit and risk management practises – Compliance with legislation and policy

Qualification
SVHS operates a comprehensive legislative compliance program as part of the SVHA group. The legislative compliance program operates through software administered by Law Compliance and requires responsible executives to report against applicable legislation. Matters of non-compliance are reported to the SVHA Group Executive and SVHA Board on a case-by-case basis.

Progress
Communicated to NSW Ministry of Health on 21 April 2017.

Remedial Action
Nil Required

Item 11: Establish sound audit and risk management practises – Significant Legal Matters

Qualification
The Significant Legal Matters and Management of Legal Services PD2017_003 policy applies to SVHS as an affiliated health organisation. The key obligation is to ensure that the General Counsel of NSW Ministry of Health is notified of Significant Legal Matters.

SVHS as an affiliated health organisation can conduct its own legal matters. However, notification ensures the General Counsel is aware of matters that may have implications for the broader health administration, or otherwise be relevant to the functions of the Minister for Health or the NSW Ministry of Health.

Progress
Communicated to NSW Ministry of Health on 21 April 2017.

Remedial Action
Nil Required

Item 12: Establish sound audit and risk management practises – Privacy and GIPA

Qualification
SVHS is of the view that it is not subject to the *Privacy and Personal Information Protection Act 1988* (NSW). SVHS adopts privacy policies and procedures consistent with applicable legislation including the *Health Records and Information Privacy Act 2002* (NSW) and the *Privacy Act 1988* (Cth). It also adopts the NSW Ministry of Health Privacy Manual as it relates to the operation of the *Health Records and Information Privacy Act 2002* (NSW).

SVHS is not a "public authority" for the purposes of the *Government Information (Public Access) Act 2009* (NSW) (**GIPA**) and has advised the NSW Ministry of Health of this including its position with respect to applicable NSW Health policies relating to GIPA.

Progress
Communicated to NSW Ministry of Health on 21 April 2017.

Remedial Action
Nil Required

Item 13: Establish sound audit and risk management practises - *State Records Act 1988* (NSW)

Qualification
SVHS has formed the view that there is some ambiguity about whether it is a "public office" under the *State Records Act 1988* (NSW). Notwithstanding that view, SVHS adopts best practice in records management and has and will continue to comply with the *State Records Act 1988* with respect to its recognised establishments and recognised services where possible.

Progress
Communicated to NSW Ministry of Health on 21 April 2017.

Remedial Action
Nil Required

Item 14: Establish sound audit and risk management practises – Information Technology Services

Qualification
Information Technology Services are provided to SVHS through SVHA. SVHA is subject to legislative and common law requirements, as well as internal SVHA group requirements

including the Delegations Manual. SVHS does utilise some NSW Health IT services including (but not limited to) Oracle and HETI Online.

SVHA adopts its own policies for Information Technology Services which align to the National Institute of Standards Technology Cyber Security Framework.

Progress
Nil required

Remedial Action
Nil Required

Item 15: Establish sound audit and risk management practises – Identifying and managing gaps in relation to compliance by SVHS with NSW Ministry of Health policies

Qualification
SVHS is bound by NSW Ministry of Health policy directives to the extent applicable to SVHS as an affiliated health organisation and public health organisation, and to the extent that it can comply under prevailing legislation. In reviewing and adopting NSW Ministry of Health policy directives any necessary local variations are incorporated to reflect the SVHA context and legislative framework.

SVHS and the NSW Ministry of Health agree that there are a number of NSW Ministry of Health policies which are listed as having variable applicability to an affiliated health organisation.

Progress
Nil Required

Remedial Action
Nil Required

Item 16: Establish sound audit and risk management practises – Risk Management Policy and Framework

Qualification
The Enterprise-Wide Risk Management Policy PD2022_023 is stated to apply to affiliated health organisations (amongst others).

SVHS has adopted the SVHA Risk Management Policy and Procedure. These documents align with the principles underlying PD2022_023 but provide for escalation and management of organisational risk to and from the SVHA Board.

Progress
Nil Required

Remedial Action
Nil Required

Item 17: Establish sound audit and risk management practises – Manual Protecting People and Property

Qualification
SVHS' Security Escort System does not incorporate all features outlined in Chapter 11 of the NSW Ministry of Health manual Protecting People and Property: NSW Health Policy and Standards for Security Risk Management in NSW Health Agencies ("the Security Manual").

Notwithstanding this, an independent subject matter expert has assessed the system against relevant performance criteria, including undertaking multiple on-site alarm activation tests. Based on this assessment and audit of results, the system has been deemed fit for purpose and compliant with the intent of Chapter 11.

Further, SVHS complies with the NSW Health Security Audits Policy (PD2021_037) and engages an independent consultant to complete the Security Improvement Audit Tool (SIAT) biennially to monitor alignment with the Security Manual. This approach ensures that risks are appropriately identified and mitigated where any variation in practice is observed.

Progress
Correspondence on this topic, including independent letter of certification, was submitted to the Secretary, NSW Ministry of Health, in November 2018.

Remedial Action
Nil Required

Item 18: Establish sound audit and risk management practises – Internal Audit

Qualification
The Internal Audit Policy Directive PD2022_022 is stated to apply to affiliated health organisations (amongst others).

SVHS operates under the SVHA Internal Audit Policy and the internal audit function and processes overseen by SVHA. The SVHA Internal Audit Policy aligns with the principles underlying PD2022_022 but has been developed to apply across SVHA's facilities and provides for the monitoring of SVHA's internal audit framework by the SVHA Board Audit and Risk Committee.

Progress
Nil Required

Remedial Action
Nil Required

Item 19: Establish sound audit and risk management practises – Assurance Process for Construction Procurement

Qualification
The NSW Government's 'Assurance Process for Construction Procurement' does not apply to SVHN as an affiliated health organisation. In addition to what is outlined in Item 9 regarding SVHS' position on procurement policy, it should also be noted that SVHS acts in accordance

with SVHA's Major Capital Development Policy and Guidelines given it is part of a broader corporate group. The organisation's significant capital initiatives are overseen by the SVHA Major Capital Works Committee which reports through to the SVHA Finance and Investment Committee.

Progress
Nil Required

Remedial Action
Nil Required

Item 20: Establish sound audit and risk management practises - Public Interests Disclosures

Qualification
SVHS is of the view that as an affiliated health organisation it is not subject to the *Public Interest Disclosures Act 2022* (NSW) (*PID Act*) or Public Interest Disclosures PD2023_026 as it does not satisfy the definitions of 'agency' or 'public official' under the *PID Act*. SVHA and its facilities have an established Whistleblower regime under the *Corporations Act 2001* (Cth) and SVHA Whistleblower Policy. The processes and obligations which arise under the Whistleblower regime facilitate substantial compliance with the objectives of the *PID Act*. SVHS manages concerns of inappropriate behaviour on the part of its staff through internal People and Culture processes and by reporting to external bodies where appropriate and/or as required. This includes reporting inappropriate conduct of health practitioners to organisations such as AHPRA and the Health Care Complaints Commission, as well as complying with Independent Commission Against Corruption reporting obligations. SVHS also reports any significant legal issues to the NSW Ministry of Health in accordance with 'The Significant Legal Matters and Management of Legal Services' PD2017_003.

Progress
Nil Required

Remedial Action
Nil Required

Paul O'Sullivan
Chair of the Board
St Vincent's Health Australia

Date 24 August 2026

Ms Anna McFadgen
Chief Executive
St Vincent's Hospital Sydney Limited

Date 19 August 2026