

**Corporate Governance Attestation Statement for  
St Vincent's Health Network  
2018/19**



**Health**

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

The following corporate governance attestation statement was endorsed by a resolution of the SVHN Board at its meeting on 17 October 2019

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 2018-2019 financial year.

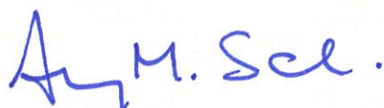
A signed copy of this statement is provided to the Ministry of Health.

Signed:



Mr Paul McClintock AO  
**Chairperson**  
St Vincent's Health Australia

Date: 28 October 2019



Associate Professor Anthony Schembri AM  
**Chief Executive Officer**  
St Vincent's Hospital Sydney Limited

Date **28.10.19**

## **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.

SVHS operating as SVHN is an affiliated health organisation in respect of its recognised services and establishments under the *Health Services Act 1997* (NSW). This statement applies to SVHS only to the extent of its activities as an 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:

- A** Ensuring clinical and corporate governance responsibilities are clearly allocated and understood
- B** Setting the strategic direction for the organisation and its services
- C** Monitoring financial and service delivery performance
- D** Maintaining high standards of professional and ethical conduct

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- E** Involving stakeholders in decisions that affect them
  - F** Establishing sound audit and risk management practices.

## **Board Meetings**

For the 2018/19 financial year the Board consisted of a Chair and eight members appointed by the Trustees of Mary Aikenhead Ministries. The Board met seven times during this period.

## **Authority and role of senior management**

The SVHA Delegations Manual establishes the delegations from the Board to the SVHA Public Hospitals' Division.

All financial and administrative authorities that have been delegated by the Chief Executive Officer (Public Hospitals' Division) are articulated within the SVHA Public Hospitals' Division Delegated Levels of Authority Manual (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 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 Board 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, subject to the qualifications set out in this document.

## **ENSURING CLINICAL AND CORPORATE GOVERNANCE RESPONSIBILITIES ARE CLEARLY ALLOCATED AND UNDERSTOOD**

The Board has in place frameworks and systems for measuring and routinely reporting on 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).

A Medical and Dental Appointments Advisory Committee is established 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.

The Chief Executive Officer 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.

## **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 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 State Health Plan.

Organisational-wide planning processes and documentation is also in place, with a 3 to 5 year horizon, covering:

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

## **MONITORING FINANCIAL AND SERVICE DELIVERY PERFORMANCE**

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

The Board is responsible for ensuring compliance with the NSW Health Accounts and Audit Determination and the annual Ministry of Health budget allocation advice, subject to the qualifications set out in Item G.

The Board is also responsible for ensuring that 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 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 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 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 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 Director of Corporate Services (or Director of Finance where applicable) has reviewed the internal liquidity management controls and practices and they comply with 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**

A written Service Agreement was in place during the financial year between the Board and the Secretary, NSW Health, and performance agreements between the St Vincent's Health Australia Chief Executive Officer (Public Hospitals' Division) and the Chief Executive Officer, SVHN, and all Executive members of SVHN employed within the organisation.

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 written Service Agreement refers to memorandum of understanding which are referred to in that agreement collectively as the 2003 MOUs. The 2003 MOUs continue to apply subject to the matters set out in the written Service Agreement.

### **The SVHA Finance and Investment Committee**

The Board has established a Finance and Investment Committee to assist the Board and the Chief Executive ensure 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 is chaired by Mr Paul McClintock. The Chief Executive Officer (Public Hospitals Division) attends all meetings of the Finance and Investment Committee unless on approved leave.

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
- 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 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.

### **MAINTAINING HIGH STANDARDS OF PROFESSIONAL AND ETHICAL CONDUCT**

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

The Code of Conduct is distributed to all new staff and 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 ensure the Code is periodically reinforced for all existing staff. Ethics education is also part of the organisation's learning and development strategy.



SVHN 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 SVHN are determined by the Board of SVHA and are set out in the SVHA Code of Conduct 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.

The Chief Executive Officer, as the principal officer for the organisation, has reported all known cases of corrupt conduct, where there is a reasonable belief that corrupt conduct has occurred, to the Independent Commission Against Corruption, and has provided a copy of those reports to the Ministry of Health.

For the reporting period the Organisation reported one (1) case of corrupt conduct.

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, including establishing reporting channels and evaluating the management of these behaviours.

For the reporting period the Organisation reported zero (0) of public interest disclosures. As set out in response to Item 19, SVHS is of the view that it is not subject to the *Public Interest Disclosures Act 1994* (NSW) as it does not satisfy the definitions of 'public authority' or 'public official' under the Act.

## **INVOLVING STAKEHOLDERS IN DECISIONS THAT AFFECT THEM**

The Board 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.

SVHN has developed a Consumer Participation Policy and appointed a Consumer Participation Coordinator. The organisation meets all the requirements of the National Standards in relation to consumers in relation to standard two (partnering with consumers). The organisation's patient safety and quality strategic plan (2016-2020) has three key strategic areas of focus which includes patient centred care. SVHN has established a range of key quality and safety committees all with consumer representation. These committees include: Clinical Council, Patient Safety and Quality Committee and the Patient Centred Care Committee. The Terms of Reference for Committees include a membership for consumers. Consumers have completed Clinical Excellence Commission and the Health Consumers NSW and Consumer Representative Training Program.

In line with the Consumer Participation Policy, the Consumer Participation Coordinator has appointed new Consumer Representatives who are specifically aimed to represent more cultural diversity. This includes those from culturally and linguistically diverse backgrounds, Indigenous, young people and some from ethnic groups. The Consumer Participation Coordinator has been involved in the training of consumers for their various roles including decision making.

Consumers are involved in the design and redesign of the health service through participation in numerous committees representing safety and quality, stream meetings and projects, and departmental reviews. The patient stories collected for the discharge and the outpatient patient review provided feedback on the planning of the service.

St Vincent's has conducted workshops on Patient Centred Care [PCC] with the Consumer Participation Coordinator or Consumer Representatives or presenting formal education on PCC at Orientation. A Consumer Representative presented education on Engaging the Consumer in Clinical Practice Improvement outlining that consumer representatives can identify needs, provide information about services, and assist cultural diversity. The patient stories are a means of education as is the attendance and membership of committees.

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 <https://svhs.org.au/home/patients-and-visitors/person-centred-care>

## **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 Organisation and its facilities and divisions, including the organisation's system of internal control. The Board receives and considers all reports of the external and SVHA Internal Auditors for the Organisation, and through the Audit and Risk Committee ensures that audit recommendations and recommendations from related external review bodies are implemented.

The organisation has a current Risk Management Plan. The Plan covers all known risk areas including:

- Leadership and management
- Clinical care
- Health of population
- Finance (including fraud prevention)
- Information Management
- Workforce
- Security and safety
- Facilities and asset management
- Emergency and disaster planning
- Community expectations

### **Audit and Risk Committee**

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

- 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 Chairperson of the SVHA Audit and Risk Committee is Ms Anne McDonald. The Chief Executive Officer (Public Hospitals Division) attends all meetings of the Audit and Risk Committee unless on approved leave.

The Audit and Risk Committee met on six occasions during the financial year.

The Chairperson of the committee has right of access to the Secretary of the NSW Ministry of Health.

## **QUALIFICATIONS TO THE GOVERNANCE ATTESTATION STATEMENT**

### **Item 1: Set clear accountabilities for management and service delivery – 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.

#### **Progress**

Approved by the NSW Ministry of Health.

#### **Remedial Action**

Nil required.

### **Item 2: Set clear accountabilities for management and service delivery – Delegations of authority**

#### **Qualification**

SVHS operates under the St Vincent's Health Australia (**SVHA**) Public Hospitals Division Delegations of Authority Manual as amended from time to time.

SVHN does not adopt the NSW Ministry of Health Manual of delegations (currently PD2012-059).

The SVHA Public Hospitals Division Delegations of Authority Manual specifically requires SVHS to adhere to applicable NSW Ministry of Health policies and directives in addition to any delegations obligations set out in the manual.

#### **Progress**

N/A

#### **Remedial Action**

N/A

### **Item 3: Set clear accountabilities for management and service delivery – 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

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**Remedial Action**

Nil Required

**Item 4: Promote professional and ethical decision making and 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: Promote professional and ethical decision making and conduct – Core Values**

**Qualification**

SVHN 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: Promote professional and ethical decision making and conduct – NSW Ministry of Health – employment related policy directives**

**Qualification**

SVHN 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 SVHA Public Hospitals Division Delegations of Authority Manual.

SVHN 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.

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**Remedial Action**

Nil Required

**Item 7: Review the financial and service delivery performance of the network - Finance and Audit – *Public Finance and Audit Act 1983*.**

**Qualification**

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

**Progress**

N/A

**Remedial Action**

N/A

**Item 8: Review the financial and service delivery performance of the Network – Policy directives – Finance**

**Qualification**

SVHN 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 Ministry under the annual Services Agreement;
- SVHS not being subject to the Public Finance and Audit Act 1983;
- SVHS being subject to the Corporations Act and the fact that accounts are prepared as part of the SVHA Group;
- The SVHA Public Hospitals Division Delegations of Authority Manual.

**Progress**

Communicated to NSW Ministry of Health on 21 April 2017.

**Remedial Action**

Nil Required

**Item 9: Review the financial and service delivery performance of the Network - Policy directives - Procurement**

**Qualification**

SVHS forms part of SVHA procurement group activities and governance. SVHN elects to participate in NSW State Contracts (not mandatory). 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.

SVHN is committed to the key principles set out in the NSW procurement 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 SVHA Public Hospital Division Delegations of Authority 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's then Director General.

#### **Progress**

Communicated to NSW Ministry of Health on 21 April 2017.

#### **Remedial Action**

Nil Required

### **Item 10: Recognise and manage risk – Compliance with legislation and policy**

#### **Qualification**

SVHS operates a comprehensive legislative compliance program as part of the SVHA group. The legislative compliance project operates through the Riskman™ system and requires responsible executives to report against applicable legislation. Reporting to SVHA Board currently occurs every two years. Reporting last occurred in 2017.

#### **Progress**

Communicated to NSW Ministry of Health on 21 April 2017.

#### **Remedial Action**

Nil Required

### **Item 11: Recognise and manage risk – Significant Legal Matters**

#### **Qualification**

The Significant Legal Matters and Management of Legal Services PD2007-003 policy applies to SVHN as an affiliated health organisation. The key obligation is to ensure that the General Counsel is notified of Significant Legal Matters.

SVHN 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: Recognise and manage risk – Privacy and GIPA**

#### **Qualification**

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

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: Recognise and manage risk - State Records Act 1988**

#### **Qualification**

SVHS has formed the view that there is some ambiguity about whether it is a “public office” under the *State Records Act 1988*. 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.

#### **Progress**

Communicated to NSW Ministry of Health on 21 April 2017.

#### **Remedial Action**

Nil Required

### **Item 14: Recognise and manage risk – Information Technology Services**

#### **Qualification**

Information Technology Services are provided in respect of SVHN through SVHA. SVHA is subject to legislative and contractual and common law requirements and internal SVHA group requirements including the SVHA Delegations Manual. SVHS does utilise some NSW Health IT services including Oracle and HETI Online.

SVHA adopts its own policy documentations for Information Technology Services which align with NSW Ministry of Health policies to enable compliance with the above requirements.



**Progress**

Nil required.

**Remedial Action**

Nil Required

**Item 15: Recognise and manage risk – Identifying and managing gaps in relation to compliance by SVHS with NSW Ministry of Health policies**

**Qualification**

- a) SVHS is bound by NSW Ministry of Health policy directives to the extent applicable to SVHS including as an affiliated health organisation and public health organisation, and to the extent that it can comply under prevailing legislation.
- b) 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.
- c) SVHS and the Ministry of Health agree to work on developing a framework that is intended to:
  - i) assist SVHS and affiliated health organisations with interpreting and complying with NSW Ministry of Health policies wherever possible and where intended by the NSW Ministry of Health;
  - ii) establish a process for seeking clarification from the NSW Ministry of Health on the application of any particular policy as and when it arises;
  - iii) establish the forum for seeking review by the NSW Ministry of Health of policies which SVHS submits should not apply to it in full or in part.
- d) It is intended that the process be reviewed annually in line with the annual review of the written Service Agreement to ensure that the framework and principles set out in it are operating effectively for both SVHS and the NSW Ministry of Health.

**Progress**

Draft framework communicated to NSW Ministry of Health on 21 March 2017.

**Remedial Action**

Nil Required

**Item 16: Recognise and manage risk – Risk Management Policy and Framework**

**Qualification**

The Risk Management – Enterprise-Wide Risk Management Policy and Framework – NSW Health PD2015\_043 is stated to apply to Affiliated Health Organisations (amongst others).

SVHS has adopted the SVHA Risk Management Framework and SVHA Risk Management Policy which aligns with the principles underlying PD2015\_043 but provides for escalation and management of organisational risk to and from the SVHA Board.

**Progress**

Nil required.

**Remedial Action**

Nil Required

**Item 17: Recognise and manage risk – Manual Protecting People and Property**

**Qualification**

SVHS' Security Escort System does not possess certain features outlined in NSW Ministry of Health's manual 'Protecting People and Property - NSW Health Policy and Standards for Security Risk Management in NSW Health Agencies' Chapter 11.

An independent subject matter expert has analysed the existing system against a number of other supporting criteria, including by conducting repeated multiple alarm activation tests on site, and upon an audit of the results attest performance standards as being fit for intended purpose and compliant with Chapter 11.

**Progress**

Correspondence, including independent letter of certification, submitted to the Secretary, NSW Ministry of Health in November 2018.

**Remedial Action**

Nil Required

**Item 18: Smoke-free Health Care Policy**

**Qualification**

Express powers to make *Smoke Free Environment Act 2000* (NSW) by-laws are given to LHDs under the *Health Services Act 1997* (NSW). However, the same express powers are not given to AHOs. In line with this, the NSW Health Smoke-Free Health Care Policy PD2015\_003 applies to AHOs, except in relation to the creation of by-laws. This was raised by SVHS by letter to the NSW Ministry of Health in 2017 seeking clarification regarding SVHS's ability to make by-laws to regulate or prohibit smoking at premises under its control. Clarification was provided by the NSW Ministry of Health confirming the position under the legislation and PD2015\_003, that SVHS does not have the power to make smoke free by-laws.

SVHS has adopted and complies with PD2015\_003 to the extent authorised. SVHS premises are smoke-free, with appropriate measures taken to ensure compliance with the policy.

**Progress**

Correspondence with Secretary, NSW Ministry of Health in 2017, with correspondence continuing.

## Qualification

SVHS is of the view that as an AHO it is not subject to the *Public Interest Disclosures Act 1994* (NSW) or PD 2016\_027 as it does not satisfy the definitions of 'public authority' or 'public official' under the Act. Despite this, SVHS seeks to act in accordance with the principles of the Act and PD 2016\_027 where applicable. SVHS manages concerns of inappropriate behaviour on the part of its staff through internal HR 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, the Health Care Complaints Commission and the Independent Commission Against Corruption. SVHS also reports any significant legal issues to the NSW Ministry of Health in accordance with PD 2017\_003 'Significant Legal Matters and Management of Legal Services'.

As SVHS is not a "public authority" for the purposes of the *Government Information Public Access Act 2009* (NSW) (GIPA) SVHS does not report Government Information Contraventions.

## Progress

N/A

## Remedial Action

Nil Required



**Mr Paul McClintock AO**  
Chairperson  
St Vincent's Health Australia

Date: 28 October 2019



**Associate Professor Anthony Schembri**  
Chief Executive Officer  
St Vincent's Hospital Sydney Limited

Date 28.10.19