



ST VINCENT'S
Better and fairer care. Always.

UNDER THE STEWARDSHIP OF MARY AIKENHEAD MINISTRIES



Modern Slavery Statement

1 January 2024 - 31 December 2024

Disclosure

This is a joint statement made on behalf of St Vincent's and covers the following entities it owns or controls:

St Vincent's Health Australia Ltd
ABN 75 073 503 536

on its own behalf and on behalf of the following subsidiary or affiliated entities:

St Vincent's Hospital Sydney Limited
ABN 77 054 038 872

St Vincent's Hospital (Melbourne) Limited
ABN 22 052 110 755

St Vincent's Private Hospitals Ltd
ABN 61 083 645 505

***St Vincent's Private Hospital Sydney**
ABN 99 269 630 262

St Vincent's Care Services Ltd
ABN 50 055 210 378

St Vincent's Healthcare Ltd
ABN 46 095 382 791

St Vincent's Community Health Ltd
ABN 36 054 594 375

*affiliated entity



Reconciliation: Towards excellent health, happiness and equality, 2016
Bianca Beeton, Vicki Couzens and Jeffery Samuels in collaboration with 48 SVHA staff members

Better and
fairer care.
Always.



St Vincent's recognises the Traditional Custodians of the land on which its many sites are located. We pay our respects to Elders past and present and welcome all Aboriginal and/or Torres Strait Islander people to our places of care.

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A message from our Chair

Mr Paul McClintock AO

We are pleased to present our fifth statement, as we continue our journey to raise awareness about modern-day slavery within our health settings, the broader healthcare sector, and the community. This year, we have adopted a new format to showcase progress and challenges, referencing risks from previous statements, while providing updates on activities and related challenges.

Our review of practices and policies identified areas of improvement. Employee feedback indicated outdated training that lacked health-sector applications and required targeted development. We continue collaborating with the Australian Catholic Religious Against Trafficking Humans (ACRATH), Australian Federal Police (AFP), and the Office of Anti-Slavery Commissioner, NSW. These partnerships provide expert knowledge and opportunities for co-creation with individuals who have lived experiences and clinical expertise. Our new alliance with the University of Notre Dame helps enhance our offerings by developing healthcare-specific learning modules.

On the supply chain front, progress has been challenging, with only one-fourth of the high-risk suppliers onboard Sedex for risk assessment. Recognising the limitations of this single-platform approach, we continue to work with the Australian Catholic Anti-Slavery Network (ACAN) to implement a multi-platform strategy incorporating all high-risk suppliers. Further, we are developing direct relationships with suppliers to facilitate information exchange beyond surveys, without relying on platforms. Feedback

from key clinical suppliers is encouraging, and we plan to extend this initiative across high-risk supply chains by 2028.

With Commonwealth funding under the National Action Plan for Combatting Modern Slavery (Round 2, 2023-2025), we are training frontline staff across our facilities. The pilot program identified several slavery survivors, with a third previously unrecognised or misidentified as domestic violence victims. This highlights the crucial role of healthcare in survivor identification. We continue to address these challenges and share our findings with stakeholders across the anti-slavery sector, including the UN Special Rapporteur on Contemporary Forms of Slavery and the health-sector Community of Purpose initiative led by the Office of Anti-Slavery Commissioner, NSW.

To evaluate our progress in tackling modern slavery risks, we adopted new assessment methods, including a traffic light system and dashboards, to track supply chain screening activities. Our assessments indicate improvement but also the need for ongoing effort. We remain dedicated to improving our approach to combatting modern slavery.

A handwritten signature in black ink, appearing to read 'P. McClintock'.

Mr Paul McClintock AO
Board Chair

This Modern Slavery Statement was approved by the principal governing body of St Vincent's as defined by the Modern Slavery Act 2018 (Cth) ("the Act") and was approved on 22 May 2025.

This Modern Slavery Statement is signed by a responsible member of St Vincent's Health Australia Ltd as defined by the Act.

About St Vincent's

St Vincent's has been a leader in Australia's health and aged care landscape for more than 167 years. What started with five Sisters of Charity who arrived in the colony of New South Wales in 1838 – and opened our first hospital in 1857 – is now a unique not-for-profit social enterprise that operates two major inner-city health networks in Melbourne and Sydney, 10 private hospitals, 25 aged care facilities, and a range of virtual and home care options across three states*.

St Vincent's now comprises a team of over 30,000 people including employees, visiting medical officers (VMOs) and volunteers working from regional Queensland to Melbourne's western suburbs.

Each year across its services, St Vincent's has close to 2 million connections with patients and residents, including 1,300,000 outpatient appointments, 330,000 admissions, and 138,000 Emergency Department (ED) presentations.

Our integrated health innovation precincts in Sydney and Melbourne host globally-renowned medical institutes, all founded by St Vincent's, including the Victor Chang Cardiac Research Institute, the Garvan Medical Research Institute, the St Vincent's Institute of Medical Research, the Aikenhead Centre for Medical Discovery, the St Vincent's Centre for Applied Medical Research, and the Nursing Research Institute.

Our services, clinicians and researchers have been behind some of Australia's most important medical breakthroughs. With more than 5,700 hospital, residential aged care and virtual beds, our public health networks are major referral centres for rural and regional

communities. We provide specialised emergency and trauma services in inner-city Sydney and Melbourne, along with smaller EDs in metropolitan and regional centres. And we are known for our surgical capacity in all three states providing world-class services in heart and lung transplantation, orthopaedics, neurosurgery, cardiothoracic and cancer care. We are national leaders in palliative care, diabetes, genomic medicine, aged care and bio-medical engineering.

Underpinning everything we do is our mission to provide care, first and foremost, to people who are experiencing social inequality. Today, St Vincent's is a leading provider of services to people experiencing homelessness, people with alcohol and other drug dependence, people living with mental illness, First Nations peoples, and correctional health patients.

The St Vincent's promise to its people, patients, residents, partners, and the broader community is to provide better and fairer care, always.

* as at 31 December 2024

**2 major public
hospital networks**

**10 private
hospitals**

25*
aged care facilities

6
co-located research institutes

3,172
hospital and virtual beds

2,537*
residential aged care beds

30,000
people

2 million
connections with patients
and residents

Our mission

We express God's love through the healing ministry of Jesus. We are especially committed to people who are poor or vulnerable.

Our vision

Every person, whoever and wherever they are, is served with excellent and compassionate care, by a better and fairer health and aged care system.

Our values



Compassion

Our care is an act of love. We are present to and accompany people as they are, and as they need.



Justice

Our pursuit of what is right and just empowers us to speak and act with courage on behalf of those in need.



Integrity

Our actions and decisions are transparent and aligned with our values.



Excellence

Our services are safe and evidence-based, and we continually seek to improve in everything we do.

The following are wholly owned subsidiaries of St Vincent's Health Australia Ltd:

- St Vincent's Hospital Sydney Limited
- St Vincent's Hospital (Melbourne) Limited
- St Vincent's Private Hospitals Ltd
- St Vincent's Care Services Ltd
- St Vincent's Community Health Ltd
- St Vincent's Healthcare Ltd

The following is an affiliated hospital:

- St Vincent's Private Hospital Sydney

The parent company of the group is

St Vincent's Health Australia Ltd ABN 75 073 503 536.

St Vincent's annual revenue for the financial year 2023-2024 can be noted at the [ACNC Register](#).

Our structure, operations and supply chains

Our structure

St Vincent's is a group of not-for-profit non-listed entities. St Vincent's Health Australia Limited is a public company limited by guarantee and is registered with the Australian Charities and Not-for-profits Commission.

St Vincent's is governed by a Board of Directors ("Board"). The Board exists to ensure there is effective integration and growth of the mission of Mary Aikenhead Ministries throughout the health and aged care services and to govern the St Vincent's group of companies pursuant to the Australian Charities and Not-for-profits Commission Act 2012 (Cth), canon law, and all other relevant civil legislation. 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 day-to-day running of St Vincent's is the responsibility of the Executive Leadership Team led by the Group Chief Executive Officer.

Board of Directors

The Board is accountable for its key purpose to The Trustees of Mary Aikenhead Ministries ('TMAM'). Mary Aikenhead Ministries builds on the charism and traditions of the Sisters of Charity and Mary Aikenhead, founder of the Sisters of Charity. The Trustees are the canon law and civil stewards of SVHA. All Directors serve as independent non-Executive Directors and are appointed by TMAM.

Board Committees

All Board Committees operate under their own Charter which is approved by the Board. Committees are permitted to appoint external experts to assist them in their consideration of matters. The Board is supported by seven standing Committees: Audit & Risk; Finance & Investment; Mission, Ethics & Advocacy; People & Culture; Clinical Governance & Experience; Research & Education; and Aged Care.

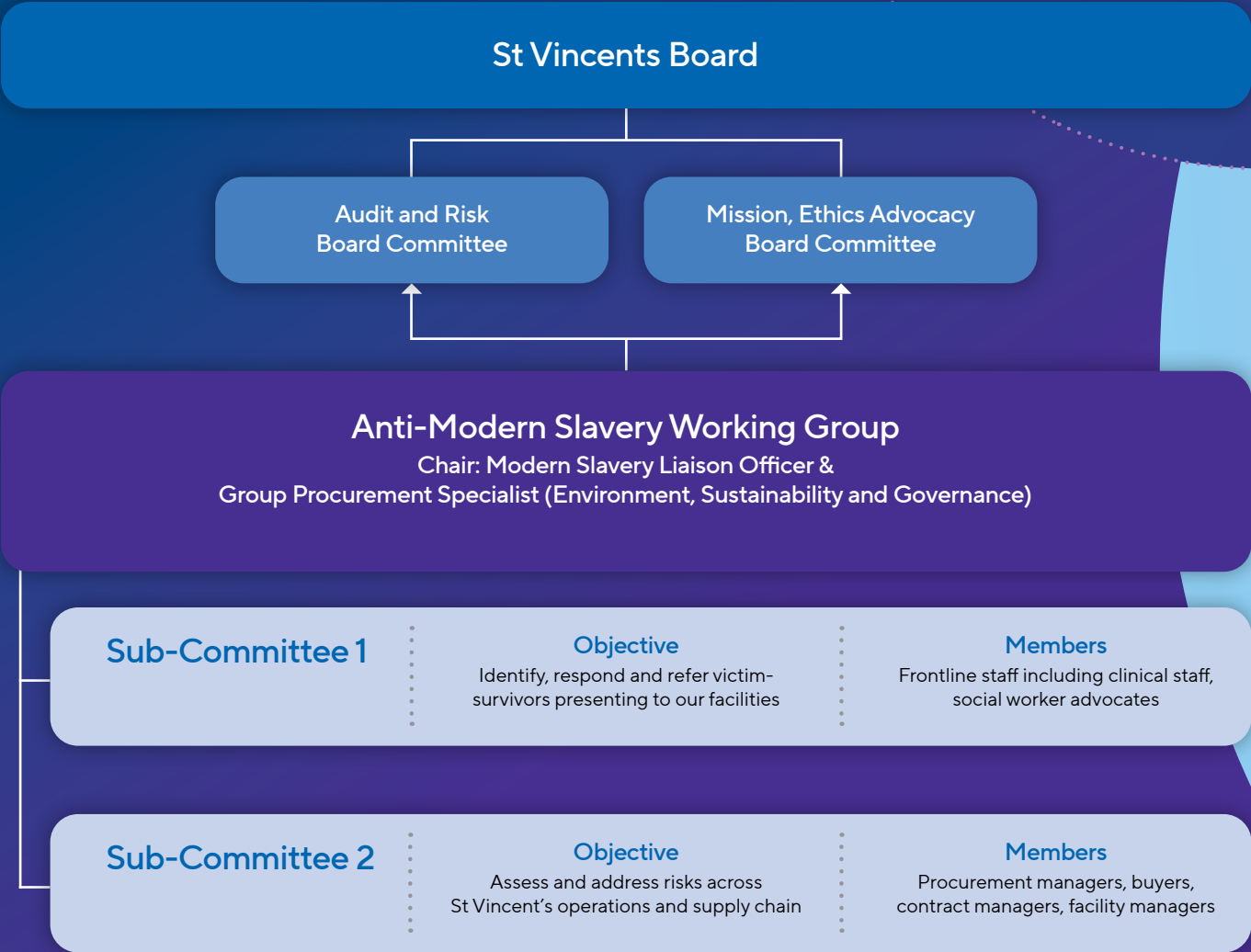
The St Vincent's Modern Slavery governance framework

The Anti-Modern Slavery Working Group (MSWG) at St Vincent's is convened by our Modern Slavery Liaison Officer, a dedicated resource focused on anti-modern slavery efforts across the organisation's operations and supply chain, including the risk framework and mitigation activities.

The MSWG is sponsored by our St Vincent's Group Mission Leader who advocates this work to the organisation's Mission, Ethics and Advocacy Board Committee. The MSWG is also sponsored by our Group Chief Financial Officer for the governance of risks across the supply chain and operations, who then sponsors the Modern Slavery Statement to the Board Audit and Risk Committee, and subsequently to the full St Vincent's Board.

This year, we restructured the MSWG subcommittees to better align with our organisation's evolving needs. Below, we present details of our revised MSWG framework. These subcommittees meet to progress specific projects or as needed.

Our Modern Slavery Governance Framework



Our operations

St Vincent’s is a unique not-for-profit social enterprise that operates two major inner-city health networks in Melbourne and Sydney, 10 private hospitals, 25* aged care facilities – with more than 5,700* hospital and residential aged care beds – and a range of virtual and home care options across NSW, Victoria and Queensland.

Our integrated health innovation precincts in Sydney and Melbourne house globally-renowned medical institutes, all founded by St Vincent’s, including the Victor Chang Cardiac Research Institute, the Garvan Medical Research Institute, the St Vincent’s Institute of Medical Research, the Aikenhead Centre for Medical

Discovery, the St Vincent’s Centre for Applied Medical Research, and the Nursing Research Institute. Across our hospitals and co-located institutes, the St Vincent’s research footprint is one of the biggest in Australia with 2,500 researchers and 3,000 annual publications.

* as at 31 December 2024



Our locations



Our national services

- Hospital in the Home (HITH)
- Residential In-reach Program
- GEM@Home
- Cancer@Home
- Pallcare@Home
- Rehab@Home
- Transition Care Program
- Domiciliary Allied Health
- Community Nursing and Post Acute Care
- Home Care Packages
- Telehealth and telemedicine
- THIS WAY UP
- HealthMonitor
- Commonwealth Home Support Program



Queensland

Our private hospitals

- St Vincent's Private Hospital Northside
- St Vincent's Private Hospital, Brisbane
- St Vincent's Private Hospital, Toowoomba

Foundations

- St Vincent's Foundation Queensland

Our care services

- St Vincent's Care Bardon
- St Vincent's Care Boondall
- St Vincent's Care Carina
- St Vincent's Care Carseldine
- St Vincent's Care Corinda
- St Vincent's Care Kangaroo Point
- St Vincent's Care Mitchelton
- St Vincent's Care Toowoomba
- St Vincent's Care Southport
- St Vincent's Care Arundel
- St Vincent's Care Maroochydore
- St Vincent's Care Gympie
- St Vincent's Care Douglas (Townsville)*

* as at 31 December 2024



New South Wales

Our public health hospitals and services

- St Vincent's Hospital Sydney
- Sacred Heart Health Service
- St Vincent's Correctional Health Parklea

Our private hospitals

- Mater Hospital, North Sydney
- St Vincent's Private Hospital, Sydney
- St Vincent's Private Community Hospital, Griffith
- St Vincent's Clinic

Our care services

- St Vincent's Care Haberfield
- St Vincent's Care Heathcote
- St Vincent's Care Auburn
- St Vincent's Care Bronte
- St Vincent's Care Edgecliff
- St Vincent's Care Yennora

Research

- Garvan Institute of Medical Research
- Victor Chang Cardiac Research Institute
- St Vincent's Centre for Applied Medical Research
- Nursing Research Institute

Foundations

- St Vincent's Curran Foundation
- Friends of the Mater



Victoria

Our public health hospitals and services

- St Vincent's Hospital Melbourne
- St Vincent's on the Park
- Caritas Christi
- St George's Health Service
- Berengarra
- Auburn House
- Prague House

Our private hospitals

- St Vincent's Private Hospital, East Melbourne
- St Vincent's Private Hospital, Fitzroy
- St Vincent's Private Hospital, Kew
- St Vincent's Private Hospital, Werribee

Our care services

- St Vincent's Care Hawthorn
- St Vincent's Care Kew
- St Vincent's Care Eltham
- St Vincent's Care Werribee

Research

- The Aikenhead Centre for Medical Discovery
- St Vincent's Institute of Medical Research

Foundations

- St Vincent's Foundation (Victoria)

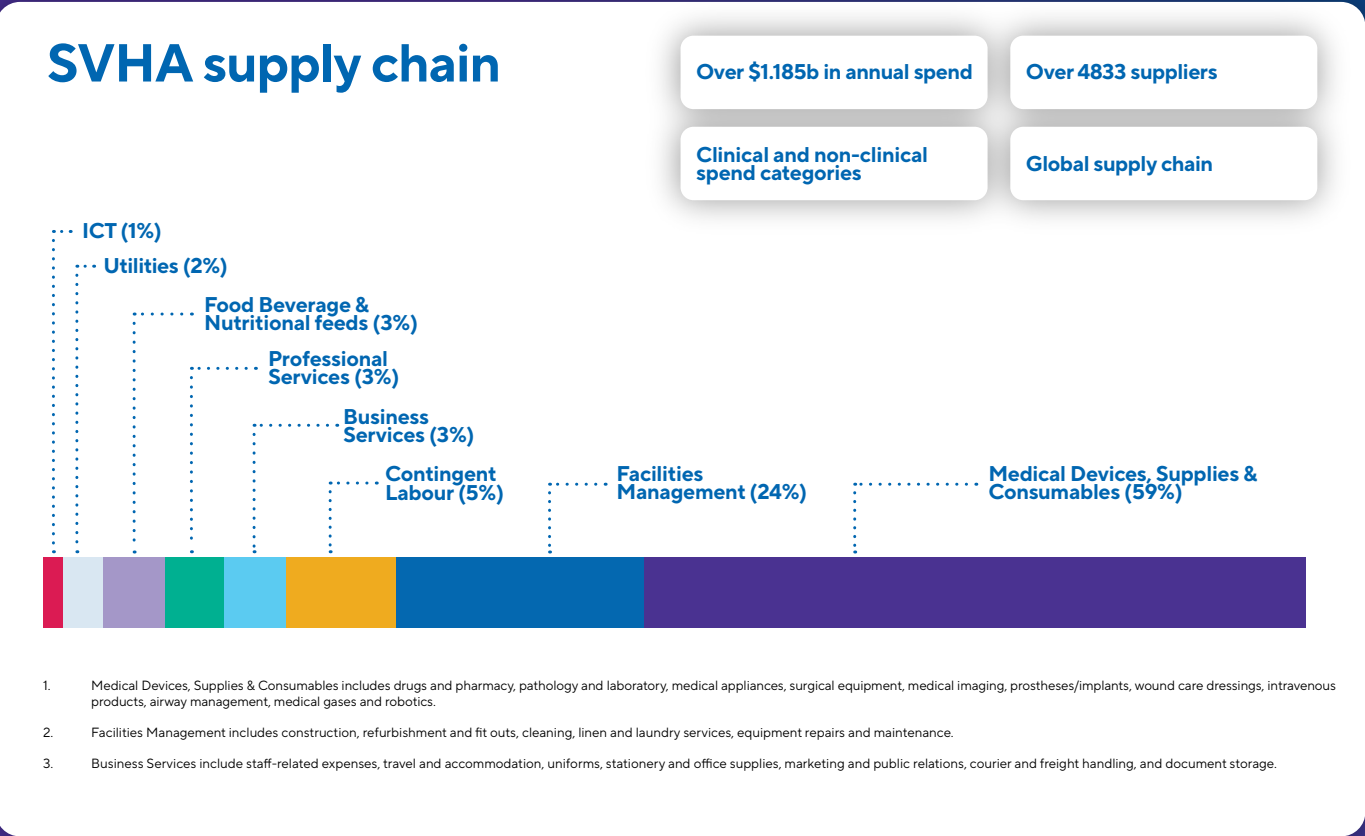
Our supply chain

St Vincent’s has a diverse and complex global supply chain. Our largest suppliers operate throughout the Asia-Pacific region, South Asia, Northern, Southern and Central America, Europe and Australia. We source over \$1.185 billion per annum in addressable spend across clinical and non-clinical goods and services from over 4833 suppliers.

Our clinical supply chain comprises general medical and surgical consumables, drugs and pharmacy, pathology and laboratory, medical devices, medical imaging, surgical equipment and prostheses/implants, wound care dressings, intravenous products, airway management, medical gases and robotics. Our non-clinical supply chain encompasses ICT, construction, facilities maintenance, cleaning, food and beverage, linen and laundry services, uniforms and equipment, servicing and repairs, contingent labour, as well as corporate overheads such as office supplies and travel.

A centrally-led procurement team, Group Procurement Services, oversees all St Vincent’s procurement and supply chain activities, including the contractual arrangements which cover clinical and non-clinical categories across the organisation. Group Procurement also manage the catalogue of material goods holding over 120,000 material items. Individual facilities are responsible for supply chain teams to manage the day-to-day purchasing and supply at a local level.

The supply chain is underpinned by over 932 formal commercial contracts.

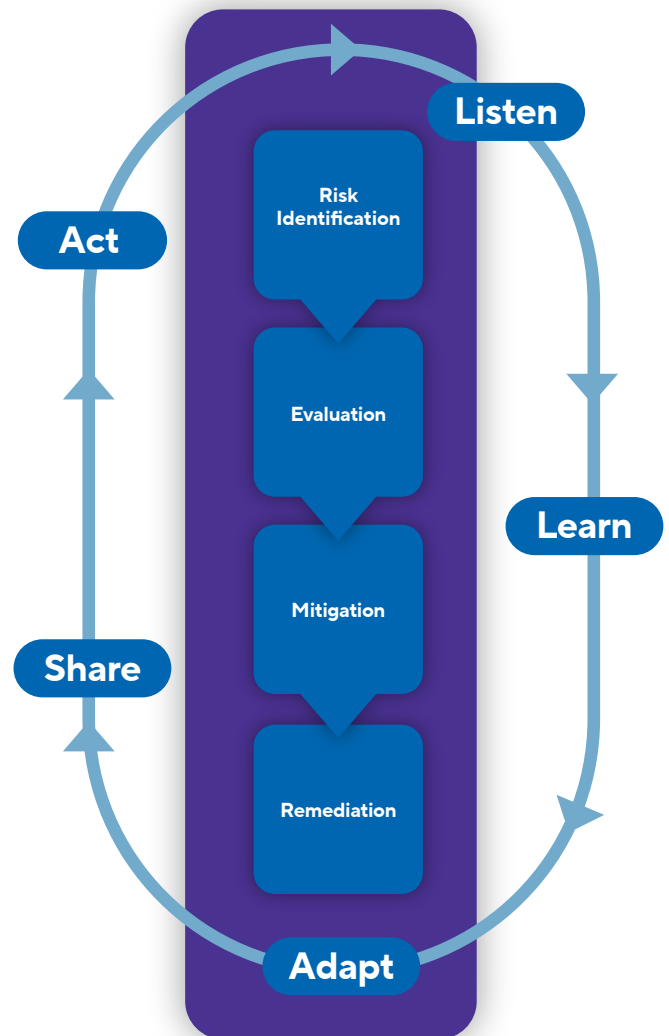


Identification of modern slavery risks in our operations and supply chain

In the last reporting period, we announced the adoption of a continuous learning framework aimed at enhancing our processes for risk identification, evaluation, mitigation, and remediation.

We remain dedicated to implementing this approach across all 16 high-risk areas within our operations and supply chain, as outlined in our previous statements. This is based on evaluation of sector-based risks, commodity risks and geo-political risks, and guided by a literature review and expanded ACAN risk taxonomy.

Sector risk plays a vital role in identifying modern slavery issues, especially in industries that depend on low-wage labour, outsourced supply chains, and high-risk procurement categories. These sectors are vulnerable to exploitation owing to their prevalent operational structures and cost pressures. Commodity risk is also significant as certain products are prone to modern slavery because of labour-intensive production processes with limited oversight. Geographic risk pertains to regions with weak labour protection, large migrant populations, or documented instances of forced labour. These areas often feature unstable political regimes and lack legal frameworks to prevent exploitation, making them appealing to unethical operators seeking profit.



Breakdown of risks across St Vincent's ecosystem



In addition to identifying high-risk spend categories, we also recognise certain segments within our operations that may be susceptible to modern slavery.

- **Intersection with Survivors of Modern Slavery and Risks to Frontline Workers:** In our earlier statement, informed by a review of the healthcare literature, we recognised the crucial role that healthcare professionals play in identifying victim-survivors of modern slavery, who are often found in the emergency departments of public hospitals because of the nature of their exploitation. As we deepen our understanding, we have realised that frontline staff, who engage with victim-survivors of severe exploitation and complex trauma, are susceptible to experiencing trauma.
- **Investments:** During the previous reporting period, we discovered that our investments might be vulnerable to modern slavery risks. We are actively working to reduce the risks associated with our investments, which amounts to \$344.87 million in FY 2024. This involves assessing how these risks are managed, coordinating with those responsible for risk management, such as external funds or asset

managers, and ensuring compliance when managed by external fund managers, as outlined by Investors Against Slavery and Trafficking Asia Pacific (<https://www.iastapac.org/>).

- **Awareness of whistleblower policies and other grievance mechanisms:** It has been observed that our direct and indirect workforce, which encompasses employees, contractors, and the personnel of our suppliers, may not be fully aware of the various secure and confidential methods available to them to report any misconduct related to modern slavery.

The measures implemented for each of these high-risk areas are detailed in the subsequent section.

Actions taken to assess and address risk

Action taken	Impact across St Vincent's	Spend categories or areas affected	Progress update
Supplier surveys	Supply chain	<ul style="list-style-type: none"> Medical devices, supplies and consumables Property and construction Food, beverages and nutritional feeds ICT hardware and printers 	<ul style="list-style-type: none"> Low completion rates, especially for large clinical suppliers; Continue to leverage ACAN Program for supplier surveys. Integrated into supplier lifecycle management process - new supplier onboarding process and annual compliance for existing suppliers
Supplier Due Diligence Program	Supply chain	<ul style="list-style-type: none"> ICT phones and communications Utilities Stationery, office supplies and uniforms Contingent Labour - nursing and non-nursing Facilities management Cleaning services and supplies Linen and laundry services Kitchen and housekeeping 	<ul style="list-style-type: none"> Continuing to work with 141 high spend high-risk suppliers (~85% of addressable spend) in the Due Diligence Program. Slow progress with Identification of suppliers' Modern Slavery Liaison contacts both globally and locally. Developing a database of desktop audits on supplier's modern slavery efforts. Establishing collaborative communication channel with high-risk suppliers' Modern Slavery Teams to discuss audit findings and address gaps Continue collaboration as a member of ACAN's Hospital Working Group
Supplier risk evaluation platform	Supply chain		<ul style="list-style-type: none"> Continue subscribing to Sedex platform (via ACAN membership) for supplier risk evaluation Exploring multiplatform strategy to improve coverage of high-risk suppliers
Procurement practices	Supply chain		<ul style="list-style-type: none"> Conducted a comprehensive review Revised tendering procedures to Incorporate a mandatory criteria in supplier selection process. Exceptions for clinical products, as are chosen by doctors based on patient outcomes, not through tenders.
Contract clauses	Supply chain		<ul style="list-style-type: none"> Reviewing contracts and updating clauses Legal Counsel overseeing the process
Staff surveys	Operations	<ul style="list-style-type: none"> Frontline healthcare staff Hiring managers Migrant staff 	<p>Developed custom surveys to assess current understanding of modern slavery risks by staff.</p> <ul style="list-style-type: none"> Frontline staff for survivor screening Hiring managers for recruitment practices Migrant workers (in partnership with Migrant Justice Institute, UNSW)

Action Taken	Impact across St Vincent's	Spend Categories or Areas affected	Progress Update
Generic Trainings	Operations	All staff	<ul style="list-style-type: none"> Existing training modules identified as outdated Lack practical application and job-specific guidance Necessitating development of targeted trainings
Targeted trainings	Supply chain and operations	<ul style="list-style-type: none"> Frontline staff Hiring managers Migrant staff Labour Hire Agencies 	<p>Launched program to create tailored training sessions. Training format: e-learning modules specifically designed for healthcare</p> <p>A. For all staff – foundational (x 1 module).</p> <p>B. For clinical staff</p> <p>i. Building clinician confidence in identifying modern slavery survivors presenting to health facilities and responding in a trauma informed way (x 4 modules; simulated case studies).</p> <p>ii. Data Capture of survivor's modern slavery indicators; Embedded in family and domestic violence process (x 1 module).</p> <p>C. For managers involved in hiring and</p> <p>D. For labour hire agencies supplying to St Vincent's</p> <p>i. Identifying modern slavery risks in recruitment of migrant workers (x 1 module).</p> <p>ii. Checklist to mitigate risks</p>
Policy review	Supply Chain & Operations	All staff, Suppliers	<p>Comprehensive review of current policies evaluating against local and international best practices within healthcare and anti-slavery sector.</p> <p>i. Modern Slavery Policy</p> <p>ii. Whistleblower Policy</p> <p>iii. Employee Code of Conduct</p> <p>iv. Supplier Code of Conduct</p> <p>Proposed amendments for review and presentation to St Vincent's Board in July 2025.</p>
Grievance mechanism and remediation channels	Supply Chain & Operations	All staff, Suppliers	<ul style="list-style-type: none"> Staff lack sufficient awareness of grievance mechanism channels Collaborating with People & Culture team to address gaps

Action Taken	Impact across St Vincent's	Spend Categories or Areas affected	Progress Update
Survivor screening and referral	Operations	Frontline staff, Patients	<p>Staff surveys revealed that more than half of the frontline staff</p> <ul style="list-style-type: none"> • Lack understanding of modern slavery • Uncertainty in identifying signs of exploitation. <p>To address this, we are</p> <ul style="list-style-type: none"> • Integrating modern slavery criteria into the existing family and domestic screening. • Collaborating with anti-slavery support services organisations for clinical referral pathway. • Building capacity – recruited eight additional clinical advocates across SVHA
Peer support for staff	Operations	Frontline staff	<ul style="list-style-type: none"> • Working with victim-survivors of severe exploitation and complex trauma could traumatize and affect staff • Hence, creating a peer support network for staff • Integrating modern slavery training into the existing Support Team Action Response (STAR) program.
Resource hub	Supply Chain & Operations	All staff	<ul style="list-style-type: none"> • Developing a centralised hub for modern slavery resources that all employees can access. • A comprehensive source for all training and materials related to modern slavery.

Case studies

Risk domain: supply chain – supplier due diligence program

Activity: Engagement with second largest clinical supplier

Spend category: Medical devices, supplies and consumables

Actions taken:

- Conducted a comprehensive desktop review of supplier's efforts to combat modern slavery
 - Examined publicly available information:
 - Previous modern slavery statements
 - Submissions to global human rights legislations
 - Integrated sustainability reports
 - Supplier codes of conduct
 - Grievance mechanism policies
 - Other directly provided information
- Utilised data to identify best practices and gaps in operations/supply chain assessments
- Presented findings to supplier's modern slavery team
- Discussed strengths and areas for improvement
- Explored implementation of Uyghur Forced Labor Prevention Act (UFLPA) for supply chain transparency and potential lessons
- Addressed supplier's main priorities for upcoming years
- Identified challenges faced by the supplier
- Explored collaborative approaches to address identified challenges

Outcome: Feedback from this engagement, along with similar interactions with other major suppliers, has been very positive. We are eager to continue this exchange of information and build upon it in the next reporting cycle.

Risk domain: both operations and supply chain

Category: Labour hire agencies (external) and Staff involved in recruitment (internal)

Risks:

- 20% of employees are working on visas
- Significant number from high-risk countries
- Migrant staff vulnerable to exploitation
- eg. deceptive recruitment practices and debt bondage

Actions taken:

- Conducted 2 separate surveys with hiring managers (internal) and labour hire agencies (external)
- Measured awareness of modern slavery risks
- Survey findings identify gaps in recruitment process for migrant employees

Outcome: Developing targeted training programs aimed at improving recruitment practices.

Audience: Internal staff and labour hire agencies

Remediation

St Vincent's is committed to timely remedy to people impacted by modern slavery in accordance with the United Nations Guiding Principles on Business and Human Rights, Commonwealth Modern Slavery Act 2018 – Guidance for Reporting Entities and relevant Australian laws.

This includes providing for, or cooperating in, actions to address harms to people and root causes to mitigate future risks if St Vincent's is found to have caused or contributed to modern slavery.

St Vincent's is a founding partner of Domus 8.7 - an independent program to provide remedy to people impacted by modern slavery. Our Board Chair is a Member of the Domus 8.7 Advisory Committee signifying our commitment. Where St Vincent's is directly linked to modern slavery by a business relationship, we are also committed to working with the entity that caused the harm to ensure remediation and mitigation of its recurrence.

We are working on integrating Domus 8.7 through the assessment, investigation and implementation of a remediation process in instances where suspicions of modern slavery may come to our attention through whistle-blower or other channels.



Assessing effectiveness

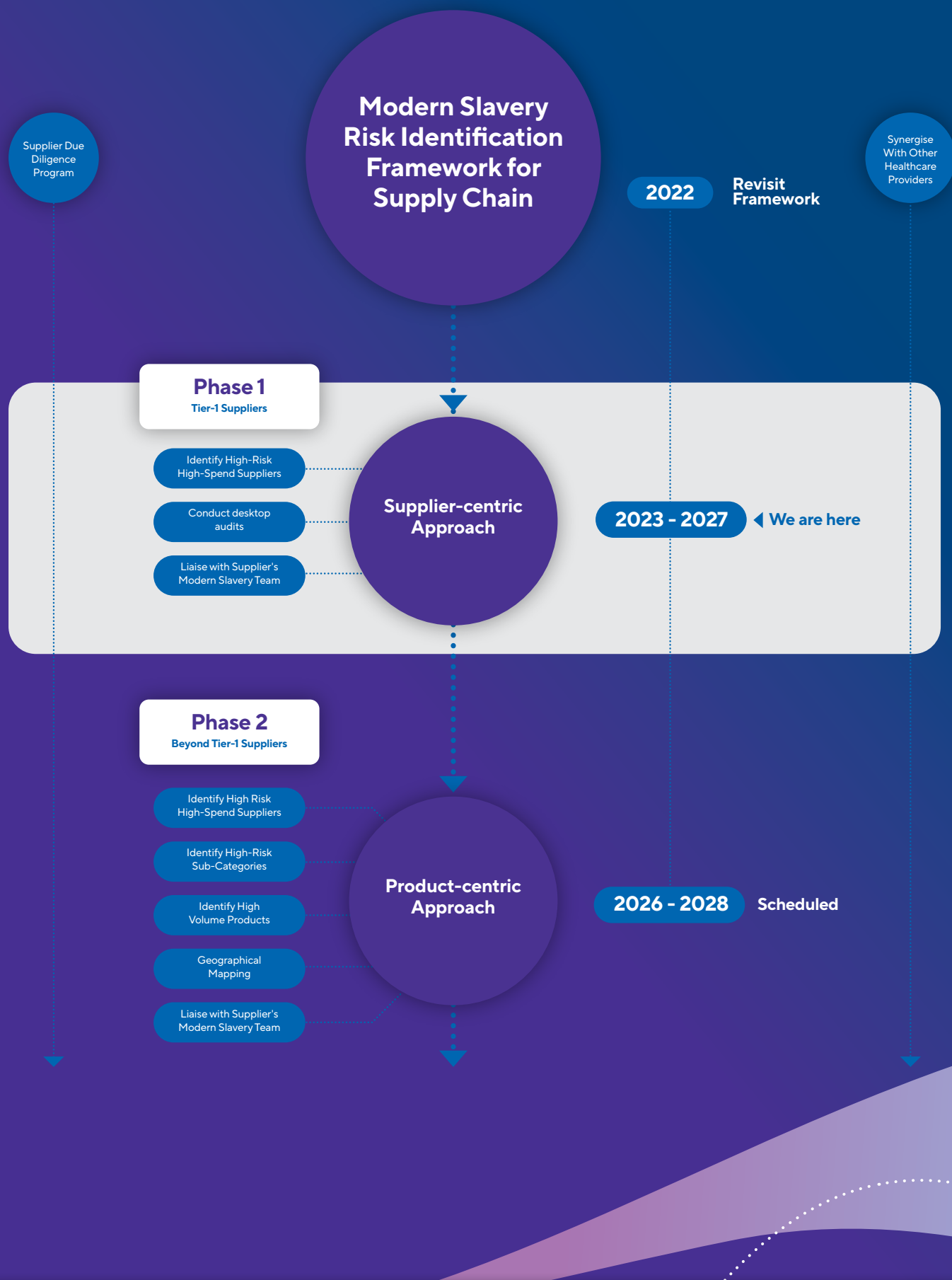
In our previous statement, we outlined the ongoing learning framework integrated into our current understanding of the issues and challenges related to addressing modern slavery, aimed at developing an effectiveness assessment framework. We have consistently employed this framework to discern what learnings we can replicate across the organisation. Furthermore, when certain aspects fail to perform as anticipated, we identify any gaps and explore ways to enhance and change our response to these challenges.

Supplier Due Diligence Program

Recognising the intensive efforts required to implement our Supplier Due Diligence Program, we revised the previously communicated timeline. Establishing direct communication channels with modern slavery leads at high-risk suppliers, some of whom are globally based, takes longer than expected. Consequently, we extended the timeframe for completing Phase 1, which focuses on developing a supplier-centric approach until the end of 2027. Subsequently, we extended the timelines for Phase 2 to 2028, during which we plan to delve deeper into the supply chains of these direct tier 1 suppliers and conduct a high-risk product-centric due diligence.



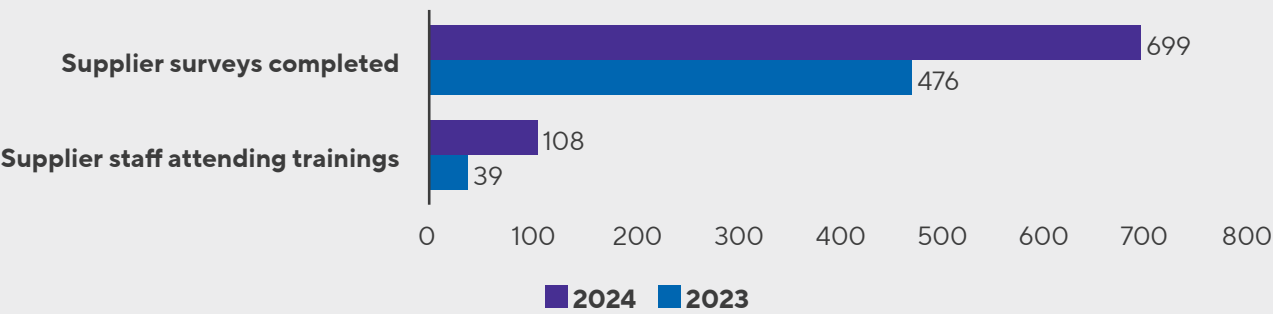
Supplier Due Diligence Program timeline



Supplier Risk Assessment

Below we provide a foundational assessment of supplier engagement, transparency, and modern slavery risk management. It helps identify key trends, areas requiring further attention, and opportunities for strengthened due diligence. The data points included reflect both supplier visibility and compliance activities.

ACAN facilitated surveys and trainings



Sedex progress



Patients-survivors screening

In the past year, 13 individuals who had endured modern slavery were identified in public hospitals across Melbourne and Sydney.

These cases involved various forms of exploitation, with nearly every survivor experiencing multiple types of exploitation. Approximately 70% of these individuals were victims of human trafficking, and nearly half of them showed signs of sex trafficking, domestic servitude, or forced marriage. Additionally, more than one-third of the survivors exhibited indicators of family and domestic violence, disability, and mental health issues. Regarding post-discharge support, more than half of the survivors were assisted by the Red Cross's Support for Trafficked People program and over two-thirds received help from other community support service organisations. a remediation process in instances where suspicions of modern slavery may come to our attention through whistle-blower or other channels.



Dashboard patients screening 2024

of Modern Slavery Survivors Identified

13

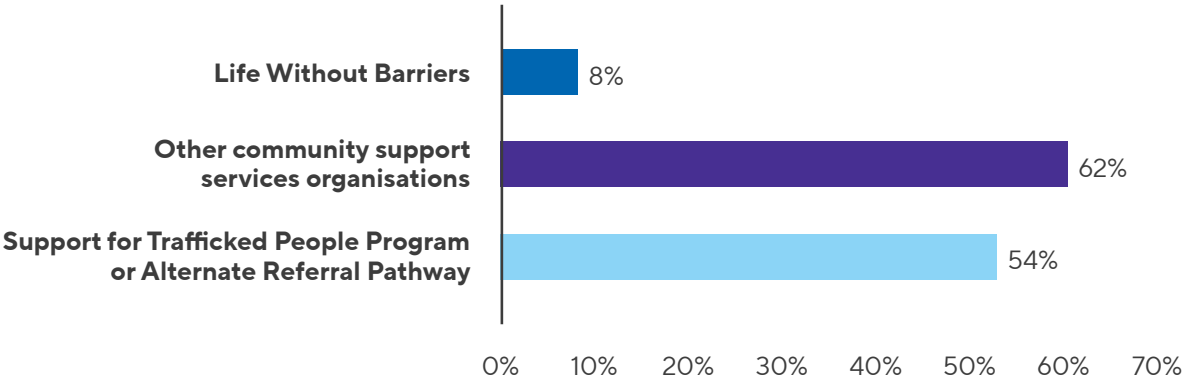
Exploitation Types

Human Trafficking	69%
Sex Exploitation/Servitude	46%
Child Exploitation	31%
Domestic Servitude	46%
Forced Marriage	46%
Forced Labour	23%
Deceptive Recruitment	08%
Debt Bondage	15%

Overlaps

Family and Domestic Violence	38%
First Nations	08%
Disability	38%
Mental Health	31%
Other attributes	
Not identified despite multiple presentations to other health care in the past	38%
Mis-identified as Family and Domestic Violence	31%
Not consented to be referred to Federal Police	31%

Anti-Slavery Referral Statistics



Outcome of effectiveness assessment

During the previous reporting period, we implemented four pillars as a standardised framework to assess the success of our initiatives.

Pillar 1 – Governance and Compliance

- Defines the core structure and policies that steer our initiatives, stressing the significance of accountability and well-defined duties.
- Reviews the comprehensive strategies and efforts to address and mitigate the overall risks of modern slavery.

Pillar 2 – Operations

- Focuses on internal practices and how effectively we manage risks within our day-to-day activities.

Pillar 3 – Supply Chain

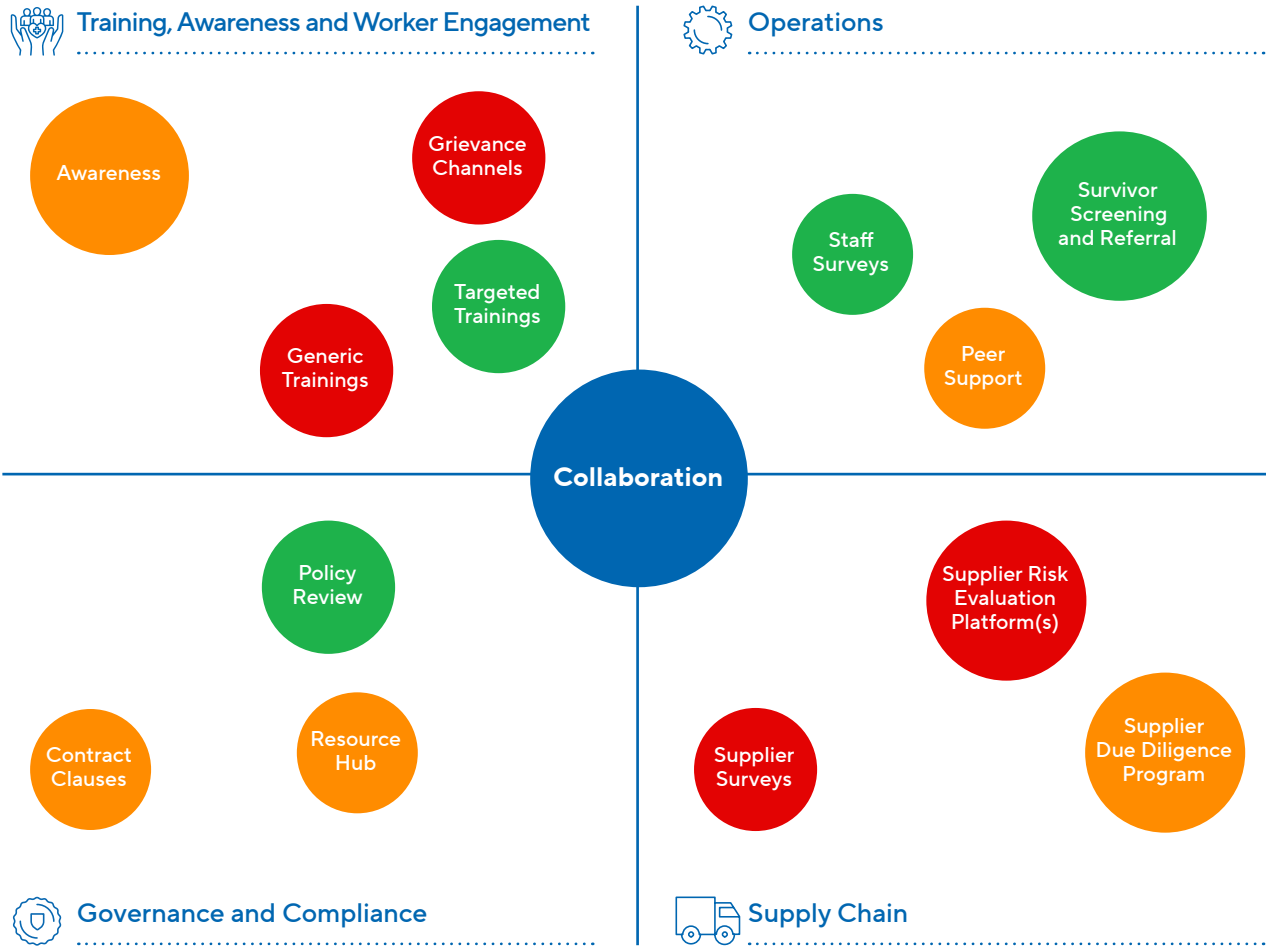
- Examines our external partnerships, including supplier engagement and the mechanisms in place to assess and mitigate risks within supply chain.

Pillar 4 – Training, Awareness and Worker Engagement

- Addresses how we manage worker engagement and the standards upheld to prevent exploitation.



Overall progress evaluation



We employ a traffic light system to manage various activities across these 4 pillars, offering a clear visual representation of their status and enabling swift identification of areas needing attention.

Green activities are celebrated as successes, indicating they are on track and functioning well.

Amber activities highlight areas where additional effort or resources may be necessary, often requiring prompt, proactive measures to address potential issues before they escalate.

Red activities demand immediate action, typically involving a re-assessment of strategies and implementation of alternative approaches to correct the situation.

Reflecting on our position from three years ago, we have significantly enhanced our understanding of the risks inherent in our supply chain and operations. Nonetheless, we continue to encounter obstacles in effectively mitigating these risks.

We currently evaluate our overall effectiveness as **Amber**

Process of consultation with entities owned or controlled

Consultation as between the parent company of St Vincent's Health Australia Ltd and its subsidiaries and affiliates in the preparation of this statement has taken place via the Board and ELT (as described in Criterion 2), the Group Procurement team, as well as the Board's Mission Ethics and Advocacy Committee, the Audit and Risk Committee, and the Anti-Modern Slavery Working Groups which comprise staff representing different group entities, facilities and group functions.

Considering these structures, St Vincent's considers it is reasonable and appropriate for the parent company to provide this joint statement on behalf of all reporting entities in the group, including a consolidated description of their actions to address modern slavery risks.



Any other relevant information

We have consistently worked to raise awareness about collaborative opportunities within the healthcare sector to combat modern slavery. Our efforts include:

- Participating in the Commonwealth-funded grant project under the National Action Plan to Combat Modern Slavery (Round 2, 2023-2025), which focuses on screening survivors who present at healthcare facilities and addressing risks in the recruitment process for migrant workers in healthcare.
- Member of the Community of Purpose initiative, “It’s Healthy to Fight Modern Slavery”, led by the Office of the Anti-Slavery Commissioner, NSW, which emphasises the crucial role frontline healthcare workers play in identifying and assisting individuals at risk of or experiencing modern slavery.
- Meeting with the United Nations Special Rapporteur on Contemporary Forms of Slavery, Dr. Tomoyo Obokata, to present insights and suggestions for enhancing the health sector’s involvement in combating slavery.



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Always.



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