



ST VINCENT'S
Better and fairer care. Always.

UNDER THE STEWARDSHIP OF MARY AIKENHEAD MINISTRIES

Modern Slavery Statement

1 January – 31 December 2025

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

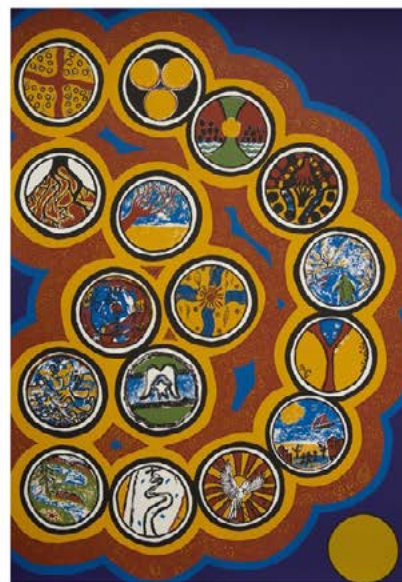
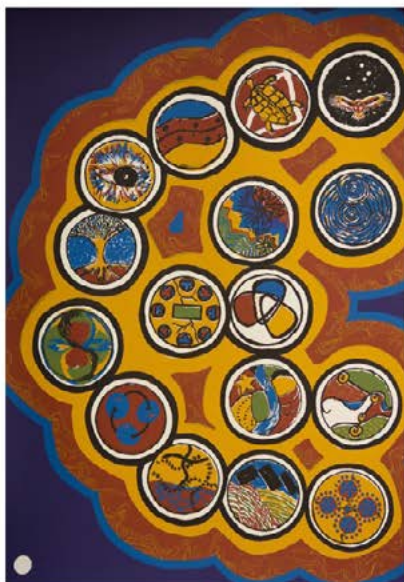
**affiliated entity*

Contact for Modern Slavery

SVHA Modern Slavery
Liaison Officer
antimodernslavery@svha.org.au

Level 22, 100 William St
Woolloomooloo NSW 2010

svha.org.au



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



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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Better and
fairer care.
Always.





A message from our Chair

Mr Paul O'Sullivan

As we present our sixth Modern Slavery Statement, I am pleased to reflect on the meaningful progress St Vincent's has made in deepening our commitment to combatting modern slavery - not as a compliance obligation, but as an expression of our Mission to serve those most in need.

This year has been defined by a shift from awareness to action and from broad frameworks to targeted, healthcare-specific responses. Central to this evolution is how we have listened to our people. Feedback from staff made it clear that our earlier training lacked the real-world relevance that our healthcare context demands. In response, we co-designed a new suite of role-specific learning modules tailored for clinical staff, hiring managers, and labour hire agencies, co-developed in genuine partnership with survivors of modern slavery and subject matter experts such as ACRATH, the Office of the Anti-Slavery Commissioner, NSW and the University of Notre Dame. These programs draw on lived experience and clinical expertise to equip our people with the practical knowledge to recognise risk as it presents in our unique environment.

This recognition is critical at the bedside. Our Commonwealth-funded screening pilot identified survivors of modern slavery in our public hospitals, with nearly a third having previously been misidentified in other health settings, and a further third going entirely unrecognised despite repeated contact with health services. These findings are sobering and galvanising. We are scaling our frontline screening program, expanding our clinical advocacy network, and embedding modern slavery identification within our existing family and domestic violence frameworks, thereby strengthening referral pathways to specialist support services.

In our supply chain, we have moved beyond platform-based assessments toward direct bilateral engagement with our highest-risk suppliers together with ACAN and our Supplier Due Diligence Program, we are building shared intelligence for meaningful due diligence and actively listening to the challenges our suppliers face, creating a safe, collaborative space to support them where needed.

Our ongoing partnerships with ACRATH, the Office of the Anti-Slavery Commissioner NSW, and the Australian Federal Police are foundational to this work. These collaborations connect us to leading expertise, lived experiences, and cross-sector knowledge that no organisation can develop alone.

There is more to do. We remain candid about the challenges that persist and are committed to the continuous improvement this work demands. Our Mission calls us to see every person and act accordingly.

Mr Paul O'Sullivan
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 19 June 2026.

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



A message from Group Procurement

Renee Hodge

As General Manager of Group Procurement, I attest that St Vincent's Health Australia has implemented robust and evolving procurement practices to identify, assess, and address modern slavery risks across our supply chains.

In 2025, our approach has continued to mature from foundational compliance activities to a more targeted and intelligence-driven model. Through our Supplier Due Diligence Program, we are directly engaging with high-risk and high-spend suppliers, strengthening transparency and accountability across critical categories that represent the majority of our addressable spend.

We have embedded modern slavery considerations into core procurement processes, including supplier onboarding, tender evaluation, and contract management. Mandatory modern slavery criteria are now integrated into sourcing decisions, supported by updated contract clauses and a strengthened Supplier Code of Conduct that establishes clear expectations on labour practices and human rights.

Recognising the complexity and global nature of our supply chain, we have also enhanced our engagement beyond platform-based assessments. This includes direct dialogue with suppliers, collaboration with industry partners, and participation in multi-platform risk assessment strategies to improve coverage and data quality.

Importantly, our procurement function continues to play a critical role in identifying emerging risks, including those driven by geopolitical instability, regulatory changes, and evolving supplier ecosystems. We are strengthening visibility across sub-tier suppliers and aligning our practices with international best practice frameworks to ensure a consistent and proactive response to these risks.

While significant progress has been made, we acknowledge that risks persist and require ongoing vigilance, collaboration, and continuous improvement. We remain committed to leveraging our procurement influence to drive ethical practices, uphold human rights, and contribute to the elimination of modern slavery within our supply chains.

Renee Hodge
General Manager, Group Procurement
St Vincent's Health Australia

About St Vincent's

For more than 165 years, St Vincent's has been a leader in Australian health and aged care. Our story began in 1838 with five Sisters of Charity, who went on to open our first hospital in 1857. Today, we are a unique not-for-profit organisation including inner city major health networks in Melbourne and Sydney, 10 private hospitals, 25 aged care facilities, and a growing range of virtual and home care services across three states.

Our team of more than 30,000 employees, visiting medical officers (VMOs), and volunteers stretches the eastern seaboard, from regional Queensland to Melbourne's suburbs. Each year, we have over two million connections with patients and residents, including 1.3 million outpatient appointments, 330,000 admissions, and 139,000 emergency department presentations.

Our innovation precincts in Sydney and Melbourne are home to globally renowned medical institutes we established, such as the Victor Chang Cardiac Research Institute, the Garvan Medical Research Institute, and the Aikenhead Centre for Medical Discovery. Our services, clinicians, and

researchers are behind some of Australia's most significant medical breakthroughs.

Our public health networks serve as major referral centres for rural and regional communities. We provide specialised emergency and trauma services in inner-city Melbourne and Sydney and are recognised for our world-class surgical capacity in heart and lung transplantation, orthopaedics, neurosurgery, cardiothoracic, and cancer care. We are also national leaders in palliative care, diabetes, genomic medicine, aged care, and biomedical engineering.

At the heart of everything we do is our mission to express God's love to those in need, and across St Vincent's we find that patients and residents say they come to St Vincent's because of who we are. It's in the way our staff greet them and take the time to listen and care for what they need. No matter who or where you come from, everyone matters at St Vincent's.

Because of our mission to love those who are most in need, we are also a leading provider of services for people experiencing homelessness, drug and

alcohol dependence, people living with mental illness, and correctional health patients.

We are dedicated to building stronger relationships and providing better health outcomes for Aboriginal and Torres Strait Islander peoples and communities across all our services.

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

The parent company of the group is St Vincent's Health Australia Ltd ABN 75 073 503 536.

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

St Vincent's annual revenue for the financial year 2024-2025 can be noted at the ACNC Register.

2 major public networks

10 private hospitals

30,000
people

2 million
connections with patients and residents

2467
residential aged care beds

25
aged care facilities

6
co-located institutes



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, wherever 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.

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.

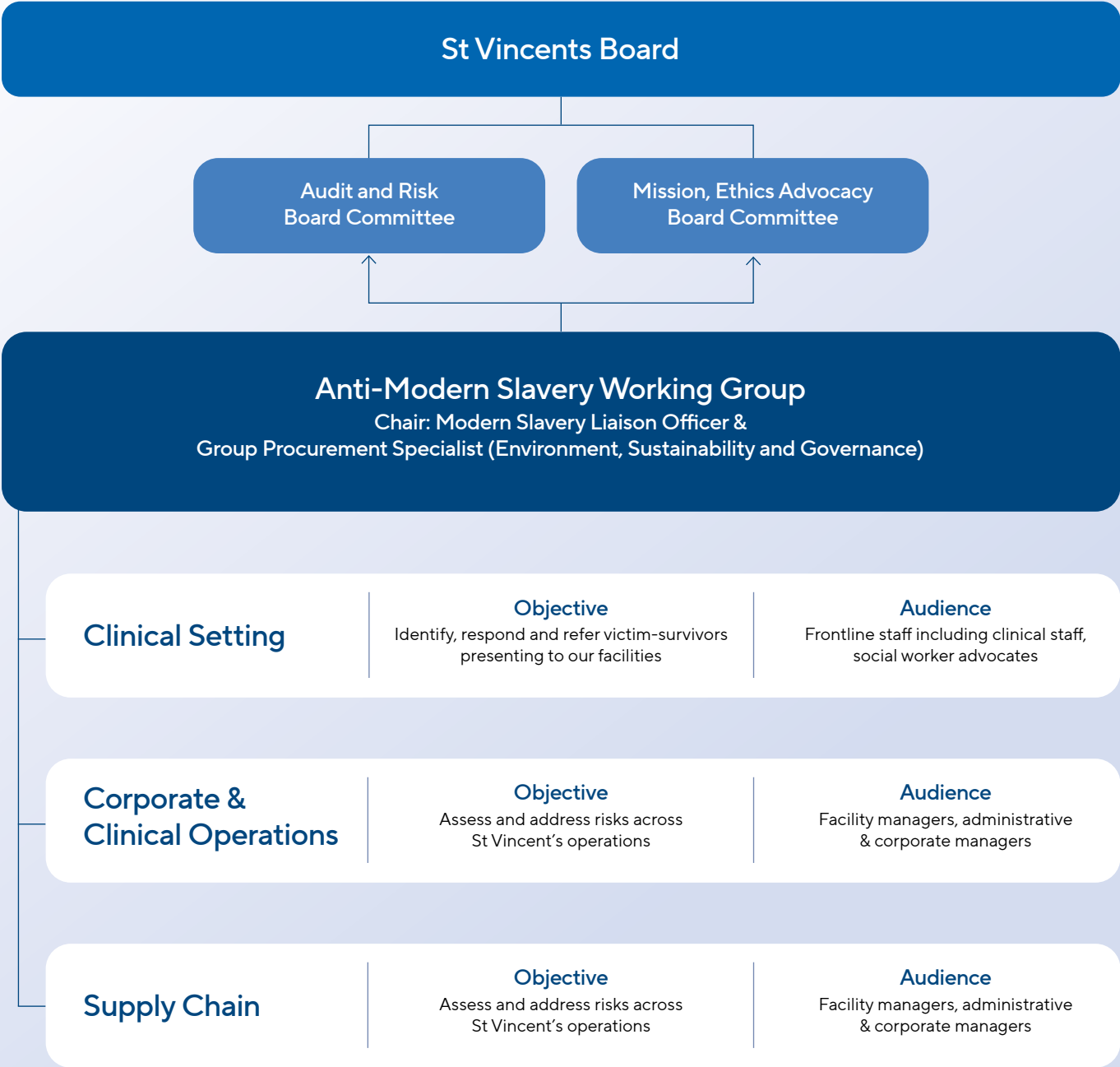
The St Vincent's Modern Slavery Governance Framework

The Modern Slavery Working Group referenced in the earlier years has evolved to shape into the Anti-Modern Slavery Program (AMSP). It 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 AMSP is sponsored by our St Vincent's Group Mission Leader who advocates this work to the organisation's Mission, Ethics and Advocacy Board Committee and subsequently to the full St Vincent's

Board. The AMSP 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 matters to the Board Audit and Risk Committee.

Below, we outline the integration of our AMSP framework throughout our operations, encompassing both corporate and clinical environments and the supply chain. Team members working on the underlying program meet periodically 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 6,300 hospital and residential aged care beds – and a range of virtual and home care options across NSW, Victoria and Queensland.

We have a team of close to 30,000 dedicated and talented team members and 1,000 volunteers working in their areas of expertise, from regional Queensland to Melbourne's western suburbs. Our reach means St Vincent's has more than two million contacts with patients and residents - including 330,000 admissions, 139,000 Emergency Department presentations, and more than 100,000 in-home care interactions – annually.

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.

Our work in FY25 was guided by the unwavering mission of St Vincent's: to provide care, first and foremost, to the most disadvantaged and marginalised members of our community.

This mission is brought to life through our vision: to see every person, whoever and wherever they are, served with excellent and compassionate care, by a better and fairer health and aged care system.

Our Group Strategy details the path we take to realise this vision. The strategy focuses our efforts on three key strategic priorities.

1. Enhance Our Impact

Continuously improve our care, enhancing positive impacts for our patients, people, and planet.

2. Connect Care

Work together, building our shared capabilities and services to create the future of connected health and aged care.

3. Transform the System

Work with partners to shape a better and fairer health and aged care system for all Australians.

To ensure continuous progress against these priorities, we focus our efforts on making meaningful contributions across six critical Strategic Arenas. These arenas serve as the core framework for our operational focus, investments, and reporting this year, ensuring our actions directly translate the strategy into measurable impact.

Our strategic arenas



Health equity

Unique care for underserved populations, addressing inequity and social determinants.



Healthy ageing

Better care pathways and residences for older people, integrating health, social and care needs.



Research and innovation

Globally renowned research and innovation, catalysed by cross-sector collaboration in precincts.



Chronic care platforms

Accessible, holistic and lifelong care platforms for preventing and managing chronic conditions.



Virtual and at-home care

Advanced virtual/at-home care, with hospitals as hubs, serving local, state and national needs.



Health leadership

The best leaders in health and aged care in Australia, supported by outstanding training and development.

A new chapter in better and fairer care

In November 2025 we launched the next stage of our strategy: **Bringing Care Home**. This is our five-year plan to deliver Australia's largest virtual and home care system, with half of our services to be delivered at home or via digital and virtual means.

Just as the Sisters of Charity embarked on an ambitious mission to change health care and reach people on the streets and in their homes, St Vincent's is taking an ambitious step forward to reshape Australia's health and aged care systems and deliver better, fairer

care to everyone. By reaching beyond our hospital walls to serve more people at home and online, we're creating a system of care that's more connected, more equitable and more sustainable.

Our three domains of care



Acute

Hospital grade care at home improving the end-to-end experience, treatment and recovery for those with acute conditions – enhancing patient outcomes and improving hospital productivity.



Chronic

Helping people prevent, detect, treat and live well with chronic conditions at home – empowering people, reducing hospital visits and improving long-term outcomes.



Ageing

Supporting ageing Australians to receive high-quality care at home or in their RAC facility – minimising hospital transfers and enabling quicker returns from hospital stays.

Supported by

- Transforming our precincts and facilities as locations of excellence, research, education and collaboration.
- A new digital end-to-end experience for our patients, residents and people.
- Industry-leading clinical command and delivery.

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

Retirement Villages

- Bardon
- Boondall
- Carseldine
- Enoggera
- Mitchelton
- Southport

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



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

Retirement Villages

- Auburn
- Heathcote



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 \$1.4 billion per annum in addressable spend across clinical and non-clinical goods and services from over 4300 suppliers.

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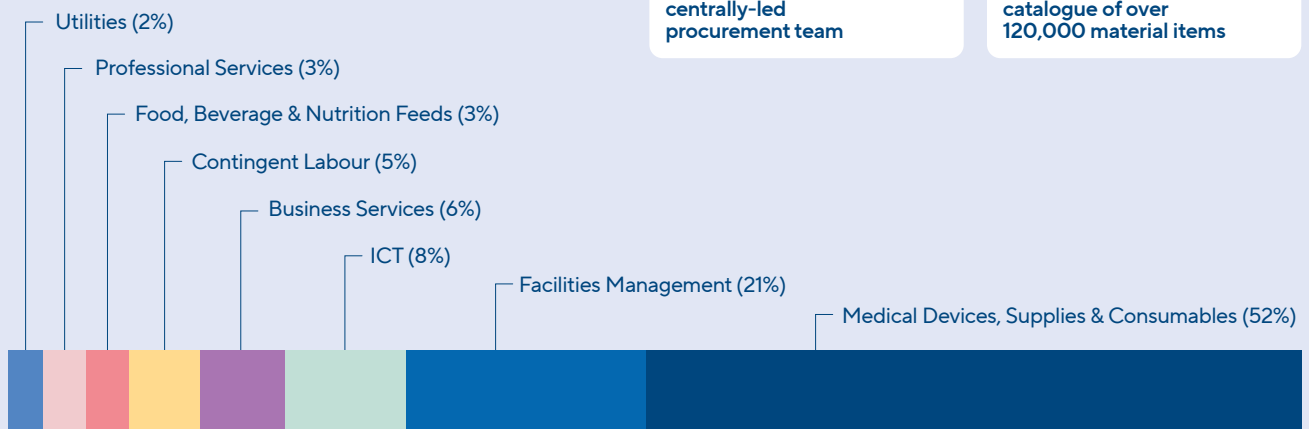
Our clinical supply chain comprises general medical and surgical consumables, drugs and pharmacy, pathology and laboratory, medical devices, medical imaging, surgical equipment and prostheses/implants, wound care dressings,

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, and corporate overheads such as office supplies and travel.

A centrally-led procurement team, Group Procurement Services, oversees all St Vincent’s strategic procurement and supply chain activities, including the contractual arrangements which cover clinical and non-clinical categories across the organisation. Group Procurement also manages 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 900 formal commercial contracts.

2025 Spend



- Over \$1.4b in annual spend
- Over 4300 suppliers
- centrally-led procurement team
- catalogue of over 120,000 material items

1. Medical Devices, Supplies & Consumables includes drugs and pharmacy, pathology and laboratory, medical appliances, surgical equipment, medical imaging, prostheses/implants, wound care dressings, intravenous products, airway management, medical gases and robotics.
2. Facilities Management includes construction, refurbishment and fit outs, cleaning, linen and laundry services, equipment repairs and maintenance.
3. Business Services include staff-related expenses, travel and accommodation, uniforms, stationery and office supplies, marketing and public relations, courier and freight handling, and document storage.

Identification of modern slavery risks in our operations and supply chain

Overview

In this statement, we have significantly updated our risk identification approach by incorporating insights from recent geopolitical developments; best practice guidelines from the UN Guiding Principles on Business and Human Rights; the OECD Due Diligence Guidance; the Walk Free Global Slavery Index, and Office of the NSW Anti-slavery Commissioner's Guidance on Reasonable Steps.

A key aspect of this year's statement is the acknowledgement that modern slavery risks are becoming more fluid, interconnected, and influenced by macro-level factors beyond the direct control of any single organisation or entity. Ongoing armed conflicts, economic fragmentation, climate-induced displacement, inflationary pressures, and disruptions in global logistics have notably altered the vulnerability landscape of workers throughout the supply chains and operations.

Consequently, this section marks our shift from adopting a static compliance model to embracing a dynamic risk intelligence model, guided by:

- Real-time monitoring of geopolitical and conflict zones
- Mechanisms to capture worker voices, including surveys of migrant workers
- Insights from survivors through our frontline screening program
- Cross-sector collaboration with other healthcare organisations with shared clinical supply chains and developments in ESG governance and emerging regulatory frameworks; and
- Risk prioritisation focused on rights-holders, consistent with the UN GP salient risk concept.

Emerging and Evolving Risks in 2025

St Vincent's continues to monitor emerging and shifting risks due to geopolitical unrest, supply chain interruptions, labour market instability, technological progress, climate-related migration, and regulatory shifts. A range of external

developments continue to impact the global risk landscape related to forced labour, exploitation, human trafficking, and modern slavery, highlighting the necessity for a flexible, intelligence-based approach to identifying risks.

1. Geo-Political Instability and Armed Conflict

Rights Holder Centred Lens

Best practice guidelines recommend a change in focus from 'company risk' to 'rights-holder risk'. This involves not only evaluating which suppliers could pose issues but also determining which workers or communities are at the highest risk of severe harm. During periods of geopolitical instability, the most vulnerable groups, such as displaced individuals, refugees, irregular migrants, and workers in unstable regions, are at an increased risk of exploitation in multiple ways simultaneously.

The intensifying conflicts in the Middle East (Iran, Gaza, Lebanon, Yemen, and Syria), the ongoing war in Ukraine, instability in the Sahel and the Democratic Republic of Congo (DRC), and the increasing fragmentation of the global economy have worsened conditions related to the clinical and non-clinical goods and services we obtain from global suppliers. The displacement of populations, weakened labour protections, supply shortages, sanctions, inflationary pressures, and rapid labour migration are associated with the following:

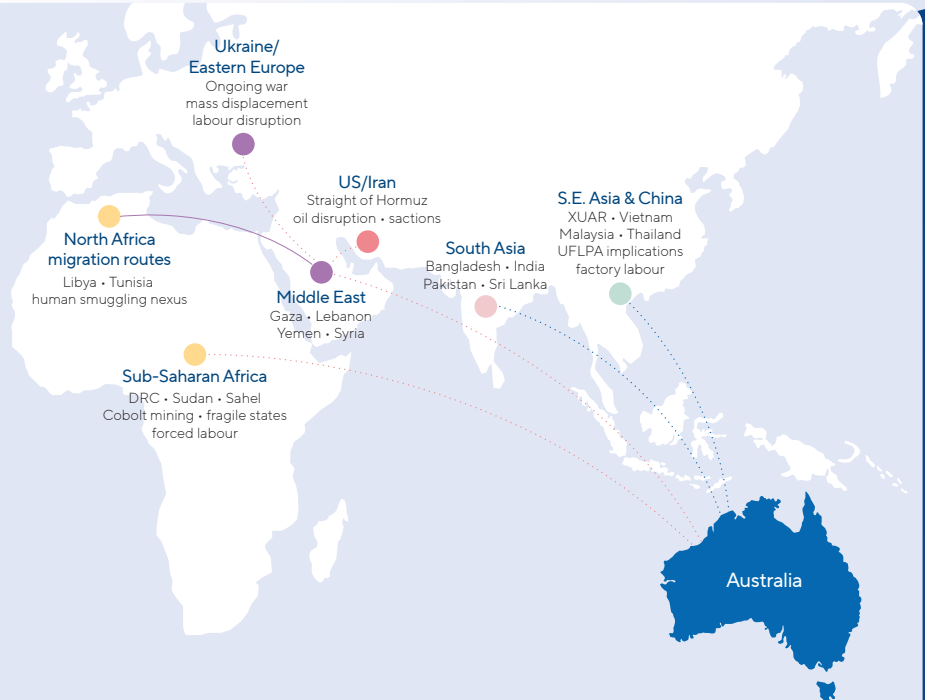
- Recruitment deception and debt bondage among displaced workers;
- Forced labour among refugees and internally displaced persons;

- Informal and undocumented labour arrangements to address supply shortages;
- Increased subcontracting and opaque sourcing as companies look for alternative suppliers;
- Wage theft, excessive working hours, and coercive labour practices under economic pressure;
- Heightened vulnerability among temporary visa holders and seasonal migrants; and
- Sanctions-driven sourcing shifts to less-regulated jurisdictions.

These risks may indirectly impact healthcare procurement through disrupted global supply chains, particularly in pharmaceuticals and medical consumables, PPE and surgical instruments, ICT electronics (cobalt, critical minerals), textiles and uniforms, food supply chains, and construction materials. The St Vincent's strategy to address escalating geopolitical risks includes:

- Integrating geopolitical escalation indicators into our annual risk assessments, using the Walk Free Global Slavery Index, Armed Conflict Location and Event Data (ACLED), and UNHCR displacement statistics;
- Monitoring sanctions-related sourcing shifts and their implications for our supplier base;
- Evaluating supplier business continuity and labour practices during crisis periods, including rapid supplier substitution strategies;
- Incorporating conflict-sensitive procurement considerations into our Supplier Due Diligence Program; and
- Increasing scrutiny of tier-2 and tier-3 suppliers in conflict-affected regions.

Geo-political risk landscape – modern slavery exploitation nexus 2025



2. Climate Change, Displacement, and Labour Exploitation

Increasing climate-related disasters, extreme weather, agricultural disruptions, and resource scarcity as drivers of forced migration and labour exploitation adds a new element to our five-layer risk framework, which was not part of our 2022 foundational model.

Populations susceptible to climate change are at a greater risk of becoming victims of exploitative recruitment, perilous migration, informal labour practices, exploitative work in agriculture and manufacturing, and human trafficking. Healthcare supply chains that rely on agriculture, textiles, food production, and global manufacturing may face elevated risks when climate shocks disturb local labour markets, forcing rural workers into precarious, urban labour markets.

This evolving risk element will be officially incorporated into the St Vincent's annual risk horizon scanning activities beginning in 2026, with a concentrated focus on food and beverage supply chains, linen and textile sourcing, and contingent labour from climate-vulnerable regions in the Pacific, Southeast Asia, and South Asia.

3. Uyghur Forced Labour Prevention Act (UFLPA) and Supply Chain Transparency

St Vincent's continues to undertake supply chain due diligence in relation to materials originating from the Xinjiang Uyghur Autonomous Region (XUAR), including our suppliers' compliance with, and disclosures under, the US Uyghur Forced Labour Prevention Act (UFLPA) related to XUAR sourcing. We are particularly concerned with scrutinising traceability capabilities across electronics, textiles, medical manufacturing, and solar energy supply chains, and analysing the downstream effects on our procurement practices. The risks associated with the Australian solar panel supply chain are continuously observed.

4. Migrant Worker Debt Bondage in the Recruitment Pipeline

Worker Voice Mechanism – Best Practice Integration

Best practice guidelines, such as the UN Guiding Principles and the IRIS (International Recruitment Integrity System) from the International Organization for Migration (IOM) Standard for ethical recruitment of migrant labour. These collectively highlight the essential role of incorporating worker voice mechanisms into risk identification processes. Surveys conducted with St Vincent's hiring managers and labour hire agencies in 2024, along with migrant worker surveys in 2024/25 in collaboration with the Migrant Justice Institute at UNSW, aim to uncover recruitment risks that are not visible through traditional supplier audits.

In 2024, St Vincent's Anti-Modern Slavery Program Team-led research involving hiring managers and labour hire agencies uncovered a widespread lack of awareness regarding recruitment fee practices that could potentially lead to debt bondage as defined by international standards. With approximately 20% of St Vincent's workforce being visa holders, many of whom come from high-risk recruitment areas in Southeast Asia, Africa, and the South Pacific, this issue is of considerable importance and has direct implications for St Vincent's as an employer.

The recruitment process can introduce key risks including deceptive recruitment practices in workers' home countries, recruitment fees that result in debt bondage before arrival, dependency on visas coupled with coercive control, contract substitution, wage underpayment through labour hire arrangements, and a lack of awareness among workers about their rights and available grievance mechanisms.

5. Survivor Misidentification – Overlap with Family and Domestic Violence

System Integration – Best Practice Application

Identifying the risk of modern slavery is most effective when incorporated into existing clinical and compliance procedures. Embedding modern slavery screening criteria within the current framework for family and domestic violence screening directly puts this best practice principle into action.

In 2024, our pilot screening initiative, funded by a Commonwealth Grant, identified 13 instances of modern slavery among patients in public hospitals in Melbourne and Sydney. Notably, four of these individuals had been incorrectly classified as victims of family and domestic violence in other healthcare environments, while five went unrecognised despite numerous interactions with health services. This highlights a systemic failure in identification, resulting in significant operational issues, such as survivors not being linked to the necessary specialist referral pathways. To address this issue, it is crucial to incorporate modern slavery screening criteria into clinical settings throughout public and private hospital networks.

6. Investment Portfolio Exposure

As investor expectations, ESG-disclosure requirements, and responsible investment frameworks continue to develop, awareness of the risk of modern slavery in investment portfolios is also changing. St Vincent's investment portfolio, valued at approximately \$379.5 million in FY2025, introduces a significant risk factor.

We continue to assess external fund managers, their adoption of the Investors Against Slavery and Trafficking Asia Pacific (IASTAPAC) principles, human rights screening practices, and their exposure to companies in high-risk sectors and regions. This highlights that modern slavery risks are not limited to direct procurement but also involve financial relationships and capital allocations. This will be formally integrated into our annual investment manager review process, starting in 2026.

7. Artificial Intelligence and Automated Procurement

AI as an emerging area of attention

Given the rapid growth and development of AI, automated procurement will be an area of further development in future reports.

With the global rise in the use of AI-driven procurement tools and digital sourcing platforms, there is a potential risk that automated purchasing decisions may prioritise cost savings or speed over human rights considerations. To counter this, we revised our tendering procedures in 2024 to incorporate mandatory modern slavery criteria that cannot be overridden by algorithmic processes. Additionally, we are actively observing the evolution of AI governance frameworks in healthcare procurement and intend to integrate new insights into our Supplier Code of Conduct and procurement policy assessments.

8. Expanding Regulatory and Mandatory Due Diligence Obligations

The regulatory environment surrounding modern slavery and human rights due diligence is rapidly transforming globally. Throughout the EU, the Corporate Sustainability Due Diligence Directive (CSDDD) has been enacted or is under consideration, and similar legislative efforts are underway in the UK, Germany, and France. In Australia, discussions are intensifying as part of the ongoing review of the Modern Slavery Act.

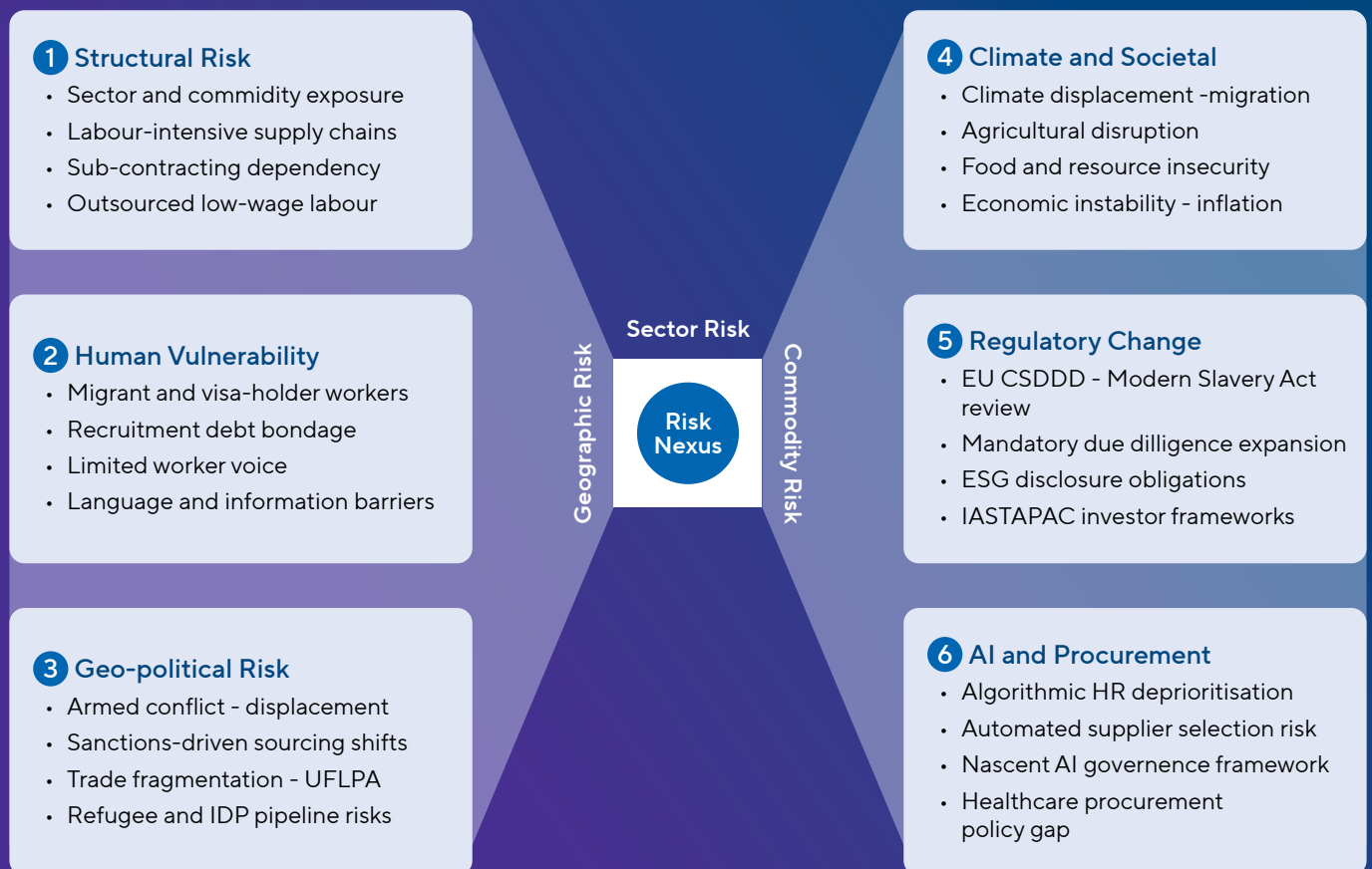
These legislative shifts impose compliance obligations on our international suppliers, thereby enhancing our leverage to insist on supply chain transparency and sustainability. Furthermore, they raise the bar for Australian reporting entities, requiring them to exhibit concrete and quantifiable advancements beyond mere narrative accounts.

St Vincent's is tracking these regulatory shifts and has ensured that our due diligence frameworks, supplier engagement strategies, and reporting mechanisms are sufficiently adaptable to comply with any mandatory due diligence requirements that may be introduced in Australia.

Evolving from a Static to a Dynamic Risk Model

In 2022, St Vincent's introduced a three-dimensional framework for assessing risk, focusing on sector, commodity, and geographic risks. This foundational model has been instrumental in forming our risk taxonomy and supplier due-diligence initiatives. After conducting a comprehensive review, we have transformed this model into a dynamic structure that more accurately captures the intricacies of the current global risk landscape.

Enhanced Dynamic Modern Slavery Risk Assessment Framework



Transition: Static Compliance Model → Dynamic Risk Intelligence Model

Real-time scanning • Worker voice • Survivor insights • Cross-sector collaboration • ESG governance

Enhanced Risk Taxonomy

Our risk taxonomy has been substantially expanded from a 17-category, 3-domain model into a 21-category, 5-domain enterprise-wide risk ecosystem. The two new domains – Strategic/ Financial Risk and Emerging Systemic Risk – incorporate risk categories that our continuous learning framework identified as material but previously under-represented in the formal taxonomy.

The subsequent sections offer an in-depth risk assessment for each of the 21 categories sorted by domain. Each table outlines the risk level for the sector, geographic exposure, primary risk drivers, and emerging risk factors of the sector. Categories marked in amber were newly added in 2025.

Enhanced Risk Taxonomy – 21 Categories Across 5 Domains

Supply Chain	Workforce	Operations	Strategic	Emerging Systemic
Medical Devices & Consumables	Contingent Labour – Nursing	Facilities Management	Investment Portfolio	Geo-Political Instability NEW 2025
Property & Construction	Contingent Labour – Allied Health	Cleaning Services & Supplies	Grievance Mechanisms	Climate Displacement NEW 2025
Food, Beverages & Nutrition	Frontline Staff Wellbeing	Kitchen & Housekeeping		Regulatory Change NEW 2025
ICT Hardware & Printers		Screening of Survivors in Clinical Settings NEW 2025		AI and Automated Procurement NEW 2025
ICT Phones & Comms				
Utilities incl. Waste				
Stationery & Office Supplies				
Uniform & Workwear				

Eight Categories (External Suppliers)

St Vincent's supply chain is organized into eight distinct categories, each characterized by substantial international procurement, complex sub-tier arrangements, and susceptibility to high-risk manufacturing areas. Key systemic challenges include meeting UFLPA compliance standards, securing critical minerals such as cobalt from the Democratic Republic of Congo, and addressing issues within the garment and textile industries, which are notorious for their histories of forced labour and gender-based exploitation.

Disclaimer: The risks mentioned in this statement are based on insights from both global and national sources and do not indicate their existence within St Vincent's operations, workforce, or supply chain. Their inclusion is intended to highlight the wider context of modern slavery risks pertinent to the healthcare sector and organisations of comparable size and complexity, and we remain alert and vigilant about these issues.

Risk Category	Sector Risk	Geographic Risk	Key Risk Drivers	Emerging Risk Drivers
Medical Devices, Supplies & Consumables	HIGH - Multinational suppliers, complex sub-tiers	China, Malaysia, India, Vietnam, SE Asia	Surgical instruments, gloves, PPE, cobalt batteries, pharmaceuticals; UFLPA-impacted suppliers	UFLPA, global shortages, conflict-driven sourcing, cobalt mining
Property & Construction	HIGH - Labour hire, migrant workers, rapid sub-contracting	Domestic; materials from SE Asia	Undocumented workers, document confiscation, deceptive recruitment; conflict-driven cost pressure	Labour hire, migrant workers, rapid sub-contracting during crisis
Food, Beverages & Nutritional Feeds	HIGH - Seasonal labour, climate-vulnerable agriculture	Domestic; Asia-Pacific imports	Forced labour, restricted movement, underpayment; climate shocks destabilise source communities	Climate disruption, migrant agricultural labour, seasonal exploitation
ICT Hardware & Printers	HIGH - Global electronics; production shifts under sanctions	China (XUAR), Vietnam, Malaysia, India	Cobalt mining DRC, XUAR factory labour, recruitment fees; UFLPA compliance monitoring required	Critical minerals (cobalt, DRC), XUAR factory labour, UFLPA
ICT Phones & Communications	HIGH - Tier-2 risks shared with ICT hardware	China, DRC cobalt	Same cobalt and factory risks; all global telco providers implicated	Shared Tier-2 risks with ICT hardware; cobalt supply chain
Utilities incl. Waste Management	MED-HIGH - Labour hire; migrant low-skill workers	Domestic	Hazardous conditions, sub-contracting, wage non-compliance	Migrant low-skill labour, sub-contracting, hazardous conditions
Stationery & Office Supplies	MEDIUM - Supplier changed 2023; SE Asia link ongoing	China, SE Asia	Transitioning to local/First Nations supply; catalogue review ongoing	SE Asia manufacturing; transitioning to local/First Nations supply
Uniforms & Workwear	HIGH - Textile sector: documented forced labour	Bangladesh, India, China, SE Asia	Forced labour, gender exploitation, wage theft in garment manufacturing	Garment sector: forced labour, gender exploitation, fast production

Three Categories (Operational / Internal)

Our workforce retains the potential for exploitation associated with temporary and agency-sourced labour, focusing on overseas nurses and allied health professionals. The pathway of debt bondage - beginning with an international broker on some occasions and culminating in employment within

healthcare facilities - is a significant and well-documented avenue for exploitation. Furthermore, the well-being of frontline staff is considered an operational risk due to the documented effects of vicarious trauma on those working with survivors of modern slavery.

Risk Category	Sector Risk	Geographic Risk	Key Risk Drivers	Emerging Risk Drivers
Contingent Labour – Nursing	HIGH - Labour hire; visa-holder workers	SE Asia, Africa, South Pacific	Debt bondage from recruitment fees; visa dependency; underpayment; low awareness of rights	Visa dependency, debt bondage, recruitment fee charging
Contingent Labour – Allied Health	HIGH - Same structural risks as nursing	SE Asia, Africa, South Pacific	Post-COVID demand surge; rapid visa-to-work pipelines; exploitation risk elevated	Same structural risks as nursing; rapid demand growth post-COVID
Frontline Staff Wellbeing (Vicarious Trauma)	MEDIUM - Recognised 2024; operational wellbeing risk	Domestic (all states)	Secondary trauma from survivor work; burnout; staff safety and support infrastructure	Vicarious trauma from working with survivors of severe exploitation

Four Categories (Internal / External Mixed)

There are also modern slavery risks embedded in St Vincent’s day-to-day facility management, services, and clinical environments. Three particular areas - Facilities Management, Cleaning Services, and Kitchen & Housekeeping - are characterised by sub-contracting arrangements, migrant labour concentration, and historically elevated non-

compliance rates. A fourth category, Screening of Survivors in Clinical Settings, was added in 2025 to address the identified gap in clinician awareness of modern slavery indicators and strengthen trauma-informed referral pathways across St Vincent’s public hospitals.

Risk Category	Sector Risk	Geographic Risk	Key Risk Drivers	Emerging Risk Drivers
Facilities Management	HIGH - Sub-contracting; migrant workers	China, Thailand, Vietnam (equipment)	Labour hire non-compliance; cleaning, security, maintenance; opaque sub-contracting chains	Sub-contracting chains; equipment from China, Vietnam, Thailand
Cleaning Services & Supplies	HIGH - High historical non-compliance rates	Domestic; equipment SE Asia	Wage theft, excessive hours; in-house labour hire at some facilities	High non-compliance rates; some in-house labour hire
Kitchen & Housekeeping	MED-HIGH- Sub-contracted or agency-staffed	Domestic; food from Asia-Pacific	Links to food sector and migrant labour; concentration of vulnerable workers	Sub-contracting; links to food sector and migrant labour risks
Screening of Survivors in Clinical Settings	NEW 2025- Clinical identification gap	Domestic (all hospitals)	Low clinician awareness of modern slavery indicators; limited confidence in trauma-informed responses; clinical referral pathway gaps	Lack of clinician knowledge of indicators; low confidence in trauma-informed responses and referral pathways

Two Categories

St Vincent’s also focussed on addressing modern slavery risks at the level of organisational governance, which includes investment activities and the efficiency of internal grievance and reporting systems.

Risk Category	Sector Risk	Geographic Risk	Key Risk Drivers	Emerging Risk Drivers
Investments Portfolio	MEDIUM - Growing ESG exposure	Global (fund-dependent)	Exposure via investment in companies with poor human rights practices; IASTAPAC framework adoption	ESG exposure; fund manager due diligence; IASTAPAC framework
Awareness of Grievance Mechanisms	MED-HIGH - Systemic staff and supplier gap	Domestic (all facilities)	Low awareness among migrant and contract staff; language barriers; accessible channels under development	Low staff awareness; language barriers; migrant worker gap

Emerging Systemic

Four New Categories (Added 2025)

In 2025, four new categories were added to the taxonomy to address systemic risk drivers that were previously not sufficiently captured within our risk framework. These categories are geo-political instability, climate-related displacement, the evolving regulatory landscape of mandatory due diligence, and emerging governance challenges linked to Artificial Intelligence in procurement. All four amplify risk across multiple domains and necessitate monitoring at both the strategic and operational levels.

Risk Category	Sector Risk	Geographic Risk	Key Risk Drivers	Emerging Risk Drivers
Geo-Political Instability NEW 2025	HIGH -Active conflict zones; displacement crises	Middle East, Ukraine, DRC, Sahel	Supply chain disruption; refugee labour pipelines; sanctions-driven sourcing to less-regulated markets	Conflict displacement; sanctions-driven sourcing; migration flows
Climate Displacement NEW 2025	MEDIUM-HIGH - Climate migration risk growing	Pacific, SE Asia, South Asia	Agricultural disruption; unsafe migration; predatory recruitment of climate-displaced workers	Climate migration to labour markets; agricultural disruption
Regulatory Change NEW 2025	MEDIUM - Trajectory toward mandatory obligations	EU, UK, Australia	CSDDD, Modern Slavery Act review; investor and reporting entity obligations expanding	EU CSDDD; Modern Slavery Act review; mandatory human rights DD
AI Procurement Governance NEW 2025	MEDIUM -Watch item; policy under development	Global (technology platforms)	Risk of algorithmic deprioritisation of human rights in supplier selection; governance frameworks nascent	Algorithmic deprioritisation of human rights criteria

Criterion 4

Actions taken to assess and address risk

This section outlines the measures implemented to evaluate and mitigate the modern slavery risks highlighted in Criterion 3. Our strategy has advanced through four interconnected pillars: conducting due diligence within the supply chain, managing operational risks, enhancing training and awareness, and establishing grievance mechanisms and remediation processes. In 2025, we have focused on engaging directly with suppliers beyond platform-based assessments, creating targeted training programs specifically for healthcare environments, and further embedding modern slavery screening into frontline clinical operations.

4.1 Supply Chain Due Diligence Actions

4.1.1 Supplier Risk Management Platform - Sedex

In recent reporting periods, St Vincent's collaborated with ACAN to integrate high-risk suppliers into the Sedex platform for self-assessment and auditing. Supplier Ethical Data Exchange (Sedex) enables SMETA (Sedex Members Ethical Trade Audit) as a social audit methodology to assesses supplier facilities regarding labour standards, health and safety, environment, and business ethics and ensure responsible and ethical practices across our global

supply chain. Progress has been gradual, as many large clinical suppliers favour their own risk assessment tools, and the onboarding process requires a facility-by-facility approach, compounded by limitations in the self-assessment questionnaires (SAQ) data quality. By 2025, Sedex remains a component of a wider multi-platform strategy, with the Supplier Due Diligence Program now serving as the main method for directly engaging major clinical suppliers.

184

Suppliers invited to Sedex

171

Total suppliers joined Sedex

157

SAQs completed

15

Social audits completed

94

Corrective actions tracked

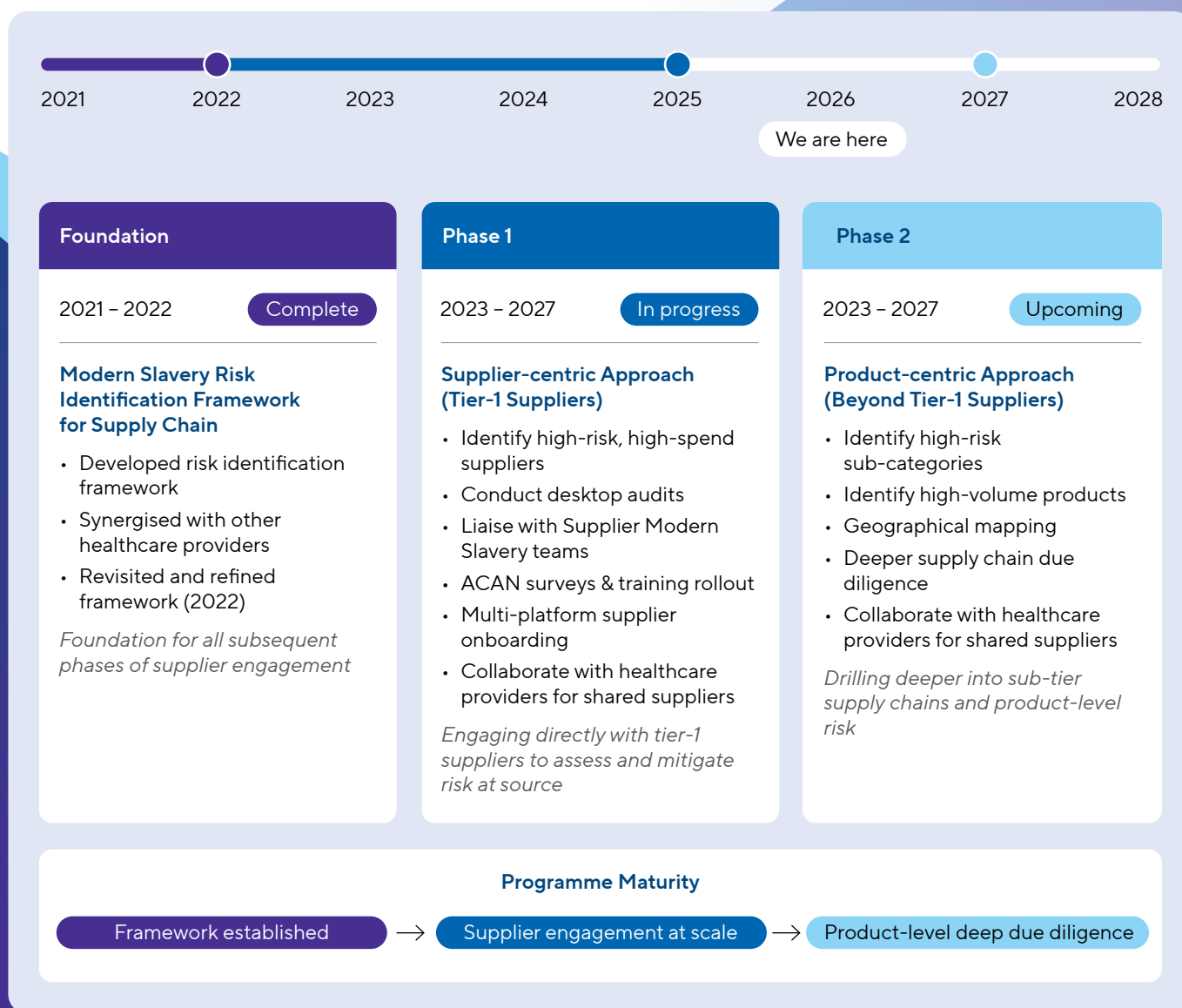
1431

ACAN supplier surveys completed

4.1.2 Supplier Due Diligence Program

The Supplier Due Diligence Program is a pivotal element in the St Vincent’s approach to mitigating supply chain risks. This program has expanded to encompass 141 Tier-1 suppliers that are both high-risk and high-expenditure, covering about 85% of the addressable spend across the 21 risk categories specified in Criterion 3. Phase 1, which is centred on Tier-1 suppliers, will continue until 2027. Phase 2, which will concentrate on products and extend its focus beyond Tier-1, is scheduled for 2026–2028.

The diagram below maps our phased approach to supplier due diligence – from the foundational risk identification framework through to the planned product-centric approach.



4.1.2 Continued

In 2025, a notable shift occurred with the introduction of direct, platform-independent conversations with suppliers' modern slavery leads, which were informed by desktop audit insights. This was in addition to the ongoing use of ACAN-driven surveys, SAQs, and Sedex for audits.

Action Taken	Impact Across St Vincent's	Spend Categories / Areas Affected	Progress Update - 2025
Supplier Due Diligence Program	Supply Chain	All 21 high-risk categories; Top 141 suppliers (~85% addressable spend)	Phase 1 progressing. Direct communication channels established with modern slavery leads at major clinical suppliers. Desktop audit database under construction. Collaborative engagement with healthcare peers.
Sedex Platform (multi-platform strategy)	Supply Chain	All high-risk supply chain categories	Continued Sedex subscription via ACAN membership. Exploring complementary platforms (Fairsupply) to improve coverage of large clinical suppliers unwilling to complete Sedex SAQs.
Supplier Surveys (ACAN facilitated)	Supply Chain	All high-risk categories	1431 supplier surveys completed (up from 476 in 2023 and 699 in 2024). Low completion rates persist among large clinical suppliers. Integrated into supplier lifecycle management: new supplier onboarding and annual compliance attestation via LinkSafe.
Procurement Practices Review	Supply Chain	All categories - supplier selection	Comprehensive tendering procedure review completed. Mandatory modern slavery criteria now embedded in supplier selection. Clinical products exempted (clinician-led selection based on patient outcomes). Exceptions documented and reviewed annually.
Contract Clauses Update	Supply Chain	All contracts - top supplier agreements	Legal Counsel overseeing systematic review and update of contract clauses. Modern slavery-specific obligations embedded in new and renewed contracts. Open Windows contract management platform centralising documentation and audit trails.
Supplier Code of Conduct	Supply Chain + Operations	All suppliers and contractors	Supplier Code of Conduct finalised. Sets minimum human rights standards for all suppliers, contractors and labour hire agencies. Distribution to supplier community scheduled for 2026. LinkSafe platform updated to require annual attestation of compliance.

4.2 Operational Risk Management Actions

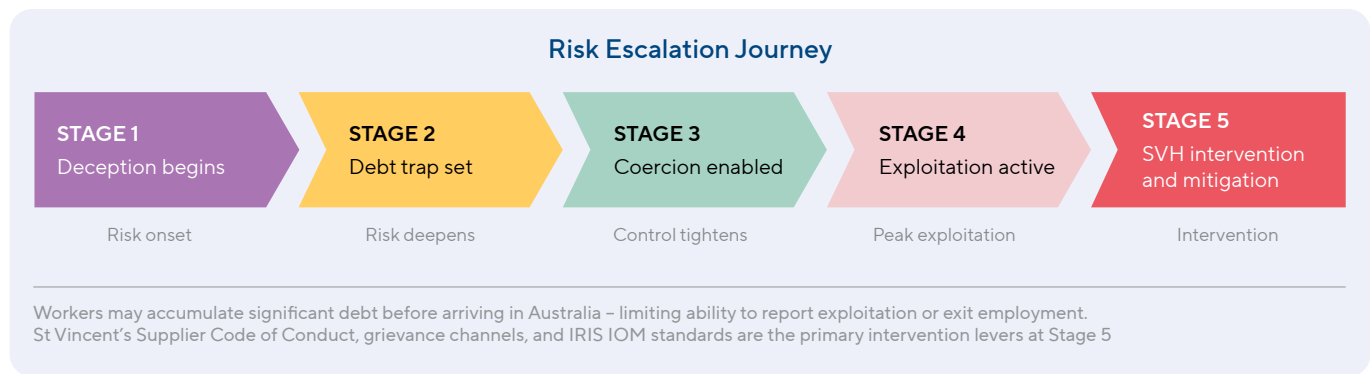
4.2.1 Contingent Labour - Migrant Worker Recruitment Pipeline

With approximately 20% of St Vincent’s workforce on visas and a significant proportion originating from high-risk recruitment countries, the contingent labour recruitment pipeline remains a high-priority operational risk. Our actions in 2025 focus on closing gaps identified through the 2024 hiring manager and labour hire agency surveys.

Exploitation Risk Markers



Debt Bondage Pipeline Flow →



4.2.1 Continued

Action Taken	Impact Across St Vincent's	Spend Categories / Areas Affected	Progress Update - 2025
Targeted Training - Labour Hire Agencies	Operations + Supply Chain	Contingent Labour; recruitment practices	E-learning module developed for labour hire agencies supplying St Vincent's. Module covers: identifying modern slavery risks in migrant worker recruitment; minimum standard checklists; debt bondage recognition; and obligations under the Supplier Code of Conduct. Rollout ongoing
Targeted Training - Hiring Managers	Operations	All hiring managers across St Vincent's facilities	Dedicated e-learning module for internal hiring managers covering: identifying red flags in labour hire agency practices; minimum recruitment standards; worker rights obligations; and escalation pathways. Developed with reference to IRIS IOM ethical recruitment framework.
Migrant Worker Voice Survey	Operations	Migrant workforce across St Vincent's facilities	Survey of migrant workers conducted in partnership with the Migrant Justice Institute, UNSW. Captures worker-reported experiences of recruitment practices, fee charging, visa dependency, and workplace rights awareness. Findings to inform Supplier Code of Conduct implementation and training program refinement.
Commercial Framework Review - Labour Hire	Operations + Supply Chain	Labour hire agency contracts	Review of commercial framework for labour hire agency agreements to establish minimum fair wage standards - ongoing.

4.2.2 Survivor Identification and Frontline Clinical Operations

Healthcare providers occupy a unique position in the modern slavery ecosystem: frontline clinical staff are among the few professionals with direct contact with victim-survivors. St Vincent's 2025 operational actions build on the 2024 Commonwealth Grant-funded pilot program, which identified 13 survivors across public hospitals in Melbourne and Sydney.

Action Taken	Impact Across St Vincent's	Spend Categories / Areas Affected	Progress Update - 2025
Survivor Screening – Scaled Rollout	Operations	Frontline staff, emergency departments, social work	Modern slavery screening criteria integrated into existing family and domestic violence (FDV) screening framework. Clinical referral pathways to specialist anti-slavery services established.
Clinical Advocate Network - Expansion	Operations	Public hospitals - Melbourne and Sydney; Privates	Eight additional clinical advocates recruited in 2025. Advocates are clinical staff across Emergency, Social Work, and Clinical Education departments. Provide peer support, first-response capability, and champion training within their facilities.
Data Capture - Survivor Indicators	Operations	Frontline staff; medical records	Modern slavery indicator data capture embedded in clinical records system, linked to existing screening process. Statistics reported in Criterion 5.
Peer Support Network for Frontline Staff	Operations	Clinical staff working with survivors	Staff who work with victims of severe exploitation and complex trauma face vicarious trauma risk. Peer support program integrated into existing Support Team Action Response (STAR) program. Modern slavery-specific trauma support included in STAR training curriculum. Network of peer supporters trained and active across Melbourne public hospital.

4.2.3 Investments Portfolio

St Vincent's investment portfolio has been formally incorporated into the modern slavery risk framework as a strategic risk category. Actions in 2025 focus on assessing fund manager due diligence capability.

Action Taken	Impact Across St Vincent's	Spend Categories / Areas Affected	Progress Update - 2025
Investment Manager Due Diligence Assessment	Strategic	Investment portfolio - all fund managers	Annual investment manager review now includes ongoing modern slavery due diligence. Assessing: adoption of IASTAPAC principles; human rights screening practices; ESG disclosure standards; and exposure to companies operating in high-risk sectors or geographies. Full assessment framework to be completed 2025-26.

4.3 Training, Awareness and Capacity Building

A defining feature of the 2025 program is the shift from generic enterprise-wide e-learning modules (identified as outdated and lacking health-sector application in 2024 staff surveys) to role-specific, healthcare-contextualised training. The new training suite has been developed in collaboration with ACRATH, the Office of the NSW Anti-Slavery Commissioner, and the University of Notre Dame, using a co-design approach that incorporates lived experience and clinical expertise.

Action Taken	Impact Across St Vincent's	Spend Categories / Areas Affected	Progress Update - 2025
Foundational Module - All Staff	Operations + Supply Chain	All St Vincent's employees and volunteers	One foundational e-learning module covering: what modern slavery is and how it manifests in healthcare settings and supply chains, which replaces outdated enterprise-wide module. Available via Workday LMS.
Clinical Staff Modules (five modules)	Operations	All clinical staff including nurses, medical officers, social workers, allied health	Five modules using simulated case studies: recognising exploitation indicators; trauma-informed response; referral pathways; and data capture.
Hiring Manager Module	Operations	All managers involved in staff recruitment	One module covering: modern slavery risks in migrant worker recruitment; identifying red flags in labour hire agency practices; minimum standard obligations; and escalation procedures. Informed by 2024 hiring manager survey findings.
Labour Hire Agency Module	Operations + Supply Chain	All active labour hire agencies	One module plus compliance checklist covering: ethical recruitment standards; debt bondage and recruitment fee prohibition; worker rights; and Supplier Code of Conduct obligations. Aligned with IRIS IOM ethical recruitment framework.
Community of Practice Sessions	Operations	Clinical and operational staff	Monthly Modern Slavery Community of Practice sessions continued in 2025.
Resource Hub	Supply Chain + Operations	All staff	Centralised modern slavery resource hub launched on St Vincent's intranet. Contains: all training modules; policy documents; referral pathway guides; supplier engagement tools; and annual Modern Slavery Statement. Accessible to all employees across all facilities.
Supplier Capacity Building	Supply Chain	All suppliers and their staff	ACAN facilitated sessions for supplier staff to attend modern slavery training and raising awareness of modern slavery risks within suppliers.

4.4 Policy, Governance and Contracts

Action Taken	Impact Across St Vincent's	Spend Categories / Areas Affected	Progress Update - 2025
Modern Slavery Policy Review	Supply Chain + Operations	All staff, suppliers, contractors	Comprehensive review completed benchmarking against local and international best practices.
Whistleblower Policy Review	Operations	All staff, contractors, volunteers	Reviewed and updated. Enhanced to improve accessibility for staff.
Right to work approval and Visa Policy Review	Operations	All employees on visas	Updated to integrate with modern slavery obligations for all staff on visas.
Supplier Code of Conduct Finalised	Supply Chain	All suppliers, contractors, labour hire agencies	Sets minimum human rights standards covering: no recruitment fees; no passport retention; fair wages; freedom of movement; right to terminate employment; and access to grievance mechanisms. Distributed to all active suppliers. Required attestation via LinkSafe annual compliance process.
LinkSafe Supplier Management Platform	Supply Chain	All suppliers - onboarding and annual renewal	ACAN Modern Slavery Survey embedded in new supplier onboarding process. Annual compliance attestation (including Supplier Code of Conduct sign-off) required from existing suppliers. Automated screening integrated into supplier lifecycle management.

4.5 Grievance Mechanisms and Remediation

St Vincent's is committed to providing timely and effective remedy to people impacted by modern slavery in accordance with the UN Guiding Principles on Business and Human Rights, the Commonwealth Modern Slavery Act 2018 Guidance for Reporting Entities, and relevant Australian laws. In 2025, a key focus has been improving the accessibility and awareness of grievance channels, particularly among migrant workers, contract staff, and supplier workforces who have been identified as having the lowest awareness of available reporting pathways.

Action Taken	Impact Across St Vincent's	Spend Categories / Areas Affected	Progress Update - 2025
Anti-Slavery Referral Pathway	Operations	Survivor referrals from public hospitals	Formal referral pathways established with: Red Cross Support for Trafficked People, Additional Referral Pathway, other community support service organisations and Life Without Barriers. Pathways documented in clinical protocols and available via resource hub.
FairCall - Whistleblower Hotline	Operations + Supply Chain	All staff, contractors, suppliers, volunteers	FairCall provides secure, independently monitored anonymous reporting channel for concerns including modern slavery.
Ethos - Structured Speak-Up Program	Operations	All clinical and operational staff	Ethos graded assertiveness program (CUSS framework: Curious, Unsure, Seriously Concerned, Stop) used for staff to raise patient safety and workplace concerns including modern slavery indicators. Integrated into clinical induction and refreshed training.
Grievance Resolution Policy Updated	Supply Chain + Operations	All staff, suppliers, contractors	Grievance Resolution Policy updated to align with revised Modern Slavery Policy and Supplier Code of Conduct. Outlines process for receiving, investigating, and resolving modern slavery-related grievances from employees, contractors, suppliers, service providers, and volunteers.
Awareness Campaign Grievance Channels	Operations	All staff, with priority on migrant and contract workers	Partnership with the St Vincent's People & Culture department to address systemic low awareness confirmed in 2024 staff surveys. Campaign uses multiple channels: intranet resource hub; team briefings; new staff induction; and supplier communication templates. Metrics on awareness improvement to be reported in 2026 statement.

4.6 External Partnerships and Collaboration

The St Vincent's modern slavery program is embedded in a network of strategic partnerships that amplify impact, avoid duplication of effort, and connect the organisation to leading practice intelligence. The following table summarises active partnership activities in 2025.

Action Taken	Impact Across St Vincent's	Spend Categories / Areas Affected	Progress Update - 2025
ACAN - Collaboration with Catholic peers	Supply Chain	Supply chain due diligence across shared suppliers	Shared supplier due diligence, shared desktop audit findings, and common SAQ tools disseminated via Sedex.
ACRATH - Clinical Protocol Development	Operations	Survivor screening; clinical training	Partnership with Australian Catholic Religious Against Trafficking in Humans for clinical pathway design, training co-development, and survivor screening protocol review.
Office of the NSW Anti-slavery Commissioner	Operations	Frontline staff training; Community of Purpose	MoU in place. Member of the 'It's Healthy to Fight Modern Slavery' Community of Purpose initiative. Collaborating on training content co-creation using lived-experience practitioners. Resources and knowledge exchange in both directions.
Australian Federal Police - Human Trafficking Team	Operations	Staff training; awareness raising	Strategic partnership for raising awareness on frontline trainings and modern slavery indicators from public health perspective.
University of Notre Dame - Training Development	Operations	Healthcare-specific learning module design	Alliance formed in 2024-25 to develop healthcare-specific modern slavery learning modules. Provides academic rigour and pedagogical design capability for the new e-learning suite.
Migrant Justice Institute, UNSW	Operations	Migrant worker surveys	Partnership for 2024-25 migrant worker survey design and implementation. Institute provides expertise in ethical research with vulnerable worker populations, ensuring survey design does not create risk of harm to respondents.
Attorney General's Department - National Action Plan to Combat Modern Slavery Round 2 (2023-2025)	Operations	Survivor screening; migrant worker recruitment	Active grant-funded project covering: (1) survivor screening and frontline clinical training; and (2) migrant worker recruitment risk and training for labour hire agencies. Annual progress report submitted to Attorney-General's Department. Final outcomes report due 2026.

Assessing effectiveness

In our earlier statement, we described the ongoing learning framework that has been woven into our current comprehension of the intricacies and obstacles in tackling modern slavery, with the goal of creating a framework to evaluate its effectiveness. This framework has been consistently applied to determine which insights can be utilised by the organisation. Additionally, when certain elements fall short of expectations, we pinpoint deficiencies and investigate methods to improve and modify our approach to these challenges.



2022-23

3rd statement: Foundations

- Conducted foundational due diligence across high-risk supply chain categories
- Initiated onboarding onto the Sedex platform for supplier risk monitoring
- Rolled out the Anti-Modern Slavery Policy across the organisation
- Integrated modern slavery e-learning modules into the Workday platform

Focus: policy foundations, platform enablement, and workforce awareness

2023

4th statement: Programme launch

- Commenced the Supplier Due Diligence Program; identified 122 high-risk suppliers
- Secured a Commonwealth Government grant to support programme development
- Began designing a targeted modern slavery training program
- Formalised a Memorandum of Understanding with the NSW Anti-Slavery Commissioner
- Established a formal partnership with ACRATH

Focus: supplier identification, external partnerships, and programme infrastructure

2024

5th statement: Scale and evidence

- Implemented staff surveys to assess modern slavery awareness and gaps
- Launched a pilot programme for survivor screening in clinical settings
- Expanded the Supplier Due Diligence Program to encompass 141 suppliers
- Commenced desktop audits for high-risk suppliers
- Initiated a comprehensive policy review process

Focus: evidence gathering, supplier auditing, and clinical screening

2025

6th statement: Embed and expand

- Introduced targeted e-learning modules and a centralised resource hub
- Appointed clinical advocates across hospitals to strengthen survivor identification
- Completed updates to the Modern Slavery Policy and Supplier Code of Conduct
- Commenced recruitment pathway training for labour hire agencies
- Expanded survivor screening efforts and adopted multi-platform supplier monitoring

Focus: clinical integration, policy consolidation, and supplier monitoring maturity

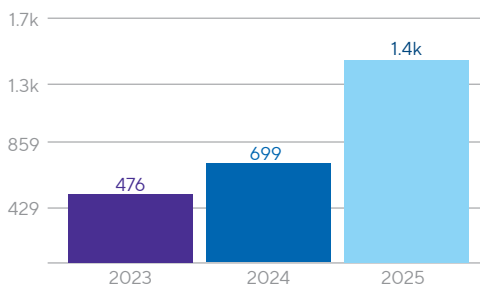
Supplier Engagement Outcome

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.

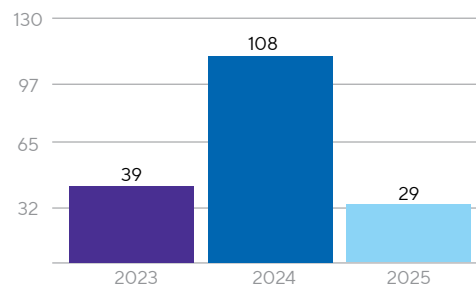
ACAN Facilitated Surveys and Trainings

The table and bar chart below show the number of supplier surveys completed and supplier staff attending trainings, as facilitated through ACAN, for 2023, 2024, and 2025

Supplier Surveys Completed



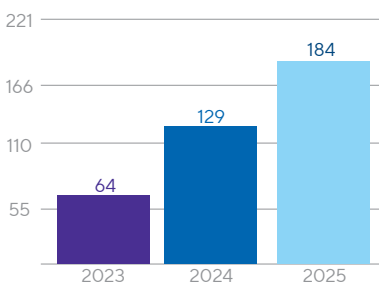
Supplier Staff Attending Training



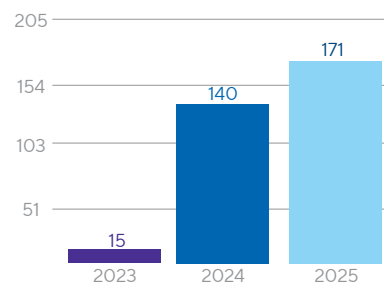
Metric	2023	2024	2025	2023-24	2024-25	3-year
Supplier surveys completed	476	699	1431	↑ +47%	↑ +105%	↑ +201%
Supplier attending training	39	108	29	↑ +177%	Targeted delivery	↑ ongoing

Survey volume more than doubled in 2025. Staff training shifted a targeted role-specific model in existing workflows.

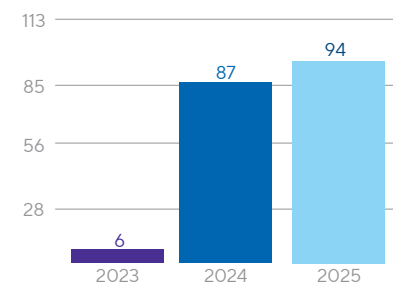
Supplier Invited on Sedex



Suppliers Joined Sedex & SAQs Completed



Sedex Audit Activity



Metric	2023	2024	2025	2023-24	2024-25	3-year
Supplier surveys completed	64	129	184	↑ +102%	↑ +43%	↑ +188%
Supplier attending training	15	140	171	↑ +833%	↑ +22%	↑ +1040%
SAQ completed	20	106	157	↑ +430%	↑ +48%	↑ +685%
Social audits	12	19	15	↑ +58%	consolidated	↑ +25%
Corrective actions identified	6	87	94	↑ deeper scrutiny	↑ sustained	↑ +1467%

Growth in corrective actions reflects deeper audit scrutiny. Social audits consolidated to prioritise highest-risk suppliers.

Patients-Survivors Screening (Nov 24-Jan 26)

<h2>30</h2> <p>Modern slavery survivors identified during 2025</p>	<h2>268</h2> <p>Total presentations to healthcare across all screen survivors</p>	<h2>9x</h2> <p>Average presentations per survivor before identification</p>	<h2>400%</h2> <p>Increase in survivors identified since launch June 2025</p>
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Identification rate – pre vs post launch

1/month

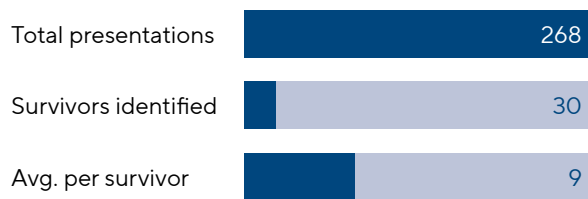
Pre-launch before June 2025

1/week

Post-launch consistent rate

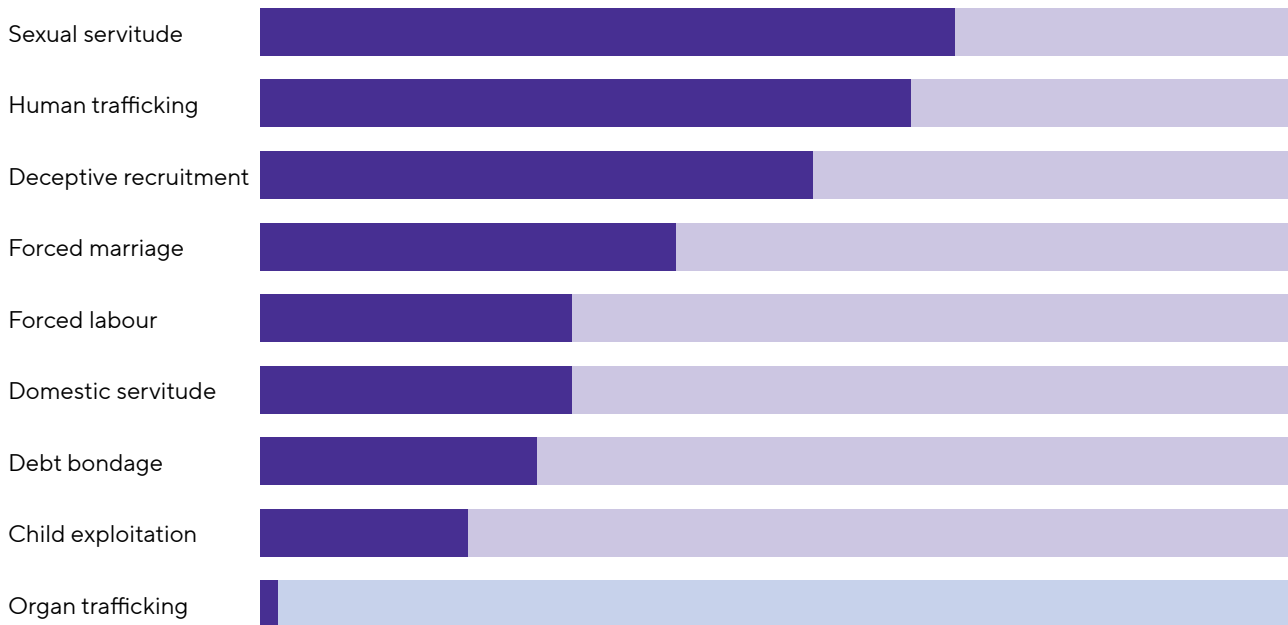
Following the introduction of clinical screening and frontline training modules in June 2025, the rate of identification increased fourfold – from approximately one per month to one per week sustained consistently since launch.

Healthcare presentations – context



On average each survivor presented to healthcare 9 times before being identified – underscoring the critical importance of trained clinical staff and embedded screening protocols to enable earlier identification.

Co-existence by exploitation type – identified during pilot



Nearly all identified survivors experienced multiple, co-existing forms of exploitation. Sexual servitude (67%) and human trafficking (63%) were the most prevalent types, with deceptive recruitment (53%) also highly prevalent – reflecting the complex and overlapping nature of modern slavery.

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.

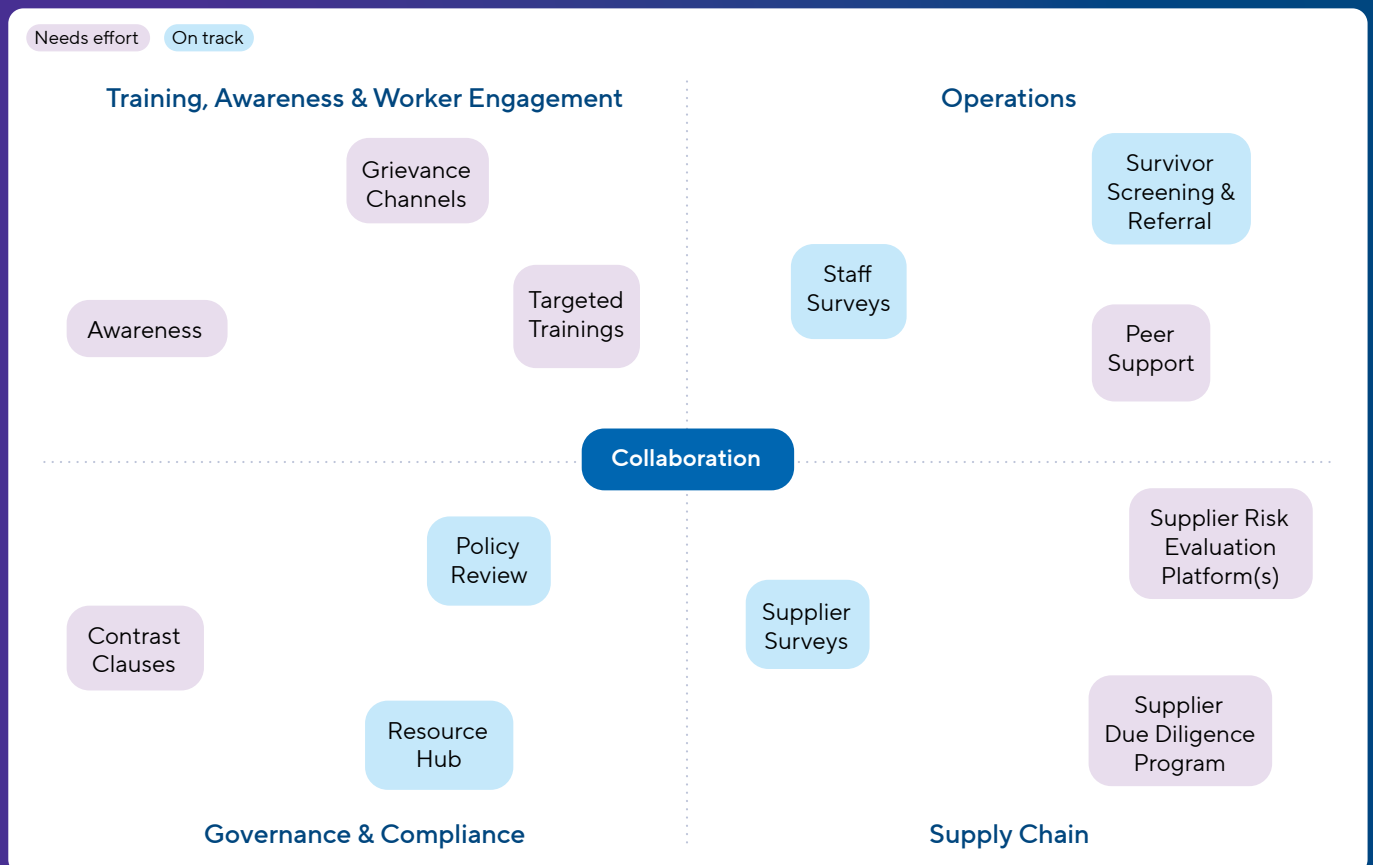
Pillar 4 – Training, Awareness and Worker Engagement

- 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.

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 due to various limitations beyond our direct control necessitating continued collaboration and advocacy with external agencies and stakeholders exercising our influence within the broader healthcare and anti-slavery sector.



Criterion 6

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.

Criterion 7

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 NSW Anti-slavery Commissioner, which emphasises the crucial role frontline healthcare workers play in identifying and assisting individuals at risk of or experiencing modern slavery.
- Strategic partnership with the Australian Federal Police for raising awareness amongst frontline workers about the intersection of modern slavery as a public health issue.

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