



ST VINCENT'S  
UNDER THE STEWARDSHIP OF MARY AIKENHEAD MINISTRIES

St Vincent's Health Australia

# Modern Slavery Statement

1 July 2021 – 31 December 2022



## Who We Are

With our origins tracing back to the arrival of the Sisters of Charity in Australia more than 180 years ago, St Vincent's Health Australia is Australia's largest, non-profit health and aged care services provider.

We are a clinical, research and education leader working in public and private hospitals and aged care in NSW, Victoria and Queensland.

St Vincent's Health's hospitals have been at the forefront of some of Australia's most important health and medical innovations and achievements: from establishing the nation's first Intensive Care Unit, leading Australia's health response to the HIV/AIDS crisis in the 1980s, conducting ground-breaking transplant surgery – from hands to hearts to lungs – and now pioneering advances in biomedical engineering and precision medicine.

The vision, commitment and inspiration of St Vincent's Health's founder, Mary Aikenhead, live on in us and the work we do. We bring compassion and express the love of Jesus to the many who are in need of a word of hope and encouragement, a helping hand, and a listening ear.

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## Acknowledgement

*This Statement is made on behalf of St Vincent's Health Australia Ltd (ABN 75 073 503 536), and all entities owned or controlled by St Vincent's Health Australia Ltd.*

# A message from our Chair

Mr Paul McClintock, AO

St Vincent's Health Australia (St Vincent's) is part of the 'origin story' of Australian health and aged care: our founders – the Sisters of Charity – arrived in Australia in 1838 and opened the first St Vincent's hospital in 1857. They were a group of fiercely independent, innovative, compassionate, and courageous women.



Their spirit and commitment to caring for people who are marginalised and disadvantaged continue to motivate our entire organization and provide a foundation for our response to the scourge that is modern slavery and human trafficking. Few are more vulnerable than those who are subject to slavery and human trafficking.

Pope Francis continues to lead the way on this issue, encouraging people all over the world to remove their own 'veil of indifference', and that each of us, according to his or her own responsibilities, is called to combat modern forms of enslavement.

The Board of St Vincent's sees this work as core to our Mission and heritage. As Board Chair, I have always been determined to ensure our commitment to work towards the eradication of modern slavery as it presents in the operations of health and aged care goes beyond just meeting our legal requirements. We focus on the human beings at the centre of this issue and work to ensure that victims become survivors, with renewed dignity and an opportunity to flourish.

We do not underestimate the magnitude of this task. Accordingly, to maximise the impact of our efforts to assist people in need, St Vincent's decided to work even more closely with the Australian Catholic Anti-Slavery Network (ACAN).

As the largest not-for-profit health and aged care provider in Australia, St Vincent's wished to leverage our relationship with ACAN, which does an outstanding job in using its resources and knowledge to bring together the collective influence of all Catholic health and education providers.

Accordingly, we were pleased to receive a positive response from the Modern Slavery Business Engagement Unit (MSBEU) in the Commonwealth Attorney-General's Department regarding our proposal to adjust our reporting period and join ACAN's Compendium of modern slavery statements. MSBEU acknowledged and appreciated St Vincent's commitment to complying with the Modern Slavery Act 2018 (the Act) and for consulting with them regarding adjusting our reporting period and joining ACAN's Compendium.

St Vincent's proposed to report for the 18-month period 1 July 2021 to 31 December 2022, which ensures there is no gap in our reporting timeframe. MSBEU recognised that by joining the ACAN Compendium statement, we could support and maximise the impact of Catholic organisations in Australia to eliminate modern slavery. MSBEU accepted the proposed approach to synchronise our reporting period and join the ACAN Compendium statement, which is the approach we are adopting for this and future Modern Slavery statements.

In this, our third Statement, we reflect on progress made during the 18-month period to 31 December 2022, including a deeper understanding of supply chain risk.

The emphasis of this report is to advance St Vincent's activities in mapping the supply chain and proposing a risk framework that will guide our work with identified markets, suppliers and categories of goods and services to audit and assure the integrity of the chain of custody from source of origin to ultimate use.

Transparent data and relationships of integrity within our large and complex supply chain will help promote best practice with our suppliers.

We remain mindful that healthcare workers are one of the few groups of professionals likely to interact with victims. We now know that our frontline teams have identified and helped find pathways to freedom for modern slavery victims. We continue to improve training for our staff to recognise the warning signs and appropriately enquire with those presenting at our hospitals who are suspected victims of modern slavery.

Our internal staff Advocates for Change continue to raise awareness both internally and externally about this issue, as is noted in our Statement. This model is key to fostering our commitment within our whole staff group. In October 2022, St Vincent's launched our Anti-Modern Slavery Policy that acts as a guideline for St Vincent's Group suppliers, staff and our suppliers' staff on operational protocols and processes in identification of modern slavery risks across our operations and supply chain, together with remediation processes.

We also continue to have and greatly value a long-standing relationship with Australian Catholic Religious Against Trafficking Humans (ACRATH), which has done so much in advocating for the introduction of Modern Slavery Legislation and its implementation across Australia.

We know that our continuing commitment to address the issue of modern slavery requires the application of all of St Vincent's core values: compassion, justice, integrity and excellence; we continue to work to protect and promote the dignity of all people, especially those who suffer in hidden places.

***This modern slavery statement has been prepared in accordance with the Modern Slavery Act 2018 (Cth) and was approved by the Board of St Vincent's Health Australia Ltd on 8th June 2023. This modern slavery statement is signed by a responsible member of St Vincent's Health Australia Ltd as defined by the Act.***

It is submitted as a joint statement by the following reporting entity:

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 <sup>1</sup>	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 Care Services Boondall Ltd	ABN 15 146 972 303
St Vincent's Care Services Carseldine Ltd	ABN 49 094 645 262



**Mr Paul McClintock, AO**  
Chair | St Vincent's Health Australia  
Group of Companies

Date: 8 June 2023

### Disclosure

This Statement covers the 18-month period from 1 July 2021 to 31 December 2022. Approval was given by the Modern Slavery Business Engagement Unit (MSBEU) in the Commonwealth Attorney-General's Department for SVHA to change from a financial year reporting cycle to a calendar year reporting cycle, in order to synchronise with the Australian Catholic Anti-Slavery Network (ACAN) and join the ACAN Compendium Statement. Accordingly, with MSBEU's approval, this Statement covers a reporting period of 18 months. For future Statements, SVHA will revert to 12-month calendar year periods.

1. Affiliated entity

# Reporting Criteria 1 and 2

## About St Vincent's Health Australia

### Our Organisational Structure

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

SVHA is governed by a board that sets our strategic direction and oversees compliance, legal and legislative requirements. The SVHA Board sits concurrently as the board of SVHA and SVHA's subsidiary companies, including those that operate our private and public health facilities and services and our aged care services. It also governs the SVHA group of companies in compliance with the Corporations Act 2001 (Cth), the Australian Charities and Not-for-profits Commissions Act 2012 (Cth), and all other relevant civil legislation.

Our group executive aims to manage the daily operations of the organisation to the highest standard. We all work together to realise the mission of our founders to serve all in need of care.

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 Healthcare Ltd

The following are wholly owned subsidiaries of St Vincent's Care Services Ltd:

- St Vincent's Care Services Boondall Ltd
- St Vincent's Care Services Carseldine Ltd

The following is an affiliated hospital:

- St Vincent's Private Hospital Sydney

### Our Modern Slavery governance framework

Over the past reporting cycles, the Anti-Modern Slavery Working Group (MSWG) at SVHA is sponsored and convened by our SVHA Group Mission Leader who advocates this work to the Executive Leadership Team (ELT) and Mission, Ethics and Advocacy Committee. The Group CFO then sponsors the Modern Slavery Report to the Audit and Risk Committee, and subsequently to the SVHA Board.

Our Anti-Modern Slavery Working Group is composed of three sub-committees.

MSWG Committee	Objective	Teams Represented
MSWG Sub-Committee 1	Identifying, responding and remediation for victim-survivors	Clinical Governance, Social Work Governance, Clinical & Social Worker advocates
MSWG Sub-Committee 2	Minimise slavery risks across SVHA operations and supply chain	National Procurement Leads, Category Specialists, Group ESG Lead, Procurement Specialist (ESG), Facility Purchasing Managers
MSWG Sub-Committee 3	Raising awareness	Group Advocacy and Partnerships, Communications and Change lead, Director Strategy, Public Affairs & Communications

A dedicated Procurement Specialist (ESG) is focussed on anti-modern slavery efforts across SVHA Group's operations and supply chain including the risk framework and mitigation activities.

## Our operations

We operate 3 public hospitals, 10 private hospitals and 23 aged care facilities in Queensland, New South Wales and Victoria. Along with three co-located research institutes – the Victor Chang Cardiac Research Institute, the Garvan Institute of Medical Research, and St Vincent’s Institute of Medical Research – we work in close partnership with other research bodies, universities, and health care providers.

St Vincent’s team comprises close to 30,000 team members, around 1,000 volunteers, and operates more than 2,850 hospital beds and 2,530 residential aged care beds.

We are a clinical and education leader with a national and international reputation in medical research. Our areas of expertise include heart lung transplantation; bone marrow transplantation; cardiology; neurosurgery; cancer; clinical genomics; HIV medicine; palliative care; respiratory medicine; mental health; drug and alcohol services; aged psychiatry; homeless health; and prisoner health.

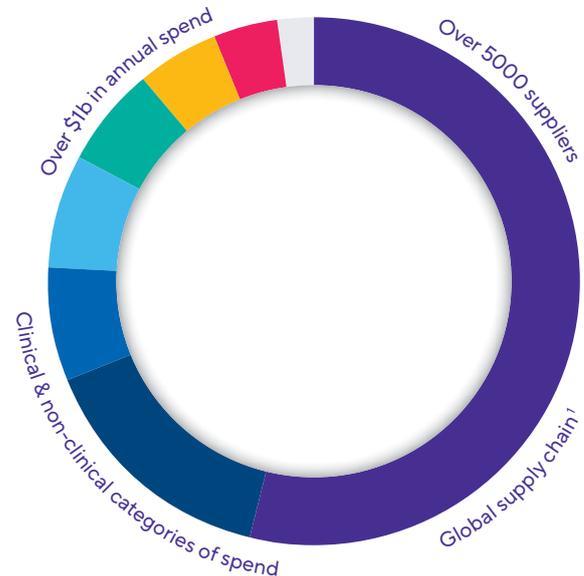
## Our supply chain

SVHA 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 billion per annum in clinical and non-clinical goods and services from over 5,000 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, facilities maintenance, cleaning, food and beverage, linen and laundry services, uniforms, equipment servicing and repairs, servicing and repairs as well as corporate overheads such as office supplies and travel.

The St Vincent’s Procurement Team, Group Procurement Services, oversee SVHA 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 with facilities’ management procurement mainly at a local level.

## SVHA Supply Chain



- Medical devices, suppliers and consumables<sup>2</sup> 54%
- Facilities management<sup>3</sup> 15%
- ICT 7%
- Professional services 7%
- Contingent labour 6%
- Business services<sup>4</sup> 5%
- Food, beverages and nutritional feeds 4%
- Utilities 2%

1. Across Asia-Pacific region, South Asia, Northern, Southern and Central America, Europe and Australia.

2. Medical Devices, Supplies & Consumables includes drugs and pharmacy, pathology and laboratory, medical appliances, surgical equipment, medical imaging, prostheses/implants, through to wound care, dressings, intravenous products, airway management, medical gases and robotics.

3. Facilities Management includes construction, refurbishment & fit outs, cleaning, linen and laundry services, equipment repairs and maintenance.

4. Business Services include Staff related expenses, travel & accommodation, uniforms, stationery & office supplies, marketing & public relations, courier & freight handling, document storage.

## Reporting Criteria 3

# Identification of modern slavery risks in operations and supply chain

In the previous reporting cycle, we acknowledged that one of the biggest challenges faced was the identification of modern slavery related risks across both our supply chain and operations. SVHA has invested in developing a robust reporting framework which provides a reliable source of information on our category spend and suppliers across the organisation. This reporting ability has enhanced our spend visibility and allowed us to revisit modern slavery-related risk identification in greater detail.

SVHA has evaluated its spend taxonomy to identify categories that are potentially at higher risk of modern slavery across their chain of custody. This involves risks from the point of origin to the finished product or resource within our facilities or offices. For this, we have consulted various publicly available and previously documented information sources such as the *KPMG and Australian Human Rights Commissions' joint report on "Modern slavery in healthcare sector study"*<sup>1</sup> published in 2021 which is focussed on the healthcare sector, *US Department of Labor's "List of High Risk Goods Produced by Forced & Child Labor"*<sup>2</sup> along with our engagement with the *Australian Catholic Anti-Slavery Network (ACAN)* program to identify modern slavery risks across the SVHA Group.

### Breakdown of risks across SVHA

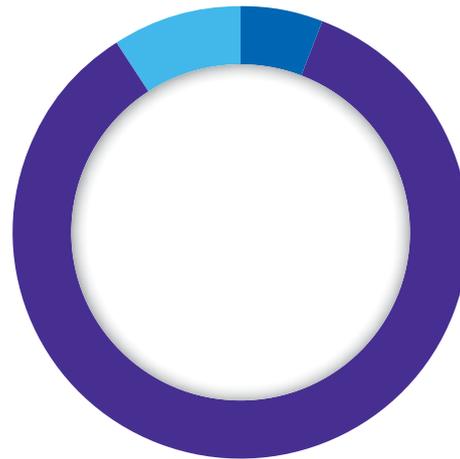
Wherever we have external suppliers providing the relevant category of goods or services, the respective spend categories have been mapped under supply chain risks. Categories where we have an internal operational arrangement, such as in-house cleaning, are grouped under operational risks. However, there is no universal differentiation across many categories where both internal and external resources are employed in delivery. For the purpose of the risk taxonomy, 'operations' are purely internal resources, 'supply chain' is purely external suppliers, and 'both' includes a mix of internal and external service provision.

- Operations: two high-risk categories.
- Supply Chain: eight high-risk categories.
- Both Operations and Supply Chain: four high-risk categories.

As shown above, we have identified a total of 14 high-risk categories across operations, supply chain and those that cross both operations and supply chain.

We wish to highlight that identification of high-risk categories does not necessarily imply presence of slavery in SVHA's supply chain or operations but rather highlights areas of activities within SVHA's supply chain or operations that require further investigation and due diligence to both assess prevalence of any modern slavery-related risks and mitigate such risks.

Breakdown of MS risk across SVHA Group



- Operations 6%
- Supply chain 85%
- Both 9%

1. KPMG and Australian Human Rights Commissions' joint report on "Modern slavery in healthcare sector study" accessible at [https://humanrights.gov.au/sites/default/files/document/publication/ahrc\\_20211115\\_modern\\_slavery\\_-\\_health\\_services\\_v9\\_web.pdf](https://humanrights.gov.au/sites/default/files/document/publication/ahrc_20211115_modern_slavery_-_health_services_v9_web.pdf)  
 2. US Department of Labor - List of Goods Produced by Child Labor or Forced Labor accessible at <https://www.dol.gov/agencies/ilab/reports/child-labor/list-of-goods>

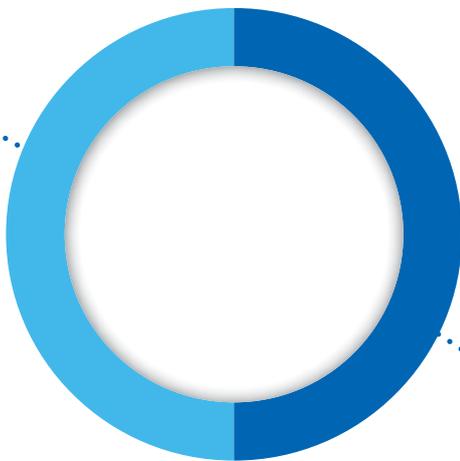
## Operational risk

### Contingent labour: Nursing and non-nursing

Based on a study conducted by the *Organisation for Economic Co-operation and Development (OECD)*<sup>1</sup> in 2021, Australia has one of the highest (second worldwide) proportions for foreign-trained nurses and doctors with over 35% nurses being immigrants. The pandemic has put further pressures on the healthcare sector leading to an acute shortage of skilled staff nationally including SVHA. Across the sector, thousands of healthcare professionals are being granted temporary, short/longer term visas to fulfill the immediate shortfall. Registered Nurses (RNs) alone have had more than 17,000 visas allocated in 2023. Historically, a large proportion of these vacancies have been filled by people from across the globe including some high-risk geographical countries in South-East Asia, Africa and South-Pacific. These healthcare roles are usually fulfilled by specialist labour hire agencies rather than direct recruitment as hospital staff and have been classified as high-risk for prevalence of slavery-related practices.

At SVHA, our operational risks within the contingent labour hire area are evenly spread across both nursing and non-nursing staff including allied healthcare workers.

### SVHA operations high-risk categories

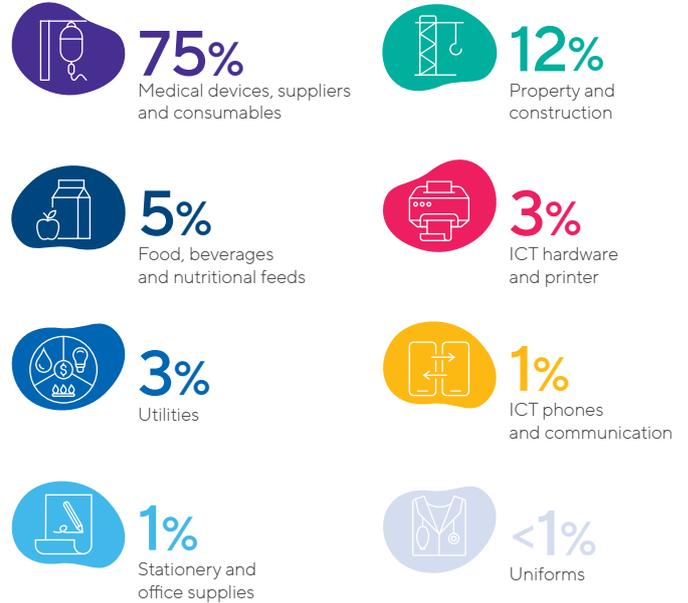


- Contingent labour nursing 50%
- Contingent labour non-nursing 50%

1. Socha-Dietrich, K. and J. Dumont (2021), "International migration and movement of nursing personnel to and within OECD countries - 2000 to 2018: Developments in countries of destination and impact on countries of origin", OECD Health Working Papers, No. 125, OECD Publishing, Paris, <https://doi.org/10.1787/b286a957-en>.

## Supply chain risks

### SVHA supply chain – high risk categories



### Medical devices, supplies and consumables

Our clinical supply chain represents the single biggest high-risk category forming almost three-quarters of our entire supply chain risks. It is one of the most complex areas of supply comprising of various sub-categories of goods including medical devices and equipment such as surgical instruments; and medical supplies such as gloves and personal protective equipment (PPE); and consumables such as drugs and pharmaceuticals. Most of our suppliers are large multinational companies with their supply chains spread all over the globe with facilities in some high-risk countries and hence not immune to modern slavery risks.

The US Department of Labor publishes an annual list of products made from forced or child labour which calls out both surgical implants and instruments as high-risk categories. So far, SVHA has not been able to map our supply chain to any of the countries listed on this list. However, we shall continue to map these categories of supply to high-risk until we establish sufficient documented evidence to suggest otherwise. Gloves and PPE have been noted publicly for poor labour practices and included in this category for risk assessment.



### Property and construction

Property refurbishment and construction is a high-risk category within our supply chain which is sourced from large national suppliers. The construction industry has a workforce consisting of a high percentage of temporary migrant workers that are often contracted through labour hire companies. This poses a high risk for worker exploitation and modern slavery in this category for several reasons, including:

- Focus on low-paid, seasonal and temporary labour.
- Recruitment of potentially vulnerable people such as new migrants and temporary work visa holders.
- Undocumented workers.
- Deceptive and opaque practices trapping workers in exploitative situations.
- Coercive control, threats, withholding workers' identity documents to limit their freedom of movement and social isolation from community.

### Food, beverages and nutritional feeds

Food and beverage supply is a high cost-high volume supply chain in our hospitals and residential care businesses. The Australian agricultural and fresh produce sector has been repeatedly found guilty of modern slavery incidents such as forced labour and restrictions on freedom of movement.

### ICT hardware and printers, and ICT phones and communication

Factors including global geo-political tensions (Ukraine-Russia war, China's "Covid" strategy, trade restrictions with the US and the impact of the pandemic) have seen the global ICT market experience shortages in raw materials and escalating prices. This has resulted in a production shift to low-cost higher risk countries with many technology companies shifting (or considering shifting) production away from China to countries such as India, Malaysia and Vietnam that are relatively less regulated in relation to modern slavery laws and could pose higher modern slavery risks across this sector.

Most of our ICT suppliers are large global corporations that are affected by these global events and changing landscape within the industry. We continue to classify this category of supply and the underlying ICT suppliers as high-risk.

### Utilities (including waste management services)

The waste management industry (including recycling) is considered a dangerous sector for workers with significant occupational health and safety hazards such as exposure to toxic materials, pathogens, and the use of heavy machinery. Sub-contracting to waste management companies is common practice across the industry including the use of labour hire. Migrants and low-skilled workers are widely used in waste collection, handling and material recovery facilities and is seen as a high-risk category.

## Categories across both supply chain and operations

### Both supply chain and operations high risk categories



SVHA has a complex blend of contracts including group-level, local facility, preferential contractor arrangements, and in-house services provided by SVHA staff. These contracts and services include cleaning and security services, laundry services, kitchen, and catering services alongside of generic facilities management services such as electrical, plumbing-related repairs and maintenance.

Across Australia, suppliers in these sectors or categories of supply typically employ temporary migrant workers engaged via subcontracting arrangements or labour-hire arrangements, which are historically alleged to have a high rate of non-compliance with respect to workplace rights and entitlements. Equipment and consumables used in these sectors are largely manufactured overseas, predominantly in high-risk countries such as China and Vietnam.

Given our activities across these categories have varying degrees of supplier engagement, our supply chains for these categories of goods and services have similar risks inherent to the respective sectors.

## Reset of risk identification strategy

Based on the improved visibility of spend data, and support from Australian Catholic Anti-Slavery Network (ACAN), SVHA has pivoted and adopted a two-phased approach to identify modern slavery risks across both breadth and depth of our supply chain and operations.

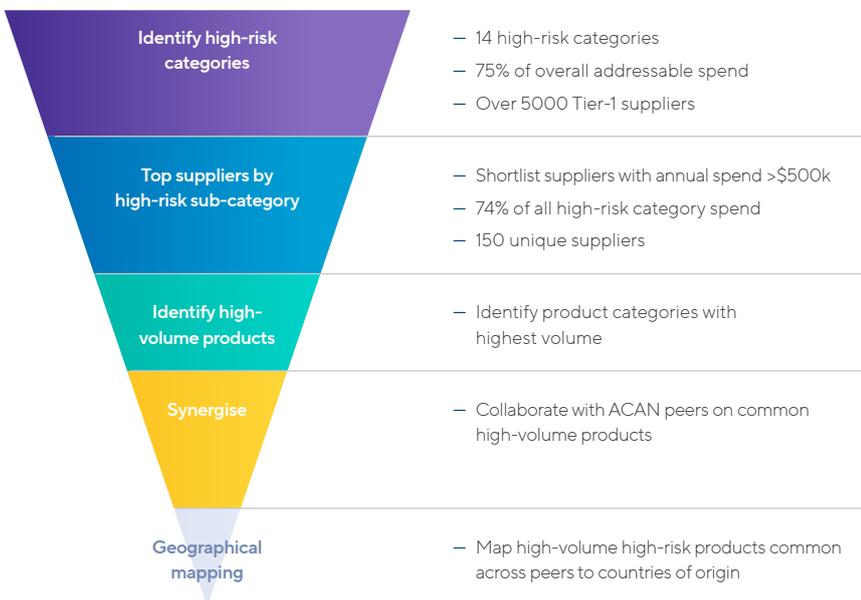
### Phase 1 – Supplier centric approach (tier-1 suppliers)



**Phase 1, a supplier-centric approach** for due diligence focusses on **tier-1 or direct suppliers**. Based on the 14 high-risk categories of supply, we have identified our top 100 high-risk suppliers. This sample set represents 77% of our overall spend under the high-risk categories and has allowed SVHA to prioritise our due diligence efforts from over 5,000 suppliers across our supply chain down to 100 suppliers.

SVHA is collaborating with peer Catholic health care providers to jointly address risks across common suppliers. This will avoid duplication of effort and increase quality for Catholic health providers and our suppliers.

### Phase 2 – Product centric approach (Beyond tier-1 suppliers)



**Phase 2 is a product-centric approach** focussing on moving **beyond tier-1 suppliers**. SVHA will assess the risks of modern slavery within high-risk sub-categories and shortlist **high-volume products** to enable mapping the relevant supply chain. This will include any intermediary suppliers down to the country of manufacture or origin enabling identification of modern slavery risks throughout the chain of custody. Research suggests that it is the facility of origin of goods that is most vulnerable to modern slavery risks. This approach adds another 50 unique suppliers to those identified in Phase 1. Again, we will collaborate with our Catholic peers to expedite risk assessment at common item level.

## Reporting Criteria 4

# Actions taken to assess and address risk

### Category specific due diligence and remediation

#### Contingent labour – nursing and non-nursing

Contingent labour, particularly nursing is a high-cost high demand category of spend. Analysis demonstrates a high level of migrant activity taking up these roles. Despite the high barriers to entry such as educational level, language competency and professional registration standards, workers may not understand certified agreement minimum wages and entitlements rendering them vulnerable for exploitation.

Acknowledging this risk, we have made substantial efforts to ensure we have appropriate checks and balances in place through contract reviews and assessment of invoices against terms, in order to manage and address this risk for nursing staff, and continue to review similar arrangements for non-nursing staff. In addition, further work is being undertaken on SVHA systems and processes to improve the transparency of agency pricing model and margins.

#### ICT hardware and printers

Our spend in this category is highly consolidated with a few global vendors in the ICT sector. A recent independent benchmark study conducted by a not-for-profit *'Know the Chain'*<sup>1</sup> in 2022 assessed all major global suppliers in the sector including SVHA suppliers. Their findings suggest that regardless of the scale of the organisation, the supply chains are not immune from slavery risks. Some of the findings related to our suppliers are summarised below:

- One of our top ICT vendors emerged as a leader in modern slavery due diligence efforts by demonstrating best practice through ring-fencing labour costs and then working with their key partners to address labour costs independently of production costs and supply volatility to provide workers with more financial stability.
- Some have strong responsible recruitment practices with others working actively in this space. Recruitment fees paid by the worker for getting hired have traditionally been some of the challenges in the ICT and electronics manufacturing sector and are target areas addressed via responsible recruitment practices.
- However, most of these global suppliers have been subject to allegations of one or more incidents within their manufacturing facilities in China suggesting prevalence of slavery in their supply chains. These allegations include withholding of passports, payment of recruitment fees, facing penalties for resigning, excessive working hours, insufficient rest days and pay and have been reported via grievance mechanism tools such as worker hotlines.

- These suppliers have already addressed or are reportedly working to address some of these incidents. Subsequently, as a proactive measure to mitigate similar risks in future, the majority of our top suppliers in this sector have become members of **Responsible Business Alliance (RBA)**<sup>2</sup>, a global body establishing standard practices and supplier codes of conducts to enforce better humane practices across supply chains. Given our spend in this category is relatively miniscule as compared to the scale of these global suppliers, we plan to closely monitor and track their due diligence efforts as led by various global bodies such as the **RBA** and **Know the Chain**.

#### ICT phones and communication

Based on independently documented evidence including the *'2022 ICT Benchmark Report'* by **Know the Chain** and the *'List of Goods Produced by Forced and Child Labor'* published by the **US Department of Labor**, all telecommunications providers globally have been linked to slavery practices such as forced labour and the worst forms of child labour related to the mining of cobalt in the Republic of Congo and subsequent refining processes in Chinese factories. The tier-2 suppliers of our telecommunications providers also happen to be some of the largest ICT Hardware manufacturers that have become members of the **RBA** and are collectively looking to address these challenges. Similar to the ICT Hardware category, SVHA will closely monitor the due diligence efforts of our direct and tier-2 telecommunication suppliers.

#### Medical devices, supplies and consumables

During this reporting period we have substantially reviewed our supply of nitrile gloves, which was recently linked to forced labour practices in manufacturing in Malaysia. Our initial findings indicate that our supply chains for this product category do not include Malaysia and are sourced from other South-East Asian countries. Acknowledging the potential risks for this product group, we continue to be vigilant and work closely with our current preferred supplier of gloves to obtain greater transparency of their supply chain including the adoption of ethical sourcing and worker engagement practices.

SVHA is encouraging our supplier to join global alliances such as the **Responsible Glove Alliance (RGA)** which is an arm of the **RBA** responsible practices in gloves manufacturing.

Prostheses including human tissues and grafts is an area of high-risk that SVHA is closely monitoring for modern slavery risks. We are aware of the issues reported in relation to overseas-sourced human tissues and rely on the due diligence efforts of the **Therapeutic Goods Administration (TGA)** in onboarding ethically sourced products on to the **Australian Register of Therapeutic Goods (ARTG)**. SVHA procurement policy has focussed on TGA certified products only and have preferenced locally sourced and grown grafts and tissues available from Australian donor banks, as opposed to overseas suppliers with questionable sources of origin to mitigate any perceived risks.

1. Know the Chain 2022 ICT benchmark study accessible at <https://knowthechain.org/wp-content/uploads/KTC-2022-ICT-Benchmark-Report.pdf>.

2. Responsible Business Alliance members list accessible at <https://www.responsiblebusiness.org/about/members/>.

### Food, beverages and nutritional feeds

Similar to the ICT benchmark study, **Know the Chain's** due diligence efforts in the Food and Beverage industry<sup>1</sup> revealed that some direct suppliers and tier-2 suppliers have been accused of several modern slavery incidents across their supply chains extending both locally and globally. These allegations include instances of forced migrant labour, poor working conditions, withholding of passports, excessive working hours, monthly overtime exceeding local laws, and underpayment of wages. Given recurring instances in this industry, as a remediation measure, SVHA will work closely with our ACAN partners to collectively approach the industry in both addressing and improving the state of working conditions.

### Cleaning services

Cleaning suppliers across the country are also alleged to have been involved in modern slavery incidents such as excessive working hours and underpayment of wages. We acknowledge the inherent entity and sector risks in this category and continue to work closely with our suppliers.

ACAN is an active member of the *Cleaning Accountability Framework (CAF)*, a national organisation focused at improving labour practices in the cleaning industry. Over the next reporting cycle SVHA will work closely with ACAN and associated health care providers towards ensuring our cleaning suppliers and facilities are certified under this scheme.

Some of our facilities may be using external labour hire agencies for hiring in-house staff under SVHA payroll for activities such as cleaning, security and laundry services for which we are being vigilant in making sure that the inherent risks in these industries are not passed on to the SVHA operations both while on-boarding of these resources and ongoing management.

### Conflicting Environmental, Social and Sustainability (ESG) measures

We are constantly monitoring the various publicly available due diligence tools, such as the **US Department of Labor's 'List of Goods Produced by Forced and Child Labor'** which identifies the majority of the world's solar panel supply chains coming from China's Uyghur region. As such, we are evaluating our clean energy options carefully before making any significant investments.

### Supplier risk management platform – Sedex Australia

Over the last two reporting periods, SVHA attempted to onboard our top spend suppliers onto *Sedex*, a third party technological platform, for managing and addressing modern slavery risks in our supply chains and operations. However, our initial adoption rates with the suppliers were limited as previously outlined in our earlier statement. To address this, we are working in partnership with ACAN, and have recruited a dedicated Procurement Specialist to focus on both supplier engagement and adoption.

Over the next reporting cycle, SVHA will focus on working closely with ACAN partners in onboarding of high-risk suppliers common to the healthcare sector and utilise the platform's functionality for sharing a common *Supplier Self-Assessment Questionnaire (SAQ)* and adopt *Sedex Members Ethical Trade Audit (SMETA)* methodology to achieve the following:

- Manage the risk of modern slavery with existing suppliers
- Validate inherent risk against actual risk
- Screen new suppliers as part of tenders and supplier on-boarding processes
- Gain visibility further upstream in the supply chains
- Monitor and report on progress in the profile of suppliers

### Supplier contracts and contract management platforms

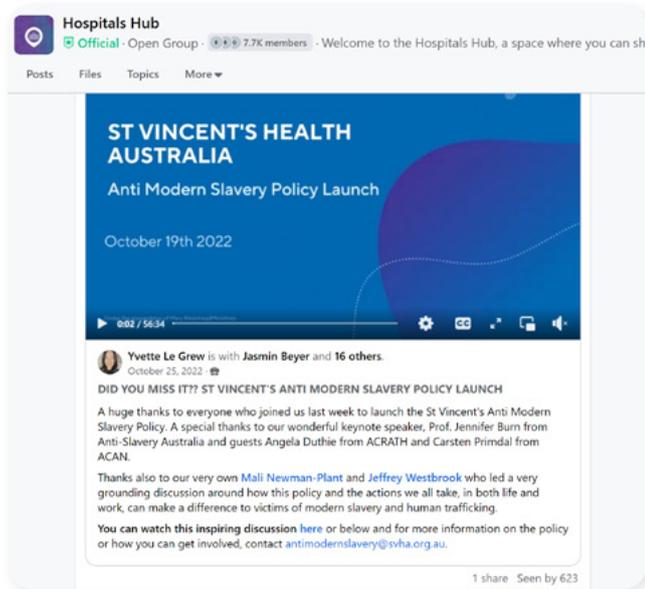
While we have included modern slavery specific contractual clauses in our top supplier contracts and in contract templates as appropriate, we continue to gain a greater understanding of the healthcare sector's specific requirements. We are continually reviewing contracts to tighten any sector specific controls and enforce compliance. To facilitate this, we have successfully implemented the *Open Windows* contract management platform across our supply chain. This has improved our visibility into supplier contracts and allowed SVHA to track contractual compliance with auditable trails.

We are currently in the process of embedding this with another supplier management platform, *LinkSafe* where we have automated screening surveys for on-boarding of new suppliers as well as annual attestation of existing suppliers, embedding responsible supplier practices throughout the supplier lifecycle management process.

1. Know the Chain Food & Beverage Sector study accessible at <https://knowthechain.org/wp-content/uploads/2020-KTC-FB-Benchmark-Report.pdf>.

## SVHA's procurement and modern slavery policy

In October 2022, SVHA launched our modern slavery policy that acts as a guideline for both SVHA suppliers, staff, and our supplier's staff on operational protocols and processes in identification of modern slavery risks across our operations and supply chain, along with due diligence and remediation processes.



This is a continuously evolving live document which will be updated regularly along with our *Procurement Policy and Supplier Code of Conduct* as we increase our understanding of the risks across various sectors, categories and geographies of supply.

## Raising awareness and training

SVHA has continued to focus on raising awareness within our staff and teams. E-learning modules targeted at modern slavery have been successfully integrated in our *online learning platform, Workday* and included as mandatory requirements for certain roles such as Supply Managers and Facilities Managers whose positions may involve actively engaging with suppliers or contractors.

Raising awareness has also been a priority within our Anti-Modern Slavery Working Groups who represent various parts of the business and continue to act as advocates, cascading their knowledge across the organisation.

Over the next reporting cycle, we plan to extend our training and awareness raising campaigns to our supplier community, initially focusing on the top 100 high risk suppliers, offering their staff and contractors a similar understanding of risks both within their own operations and supply chains as well broader sector of operation. This is planned to be conducted using a multi-faceted approach, at SVHA-level contracts, via site-specific Facilities and Supply Managers, via ACAN peer network and utilising the *Sedex* platform.

## Grievance mechanism and remediation

### Speak Up

We encourage our employees and others that partner with us to speak up about issues or conduct that concerns them. This could be anything that undermines our mission and values or conduct that is fraudulent, corrupt, illegal or unethical. We provide trusted pathways to go to for those who want to raise concerns. These include several formal and informal channels some of which are listed below.

- **FairCall** (*whistleblower hotline*), is a secure, independently monitored and dedicated service for the anonymous reporting of concerns relating to any suspected form of theft, financial crime, fraud or unethical behaviour. This service is available to current or former St Vincent's employees as well as, contractors, consultants, suppliers, service providers, volunteers, and so on.
- **Ethos**, a structured program for encouraging staff to speak up based on graded assertiveness tools such as *CUSS (Curious, Unsure, Seriously Concerned, and Stop)* designed to be used as a series of questions and statements when raising a concern about an issue.
- **Have Your Say** is our annual engagement survey that seeks our people's feedback for improving our workplace, and to make sure we are addressing what matters to our people.

SVHA also has a **Grievance Resolution Policy** which we plan to revisit and update over the course of next reporting cycle in line with our *Modern Slavery Policy*. When we identify people impacted by modern slavery, we engage with *Domus 8.7* for remediation and resolution.

### Domus 8.7

SVHA is committed to providing appropriate and timely remediation to victim-survivors affected by modern slavery in accordance with the need of the victim and relevant laws and guidelines, including the *UN Guiding Principles on Business and Human Rights* and the *Commonwealth Modern Slavery Act 2018 Guidance for Reporting Entities*. To address this, *Domus 8.7*, a not-for-profit, has been established with support from ACAN to provide remediation services and a confidential advisory service to individuals affected by modern slavery.

*Domus 8.7* will help triage cases and refer victims to internal or external specialists who can provide support, advice and assistance regarding legal, social, and human rights responses to cases of modern slavery. It will also partner with international organisations to ensure supply chain remedial action and prevention is available.

# Reporting Criteria 5 Effectiveness Assessment

## Modern Slavery gap analysis

SVHA has undertaken a gap analysis to identify our effectiveness across our systems, policies, risk management, procurement and supply chain processes and are summarised below.

### Management systems

Governance	●	●	●	●
Commitment	●	●	●	●
Business systems	●	●	●	●
Action	●	●	●	●
Monitoring and reporting	●	●	●	●

### Human resources

Awareness	●	●	●	●
Policies and systems	●	●	●	●
Training	●	●	●	●
Labour hire/Outsourcing	●	●	●	●

### Risk management

Risk framework	●	●	●	●
Operational risk	●	●	●	●
Identifying external risk	●	●	●	●
Monitoring and reporting on risk	●	●	●	●

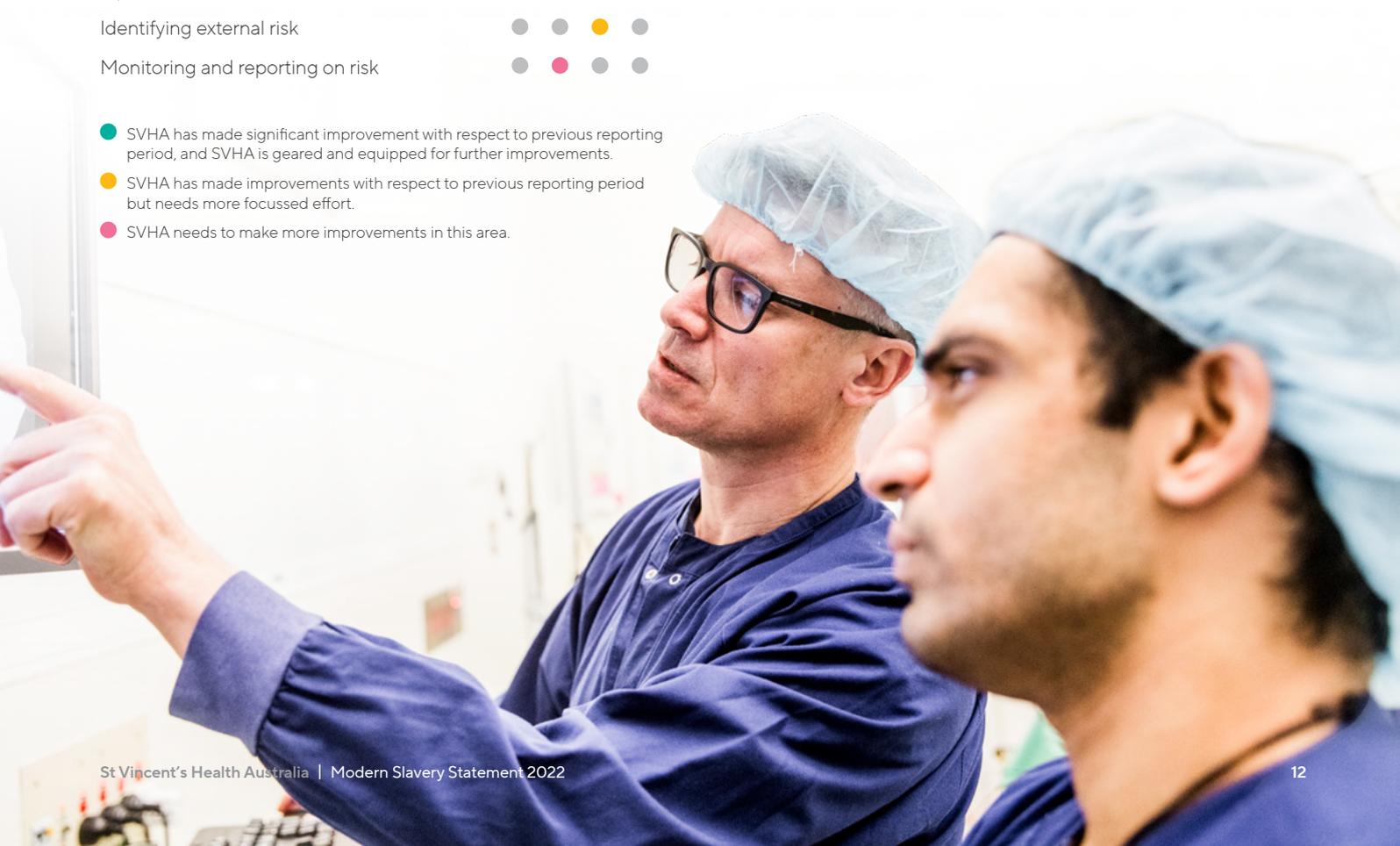
### Procurement and supply chain

Policies procedures	●	●	●	●
Contract management	●	●	●	●
Screening and traceability	●	●	●	●
Supplier engagement	●	●	●	●
Monitoring and reporting	●	●	●	●

### Customer and stakeholders

Customer attitude	●	●	●	●
Information provisions	●	●	●	●
Feedback mechanisms	●	●	●	●
Worker voice	●	●	●	●

- SVHA has made significant improvement with respect to previous reporting period, and SVHA is geared and equipped for further improvements.
- SVHA has made improvements with respect to previous reporting period but needs more focussed effort.
- SVHA needs to make more improvements in this area.



## Key actions and accomplishments during current reporting period



SVHA is committed to combatting modern slavery across its operations and supply chains and will continue to act upon on various proposed measures as outlined under the Reporting Criteria 3 and 4 towards risk identification, due diligence and remediation processes.

## Reporting Criteria 6

# Process of consultation with entities owned or controlled

As noted under Reporting Criteria 1 and 2, SVHA is a group of companies bringing together private and public health facilities and services, aged care services, medical research institutes, virtual and in-home services, and community services and has a commitment to helping people who are marginalised and vulnerable. SVHA is governed by a board that sits concurrently as the Board of SVHA and SVHA's subsidiary companies, including those that operate our private and public health facilities and services and our aged care services. The Group CEO and CEOs of the hospitals division, aged care division, virtual and home healthcare division, and other senior executives make up the Executive Leadership Team (ELT) which meets regularly to discuss strategic decisions and setting the policy direction for the organisation.

As a result of this structure, underpinned by our shared mission and values, there is a general consistency of policies and processes across the various entities making up the group.

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

In light of these structures, we consider it reasonable and appropriate for St Vincent's Health Australia Ltd 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.



## Reporting Criteria 7 Other

### Identification of victim-survivors – important role of healthcare entities

SVHA continues to acknowledge the role healthcare providers play in the identification of victim-survivors of modern slavery that are likely to present within a public healthcare setting, including emergency departments, due to the exploitative nature involved. As such, SVHA prioritises awareness and training measures that support our frontline staff to recognise and respond to victim-survivors of trafficking who present to our services.

To drive this initiative, SVHA is working towards building upon the foundational work originally introduced by SVHA in late 2020 across its public hospitals under a program called 'Clinical Pathway'. It is a process based on early identification of slavery victim-survivors by providing specialist training to the frontline staff in hospitals, who form the first point of contact with potential victim-survivors of various forms of slavery and provide a remediation plan centred on elements of 'care' and 'well-being'. To facilitate this, SVHA established a 'Clinical Stream of the Modern Slavery Working Group' comprising of 10 'Clinical Advocates' who are clinical staff in St Vincent's hospitals in Melbourne and Sydney across various departments of Emergency, Social Work and Clinical Education, and are passionate about the cause of modern slavery. This background makes them well-suited to act as champions of change in their respective work settings.

In 2020, SVHA partnered with the Australian Catholic Religious Against Trafficking in Humans (ACRATH), to develop customised trainings for upskilling these clinician champions and the front-line staff in identification of slavery victim-survivors. These trainings were rolled out across the SVHA's public hospitals in a phased manner over a six-month period commencing late 2020. While the program commenced well, it coincided with the onset of the Covid pandemic. Due to the unprecedented widespread number of Covid cases across Sydney and Melbourne, this required the care teams to re-design newer Covid-centric protocols. So, even though SVHA had implemented this program for early identification of slavery victim-survivors, effective measurement of success of this program could not be completed until late 2022, once we started moving into the recovery and stabilisation phase of the pandemic.

In late 2022, out of our commitment to address the impact of modern slavery, the SVHA Executive re-engaged ACRATH to review the Clinical Pathway program since its inception in 2020. This resulted in setting the agenda for what SVHA will now implement over the next reporting cycle. Recent statistics from patient data at St Vincent's public hospitals in Sydney and Melbourne indicate an average of 43% of our patients are born overseas including some from high-risk countries as identified by the Global Slavery Index (2018). Whether some of these patients that come from high-risk countries are survivor-victims, is yet to be determined. We believe that we should strive to embed all the appropriate screening mechanisms to successfully identify any such survivor-victims and route them through all the remediation and care treatment required whether it is related to trauma, well-being, or rehabilitation.

### Application for government grants

The Australian government originally introduced a scheme named *National Action Plan to Combat Modern Slavery 2020-25 Grant Program* in 2021 to award multi-year grants to support improving the quality of response to modern slavery. SVHA was unsuccessful in round one which was conducted in 2021. However, committed to its mission, SVHA is determined to assist the victim-survivors of modern slavery and hence re-applied for round two of the grant program to fund our proposed plan for improving the accuracy in identification of victim-survivors that present to our facilities in public hospitals.

#### Mandatory criteria

The following page number/s of our statement address each of the mandatory criteria in subsections 16(1)(a) – (g) of the Modern Slavery Act 2018:

Criteria subsection	Criteria description	Page numbers
a)	About St Vincent's Health Australia	3
b)	Our structure, operations and supply chains	3
c)	Identification of modern slavery risks in our operations and supply chain	5
d)	Actions taken to assess and address risk	9
e)	Effectiveness Assessment	12
f)	Process of consultation with entities owned or controlled	14
g)	Any other relevant information	15
	Future Plan (included in-line with actions taken)	8-11

# Our locations

## New South Wales (NSW)

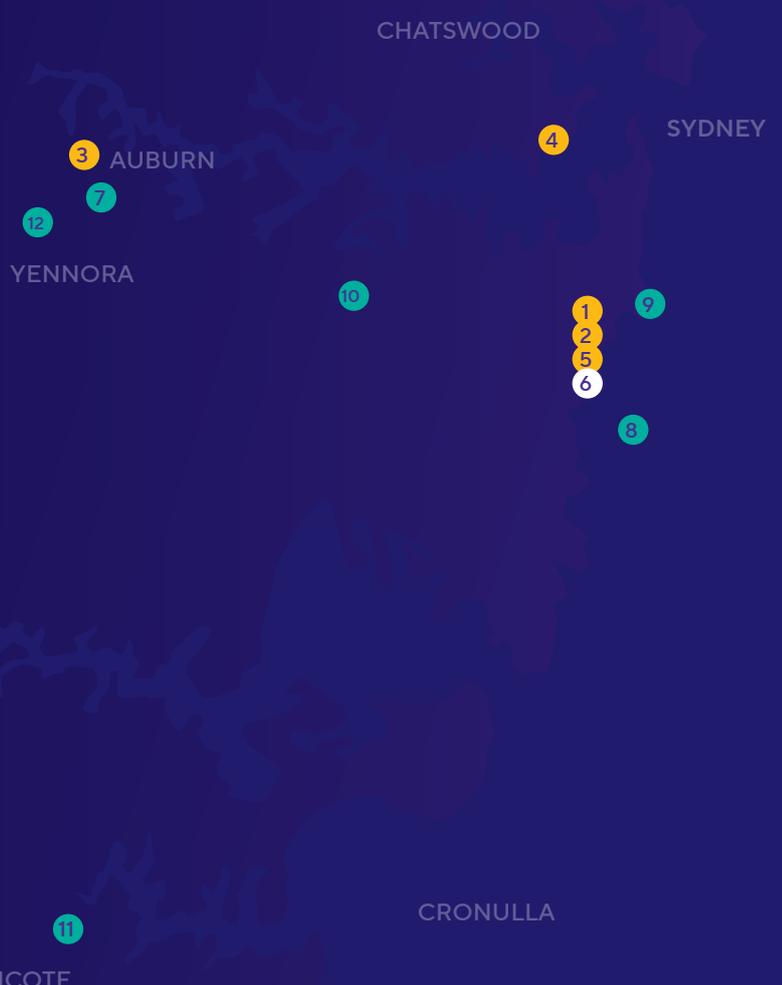
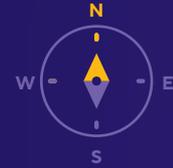
● HOSPITALS ● CLINIC ● AGED CARE

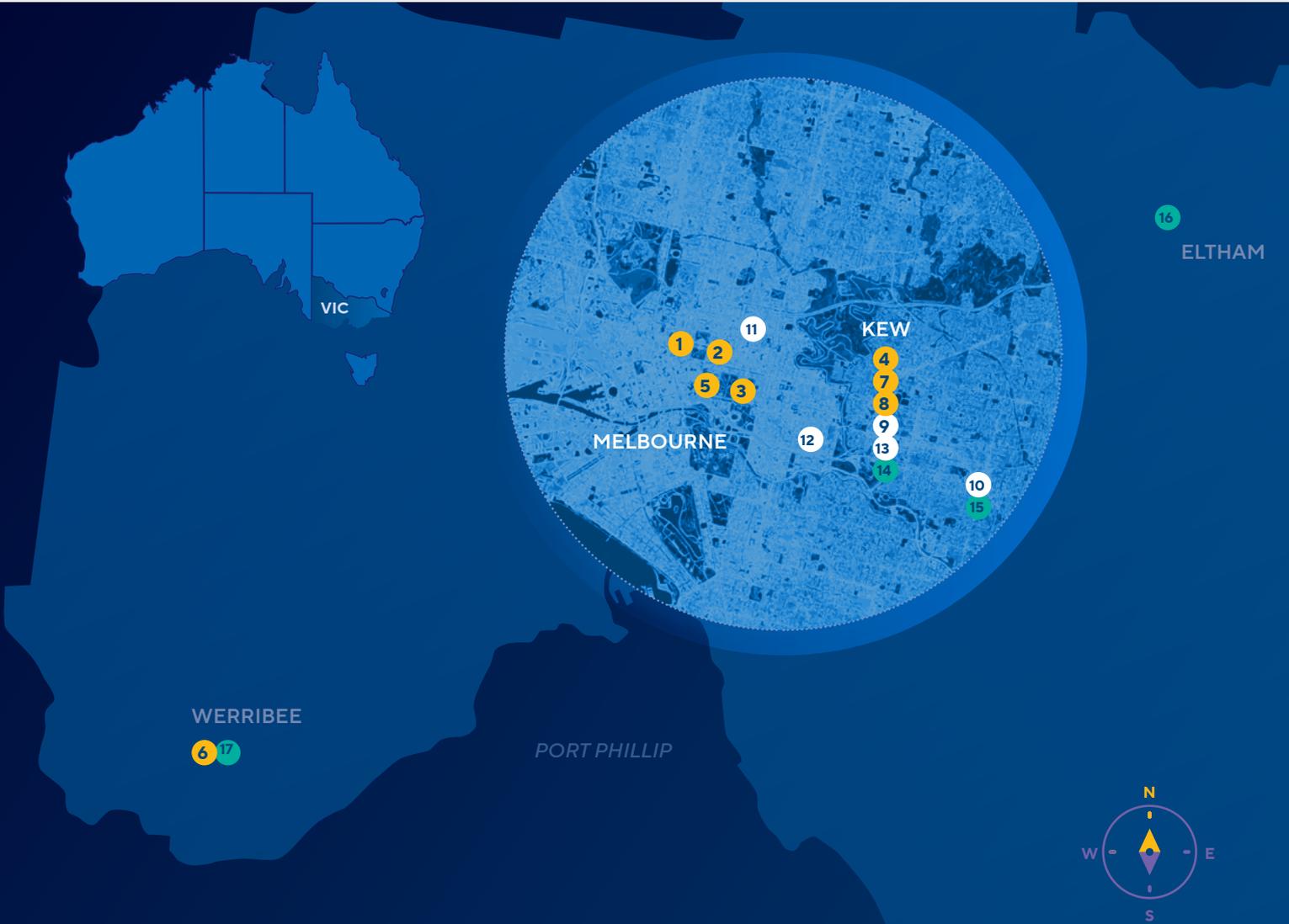
### SYDNEY

- 1 ST VINCENT'S HOSPITAL SYDNEY  
390 Victoria St, Darlinghurst NSW 2010
- 2 SACRED HEART HEALTH SERVICE  
170 Darlinghurst Rd, Darlinghurst NSW 2010
- 3 ST JOSEPH'S HOSPITAL  
2A Normanby Rd, Auburn NSW 2144
- 4 THE MATER SYDNEY  
25 Rocklands Rd, North Sydney NSW 2060
- 5 ST VINCENT'S PRIVATE HOSPITAL SYDNEY  
406 Victoria St, Darlinghurst NSW 2010
- 6 ST VINCENT'S CLINIC  
438 Victoria Street, Darlinghurst NSW 2010
- 7 ST VINCENT'S CARE SERVICES AUBURN  
21 Alice St, Auburn NSW 2144
- 8 ST VINCENT'S CARE SERVICES BRONTE  
363-367 Bronte Rd, Bronte NSW 2024
- 9 ST VINCENT'S CARE SERVICES EDGECLIFF  
2-6 Albert St, Edgecliff NSW 2027
- 10 ST VINCENT'S CARE SERVICES HABERFIELD  
7 Tillock Street, Haberfield NSW 2045
- 11 ST VINCENT'S CARE SERVICES HEATHCOTE  
15 The Avenue, Heathcote NSW 2233
- 12 ST VINCENT'S CARE SERVICES YENNORA  
1 Tara Close, Yennora NSW 2161

### GRIFFITH

- 13 ST VINCENT'S PRIVATE COMMUNITY HOSPITAL GRIFFITH  
41-45 Animoo Ave, Griffith NSW 2680





## Victoria (VIC)

● HOSPITALS ● PUBLIC AGED CARE ● AGED CARE

### MELBOURNE

1	ST VINCENT'S HOSPITAL MELBOURNE 41 Victoria Parade, Fitzroy VIC 3065	9	BERENGARRA 283 Cotham Rd, Kew VIC 3101
2	ST VINCENT'S PRIVATE HOSPITAL FITZROY 59 Victoria Parade, Fitzroy VIC 3065	10	ST GEORGE'S HEALTH SERVICE - AUBURN HOUSE 98-100 Camberwell Rd, Hawthorn East VIC 3123
3	ST VINCENT'S PRIVATE EAST MELBOURNE 159 Grey Street, East Melbourne VIC 3002	11	ST GEORGE'S HEALTH SERVICE - CAMBRIDGE HOUSE 3 Cambridge St, Collingwood VIC 3066
4	ST VINCENT'S PRIVATE HOSPITAL KEW 5 Studley Ave, Kew VIC 3101	12	ST GEORGE'S HEALTH SERVICE - RIVERSIDE HOUSE 2 River St, Richmond VIC 3121
5	ST VINCENT'S ON THE PARK 11 Cathedral Place, East Melbourne VIC 3002	13	PRAGUE HOUSE 283 Cotham Road, Kew VIC 3101
6	ST VINCENT'S PRIVATE HOSPITAL WERRIBEE 240 Hoppers Ln, Werribee VIC 3030	14	ST VINCENT'S CARE SERVICES KEW 104 Studley Park Rd, Kew VIC 3101
7	ST GEORGE'S HEALTH SERVICE 283 Cotham Rd, Kew VIC 3101	15	ST VINCENT'S CARE SERVICES HAWTHORN 4 King Street, Hawthorn East VIC 3123
8	CARITAS CHRISTI PALLIATIVE CARE SERVICE 104 Studley Park Rd, Kew VIC 3101	16	ST VINCENT'S CARE SERVICES ELTHAM 43 Diamond St, Eltham VIC 3095
		17	ST VINCENT'S CARE SERVICES WERRIBEE 240 Hoppers Ln, Werribee VIC 3030

## Queensland (QLD)

● HOSPITALS ● AGED CARE

### BRISBANE

- 1 ST VINCENT'S PRIVATE HOSPITAL BRISBANE  
411 Main St, Kangaroo Point QLD 4169
- 2 ST VINCENT'S PRIVATE HOSPITAL NORTHSIDE  
627 Rode Rd, Chermside QLD 4032
- 3 ST VINCENT'S CARE SERVICES BARDON  
59 Main Ave, Bardon QLD 4065
- 4 ST VINCENT'S CARE SERVICES BOONDALL  
2141 Sandgate Road, Boondall QLD 4034
- 5 ST VINCENT'S CARE SERVICES CARINA  
141 Fursden Rd, Carina QLD 4152
- 6 ST VINCENT'S CARE SERVICES CARSELDINE  
736 Beams Road, Carseldine QLD 4034
- 7 ST VINCENT'S CARE SERVICES CORINDA  
20 Menin Rd, Corinda QLD 4075
- 8 ST VINCENT'S CARE SERVICES KANGAROO POINT  
411 Main St, Kangaroo Point QLD 4169
- 9 ST VINCENT'S CARE SERVICES MITCHELTON  
46 Church Rd, Mitchelton QLD 4053

### TOOWOOMBA

- 10 ST VINCENT'S PRIVATE HOSPITAL TOOWOOMBA  
22-36 Scott St, Toowoomba City QLD 4350
- 11 ST VINCENT'S CARE SERVICES TOOWOOMBA  
227 Spring St, Middle Ridge QLD 4350

### GOLD COAST

- 12 ST VINCENT'S CARE SERVICES SOUTHPORT  
32 Bauer St, Southport QLD 4215
- 13 ST VINCENT'S CARE SERVICES ARUNDEL  
101 Allied Dr, Arundel QLD 4214

### SUNSHINE COAST

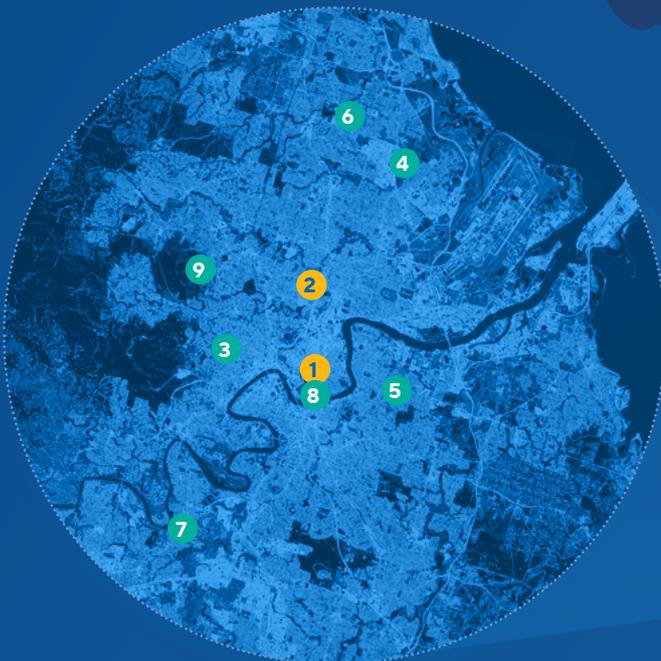
- 14 ST VINCENT'S CARE SERVICES MAROOCHYDORE  
37 Baden Powell St, Maroochydore QLD 4558
- 15 ST VINCENT'S CARE SERVICES GYMPIE  
29/31 Bligh St, Gympie QLD 4570

### TOWNSVILLE

- 16 ST VINCENT'S CARE SERVICES DOUGLAS  
291 Angus Smith Dr, Douglas QLD 4814



16  
TOWNSVILLE





ST VINCENT'S

UNDER THE STEWARDSHIP OF MARY AIKENHEAD MINISTRIES