



Adventist HealthCare

Adventist HealthCare Limited

ABN 76 096 452 925

MODERN SLAVERY STATEMENT

UNDER THE *MODERN SLAVERY ACT 2018* (CTH)

REPORTING PERIOD 1 JULY 2024 – 30 JUNE 2025

This Modern Slavery Statement has been approved by the Board of Adventist HealthCare Limited, ABN 76 096 452 925 on 29 September 2025, in its capacity as the principal governing body of Adventist HealthCare Limited.

This Statement is signed by Brett Goods in his capacity as Director and Chief Executive Officer of Adventist HealthCare Limited.

A handwritten signature in black ink, appearing to read 'Brett Goods', written in a cursive style.

Director and Chief Executive Officer, Adventist HealthCare Limited

29 September 2025

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Part One: Addressing Mandatory Reporting Requirements: Our Structure, Operations and Supply Chains

1. This is Adventist HealthCare Limited's Sixth Modern Slavery statement made pursuant to the *Modern Slavery Act 2018* (Cth) (the "**Act**"). This Statement describes our actions to identify and address risks of modern slavery in our operations and supply chains for the reporting period ending 30 June 2025.
2. Our structure, operations and supply chains have not materially changed from previous statements. Consequently, many descriptions of these aspects of the reporting requirements correspond with our previous statement.

Our Structure

3. The mandatory reporting entity is Adventist HealthCare Limited ("**AHCL**") – ABN 76 096 452 925.
4. Adventist HealthCare is a public company, limited by guarantee, and registered with the Australian Charities and Not for Profits Commission.
5. Adventist Healthcare continues to trade under several other business names, including:
 - San Day Surgery Hornsby;
 - San Radiology & Nuclear Medicine;
 - Sydney Adventist Hospital and
 - San GP Clinic

Our Operations

6. Adventist HealthCare is, first and foremost, a not-for-profit healthcare and services provider that prioritises quality patient care. The mission of our organisation is "Christianity in Action – Caring for the body, mind and spirit of our patients, colleagues, community and ourselves".
7. As a not-for-profit organisation our purpose is to benefit our patients – not shareholders - with all proceeds reinvested back into services and facilities ensuring we provide the best possible care.
8. Our operations remain centred around running our flagship entity, Sydney Adventist Hospital, located in Wahroonga, NSW. "The San", as it is widely known, is both the largest private and not-for-profit hospital in NSW. Our major medical facility, San Day Surgery at Hornsby specialises in a variety of day surgical procedures including Ophthalmic, Plastic & Cosmetic, Hand, Oral & Dental, and Gynaecology.
9. Below is a snapshot of AHCL's core operations for the reporting period:
 - 172,666 total bed days occupied;
 - 1,750 babies delivered;
 - 19,751 cases presented to Emergency Care; and
 - 23,949 total surgeries and procedures.
10. The Sydney Adventist Hospital provides a range of medical services, including comprehensive acute surgical, medical and obstetric care. Further areas of specialist medical services include complex cardiac procedures, robotics, and minimally invasive surgery.
11. We operate a broad range of facilities to support our healthcare services, including operating theatres, endoscopy suites, cardiac catheterisation laboratories, intensive care and coronary care units, renal dialysis units, rehabilitation and sleep studies units, integrated cancer centre, diagnostic imaging, and a range of diagnostic allied health and support services.

12. The Sydney Adventist Hospital has various outpatient services including:
 - Radiology;
 - Ultrasound for women;
 - Nuclear medicine;
 - Wound care clinic; and San GP Clinic
13. The Sydney Adventist Hospital is also a teaching facility with an onsite purpose-built clinical educational centre.
14. Our services, businesses, and facilities are located in Sydney, New South Wales.
15. In addition to our medical services, Adventist HealthCare also provides the following services through the Sydney Adventist Hospital:
 - Meals and catering services for patients and visitors;
 - Spiritual care services team
 - Onsite Gift shop
 - Low-cost accommodation for outpatients and families at our Jacaranda lodge.
16. Adventist HealthCare employed over 2,500 staff during the reporting period. The characteristics of our labour force remains unchanged from the previous reporting period. We continue to employ a broad range of staff, including healthcare professionals, administrative staff, and corporate services.

Our Supply Chains

17. During the reporting period Adventist HealthCare again engaged approximately [1,800] direct (first tier) suppliers, which continue to be almost exclusively Australian-based companies.
18. The overall nature of AHCL's supply chains has not changed materially since our last statement. We continue to engage suppliers that support the daily operations of our medical facilities from a variety of industries including:
 - Medical devices, equipment, and suppliers;
 - Pharmaceutical products;
 - Logistical and transport services;
 - Laundry services;
 - Facilities Maintenance;
 - IT software and networking services;
 - Cleaning services;
 - Food and drink consumables for our catering services;
 - Utilities.
19. In addition to our healthcare related suppliers, we also continued to procure goods and services to support our corporate functions, including:
 - Computer, Technological & Telecommunication services;
 - Office supplies;
 - Business services;
 - Finance services;
 - Insurance services;
 - Legal services.

Part Two: Modern Slavery Risk Assessment

20. AHCL has not identified, received complaints or reports, or otherwise became aware of, any actual or suspected instances of modern slavery in our operations or supply chains during the reporting period.
21. AHCL has internally reviewed to identify, assess and address modern slavery risks associated with our supply chains and operations. We have focused on our highest spend procurement categories and our operational suppliers.
22. We have identified the following categories as having a higher potential risk of exposure to modern slavery:
 - Sourcing of Medical and Surgical Equipment and Devices;
 - Sourcing of Medical PPE;
 - Operational reliance on cleaning and laundry services
 - Agricultural activities (including within Australia) for raw ingredients and other food products / manufacturing processes that may be linked to the supply chains of our food, catering, and café services.
23. These categories have remained largely unchanged across all reporting periods to date, which reflects the consistent and long-term nature of our core procurement and operational activities.

Supply Chain Risks

Medical and Surgical Equipment, Devices and Consumables

24. As a healthcare provider, AHCL's single largest procurement spend is with the category of 'medical and surgical equipment, devices, and consumables.' This feature of our supply chain is not expected to change for the foreseeable future due to our dependence on these products in delivering quality services to our patients.
25. Our suppliers in this broad category are predominantly large Australian or multinational companies that are also reporting entities under the Act. These companies are often not manufacturers, but have relationships with offshore suppliers, sometimes in high-risk regions such as Southeast Asia. These locations are recognised by the 2025 GSI as having a higher prevalence of modern slavery practices, such as debt bondage of migrant workers, forced labour and deceptive recruitment practices.¹ The actual supply chain components of these various products are also linked to risks such as:
 - The use of high-risk metals such as steel and aluminium for surgical instruments, which are often refined in higher risk locations such as China.
 - Conflict minerals, including tin, tungsten, tantalum, and gold are also common materials used to manufacture medical and surgical devices and instruments.
 - The electrical components and batteries used in medical devices may be manufactured in high-risk locations such as Malaysia and China. The electronic manufacturing sector in these locations is reported to have a relatively high incidence of forced labour practices, particularly in relation to disempowered migrant workers.
26. These risks have consistently been assessed as being well removed from our direct operations and are often likely to be concentrated several tiers beyond the operations of our suppliers.

Medical Personal Protective Equipment

27. The risks associated with our suppliers of medical personal protective equipment ("PPE") are unchanged from our previous statements. The PPE manufacturing sector is largely concentrated in higher risk countries such as Malaysia and China, where forced labour exploitation has occurred in factories manufacturing PPE.

¹ <https://www.walkfree.org/global-slavery-index/findings/regional-findings/asia-and-the-pacific/>
<https://worldpopulationreview.com/country-rankings/global-slavery-index-by-country>

28. The 2023 GSI has also recognised the ongoing impacts of COVID-19 upon the PPE manufacturing sector and the associated risks and difficulties faced by G20 countries in procuring these products.² Additionally, the PPE supply chain is recognised as using high risk products inputs, such as rubber, synthetic textiles, plastic, or cotton. We continue to monitor and engage with suppliers in this sector and are monitoring, including through external advisors, evolving developments such as forced labour related litigation involving major PPE and disposable glove suppliers in the USA.
29. Like the category of *Medical and Surgical Equipment and Devices*, our direct suppliers are predominately Australian or global companies that have modern slavery reporting requirements and do not have a direct involvement in manufacturing.
30. In contrast to the most prevalent areas of identified modern slavery risk relating to the deeper tiers of complex global supply chains for medical instruments and electronic products, we recognise that agriculture / primary food production are industry sectors where modern slavery is of significant concern not only globally, but also here in Australia.
31. We recognise that, in discussing the highest domestic risk industries, the 2025 Global Slavery Index identifies the following characteristics for potentially elevated risk that may have connection with our food catering services:³

“Forced labour [in Australia] predominantly occurs in high-risk industries such as agriculture... .. hospitality, and food services.”

“Research has identified that “rogue” labour hire companies are often part of an opaque sub-contracting network exploiting vulnerable workers. This includes underpayment, non-payment of entitlements such as leave or superannuation, and sub-standard accommodation in certain industries such as agriculture, horticulture...”

32. AHCL key suppliers are major Australian companies that are reporting entities under the Act with established anti-slavery frameworks and/or reliance on local family businesses with long-term trusted relationships with AHCL.

Operational Risks

33. As a healthcare provider, AHCL has predominately high skilled, and tertiary educated workforce. However, our ongoing reliance upon higher risk operational suppliers, including our cleaning and laundry providers is a risk area that requires ongoing assessment and monitoring.
34. The cleaning and laundry sector and the catering sector are all recognised to have an elevated risk of modern slavery, since they all have a relatively high reliance on low skilled migrant workers, who are typically sourced via third party recruiters. The risks in these sectors also stem from insufficient worker protections through employment contracts and available grievance mechanisms.
35. AHCL has limited its exposure to these risks by directly employing staff to perform most of these roles inhouse. AHCL does use third party providers for certain laundry requirements and a small number of third-party specialised cleaners who are required to have a high level of technical knowledge to clean our operating theatres.

² <https://www.walkfree.org/global-slavery-index/findings/importing-risk/>

³ <https://www.walkfree.org/global-slavery-index/country-studies/australia/> , original footnotes omitted

Part Three: Addressing Modern Slavery Risks

36. In addition to the risk mitigation and other response measures already described in this Statement, AHCL continued to maintain a range of modern slavery related actions during the reporting period.

Internal Education

37. Education and Training is made available for, including:
- Leadership Staff :
 - In depth explanation of indicators for identifying modern slavery risks in suppliers, broken down by workforce characteristics, high risk product categories and geographical factors.
 - Tips for reviewing suppliers that are reporting entities, including assessing the strength of due diligence frameworks.
 - Case study on the risks associated with surgical instruments and how to engage with direct suppliers to encourage supply chain due diligence.
 - An overview of AHCL's whistleblower mechanism and advice about how to report modern slavery concerns.
 - Board of Directors:
 - Information on the Act, including an overview modern slavery reporting requirements.
 - Information about modern slavery due diligence, including obligations on Directors in reviewing AHCL's modern slavery statements.

Supplier Engagement

38. AHCL has continued to engage with our suppliers on issues relating to modern slavery risk. One way in which this has occurred is through the contract renewal process. Our procurement team members also informally engage in discussions with suppliers about approaches to addressing modern slavery and request copies of the supplier's latest documents relating to its overall modern slavery response.
39. We continue to roll out the modern slavery contract provisions in all contracts. All our renewed contracts for the reporting period either included our own modern slavery provisions, or we adopted equivalent standard provisions used by our supplier that address any modern slavery concerns. We also engaged a variety of suppliers through NSW Healthshare contracted pricing that did not require individual contracts. We understand that the individual contract between these suppliers and NSW Healthshare also includes provisions addressing modern slavery issues.
40. AHCL integrates modern slavery considerations as part of our broader engagement with specific suppliers by:
- Engaging with identified product suppliers' discussions on their modern slavery risk identification and processes. AHCL was satisfied that these suppliers' current modern slavery response frameworks are appropriately tailored to address the identified risks.
41. No suppliers' contracts were deemed inappropriate for renewable due to issues relating to unmitigated modern slavery risk. We are satisfied that our current approach of positive and collaborative supplier engagement remains the best approach.

Policies and Governance

Modern Slavery Oversight Committee and Modern Slavery Project Tracker

42. AHCL has in place modern slavery governance structures to improve transparency and accountability with a modern slavery oversight committee ("**Oversight Committee**"). The terms of reference designate responsibility to the Oversight Committee for reviewing our modern slavery procedures, ensuring legislative compliance, standardising practice across the organisation, and measuring AHCL's performance and effectiveness. The terms of reference also require the Oversight Committee to document its actions and regularly report to the Corporate Governance, Executive Committee and Board Committees.
43. AHCL has a Modern Slavery Working Party, which is a more informal forum, designed to facilitate practical discussions about AHCL's progress and actions across reporting periods. The Oversight Committee and the Working Party feature common membership, allowing the Oversight Committee to formally report on the outcomes and initiatives proposed by the Working Party.
44. The Oversight Committee review the project tracker The project tracker measures specific action areas against each pillar that we consider in relation to the effectiveness. Responsibilities are allocated to each committee member. The project tracker has also identified material areas of potential risk exposure such as our medical devices, cleaning, linen, and PPE suppliers, and the Oversight Committee has tasked our procurement representative with monitoring the suppliers across these categories. The Oversight Committee reviewed our progress using the tracker from this reporting period. It also reviews action areas for AHCL to focus on during the next reporting period.

Industry collaboration

45. We recognise the need to engage in collective action to address risks that are prevalent across the healthcare industry. AHCL takes the opportunity to discuss modern slavery with peers when they arise.

Industry-Category Based Risk Assessment

46. Another component of AHCL's modern slavery response is the review of industry category bases risk assessment. AHCL has used previously risk assessment tool which was sourced from with a third-party risk assessment provider This provider used a proprietary process to perform an initial assessment of AHCL supply chains and total procurement spend for the reporting period.⁴ This risk assessment provided insights about cumulative exposure to modern slavery risk through to Tier 10 of our supply chain.

⁴ This assessment was finalised after 30 June 2023 but prior to the lodgement of this statement.

Part Four: Measuring the Effectiveness of Our Approach

47. AHCL has developed a measuring effectiveness framework, which we have used to monitor our progress and determine areas for further improvement. During the reporting period, we embedded the key pillars and planned action areas into our project tracker, which has been reviewed periodically by our Oversight Committee and the modern slavery working party.
48. The Oversight Committee provides updates to the Corporate Governance Committee, facilitating organisational visibility of our modern slavery response framework.
49. We frankly acknowledge that not all the actions that we had previously identified within the reporting period were fully accomplished. However, as a not-for-profit entity, AHCL must continually balance our primary commitment to quality patient care and adherence to a range of regulatory obligations, whilst also navigating how to implement modern slavery action in a manner that is achievable and proportionate to our organisation's composition and operating context. We are continuing to review better ways to integrate modern slavery action into our existing business operations. In particular, our goal is to prioritise those actions that are most likely to achieve practical impact in identifying, assessing, and addressing the most pressing areas of potential worker vulnerability.

Pillar	Action Area identified for this reporting period	Progress Update and Next Steps
Risk assessment	Comprehensive supply chain mapping	Completed. Review of previous years information. No major changes
Supplier engagement	Continued review of our supplier's modern slavery related action	Completed and ongoing in future reporting periods. Specific focus on our larger suppliers' providers during this reporting period. All renewed key supplier contracts during the reporting period incorporated modern slavery provisions
Internal governance and policy frameworks	Implement our modern slavery compliance framework	Ongoing Internal updates to the framework are complete and ongoing.
	Finalise modern slavery clauses for supplier code of conduct	Completed. Ongoing internal review of supplier code of conduct by material management department.
	Undertake formal policy review and gap analysis	Completed. Policy updates finalised.
	Operation of the modern slavery oversight committee	Completed and ongoing in future reporting periods. The Oversight Committee continues to review our modern slavery response, in tandem with Modern Slavery Working Party.
Modern slavery training	Training of key internal stakeholders and oversight committee	Ongoing Education is available to leadership team and Board of Directors with updates provided of significant changes
Industry collaboration	AHCL to consult with other Adventist Entities in the Seventh-day Adventist church organisation.	Substituted action taken. Attendance at the NSW Supply Chain Forum and Australian Healthcare Week. We have an ongoing arrangement of networking with other Seventh-day Adventist organisation's, to benchmark and to help improve our anti-slavery response.
Grievance procedures & empower worker voices	Whistleblower Policy finalisation and operationalisation.	Completed and ongoing Modern slavery updates to Policy. AHCL is reviewing the approach to communicating existence of updated policy to workforce.

Part Five: Consultation with controlled entities & other relevant information

50. AHCL no longer has operational control of ELIA Wellness which ceased as of 30 June 2024