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# Modern Slavery Statement

## 2021-2022 financial year

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21 December 2022

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## 1. INTRODUCTION

As a Commonwealth company, Healthdirect Australia Limited (**Healthdirect**) has a responsibility to combat the risks of modern slavery in our business and supply chain. We expect our suppliers to demonstrate the same commitment.

In respect of financial year 1 July 2021 to 30 June 2022 (**FY2022**), Healthdirect continued developing its processes to address modern slavery in its organisation and in its supply chain. This included:

- (a) ensuring that any new contractual arrangements entered into include mandatory obligations on suppliers to comply with modern slavery laws; and
- (b) developing an awareness of best practice in industry with regard to modern slavery and considering the appropriate measures needed to be adopted by Healthdirect as a government-owned entity.

This statement has been prepared in accordance with the *Modern Slavery Act 2018* (Cth) (**Act**) in respect of FY2022. This statement has been prepared in consultation with senior executives within our business.

## 2. OUR BUSINESS, STRUCTURE & OPERATIONS

### 2.1 Summary

Healthdirect is a national, government-owned organisation that supports Australians in managing their own health and wellbeing. We offer an online portal of health information, additional telehealth helplines (e.g. after-hours GPs, parenting advice), aged care services, COVID services, a website-based symptom checker, health services directories and other related services.

We are based at our office in Sydney, New South Wales. For FY2022, Healthdirect had annual consolidated revenue of \$178.3 million, which was largely used to fund our outsourcing costs for our services. We do not have any subsidiaries. Healthdirect is funded by its shareholders: the respective health departments of the Commonwealth Government, the Australian Capital Territory, New South Wales, the Northern Territory, South Australia, Tasmania, Victoria and Western Australia.

### 2.2 Business

The principal activities of the Company during FY2022 were:

- (a) providing publicly funded health and related virtual care services, as well as designing and implementing innovative digital health services on behalf of all Australian governments; and
- (b) providing the Australian public with access to the right health advice and the most appropriate health services for their needs, when and where they need it.

Here is an overview of our portfolio for FY2022:

1. **healthdirect** - a government-funded service that provides 24 hours a day, 7 days a week access to health advice and information via a telephone helpline and a range of digital channels to help people make more informed health decisions;
2. **National Coronavirus Helpline (NCH)** - established as one of the first tools in the Australian Government's response to COVID-19, the National Coronavirus Helpline (1800 020 080) provides general information and symptom assessment to callers, 24 hours a day, seven days a week. While most calls are from concerned members of the public seeking up-to-date public health information for their symptoms or situation, the helpline also provides a wide variety of

clinically useful information for health workers such as COVID-19 testing criteria, personal protective equipment, vaccine status and what to do if a patient tests positive.

3. **Victorian Case Contact Management Service (CCMS) & COVID Positive Pathways (CPP)** - these services are provided to the Victorian Department of Health. CCMS assists in contact tracing of Victorians that test positive to COVID-19. For the CPP, call handlers make outbound calls to COVID-positive cases in Victoria, whom have already been contacted about their positive test result. The Healthdirect agents contact the patient to complete a scripted assessment which directs the patient's care pathway.
4. **Tasmanian COVID-19 Support Service (TCSS)** – this service assists with contact tracing of Tasmanians that test positive to COVID-19 and is provided for the Tasmanian Department of Health.
5. **Vaccination Booking Support Service (VBSS)** – this service provides helpline support for bookings by consumers for COVID-19 vaccinations at NSW Health vaccination clinics.
6. **After hours GP Helpline** – a safety-net health service which helps people in rural and remote areas obtain the services of a GP and provides an alternative to visiting a hospital emergency department. It operates as an extension of the healthdirect helpline.
7. **National Health Services Directory (NHSD)** – a national directory of health services and the practitioners who provide them. It supports the Australian Digital Health Agency's national strategy for improving digital health integration across the health system.
8. **My Aged Care** - funded by the Commonwealth Department of Health, My Aged Care was created to help people navigate the aged care system, find information and connect with aged care services. It comprises a national telephone line, managed by Healthdirect, and a website, managed by a third-party provider.
9. **Healthdirect Video Call** - a telehealth consultation platform available for clinicians and patients to use. It connects people to healthcare services by overcoming the barriers of distance, time and cost. We work with the Commonwealth Government and Primary Health Networks (**PHNs**) to integrate COVID-19 Video Call programs into primary healthcare services, utilising telehealth as a whole-of-population model of care during the COVID-19 pandemic to protect the health and wellbeing of practitioners and patients.
10. **Pregnancy, Birth and Baby** - a national helpline, video and website service that supports expecting parents, parents, families and carers of children aged up to five years. Healthdirect delivers the service on behalf of the Commonwealth Government.
11. **Get Healthy Information & Coaching Service®** - available via a telephone helpline in New South Wales, Queensland and South Australia which is funded by these state governments. It offers free and confidential motivational coaching via telephone to support people to make lifestyle changes around healthy eating, physical activity and maintaining a healthy weight.
12. **NSW Palliative Care After Hours Helpline** – a free helpline service funded by the NSW Ministry of Health. It provides advice and support for palliative care patients, their carers, families and health professionals.

We also operate a number of smaller-scale health services, both temporary and ongoing, using a variety of delivery channels including helplines.

## 2.3 Organisation and governance of business

As a public company regulated under the *Corporations Act 2001* (Cth) and limited by shares, Healthdirect Australia has a board of directors (**Board**) appointed by a shareholder committee. The Board oversees three internal committees which assist in carrying out its responsibilities: the Clinical Governance Advisory Group, the Finance, Risk Management and Audit Committee and the Project Review and Workplace Health and Safety Advisory Committee.

The Board appoints a Chief Executive Officer, who has direct oversight of Legal. The business has six divisions (*Health Services, Consumer Support and Data, Clinical Governance, Industry Infrastructure and New Services n, Finance and Technology*), with the executive managers of each division comprising the Executive Team.

## 2.4 Operations

We operate a single site in Sydney, Australia, which is also our head office and have approximately 204 employees and 20 individual contractors with most staff spending some time in the office and some working completely remotely. We outsource our call centre operations to third-party service providers. All call handlers in our outsourced call centres are based in Australia.

We often partner with Australian government entities, universities and research institutes to review and make evidence-based improvements to our tools and services. These entities are all based in Australia.

Our shareholders are exclusively Australian governments, namely: the Australian Commonwealth Government, the Australian Capital Territory, New South Wales, the Northern Territory, South Australia, Tasmania, Victoria and Western Australia.

## 2.5 Supply chains

We focus on consistent arrangements with suppliers that maintain a high standard of compliance throughout their operations. The majority of our 230 active suppliers are based within Australia. We do not manufacture any goods ourselves.

During the reporting period our Top 20 Suppliers accounted for over 90% of our total spend. We have a good understanding of our Tier 1 Supply Chain, and will work with our direct suppliers to further understand their own supply chains and associated risks in the future.

We work with both trade and non-trade suppliers directly:

- (a) **trade suppliers** provide the key services we provide to consumers including contact centre services, digital platforms and telephony; and
- (b) **non-trade suppliers** provide goods and services to support our effective operations and administrative functions. Our biggest non-trade categories include:
  - (i) corporate IT;
  - (ii) professional services;
  - (iii) marketing;
  - (iv) audit and compliance;
  - (v) security services; and
  - (vi) facilities and office management.

### 3. RISKS OF MODERN SLAVERY

#### 3.1 Risk programme

To manage modern slavery risks in our supply chain and operations, we are applying a four-staged approach, as follows:



#### 3.2 Stage 1 - Identification of risk factors

We use the following risk factors to inform our risk analysis:

Factors	Description of risk
<b>Country risks:</b>	A large majority of our direct suppliers (by value of spend) are located in Australia, so this is a low-risk area for us.
<b>Sector / industry risks:</b>	We operate in the healthcare and government sectors which carry a lower inherent risk of modern slavery. We procure cleaning and IT services which are industries with known incidences of modern slavery.
<b>Business / transactional risks:</b>	We outsource a majority of our service operations, including call centre operations, to Australian service providers. There is low inherent risk associated with this business model as those organisations are required to comply with Australian law which prohibits modern slavery
<b>Materials risks:</b>	We have no manufacturing operations. Some of our office supplies and equipment could be sourced from regions known to be more highly exposed to risks of modern slavery practices.

#### 3.3 Stage 2 - Phase 1 Risk Assessment

We have adopted a two-phased approach to risk assessment. To determine the inherent modern slavery risks within our business, we undertook an initial phase of review focusing only on (1) categories of higher risk and (2) the Company’s key suppliers on the basis that we have a greater ability to influence such suppliers’ supply chain policies and compliance programmes (**Phase 1 Risk Assessment**).

Where any of the following six checks for a supplier was answered 'yes' as part of the Phase 1 Risk Assessment, the supplier was subject to a complete modern slavery risk assessment in accordance with the Risk Assessment Guidelines (such supplier, a **Phase 1 Supplier**).

<b>Check 1: Supplier Spend:</b>	Does Healthdirect spend \$1 million or more per financial year with this supplier?
<b>Check 2: Industry risk:</b>	Does the supplier operate in one of the industries listed in the High-Risk Industry list attached to the Risk Assessment Guidelines?
<b>Check 3: Use of Casual staff:</b>	Does the supplier have a heavy reliance on a casual workforce and/or does most of their workforce reside outside Australia?
<b>Check 4: In a 'high-risk' country:</b>	Does the supplier have operations in one or more countries ranked as a "high" risk in the <i>Global Slavery Index - Country Risk Ranking</i> ?
<b>Check 5: Mostly outsourced:</b>	Is the supplier heavily reliant on its own outsourced suppliers?
<b>Check 6: Any other risk factors:</b>	<p>Are there any other factors that may inform the decision to conduct a complete risk assessment for the supplier? These may include:</p> <ul style="list-style-type: none"> <li>• likely or current changes in ownership, structure, operations, strategies, structures, business models or risk profile;</li> <li>• whether there is a likelihood that the supplier may be a target for acquisition during the supplier's contract period; and</li> <li>• whether Healthdirect is likely to change its requirements for this supplier.</li> </ul>

We reviewed the modern slavery statements published by our Phase 1 suppliers to verify if any specific modern slavery risks had been reported, where available. We also sent modern slavery supplier questionnaires to all Phase 1 Suppliers and are engaging with them to ensure their responses fully address the queries raised.

### 3.4 Findings of Phase 1 Risk Assessment

As at the date of this Statement, our Phase 1 Risk Assessment has not identified any confirmed modern slavery incidents relating to any Phase 1 Supplier or its supply chain.

### 3.5 Phase 2 Risk Assessment

The second phase of risk assessment (**Phase 2 Risk Assessment**) will commence in 2023 and focus on those suppliers with a low to medium-risk supplier risk score who have not already been assessed as Phase 1 Suppliers. We will be monitoring questionnaire responses from those suppliers and working with them throughout FY2023.

## 4. MITIGATION OF MODERN SLAVERY RISKS

As Stage 3 of our Modern Slavery risk programme, Healthdirect is undertaking a range of activities to manage the risks of modern slavery in its operations and supply chains including:

- identify and assess potential risk areas in our supply chains as part of our existing risk management practices;
- manage the recording and reporting of risks in Healthdirect's risk register (all managed in accordance with the Enterprise Risk Management Framework);
- monitor potential risk areas in our supply chains;

- protect whistleblowers; and
- provide appropriate remediation where incidents of modern slavery have occurred.

We will continue to undertake risk assessments of each Phase 1 Supplier and update our Supplier List accordingly. We will conduct regular risk assessments (at least annually) to maintain the currency of those assessments.

We use the results of our risk-mapping and risk assessment exercises and any potential risks identified to guide the actions we take to mitigate these risks as outlined in this section. This Statement sets out the results of our findings, a summary of the actions Healthdirect Australia is taking to address and mitigate these risks and provides our assessment of the effectiveness of those actions.

Internal audits are also conducted on our key suppliers in accordance with the approved Annual Internal Audit Delivery Program, which will include modern slavery.

#### **4.1 Supplier adherence**

We have zero tolerance of slavery. To support the organisation going forward, we are in the process of developing a supply chain compliance programme which will include:

- our risk assessment process as outlined above;
- a procedure for communicating our code of conduct to our suppliers;
- where practicable, imposing a contractual obligation on our suppliers to commit to appropriate anti-slavery provisions including in respect of the materials and services they receive from third parties;
- auditing our key and high-risk suppliers; and
- pre-screening new suppliers who have not previously been vetted under other government supplier panels to identify modern slavery risks by sending a supplier questionnaire where relevant.

#### **4.2 Training**

Training has been conducted both internally within Healthdirect utilising our membership with the Chartered Institute of Purchasing and Supply (CIPS) to uplift and continue to develop our depth of knowledge of modern slavery and the associated risks in our supply chain.

#### **4.3 Monitoring, reporting and policy**

Healthdirect has a reporting process to enable modern slavery risks to be escalated within the organisation. All employees, contractors and personnel have a responsibility to identify and report modern slavery risks to relevant Company representatives in accordance with our whistleblowing policy. We make it clear to employees, contractors and personnel that we will not subject them to any repercussions for reporting such risks. Where a potential incident is brought to the attention of our legal team, they will consider the modern slavery risk in the first instance and assess whether it should be assigned to a working group established to investigate and report on the issue, and whether the executive team and Healthdirect's board of directors should be notified.

To the extent that matters can be resolved by the working group, the group will put in place actions to address the risks. The board of directors will take action to the extent that the working group cannot, or where the matter otherwise requires their attention.

#### **4.4 Remediation**

If our investigative processes determine an issue of non-compliance with our policies by one of our suppliers, we will endeavour to have the supplier identify and correct those issues. If it is apparent that an individual has suffered harm as a result of such an issue, we will seek to ensure that they are 'made

good' by leveraging our position with the relevant supplier. To the extent we hold information relevant to a criminal investigation of or improper acts by suppliers, we would report them to the proper authorities.

If a supplier fails to make progress in respect of its required remediation, we may subject it to review and sanctions by leveraging our position with them, including the potential termination of our relationship.

Where Healthdirect caused or contributed to the risk, we will take action to prevent that risk and remedy any actual impact as appropriate.

We did not identify any modern slavery practices within our operations or our supply chain during FY2022 on the basis of our Phase 1 investigations which required remediation.

#### **4.5 Other matters**

Healthdirect has recently upgraded our procurement policies to reflect its updated modern slavery obligations and procedures. During FY2022, we have progressed the implementation of a Supplier Management Framework. Suppliers have been tiered using a risk-based assessment to ensure there is an appropriate level of governance and ongoing risk assessment for Tier 1 and high-risk suppliers.

Healthdirect is also developing a Third Party Risk Management Framework which will include a Supplier Code of Conduct.

#### **4.6 Strengthening supplier contracts**

A key way that we control the potential risk of modern slavery arising in our supply chain is via our contract terms with our suppliers. During the initial phase of our programme, modern slavery-specific provisions were incorporated in both our Tier 1 supplier procurement activities and our contracts.

As part of Phase 2 of our programme, we will continue to update our other business contracts to incorporate modern slavery provisions as necessary to ensure our framework is consistent across the business. We recognise the importance of educating staff who are responsible for supplier relationships regarding modern slavery risks, to ensure they can provide guidance to our suppliers on complying with our requirements.

### **5. EFFECTIVENESS**

#### **5.1 Effectiveness of actions**

Applying Stage 4 of our risk programme, we consider the effectiveness of the actions taken by us to assess and address modern slavery risks by outlining key steps taken during the reporting period. These include:

- (a) **supplier actions** - assessing the extent to which our suppliers are engaging with the modern slavery requirements and are developing their ability to address their own modern slavery risks;
- (b) **internal audit** - modern slavery risks will be included in the annual internal audit programme undertaken by our independent auditors;
- (c) **updated supplier contract terms** – a review and uplift of updated modern slavery-specific provisions have been incorporated in both our key supplier procurement activities and contracts;
- (d) **updating procurement processes** – we have updated our standard procurement processes to reflect modern slavery compliance requirements; and

- (e) **reporting and remediation** – we have incorporated a reporting and remediation process into our reporting lines in order to tackle any modern slavery incidents identified.

## 5.2 Improving effectiveness going forward

In order to improve the effectiveness of our processes for identifying and evaluating modern slavery risks in our business, we are considering practices including additional risk assessments, reviews, and audits; consideration of trends in modern slavery issues; and engaging in new ways with our suppliers.

## 5.3 Training

To ensure a high level of understanding of the risks of modern slavery in our supply chain and our business, we are scoping training for all Healthdirect employees together with targeted workshops for relevant personnel engaged in supplier risk assessment and evaluation activities across Healthdirect to be conducted during 2023.

## 6. FURTHER STEPS

Following a review of the effectiveness of the actions we took this year to minimise the risk of modern slavery in our operations and supply chains, we are assessing whether to undertake the following actions over the next reporting period in light of business requirements:

### (a) **Improvement of systems and processes**

- (i) improving our capability to identify modern slavery risks within our supply chain by implementing systems to ensure that we maintain consistent and quality assessment processes;
- (ii) adding a requirement for new suppliers to implement self-assessment screening processes on modern slavery risks;
- (iii) updating our governance documents including policies and contractual terms and conditions to better address modern slavery risks; and
- (iv) as each existing business contract comes up for review, requiring a modern slavery clause to be included in the revised contract to the extent practicable.

### (b) **Training and capability development:**

- (i) introducing a modern slavery and human rights training module for employees who are identified as having potential exposure to modern slavery or human rights risks, as noted in paragraph 5.3 above; and
- (ii) considering ways to make our modern slavery training available for suppliers

- (c) **Remediation and reporting:** expanding access to our complaints and grievance mechanisms to enable our own employees, workers within our supply chain and community members to report human rights and modern slavery concerns.

## 7. APPROVAL

This Statement is made by Healthdirect Australia Limited for the financial year ending 30 June 2022. This Statement was approved by our Board of Directors on 16 December 2022 for the purposes of Section 16(2)(a) of the Act.

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

Jane Muirsmith  
Chair  
Healthdirect Australia Limited

Date: 20 December 2022