



Modern Slavery Statement

2019-2020 financial year

9 March 2021

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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 2019 to 30 June 2020 (**FY2020**), Healthdirect commenced its activities 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.

The COVID-19 pandemic had a considerable effect on our business strategies and resources during FY2020 and continues to do so. Despite these unforeseen challenges, we are making progress in addressing modern slavery.

This statement has been prepared in accordance with the *Modern Slavery Act 2018* (Cth) (**Act**) in respect of FY2020. 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, not-for-profit organisation that supports Australians in managing their own health and wellbeing. Healthdirect was established in 2006, initially as a national nurse triage helpline offering telehealth services. This has been expanded to offer an online portal of health information, additional telehealth helplines (e.g. after-hours GPs, parenting advice), aged care services helplines, a website-based symptom checker, health services directories and other related services.

Since March 2020 we have launched a number of COVID-19 related contact centre services for the Commonwealth Government including the National Coronavirus Helpline (**NCH**), a multi-vendor contact centre service that provides general information and symptom assessment across the country. We have also provided accompanying support through our healthdirect service and COVID-19 Symptom Checker.

We are based at our office in Sydney, New South Wales. For FY2020, Healthdirect had annual revenue of \$157.8 million, which is 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 and Western Australia.

We have a responsibility and are directly accountable to the federal, state and territory governments that are our shareholders and customers.

We have approximately 160 employees and 20 individual contractors. Our services are provided in a number of states and territories. Our service providers are primarily based in Australia, with our core telephony-based services being outsourced to a number of different third-party service providers. We also work with many information partners.

2.2 Business

The principal activities of the Company during FY2020 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.

During FY2020, the Company was engaged to support the Australian Government's response to the COVID-19 health crisis, setting up and managing the National Coronavirus Helpline. In the five months to 30 June 2020, Healthdirect established three new helplines, developed and deployed two new digital tools, published and maintained the accuracy of health information across three websites, uploaded the details of 400 testing clinics to the National Health Services Directory and offered its video consulting platform to 8,000 general practices.

Here is an overview of our portfolio for FY2020:

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. **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.
4. **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.
5. **My Aged Care** - funded by the 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.
6. **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.
7. **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.

8. **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.
9. **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 not-for-profit 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 five divisions (*People and Culture, Clinical Governance, Customer Division, 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. 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 and Western Australia.

2.5 Supply chains

We focus on consistent arrangements with suppliers that maintain a high standard of compliance throughout their operations. Our direct suppliers are all based in Australia. We do not manufacture any goods ourselves.

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
Country risks:	A large majority of our direct suppliers (by value of spend) are located in Australia, so this is a low-risk area for us.
Sector / industry risks:	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.
Business / transactional risks:	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
Materials risks:	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: Risk Assessment

Background

In order to identify and assess the potential risks of modern slavery in our operations and supply chain, our risk, legal and strategic sourcing teams worked together to develop a set of risk assessment

guidelines (**Risk Assessment Guidelines**). We apply the Risk Assessment Guidelines to a given supplier to determine that supplier's risk score.

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 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**).

Check 1: Supplier Spend	Does Healthdirect spend \$1 million or more per financial year with this supplier?
Check 2: Industry risk	Does the supplier operate in one of the industries listed in the High-Risk Industry list attached to the Risk Assessment Guidelines?
Check 3: Use of casual staff	Does the supplier have a heavy reliance on a casual workforce and/or does most of their workforce reside outside Australia?
Check 4: In a 'high risk' country	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> ?
Check 5: Mostly outsourced	Is the supplier heavily reliant on its own outsourced suppliers?
Check 6: Any other risk factors	<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"> • likely or current changes in ownership, structure, operations, strategies, structures, business models or risk profile; • whether there is a likelihood that the supplier may be a target for acquisition during the supplier's contract period; and • whether Healthdirect is likely to change its requirements for the supplier.

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 who had not published a modern slavery statement or whose statement did not provide adequate detail. We are continuing the process of engaging with those Phase 1 Suppliers who received questionnaires to ensure their responses fully address the queries raised.

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.

Phase 2 Risk Assessment

The second phase of risk assessment (**Phase 2 Risk Assessment**) will focus on those suppliers with a low to medium-risk supplier risk score who have not already been assessed as Phase 1 Suppliers.

4. MITIGATION OF MODERN SLAVERY RISKS (STAGE 3)

4.1 Summary

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. In particular, we have in place processes to:

- 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.

Going forward, 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.

4.2 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.

4.3 Training

To ensure a high level of understanding of the risks of modern slavery in our supply chain and our business, we will provide relevant training to our procurement team and other relevant personnel although this has not yet commenced as at the date of this Statement.

4.4 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.

4.5 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 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 FY2020 on the basis of our Phase 1 investigations which required remediation.

4.6 Other matters

We intend to prepare and adopt an Anti-Slavery Policy to be implemented during calendar year 2021.

4.7 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 have been incorporated in both our Tier-1 supplier procurement activities and 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 Stage 4: 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) **risk framework** – we have updated our risk framework to include modern slavery risk;
- (c) **internal audit** - modern slavery risks will be included in the annual internal audit programme undertaken by our independent auditors;
- (d) **updated supplier contract terms** - modern slavery-specific provisions have been incorporated in both our key supplier procurement activities and contracts;
- (e) **risk assessment guidelines** – we have created a risk assessment toolkit for staff to access when commencing a supplier review process to ensure suppliers are compliant under the modern slavery legislation;
- (f) **updating procurement processes** – we are updating our standard procurement processes to reflect modern slavery compliance requirements; and
- (g) **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 will evaluate adopting the following practices:

- (a) undertaking an annual senior management review of our response to modern slavery;
- (b) regularly checking our risk assessment processes to ensure they remain up-to-date, particularly in cases where we are engaging a new supplier;
- (c) setting up a process for regular engagement and feedback between key areas of our business (such as People & Culture and procurement);
- (d) conducting internal reviews of our actions to assess and address modern slavery risks, such as risk assessments for new suppliers;
- (e) working with (or auditing) suppliers to check their compliance;
- (f) considering trends in any modern slavery issues and how those issues were handled by others in the industry; and
- (g) in general, adopting other actions that similar organisations are taking to address modern slavery risks to the extent relevant our organisation, to ensure we meet best practice requirements.

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; and
- (ii) identifying 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 2020. This Statement was approved by our Board of Directors on 26 February 2021 for the purposes of Section 16(2)(a) of the Act and has authorised it to be signed in my capacity as Chair.



Mrs Jane Muirsmith, Chair
Healthdirect Australia Limited

Date: 9 March 2021