

<b>SVL Healthcare Services Limited</b>	
<b>Modern Slavery Policy</b>	
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## MORDERN SLAVERY POLICY

<b>Created</b>	<b>August 2019</b>
<b>Review Date</b>	<b>August 2022</b>
<b>Next Review Date</b>	<b>August 2023</b>
<b>Author</b>	<b>Director of Quality and Governance</b>
<b>Authorised By</b>	<b>Chief Executive Officer</b>
<b>Distribution</b>	<b>All Staff</b>
<b>Available to</b>	<b>All Staff</b>

\_\_\_\_\_  
**Signed** .....  
**August 2022**  
**Signature Dated** .....

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## Change Control

Document Number	GOV – SVL0108 – Policy
Document	Modern Slavery Policy
Version	4
Owner	HR Manager
Distribution List	All Staff
Issue Date	August 2019
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File Reference	GOV – SVL0107 – Policy
Impact Assessment	Positive Impact
Author	Director of Quality and Governance

## Document History

Date	Change	Authorised by
August 2019	Review and Amended	LB
06/08/2019	Approved and Implemented	SMT
August 2020	Reviewed	LB
August 2021	Reviewed and Amended	LB
August 2022	Reviewed and amended	LB

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## **Policy Statement**

**1.1.** This Policy sets out the Company’s zero-tolerance approach to modern slavery.

The Company is committed to acting ethically and with integrity in all its business dealings and relationships and implementing and enforcing effective systems and controls to ensure modern slavery is not taking place anywhere in its UK business operations or in any of the Company’s supply chains.

**1.2.** Modern slavery is a crime and a violation of fundamental human rights. The Company recognises this takes various forms, such as slavery, servitude, forced and compulsory labour and human trafficking, all of which have in common the deprivation of a person's liberty by another in order to exploit them for personal or commercial gain.

**1.3.** The Company is committed to ensuring there is transparency in its business and in its approach to tackling modern slavery throughout its supply chains, consistent with its disclosure obligations under the Modern Slavery Act 2015. The Company expects the same high standards from all of its suppliers, contractors and other third parties. As part the Company’s contracting processes, it expects that its suppliers will hold their own suppliers to the same standards set out in this policy.

**1.4.** The board of directors has overall responsibility for ensuring this policy complies with the Company’s legal and ethical obligations, and that all those staff and third parties under its control comply with it.

**1.5.** This policy does not form part of any employee's contract of employment and the Company may amend it at any time.

## **Who does this Policy Apply to?**

**2.1.** This policy applies to all persons working for SVL Healthcare Services Ltd (the “Company”) or on its behalf in any capacity, including employees at all levels, directors and officers (“Staff”) , and third parties including agency workers, customers, suppliers seconded workers, volunteers, interns, agents, contractors, external consultants (“third parties”).

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**Scope and Purpose of the Policy**

**3.1.** This policy describes how the Company will prevent, detect and report modern slavery in any part of its business or supply chains.

**3.2.** The Company aims to encourage openness and will support anyone who raises genuine concerns in good faith under this policy, even if they turn out to be mistaken. The Company is committed to ensuring no one suffers any detrimental treatment as a result of reporting in good faith their suspicion that modern slavery of whatever form is or may be taking place in any part of the business of the Company’s supply chains. Detrimental treatment includes dismissal, disciplinary action, threats or other unfavourable treatment connected with raising a concern.

If any staff believe they have suffered any such treatment, the individual should inform either their manager or the HR Department immediately. If the matter is not remedied, an employee should raise it formally in accordance with the local Grievance Procedure.

**Compliance with the policy**

**4.1.** All staff and third parties must comply with this policy and are required to avoid any activity that might lead to, or suggest, a breach of this policy.

**4.2.** All staff and third parties are required to raise any concerns about any issue or suspicion of modern slavery in any parts of the Company’s business or supply chains of any supplier tier at the earliest possible stage.

**4.3.** If any staff believe or suspect a breach of this policy has occurred or that it may occur the individual must notify either their manager or the HR Department. Third parties should notify a senior Company point of contact.

**4.4.** If staff or third parties are unsure about whether a particular act, the treatment of workers more generally, or their working conditions within any tier of the Company’s supply chains constitutes any of the various forms of modern slavery, this should be raised as set out in paragraph 4.3.

**4.5.** All managers are responsible for ensuring that this policy and the Company’s zero-tolerance approach to modern slavery is communicated to all employees and for ensuring those individuals reporting to them understand and comply with this policy and are given adequate and regular training as applicable on the policy and the issue of modern slavery in supply chains.

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**4.6.** Management have day-to-day responsibility for implementing this policy, monitoring its use and effectiveness, dealing with any queries about it, and auditing internal control systems and procedures to ensure they are effective in countering modern slavery.

**4.7.** All managers who are responsible for procurement of goods and / or services must ensure that this policy and the Company’s zero-tolerance approach to modern slavery is communicated to all third parties during the procurement process and / or at the outset of each business relationship.

**4.8.** Managers are responsible for ensuring that all relevant existing third-party contracts include obligations to comply with the Modern Slavery Act and new third party contracts contain applicable prohibitions against the use of forced, compulsory or trafficked labour, or anyone held in slavery or servitude, whether adults or children.

**Investigations & Disciplinary Action**

**5.1.** Any employee who breaches this policy will face disciplinary action, which could result in dismissal for misconduct or gross misconduct.

**5.2.** The Company may terminate its relationship with other third parties if they breach this policy.

**Review of the policy**

This policy will be reviewed annually or sooner if legislation or law requires.

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### Equality Impact Assessment

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
<b>1.</b>	<b>Does the policy/guidance affect one group less or more favorably than another on the basis of:</b>		
	Race	No	
	Ethnic origins (including gypsies and travellers)	No	
	Nationality	No	
	Gender	No	
	Culture	No	
	Religion or belief	No	
	Sexual orientation including lesbian, gay and bisexual people	No	
	Age	No	
	Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
<b>2.</b>	<b>Is there any evidence that some groups are affected differently?</b>	No	
<b>3.</b>	<b>If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?</b>	No	
<b>4.</b>	<b>Is the impact of the policy/guidance likely to be negative?</b>	No	
<b>5.</b>	<b>If so, can the impact be avoided?</b>	N/A	
<b>6.</b>	<b>What alternatives are there to achieving the policy/guidance without the impact?</b>	N/A	
<b>7.</b>	<b>Can we reduce the impact by taking different action?</b>	N/A	

If you have identified a potential discriminatory impact of this procedural document, please refer

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it to Director of Quality and Governance, together with any suggestions as to the action required to avoid/reduce this impact.

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

	<b>Title of document being reviewed:</b>	<b>Yes/No/Unsure</b>	<b>Comments</b>
<b>1.</b>	<b>Title</b>		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
<b>2.</b>	<b>Rationale</b>		
	Are reasons for development of the document stated?	Yes	
<b>3.</b>	<b>Development Process</b>		
	Is the method described in brief?		
	Are people involved in the development identified?	Yes	
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?	Yes	
	Is there evidence of consultation with stakeholders and users?	Yes	
<b>4.</b>	<b>Content</b>		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
<b>5.</b>	<b>Evidence Base</b>		
	Is the type of evidence to support the	Yes	


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	<b>Title of document being reviewed:</b>	<b>Yes/No/Unsure</b>	<b>Comments</b>
	document identified explicitly?		
	Are key references cited?	Yes	
	Are the references cited in full?	Yes	
	Are supporting documents referenced?	Yes	
<b>6.</b>	<b>Approval</b>		
	Does the document identify which committee/group will approve it?	Yes	
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	Yes	
<b>7.</b>	<b>Dissemination and Implementation</b>		
	Is there an outline/plan to identify how this will be done?	Yes	Email staff
	Does the plan include the necessary training/support to ensure compliance?	Yes	
<b>8.</b>	<b>Document Control</b>		
	Does the document identify where it will be held?	Yes	
	Have archiving arrangements for superseded documents been addressed?	Yes	Archived in folder store on server
<b>9.</b>	<b>Process to Monitor Compliance and Effectiveness</b>		
	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Yes	
	Is there a plan to review or audit compliance with the document?	Yes	Internal auditor
<b>10.</b>	<b>Review Date</b>		
	Is the review date identified?	Yes	
	Is the frequency of review identified? If so,	Yes	



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	<b>Title of document being reviewed:</b>	<b>Yes/No/Unsure</b>	<b>Comments</b>
	is it acceptable?		
<b>11.</b>	<b>Overall Responsibility for the Document</b>		
	Is it clear who will be responsible for coordinating the dissemination, implementation and review of the document?	Yes	

<b>Individual Approval</b>			
If you are happy to approve this document, please sign and date it and forward to the Chief Executive Officer where it will receive final approval.			
Name	Brian Wren	Date	August 2022
Signature			
<b>SMT Approval</b>			
If the SMT is happy to approve this document, please sign and date it and forward copies to the person with responsibility for disseminating and implementing the document and the person who is responsible for maintaining the organisation's database of approved documents.			
Name	Lee Barham	Date	August 2022
Signature			