# **Procedure**

Document ID: NC-PRO 55 V4.0

### **PUBLIC INTEREST DISCLOSURES**

### **Mackay Hospital and Health Service**

1. 2.		licy Statementpose	
 3.		ope	
1.		ocedure	
	4.1	PID Management Program	3
	4.2	Why make a PID	4
	4.3	What is a Public Interest Disclosure	5
	4.4	Who can a PID be disclosed to	6
	4.5	How to make a PID	7
	4.6	Deciding whether a matter is a PID	8
	4.7	Assessing a PID	8
	4.8	Referring a PID	9
	4.9	Risk assessment and protection from reprisal	9
	4.10	Declining to take action on a PID	10
	4.11	Communication with Disclosers	10
	4.12	Confidentiality	10
	4.13	Support for Disclosers	11
	4.14	Investigating a PID	11
	4.15	Rights of subject officers	11
	4.16	Awareness, training and other resources	12
	4.17	Record keeping	12
	4.18	Evaluation and monitoring	12
5.	Su	pporting documents	13
3.		levant Legislation	
7.		finition of Terms	
3. `		nsultation previous Version See archived copy	
-		nsultation this version ocedure Revision and Approval History	
		dit Strategy	
		proval and Implementation	
	•	proved by	









#### 1. Policy Statement

Mackay Hospital and Health Service (MHHS) (the Health Service) is committed to fostering an ethical and transparent culture. In pursuit of this, the Health Service values the disclosure of information about suspected wrongdoing in the public sector so that is can be properly assessed and, if necessary, appropriately investigated. The Health Service will provide support to an employee or others who make disclosures about matters in the public interest. This procedure demonstrates this commitment, and ensures that practical and effective procedures are implemented which comply with the requirements of the Public Interest Disclosure Act 2010 (PID Act).

#### 2. Purpose

By complying with the PID Act, the Health service will:

- Promote the public interest by facilitating public interest disclosures (PIDs) of wrongdoing.
- Ensure that PIDs are properly assessed and, where appropriate, properly investigated and dealt with.
- Ensure appropriate consideration is given to the interests of the persons who are the subject of a PID.
- Ensure protection from reprisal is afforded to persons making PIDs.

As required under the PID Act, the Chief Executive (CE) will implement procedures to ensure that:

- Any public officer who makes a PID is given appropriate support.
- PIDs made to the Health Service are properly assessed and, where appropriate, properly investigated and dealt with.
- Appropriate action is taken in relation to any wrongdoing which is the subject of the PID.
- A management program for PIDs made to the Health Service, consistent with standards issued by the Queensland Ombudsman, is developed and implemented.
- Public officers who make PIDs are offered protection from reprisal by the Health Service, or other public officers of the Health Service.

The Health Service's Public Interest Disclosure Procedure is available for viewing on the Health Service's intranet. The Public Interest Disclosure Procedure will be reviewed annually and updated as required to ensure it continues to meet the requirements of the PID Act and the standards issued by the Queensland Ombudsman.

#### 3. Scope

This Procedure relates to all MHHS employees (permanent, temporary and casual) and all individuals acting as its agents (including Visiting Medical Officers (VMO) and other partners, contractors, consultants and volunteers). This procedure extends to members of the public who make a PID in accordance with the PID Act.

#### Compliance with this procedure is mandatory.

#### 4. Procedure

#### 4.1 PID must be made to a proper authority

Proper authorities are persons and organisations authorised under the PID Act to receive public interest disclosures. Proper authorities are:

- the public sector organisation that is the subject of the PID ie the Health Service
- an agency that has authority to investigate the matter
- a Member of the Legislative Assembly (an MP).

#### Proper authorities include:

- Crime and Corruption Commission (CCC) for corrupt conduct, including reprisal
- Queensland Ombudsman (QO) for maladministration
- Queensland Audit Office (QAO) for the misuse of public resources
- Department of Communities, Child Safety and Disability Services and the Office of the Public Guardian for danger to the health and safety of a person with a disability
- Department of Environment and Heritage Protection for danger to the environment
- An MP for any wrongdoing or danger. MPs do not have any authority to investigate a public interest disclosure. An MP will need to refer the disclosure to another appropriate proper authority. For example, the Minister for Health may refer the disclosure to the Department of Health.

#### **4.2 PID Management Program**

The CE has overall responsibility for ensuring that the Health Service develops, implements and maintains a PID management program. The Health Service PID management program encompasses:

- Commitment to encouraging the internal reporting of wrongdoing.
- Senior management endorsement of the value of the Health Service of PIDs and the proper management of PID's.
- A communication strategy to raise awareness among employees about PIDs and the Health Service's PID procedure.
- A training strategy to give employees access to training about how to make a PID, information on the support available to a discloser, and advice on how PIDs will be managed.
- Specialist training and awareness about PIDs for senior management and other staff who may receive or manage PIDs, disclosers or workplace issues relating to PIDs.
- The appointment of specialist officer / unit to be responsible for issues related to the management of PIDs.
- Ensuring effective systems and procedures are in place so that issues and outcomes from PIDs inform improvements to service delivery, business processes and internal controls.
- Regular review of the Public Interest Disclosure Procedure and evaluation of the effectiveness of the PID management program.

The CE has designated the following roles and responsibilities for managing PIDs within the Health Service:

Role	Responsibilities	Officer
PID Coordinator	<ul> <li>Principal contact for PID issues with the Health Service.</li> <li>Document and manage implementation of PID management program.</li> <li>Review and update PID procedure annually.</li> <li>Maintain and update internal records of PIDs received.</li> <li>Report data of PIDs to Queensland Ombudsman.</li> <li>Assess PIDs received.</li> <li>Provide acknowledgement of receipt of PID to discloser.</li> <li>Undertake risk assessments in consultation with disclosers and other relevant officers.</li> <li>Liaise with other agencies about referral of PIDs.</li> <li>Allocate Investigator and Support Officer to PID matter.</li> </ul>	Manager HR
PID Support Officer	<ul> <li>Provide advice and information to discloser on the Health Service PID procedure.</li> <li>Provide personal support and referral to other sources of advice or support as required.</li> <li>Facilitate updates on progress of investigation.</li> <li>Proactively contact discloser throughout PID management process.</li> </ul>	HR & Engagement team members  Email:  Mackay HR Servic es@health.qld.gov. au  Ph: (07) 4885 6800
Investigator	<ul> <li>Conduct investigation of information in PID in accordance with terms of reference.</li> <li>Prepare report for delegated decision-maker.</li> </ul>	An appropriate internal or external investigator will be appointed for each PID investigated depending upon the type of disclosure and other relevant considerations.
Delegated Decision Maker	Review investigation report and determine whether alleged wrongdoing is substantiated.	An appropriate decision-maker will be appointed for each PID investigation.

### 4.3 Why make a PID

Employees who are prepared to speak up about public sector misconduct, wastage of public sector funds, suspected unlawful activity or danger to health, safety or the environment can be the most important sources of information to identify and address problems in public sector administration. The Health Service supports the disclosure of information about wrongdoing because:

- Implementing systems for reporting and dealing with wrongdoing contributes to the integrity of the Health Service.
- The outcomes of PIDs can include improvements to systems that prevent fraud and other economic loss to the Health Service.
- The community's trust in public administration is strengthened by having strong processes in place for reporting wrongdoing.

When making a PID the discloser receives the protections provided under the PID Act, including:

- Confidentiality the discloser's name and other identifying information will be protected to the extent possible.
- Protection against reprisal the discloser is protected from unfair treatment by the Health Service and employees of the Health Service as a result of making a PID.
- Immunity from liability A person who makes a public interest disclosure is not subject to any civil or criminal liability or any liability arising by way of administrative process, including disciplinary action, for making the disclosure.
- Protection from defamation action
   — the discloser has a defence of absolute privilege in a proceeding for defamation for publishing the information disclosed by any subject officer.

#### 4.4 What is a Public Interest Disclosure

Under the PID Act, any person can make a disclosure about a:

- Substantial and specific danger to the health or safety of a person with a disability.
- The commission of an offence, or contravention of a condition, imposed under the provisions of legislation mentioned in Schedule 2 of the PID Act, if the offence or contravention would be substantial and specific danger to the environment.
- Reprisal because of a belief that a person has made or intends to make a disclosure.

In addition, public sector officers can make a disclosure about the following public interest matters:

- Corrupt conduct.
- Maladministration that adversely affects a person's interests in a substantial and specific way.
- A substantial misuse of public resources.
- A substantial and specific danger to public health or safety.
- Substantial and specific danger to the environment.

A discloser may have either an honest belief on reasonable grounds that wrongdoing has occurred or provide evidence which tends to show the wrongdoing has occurred.

A disclosure amounts to a PID and is covered by the PID Act even if the:

Discloser reports the information as part of their duties – such as an auditor reporting a
fraud or an occupational health and safety officer reporting a safety breach.

- Disclosure is made anonymously the discloser is not required to give their name or any identifying information.
- Discloser has not identified the material as a PID it is up to the Health Service to assess information received and decide if it is a PID.
- Disclosure is unsubstantiated following investigation the discloser is protected when the information they provide is assessed as PID, whether or not it is subsequently investigated or found to be substantiated.
- A person may make a PID even though the person makes it under a legal requirement.

The <u>Model Public Interest Disclosure Management Process Guide</u> should be referred to, to assess whether a matter amounts to a disclosure under the PID Act.

#### For Example:

A public officer makes a PID if he or she identifies and reports corrupt conduct eg allegation of inappropriate access to patient records through ieMR or Viewer, as a part of their role (what is termed in PID Database (*RaPID*) as a 'role reporter'), and the matter is classified as a PID in accordance with the PID Act. Refer to s.22 'Involuntary disclosure' of the *the* PID Act which provides that 'A person may make a public interest disclosure even though the person makes it under a legal requirement'.

#### 4.5 Who can a PID be disclosed to

For a PID relating to the Health Service, the discloser must follow the procedure outlined.

Disclosers are encouraged to make a disclosure to an appropriate officer of the Health Service first. If the matter is not resolved, or the discloser is concerned about confidentiality, the disclosure may be made to another appropriate agency.

Who to contact with the Health Service:	Other agencies that can receive PIDs:
<ul> <li>Any person (including employees) can make a disclosure to:</li> <li>Any person in a supervisory or management position.</li> <li>The human resources unit.</li> <li>The CE or other members of the Executive leadership team.</li> </ul>	<ul> <li>Disclosures can be made to an agency that has a responsibility for investigating the information disclosed:</li> <li>Crime and Corruption Commission (CCC) for disclosures about corrupt conduct including reprisal.</li> <li>Queensland Ombudsman for disclosures about maladministration.</li> <li>Queensland Audit Office for disclosures about substantial misuse of resources.</li> <li>Department of Child Safety, Youth and Women for disclosures about danger to the health and safety of a child or young person with a disability.</li> <li>Department of Communities, Disability Services and Seniors for disclosures about danger to the health and safety of a person with a disability.</li> <li>Office of the Public Guardian for disclosures about danger to the health and safety of a person with a</li> </ul>

disability.
Department of Environment and Science disclosures about danger to the environment.
A members of the Legislative Assembly (MP) for any wrongdoing or danger.
The Chief Judicial Officer of a court or tribunal in relation to a disclosure about wrongdoing by a Judicial Officer.

A disclosure can also be made to a journalist if the following conditions have been met:

- A valid PID was initially made to a proper authority, and
- The proper authority:
  - o Decide not to investigate or deal with the disclosure, or
  - o Investigated the disclosure but did not recommend taking any action, or
  - Failed to notify the discloser within six months of making the disclosure whether or not the disclosure was to be investigated or otherwise dealt with.

A person who makes a disclosure to a journalist in these circumstances is protected under the PID Act. However, disclosers should be aware that journalists are not bound under the confidentiality provisions of section 65 of the PID Act.

#### 4.6 How to make a PID

The PID Act states a disclosure of information to a proper authority can be made in any way, including anonymously. If the proper authority has a reasonable procedure for making a PID the person must use the procedure. A disclosure of information can be made to the department in writing (preferable) or verbally. If information, or a complaint, is received verbally, the department may request the information in writing.

A disclosure of information, or complaint, must still be assessed, and may be a PID, regardless of how it is made - written, verbally or anonymously. A person disclosing information does not need to state the information, or complaint, is a PID for the matter to be assessed under the PID Act. The department cannot decline to assess information, or a complaint, to determine if it is a PID under the PID Act.

To assist in the assessment, and any subsequent investigation of a PID, disclosers are requested to:

- Provide contact details (this could be an email address that is created for the purpose
  of making the disclosure or a telephone number).
- Provide as much information as possible about the suspected wrongdoing, including:
  - Who was involved- the name (and position) of the person who is the subject of the disclosure (who did the wrongdoing, if known)
  - What, when and where it happened information about the wrongdoing or danger, relevant events, dates and places the names of people who may be able to provide additional information eg any witnesses Any evidence that supports the PID, and where the evidence is located.
  - o Any further information that could help investigate the PID.
  - If the matter or conduct has not yet occurred as much information about the events or conduct that may happen eg details of potential harm

Provide this information in writing.

#### 4.7 Deciding whether a matter is a PID

If there is any doubt as to whether a matter is a PID, further information may be obtained to inform the decision. If doubt still remains, the matter will be considered and managed as a PID.

Mere disagreements over policy do not meet the threshold for a PID under the PID Act. It is an offence under the PID Act to intentionally give false or misleading information intending it be acted on as a PID. Employees may be subject to disciplinary action for intentionally giving false or misleading information in a PID, or during an investigation into a PID.

Where a discloser states they are making a PID, but it is assessed that the matter is not a PID, the Health Service will advise the discloser:

- That their information has been received but was not assessed as a PID.
- The reasons for the decision.
- The review rights available if the discloser is dissatisfied with the decision and how to request review.
- Any action the Health Service proposes to take in relation to the matter.
- Any other options the discloser has in relation to the matter.

The <u>Model Public Interest Disclosure Management Process Guide</u> and <u>PID Disclosure</u> <u>Assessment Guide</u> should be referred to for a tool to assist in assessing matters that may be PIDs.

#### 4.8 Assessing a PID

The disclosure will be assessed in accordance with the PID Act, the PID Standards and the Health Service Public Interest Disclosure Procedure and any other relevant procedure(s) as to whether the disclosure is a PID

Once the matter has been assessed as a PID, the Health Service will advise the discloser:

- That their information has been received and assessed as PID.
- The action to be taken by the Health Service in relation to the disclosure, which could include referring the matter to an external agency or investigating internally.
- The likely timeframe involved.
- The name and contact details of the Health Service support officer they can contact for updates or advice.
- The discloser's obligations regarding confidentiality.
- The protections the discloser has under the PID Act.
- How updates regarding intended actions and outcomes will be provided to the discloser.
- Contact details of the Employee Assistance Program, if the discloser is an employee of the Health Service.

If the PID has been made anonymously and the discloser has not provided any contact details, the Health Service will not be able to acknowledge the PID or provide updates.

The <u>Model Public Interest Disclosure Management Process Guide</u> and <u>PID Disclosure</u>
<u>Assessment Guide</u> should be referred to as a tool to assist in assessing matters that may be PIDs.

#### 4.9 Referring a PID

If the Health Service decided there is another proper authority that is better able to deal with the PID, the PID may be referred to that agency. This may be because:

- The PID concerns wrongdoing by that agency or an employee of that agency.
- That agency has the power to investigate or remedy the matter.

Before referring the PID to another agency, the Health Service will conduct a <u>risk</u> <u>assessment</u>, and will not proceed with the referral if there is an unacceptable risk of reprisal.

It may also be necessary to refer the PID to another agency because of legislative obligation, for example, refer a matter to the Crime and Corruption Commission where there is a reasonable suspicion that the matter involved or may involve corrupt conduct (as required by section 38 of the <u>Crime and Corruption Act 2001</u>).

The confidentiality obligations of the PID Act permit appropriate officers of the Health Service to communicate with another agency about the referral of a PID. Officers will exercise discretion in their contact with another agency.

The discloser will be advised of the action taken by the Health Service.

#### 4.10 Risk assessment and protection from reprisal

Disclosers should not suffer any form of detriment as a result of making a disclosure, whether or not it is assessed as a PID. Upon receiving a disclosure, the Health Service will conduct a <u>risk assessment</u> to assess the likelihood of the discloser (or witnesses or affected third parties) suffering reprisal action as a result of having made a disclosure. This assessment will take into account the actual and reasonably perceived risk of the discloser (or witnesses or affected third parties) suffering detriment, and will include consultation with the discloser.

A <u>risk assessment</u> will be undertaken if the discloser is anonymous on the basis of the information available in the PID. The <u>risk assessment</u> will also take into account the risk to persons who may be suspected of making the PID.

Consistent with the assessed level of risk, the Health Service will develop and implement a risk management plan and arrange any reasonably necessary support or protection for the discloser (or witnesses or affected third parties).

The Health Service will regularly reassess the risk of reprisal while the PID is being managed, in consultation with the discloser, and review the risk management plan if required.

In the event of reprisal action being alleged or suspected, the Health Service will:

- Attend to the safety of the discloser (or witnesses or affected third parties) as a matter of priority.
- Review its risk assessment, risk management plan and any protective measures needed to mitigate any further risk of reprisal.
- Manage any allegation of a reprisal as a PID in its own right.

The <u>PID Risk Assessment and Management Guide</u> should be used to document the completed risk assessment.

#### 4.11 Declining to take action on a PID

Under the PID Act, the Health Service may decide not to investigate or deal with a PID in various circumstances, including:

- The information disclosed has already been investigated or dealt with by another process.
- The information disclosed should be dealt with by another process.
- The age of the information makes it impractical to investigate.
- The information disclosed is too trivial and dealing with it would substantially and unreasonably divert the Health Service from the performance of its functions.
- Another agency with jurisdiction to investigate the information has informed the Health Service that an investigation is not warranted.

If a decision is made not to investigate or deal with a PID the Health Service will give the discloser written reasons for that decision.

If the discloser is dissatisfied with the decision they can request a review by writing to the Chief Executive of the Health Service within 28 days of receiving the written reasons for the decision.

The <u>Model Public Interest Disclosure Management Process Guide</u> should be referred to as a tool to assist in complying with the standards of the PID Act.

#### 4.12 Communication with Disclosers

Under the PID Act, the Health Service must give reasonable information to the discloser. The Health Service will acknowledge receipt of the disclosure in writing as soon as practicable. The discloser will be provided with information that meets the requirements of the PID Act and the standards issued by the Queensland Ombudsman, including:

- The action that will be taken in response to the PID.
- The protections under the PID Act.
- Confidentiality obligations of the discloser and the Health Service.
- Support arrangements.

The Health Service will maintain contact with the discloser and provide regular updates during the management of the PID.

In accordance with the PID Act, after finalising action in response to the PID, the Health Service will advise the discloser in writing of the action taken and the results of the action.

#### 4.13 Confidentiality

While the Health Service will make every attempt to protect confidentiality, a discloser's identity may need to be disclosed to:

- Provide natural justice to subject officers.
- Respond to a court order, legal directive or court proceedings.

The Health Service will ensure that communication with all parties involved will be arranged discreetly to avoid identifying the discloser wherever possible.

Disclosers should be aware that while the Health Service will make every attempt to keep their details confidential, it cannot guarantee that others will not try to deduce their identity.

#### 4.14 Support for Disclosers

The Health Service recognises that providing appropriate support to a discloser is an important feature of effective PID management.

An assessment will be undertaken to identify the support needs of the discloser. Where appropriate, a PID Support Officer will be assigned to the discloser. The PID Support Officer will assist the discloser to access information about PIDs, protections available under the PID Act and the PID Management process. The PID Support Officer will proactively contact the discloser to offer support.

Information and support will be provided to the discloser until the matter is finalised. Making a PID does not prevent reasonable management action. That means that the discloser will continue to be managed in accordance with normal, fair and reasonable management practices during and after the handling of the PID.

#### 4.15 Investigating a PID

If a decision is made to investigate a PID, this will be done with consideration for the:

- Principles of natural justice.
- Obligations under the PID Act to protect confidential information.
- Obligations under the PID Act to protect officers from reprisal.
- Interests of subject officers.

If as a result of investigation, the information about wrongdoing provided in the PID is substantiated, appropriate action will be taken.

Where the investigation does not substantiate wrongdoing, the Health Service will review systems, policies and procedures to identify whether there are improvements that can be made and consider if staff training is required.

The <u>Model Public Interest Disclosure Management Process Guide</u> should be referred to as a tool to assist in complying with the standards of the PID Act.

#### 4.16 Rights of subject officers

The Health Service acknowledges that for officers who are the subject of a PID the experience may be stressful. The Health Service will protect their rights by:

- Assuring them that the PID will be dealt with impartially, fairly and reasonably in accordance with the principles of natural justice.
- Confirming that the PID is an allegation only until information or evidence obtained through an investigation substantiates the allegation.
- Providing them with information about their rights and the progress and outcome of any investigation.
- Referring them to the Employee Assistance Program for support.

Information and support will be provided to a subject officer until the matter is finalised.

#### 4.17 Awareness, training and other resources

Information on corrupt conduct is incorporated in the Orientation program for staff. Training opportunities for staff are also provided to enhance the identification of wrongdoing and how to make or manage PIDs.

#### 4.18 Record keeping

In accordance with its obligations under the PID Act and the <u>Public Records Act 2002</u>, the Health Service will ensure that:

- Accurate data is collected about the receipt and management of PIDs.
- Anonymised data is reported to the Office of the Queensland Ombudsman in their role as the oversight agency, through the PID reporting database (*RaPID*).
- RaPID User guidelines outline the provisions for recording and managing PID reporting in the database but generally 1 discloser = 1 case entry.
- If a discloser is reporting a matter involving multiple subject officers (even if this is several hundred subject officers), this would still only result in one entry into RaPID.
- It is important to ensure accuracy and compliance of PID reporting with the PID Act and ensure all matters which should be captured are being identified and reported, and the protections afforded under the PID Act are being extended to all those entitled to them.

Records about disclosures, investigations and related decisions will be kept secure and accessible only to appropriately authorised people involved in the management of the PID. The <u>Public Interest Disclosure Standard No. 3/2019 – Public Interest Disclosure Data</u>
Recording and Reporting should be referred to for achieving compliance.

#### 4.19 Evaluation and monitoring

The Health Service will conduct periodic reviews to ensure its policy and processes are consistent with best practice, current legislation and any Standard in force.

Reviews will be consultative in nature and aim to include a range of stakeholders. They will seek to improve internal procedures for overall public interest disclosure management including reporting, record keeping, risk management, confidentiality and awareness.

Reviews will also consider the Health Service's effectiveness in dealing with public interest disclosures, the experience of officers involved in making or managing public interest disclosures and actions taken to deal with public interest disclosures.

Reviews will also aim to identify ongoing risks to the Health Service and its officers by identifying any trends of information disclosed and substantiated and developing measures to prevent a reoccurrence of improper or inappropriate conduct, process or practice.

#### 5. Supporting documents

- HR Policy I5 Public Interest Disclosure
- <u>Public Interest Disclosure Standard No. 1/2019 Public Interest Disclosure Management Program</u>
- <u>Public Interest Disclosure Standard No. 2/2019 Assessing, Investigating and Dealing</u> with Public Interest Disclosures
- <u>Public Interest Disclosure Standard No. 3/2019 Public Interest Disclosure Data</u>
   Recording and Reporting
- Model Public Interest Disclosure Management Process Guide
- PID Disclosure Assessment Guide

#### 6. Relevant Legislation

- Public Interest Disclosure Act 2010
- Crime and Corruption Act 2001
- Ombudsman Act 2001
- Public Records Act 2002
- Public Sector Ethics Act 1994
- Public Service Act 2008

#### 7. Definition of Terms

Term	Definition
Administration Action	<ul> <li>(a) Means any action about a matter of administration, including for example: <ul> <li>(i) a decision and an act; and</li> <li>(ii) a failure to make a decision or do an act, including failure to provide a written statement of reasons for a decision; and</li> <li>(iii) the formulation of a proposal or intention; and</li> <li>(iv) the making of a recommendation, including a recommendation made to a Minister; and</li> <li>(v) an action taken because of a recommendation made to a minister; and</li> <li>(b) does not include an operational action of a police officer or of an officer of the Crime and Corruption Commission</li> </ul> </li> </ul>
Confidential Information	<ul> <li>(a) Includes: <ul> <li>(i) information about the identity, occupation, residential or work address or whereabouts of a person –</li> <li>a) who makes a public interest discloser; or</li> <li>b) against whom a public interest discloser has been made; and</li> <li>(ii) information disclosed by a public interest disclosure;</li> <li>(iii) information about an individual's personal affairs; and</li> <li>(iv) information, that if disclosed, may cause detriment to a person; and</li> </ul> </li> <li>(b) Does not include information publicly disclosed in a public</li> </ul>

	interest disclosure made to a court, tribunal or other entity that
	may receive evidence under oath, unless further disclosure of the information is prohibited by law.
Corrupt Conduct	· · · · · ·
Corrupt Conduct	As defined in section 15 of the <u>Crimes and Corruption Act 2001</u>
	<ol> <li>Corrupt conduct means conduct of a person, regardless of whether the person holds or held an appointment, that –</li> </ol>
	(a) adversely affects, or could adversely affect, directly or
	indirectly, the performance of functions or the exercise of
	powers of -
	(i) a unit of public administration; or
	(ii) a person holding an appointment; and
	(b) results, or could result, directly or indirectly, in the
	performance of functions or the exercise of powers
	mentioned in paragraph (a) in a way that –
	(i) is not honest or is not impartial; or
	(ii) involves a breach of the trust placed in a person
	holding an appointment, either knowingly or recklessly; or
	(iii) involves a misuse of information or material acquired
	in or in connection with the performance of functions or
	the exercise of powers of a person holding an
	appointment; and
	(c)would, if proved, be –
	(i) a criminal offence; or
	(ii) a disciplinary breach providing reasonable grounds for
	terminating the person's services, if the person is or were the holder of an appointment.
	<ul><li>(2) Corrupt conduct also means conduct of a person, regardless of</li></ul>
	whether the person holds or held an appointment, that -
	(a) impairs, or could impair, public confidence in public
	administration; and
	(b) involves, or could involve, any of the following –
	(i) collusive tendering;
	(ii) fraud relating to an application for a licence, permit or
	other authority under an Act with a purpose or object of
	any of the following (however described) -
	<ul><li>(A) protecting health and safety of persons</li><li>(B) protecting the environment;</li></ul>
	(C) protecting the environment,  (C) protecting or managing the use of the State's natural,
	cultural, mining or energy resources;
	(iii) dishonestly obtaining, or helping someone to dishonestly
	obtain, a benefit from the payment or application of public funds or the disposition of State assets;
	(iv) evading a State tax, levy or duty or otherwise fraudulently
	causing a loss of State revenue;
	(v)fraudulently obtaining or retaining an appointment and
	(c)would if proved be –
	(i) a criminal offence; or

(ii) a disciplinary breach providing reasonable grounds for terminating the person's service, if the person is or were the holder of an appointment.		
Includes –		
(a) personal injury or prejudice to safety; and		
(b) property damage or loss and (c) intimidation or harassment; and		
(d) adverse discrimination, disadvantage or adverse treatment about career, profession, employment, trade or business; and		
(e) financial loss; and		
<ul><li>(f) damage to reputation, including, for example personal, professional or business reputation</li></ul>		
As defined in section 11 of the <u>Disability Services Act 2006</u> , for the purposes of this procedure:		
(1) A disability is a person's condition that –		
(a) is attributable to –		
(i) an intellectual, psychiatric, cognitive, neurological, sensory or a physical impairment; or		
(ii)a combination of impairments mentioned in subparagraph (i); and		
(b)results in –		
(i) a substantial reduction of the person's capacity for communication, social interaction, learning, mobility, or self care or management; and		
(ii) the person needing support		
(2) For subsection (1), the impairment may result from an acquired brain injury.		
(3) The disability must be permanent or likely to be permanent		
(4) The disability may be, but need not be, of a chronic episodic nature.		
A person who makes a disclosure in accordance with the <u>Public</u> <u>Interest Disclosure Act 2010</u> .		
A threat or event that would cause harm or damage to both persons and / or property.		
Of an entity, includes a person engaged by the entity under a contract of service.		
For the purposes of this procedure, investigation includes any enquiry undertaken to establish whether the information provided in a PID can be substantiated, including a review or audit.		
A person engaged in the occupation of writing or editing material intended for publication in the print or electronic news media.		
As defined in schedule 4 of the Public Interest Disclosure Act 2010, maladministration is administration action taken that —		
<ul><li>(a) was taken contrary to law; or</li><li>(b) was unreasonable, unjust, oppressive, or improperly discriminatory; or</li></ul>		

<ul> <li>(c) was in accordance with a rule of law or a provision of an Act or a practice that is or may be unreasonable, unjust, oppressive or improperly discriminatory in the particular circumstances; or</li> <li>(d) was taken – <ul> <li>(i) for an improper purpose; or</li> <li>(ii) on irrelevant grounds; or</li> <li>(iii) having regard to irrelevant considerations; or</li> <li>(iv) was an action for which reasons should have been given, but were not given; or</li> <li>(v) was based wholly or partly on a mistake of law or fact; or</li> <li>(vi) was wrong.</li> </ul> </li> </ul>
Natural justice, also referred to as 'procedural fairness' applies to any decision that can affect the rights, interests or expectations of individuals in a direct or immediate way. Natural justice is at law a safeguard applying to an individual whose rights or interests are being affected.  The rules of natural justice, which have been developed to ensure that decision-making is fair and reasonable, are:  • avoid bias; and
give a fair hearing     act only on the hadis of logically probative evidence.
act only on the basis of logically probative evidence.
<ul> <li>For the purposes of this procedure, organisational support means actions such as, but not limited to:</li> <li>providing moral and emotional support</li> <li>advising disclosers about agency resources available to handle any concerns they have as a result of making their disclosure</li> <li>appointing a mentor, confidante or other support officer to assist the discloser through the process</li> <li>referring the discloser to the Employee Assistance Program</li> <li>generating support for the discloser in their work unit where appropriate</li> <li>ensuring that any suspicions of victimisation or harassment are dealt with</li> <li>maintaining contact with the discloser</li> <li>negotiating with the discloser and their support officer a formal end to their involvement with the support program when it is agreed they are no longer needed for assistance.</li> </ul>
A public sector entity or member of the Legislative Assembly as defined at section 5 of the PID Act.
A person or organisation that is authorised under the Public Interest <u>Disclosure Act 2010</u> to receive disclosures.
A public officer, of a public sector entity, is an employee, member or officer of the entity.
A view which is objectively fair or sensible.
Action taken by a manager in relation to an employee, includes any of the following taken by the manager –

action	<ul><li>(a) a reasonable appraisal of the employee's work performance;</li><li>(b) a reasonable requirement that the employee undertake counselling;</li></ul>
	(c) a reasonable suspicion of the employee from the employment workplace;
	(d) a reasonable disciplinary action;
	(e) a reasonable action to transfer or deploy the employee
	(f) a reasonable action to end the employee's employment by way of redundancy or retrenchment;
	(g) a reasonable action in relation to an action mentioned in paragraph (a) to (f);
	(h) a reasonable action in relation to the employee's failure to obtain a promotion, reclassification, transfer or benefit, or to retain a benefit, in relation to the employee's employment.
Reprisal	The term 'reprisal' is defined under the <a href="Public Interest Disclosure">Public Interest Disclosure</a> <a href="Act 2010">Act 2010</a> as causing, attempting to cause or conspiring to cause detriment to another person in the belief that they or someone else:
	has made or intends to make a disclosure; or
	<ul> <li>has been or intends to be involved in a proceeding under the disclosure Act against any person.</li> </ul>
	Reprisal under the <u>Public Interest Disclosure Act 2010</u> is a criminal offence and investigations may be undertaken by the Queensland Police Service (QPS).
Subject Officer A person about whom a PID is made. An officer who is the of allegations of wrongdoing made in the disclosure.	
Substantial and specific	Substantial means 'of a significant or considerable degree'. It must be more than trivial or minimal and have some weight or importance.
	Specific means "precise or particular". This refers to conduct or detriment that is able to be identified or particularised as opposed to broad or general concerns or criticisms.

# 8. Consultation previous Version See archived copy

### 9. Consultation this version

Date	Key Stakeholder /s	Position	Status Tracking
08/05/2020	Kirsten Beck	A/Senior HR Advisor	Finalised
08/05/2020	Ashlee Pedder	A/HR Business Partner	Finalised
13/05/20	Robyn Cathcart	District Solicitor	Finalised
28/6/1908/05/2020	Karen Low	Manager HR	Finalised

# 10. Procedure Revision and Approval History

Date	Amendment	Authorised by
February 2013	Reviewed to meet the National Standards for request from and specimen identification.	
June 2015	June 2015 Reviewed to meet requirements for PID legislation	
November 2015	Reviewed to update contact information	
01/05/16	Document ID: NC-PRO 55 V2.0	Clare Douglas, Chief Executive
July 2019	Document ID: NC-PRO 55 V3.0	Jo Whitehead, Chief Executive
08/05/2020	Document ID: NC-PRO 55 V3.0	Jo Whitehead, Chief Executive

### 11. Audit Strategy

Level of risk	High – This policy attracts a moderate consequence. Possible incidences of PID may attract brief adverse media attention.
Audit strategy	Review of complaints assessed as PIDs as well as actions taken to resolve.
Audit tool attached	No
Audit date	Annual
Audit responsibility	Strategy Governance & Engagement
Key elements / indicators / outcomes	Adherence to PID Act legislative and reporting requirements for Qld Ombudsman audits.

### 12. Human Rights Act Review

Identify each relevant human right that applies to this document	Are the human rights limited by the policy or procedure? If so, how?	Is the limitation on the right reasonable and justifiable? If so, how?
When making decisions about a PID the MHHS has an obligation to act and make decisions in a way that is compatible with the Human Rights Act 2019. This includes right to Freedom of Expression and Fair Hearing	No all PIDs will be assessed in line with the procedure in a fair and transparent manner and taking into account their privacy and confidentiality. Under the PID Act all PIDs are protected under the legislation from any reprisal and/or unlawful action against them.	N/A

Right to Privacy and	No all PIDs will be	N/A
reputation:	assessed in line with the	
Everyone has the right	procedure in a fair and	
to privacy and	transparent manner and	
protection from	taking into account their	
unlawful or arbitrary	privacy and confidentiality.	
interferences and	Under the PID Act all PIDs	
attacks upon their	are protected under the	
privacy, family, home,	legislation from any	
communication and	reprisal and/or unlawful	
reputation.	action against them.	

# 13. Approval and Implementation

Custodian/review officer	Executive Director People	
Version no.	4.0	
Applicable to	All employees MHHS	
Approval date	29/06/2020	
Effective from	07/07/2020	
Next review date	29/06/2023	
Supersedes	Document ID: NC-PRO 55 V3.0 Management of Public Interest Disclosures.	
Marketing strategy	Induction and orientation. New document flyer.	
Keywords	Public Interest Disclosure.	
Accreditation references NSQHS, EQuIP and other criteria and standards	NSQHS, Standard 1 – Clinical Governance Standard	

### 14. Approved by

Signatory	Position	Signature	Date
Rod Francisco	Executive Director People	The signed version is held & retained by MBH File Clerk	23/06/2020
Jo Whitehead	Chief Executive	The signed version is held & retained by MBH File Clerk	29/06/2020