



WHISTLE BLOWER PROCESS

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1 REPONSIBILITIES

- 1.1 **The Disclosure Team**, comprised of the Chief Executive Officer, Chief Operating Officer, Chair of the Huon Regional Care Board and Health and Facility Services Manager, is responsible for:
- a) Assisting the Whistleblower Protection Officer(s) (WPO) in the assessment and oversight of whistleblower reports
 - b) Providing advice and support to reporters
 - c) Maintaining a secure and restricted record of all reports made under this Policy and Procedure
 - d) Arranging role-specific training as and when required.
- 1.2 **The People and Culture Department** is responsible for ensuring that:
- a) Workers are made aware of their rights and responsibilities in relation to whistleblowing at induction
 - b) Workers are regularly encouraged to speak up about concerns of Reportable Conduct.
- 1.3 **The Disclosure Team** are responsible for:
- a) Receiving whistleblower reports and protecting the interests of reporters
 - b) Determining whether the report falls within the scope of the Policy
 - c) Determining whether and how a report should be investigated
 - d) Appointing a Whistleblowing Investigator where an investigation is deemed appropriate
 - e) Ensuring investigations are conducted in accordance with this Policy
 - f) Ensuring any reports involving a Board Director or the Chief Executive Officer are reported to the Chair of the Board.
 - g) Updating reporters on progress and details of outcomes to the fullest extent possible

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- h) Maintaining to the fullest extent possible confidentiality of the identity of and reports received by reporters
- i) Immediately reporting concerns in relation to any detrimental conduct to the Chief Executive Officer or Chair of the Board (provided that the concerns do not relate to them)
- j) Determining the appropriate courses of action to remediate or act on the investigation
- k) Reporting matters to relevant authorities
- l) Making recommendations to prevent future instances of reportable misconduct
- m) Completing any training mandated by the Disclosure Team
- n) Seeking to ensure the integrity of the Whistleblower Program is maintained.

1.4 **Whistleblower Investigators** are responsible for:

- a) Investigating reports in accordance with this Policy and Procedure
- b) Maintaining to the fullest extent possible confidentiality of the identity of and reports received by reporters
- c) Gathering evidence and taking steps to protect or preserve evidence
- d) Making findings based on a fair and objective assessment of the evidence gathered during the investigation, and formalising this in a report
- e) Keeping comprehensive records about the investigation
- f) Making recommendations to the Whistleblower Protection Officer about how to implement the strategy in relation to how reported misconduct can be stopped, prevented and/or mitigated in future
- g) Reporting back to the Whistleblower Protection Officer on the progress of their investigation 7 days after the report and every 14 days thereafter
- h) Complying with the directions of the Whistleblower Protection Officer in relation to any further follow up, and reporting action and requirements, including the implementation of any recommendations.

1.5 **Workers** are responsible for reporting misconduct or dishonest or illegal activity that has occurred or is suspected within Huon Regional Care as quickly as possible, whether anonymously or otherwise.

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2 PROCEDURE

2.1 How do I make a report?

- (a) Whistleblowing protections will only apply to reports of Reportable Conduct made in accordance with the Whistleblower Policy and Procedure.
- (b) Where you have reasonable grounds to suspect that an individual has engaged in Reportable Conduct, you should report the matter to any person authorised by Huon Regional Care to receive Whistleblower disclosures. Authorised people as named in the Whistleblower Policy are:
 - i. Chief Executive Officer
 - ii. Chairperson – Huon Regional Care Board
 - iii. Chief Operating Officer
 - iv. Health and Facility Services Manager
 - v. Independent Whistleblower Service (WBS)
- (c) If you are not comfortable or able to report Reportable Conduct internally, you may report it to ASIC.

2.2 How are reports investigated?

- (a) After receiving your report Huon Regional Care will:
 - i. assess the report of Reportable Conduct;
 - ii. consider whether there are any conflicts of interest prior to investigating;
 - iii. determine whether external authorities need to be notified;
 - iv. determine whether and how to investigate; and
 - v. appoint a Whistleblowing Investigator if appropriate.
- (b) If an investigation is deemed necessary, it will be conducted fairly, objectively and in a timely manner. The investigation process will vary depending on the nature of the Reportable Conduct and the amount of information provided.
- (c) Any individuals who are accused of misconduct in a report (a Respondent) will have an opportunity to respond to allegations before any adverse findings are made and before any disciplinary action (if appropriate) is taken.
- (d) Huon Regional Care may need to speak with a Whistleblower as part of an

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investigation. If the identity of the Whistleblower is known, Huon Regional Care will endeavour to keep them informed about the status of an investigation.

- (e) If there is insufficient information to warrant further investigation, or the initial investigation immediately identifies there is no case to answer, the individual who reported the Reportable Conduct will be notified at the earliest possible opportunity.

2.3 Outcome of an investigation

- (a) At the conclusion of the investigation, a report will be prepared outlining:
- i. a finding of all relevant facts;
 - ii. a determination as to whether the allegation(s) have been substantiated or otherwise;
 - iii. the action that will be taken, which may include disciplinary action and dismissal.
- (b) The disciplinary action will be dependent on the severity, nature and circumstances of the Reportable Conduct.
- (c) Where possible and appropriate, having regard to Huon Regional Care's privacy and confidentiality obligations, the Whistleblower will be informed of the outcome of any investigation into their concerns.

3 LEGISLATION

- a) *Corporations Act 2001 (Cth)*
- b) *Fair Work Act 2009 (Cth)*
- c) *Fair Work Regulations 2009 (Cth)*
- d) *Insurance Act 1973*
- e) *Life Insurance Act 1995*
- f) *Public Interest Disclosure Act 2013*
- g) *Superannuation Industry (Supervision) Act 1993*
- h) *Taxation Administration Act 1953*

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- i) *Personal Information Protection Act 2004*
- j) *Right to Information Act 2009*

4 RELATED DOCUMENTS/ORGANISATIONAL POLICIES/FORMS

HRM xxx Whistleblower Policy

[HMR 14.01 Grievance Policy](#) and [HRM 14.02 Procedure](#)

[HRM 06 - Workplace Behaviour Policy](#)

[ADM 7.01 Complaints Policy](#) and [ADM7.02 Complaints Process](#)

5 STANDARDS

- a) [ACNC External Conduct Standards](#)
- b) [Aged Care Quality Standards](#)

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