

INTERNAL ONLY
ISLHD POLICY
COVER SHEET

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AUTHOR	Senior Internal Audit and Corruption Prevention Auditor
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FUNCTIONAL GROUP OR HUB	District wide
NSQHS STANDARD	Standard 1 – Governance
SUMMARY	This document outlines ISLHD’s internal and external reporting process, including public interest disclosures and reports of corrupt conduct.

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY

Feedback about this document can be sent to
 Corporate Policies: ISLHD-CorporateGovernance@health.nsw.gov.au

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1. POLICY STATEMENT

ISLHD is committed to ethical conduct and will not tolerate any form of wrongdoing. Staff who report serious wrongdoing are assisting to promote the organisational values and ISLHD is committed to supporting and protecting those staff.

In the interests of maintaining a simple and accessible reporting mechanism to encourage staff to report matters of concern, ISLHD has established a single reporting system for suspected fraud and corrupt conduct as well as Public Interest Disclosures (PIDs).

The *Public Interest Disclosures Act 1994* (NSW) (the PID Act) requires public authorities to have a policy and procedure for receiving, assessing and dealing with public interest disclosures.

A report in relation to the following categories of serious wrongdoing may be a public interest disclosure:

- Corrupt conduct
- Maladministration
- Serious and substantial waste
- Government information contravention
- Local government pecuniary interest contravention.

This Policy Directive is intended to clearly state the reporting channels available to staff to make public interest disclosures.

ISLHD staff should have confidence that reports of serious wrongdoing which are reported in accordance with the legislation and this policy will be treated appropriately, including protection from reprisals.

The following documents should be read in conjunction with this policy;

- NSW Health PD 2016_027 *Public Interest Disclosures* outlines the application of the *Public Interest Disclosures Act 1994* (NSW) to all NSW Health entities. The policy defines PIDs, outlines the responsibilities of staff and the procedures for making, receiving and investigating a PID.
- NSW Health PD 2016_029 *Corrupt Conduct reporting to the Independent Commission against Corruption (ICAC)*. The policy outlines the responsibilities of staff and requirements for reporting matters to the ICAC.
- NSW Health PD 2015_049 *Code of Conduct*.
- ISLHD CORP DOC 09 *Fraud and Corruption Control Framework* outlines ISLHD's approach to control of fraud and corruption.

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2. AIMS

The purpose of this policy is to establish reporting channels for suspected wrongdoing, including fraud and corrupt conduct as well as Public Interest Disclosures and outline the responsibilities of staff involved in the reporting process.

3. TARGET AUDIENCE

All ISLHD staff members (refer to NSW Health PD 2016_027 Public Interest Disclosures for definition of staff members, which includes any person working in a casual, temporary or permanent capacity in NSW Health, including consultants, contractors, board members and any person performing a public official function whose conduct could be investigated by an investigating authority).

4. RESPONSIBILITIES**4.1 Principal Officer (Chief Executive)**

The Chief Executive is ISLHD's Principal Officer for the purpose of this and related policies. The Principal Officer has responsibilities as outlined in NSW Health PD 2016_027 *Public Interest Disclosures* & NSW Health PD 2016_029 *Corrupt Conduct reporting to the Independent Commission against Corruption (ICAC)* and ISLHD CORP DOC 09 *Fraud and Corruption Control Framework*. This includes the responsibility to:

- Appoint a disclosures coordinator and disclosure officers
- Assess Public Interest Disclosures, in consultation with the Director Internal Audit to determine whether they should be treated as a public interest disclosure
- Make reports of actual or suspected corrupt conduct to the Independent Commission Against Corruption (ICAC), following consultation with the Director Internal Audit
- Allocate investigative responsibility within ISLHD
- Ensure there are strategies in place to support reporters, protect reporters from reprisal and manage workplace conflict that may arise in relation to a report
- Make decisions following any investigation or appoint an appropriate decision-maker
- Take appropriate remedial/disciplinary action or systemic reform where wrongdoing is substantiated or systemic problems are identified
- Refer any evidence of a reprisal offence under section 20 of the PID Act to the Commissioner of Police or the ICAC.

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4.2 Disclosures Co-ordinator (Director Internal Audit)

The Director Internal Audit is ISLHD's Disclosures Co-ordinator for the purpose of this and related policies. The Disclosures Co-ordinator has responsibilities as outlined in Section 3.3 of NSW Health PD 2016_027 *Public Interest Disclosures* and ISLHD CORP DOC 09 *Fraud and Corruption Control Framework*. This includes the responsibility to:

- Assess Public Interest Disclosures, in consultation with the Chief Executive. The final assessment of an internal report form at Appendix 5 is used for this.
- Maintain a register of all reported instances of fraud and corrupt conduct and facilitating reporting to the Audit and Risk Committee (ARC), Ministry of Health, NSW Ombudsman, NSW Police and the Independent Commission Against Corruption (as required by NSW Health PD 2016_029 *Corrupt Conduct reporting to the Independent Commission against Corruption (ICAC)*).
- Coordinate the response to a report
- Acknowledge reports as required by the PID Act and provide updates and feedback to the reporter
- Assess whether it is possible and appropriate to keep the reporter's identity confidential
- Conduct a documented risk assessment relating to the risk of reprisal and workplace conflict related to or likely to arise out of a report, and develop strategies to manage any risk identified.
- Where required, provide or coordinate support to staff involved in the reporting or investigation process, including protecting the interests of any officer the subject of a report.
- Monitor and ensure organisational compliance with the PID Act.
- Prepare and submit six monthly statistical reports to NSW Ombudsman on public interest disclosures, and provide a copy of this to the Ministry of Health Compliance Unit.

4.3 Disclosures Officers

Disclosures officers are additional points of contact within the internal reporting system that can provide advice about the system and the internal reporting policy, receive reports of wrongdoing and assist staff to make reports. NSW Health disclosures officers receive training to enable them to conduct and document PID assessments and risk assessments.

Disclosures Officers for the purposes of this policy are located in Appendix 1. The responsibilities of Disclosures Officers are as outlined in Section 3.4 of NSW Health PD 2016_027 *Public Interest Disclosures* and include the responsibility to:

- Document any reports received verbally, and have the document signed and dated by the reporter (if possible)

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- Assist staff to make reports privately and discreetly when requested
- Discuss with the reporter any concerns they may have about reprisal or workplace conflict
- Conduct an assessment and forward reports to the disclosures coordinator or principal officer for approval and additional assessment where necessary
- Assist the disclosures coordinator with risk assessments and PID management
- Assist in raising awareness of the *Public Interest Disclosures Act* and the Public Interest Disclosures Policy within their organisation.

Disclosures Officers are required to apply the principles in this section to all reports of corrupt conduct or fraud (whether or not a PID).

Disclosures Officers must report all Public Interest Disclosures made to them to the Disclosures Co-ordinator. The checklist for a recipient of an internal report at Appendix 3 and the initial assessment of an internal report form at Appendix 4 can be used to assist a person authorised to accept public interest disclosures. These forms are not mandatory to use.

4.4 Investigating Officers

The responsibilities of staff involved in conducting investigations are as outlined in Section 3.5 of NSW Health PD 2016_027 *Public Interest Disclosures*. This includes the responsibility to:

- Adhere to principles of procedural fairness
- Be aware of, and minimise reprisal risks and alert the PID coordinator where they arise
- Finalise investigations of public interest disclosures within 6 months from the date of assessment.

Investigating officers are required to apply the principles in this section to all reports of corrupt conduct or fraud (whether or not a PID).

4.5 Managers and supervisors

The responsibilities of Managers and supervisors are as outlined in Section 3.6 of NSW Health PD 2016_027 *Public Interest Disclosures*. This includes the responsibility to:

- Encourage staff to report known or suspected wrongdoing within the organisation and support staff when they do
- Identify reports made to them in the course of their work which could be public interest disclosures, and assist the staff member to make the report to a PID officer, disclosures coordinator or to the principal officer

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- Implement local management strategies, in consultation with the disclosures coordinator, to minimise the risk of reprisal or workplace conflict in relation to a report
- Notify the disclosures coordinator or principal officer immediately if they believe a staff member is being subjected to reprisal as a result of reporting wrongdoing.

Managers and supervisors are required to apply the principles in this section to all reports of corrupt conduct or fraud (whether or not a PID).

Matters relating to fraud and corruption brought to attention as a result of management control and monitoring, rather than allegations received, should also be reported to the Disclosures Co-ordinator.

4.6 All staff

It is important that NSW Health staff contribute to a workplace where known or suspected wrongdoing is reported and dealt with appropriately.

All staff are required to:

- Report serious wrongdoing within NSW Health and support those who have made reports of wrongdoing
- If requested, assist those dealing with the report, including supplying information on request, cooperating with any investigation and maintaining confidentiality
- Respect the rights of officers the subject of reports and treat them fairly
- Treat any staff member or person dealing with a report of wrongdoing with courtesy and respect.

Staff must not:

- Victimise or harass anyone in connection with a report
- Knowingly make false or misleading reports of wrongdoing.

All staff are reminded of their obligation to adhere to the NSW Health Code of Conduct. A breach of the code could result in disciplinary action.

Staff are required to apply the principles in this section to all reports of corrupt conduct or fraud (whether or not a PID).

The reporting form located at Appendix 2 can be used to facilitate reporting through the internal reporting channel.

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5. REPORTING CHANNELS

In order to gain protection under the Public Interest Disclosures Act, the staff member making the report must honestly believe on reasonable grounds that the information shows, or tends to show, wrongdoing. Similarly, staff members making a report of fraud or corrupt conduct where the protection of the PID Act is not sought should make the report based on a reasonable suspicion. Proof is not necessary; however, a report or a public interest disclosure cannot be based on unsupported allegations.

Employees are encouraged not to make reports anonymously. Anonymous reports are allowable, but may be difficult to pursue where further information is required and may also prevent feedback being able to be provided to the internal reporter.

Where possible employees are encouraged to make reports and/or Public Interest Disclosures in writing. A written report or disclosure provides an accurate record, avoids confusion and facilitates the inclusion of supporting documentation.

For additional information in relation to Public Interest Disclosures please refer to NSW Health PD 2016_027 *Public Interest Disclosures*.

Employees can make reports through two channels; internal or external.

5.1 Internal Reporting Channels

A disclosure can be made verbally or in writing. Written disclosures including supporting documentation, if any, are preferred. The reporting form located at Appendix 2 can be used to facilitate reporting through the internal reporting channel by staff members wishing to make a disclosure.

Disclosures should be made to a person authorised to receive a Public Interest Disclosure as noted below:

- A Disclosures Officer from the list contained at Appendix 1
- The Disclosures Co-ordinator;

Director Internal Audit ISLHD
Locked Mail Bag 8808
South Coast Mail Centre NSW 2521
Phone: (02) 4222 5901 or 0427 452 954
Email: gordana.trajcevski@health.nsw.gov.au

- The Principal Officer;
Chief Executive ISLHD
PO Box 239
Port Kembla NSW 2505
Or
Suite 2 Level 2

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67-71 King Street Warrawong NSW 2502
Phone: (02) 4221 6899
Email: ISLHD-CEOffice@health.nsw.gov.au

5.2 External Reporting Channels

ISLHD employees may choose to make a report or public interest disclosure directly to one of the following:

NSW Ministry of Health

The Associate Director
Legal and Regulatory Services
Locked Mail Bag 961
North Sydney NSW 2059
Phone: (02) 9391 9654

OR

The Secretary

Locked Mail Bag 961
North Sydney NSW 2059
Phone: (02) 9391 9000

5.2.1 External Investigating Authorities

ISLHD employees may choose to make a report or public interest disclosure directly to one of the following external investigating authorities relevant to NSW Health matters:

Authority	To Report	Contact details
The Independent Commission Against Corruption (ICAC)	Suspected corrupt conduct	Current contact details are available on the NSW ICAC website www.icac.nsw.gov.au . Phone: (02) 8281 5999, or toll free 1800 463 909 (callers outside Sydney) <ul style="list-style-type: none">• Fax: (02) 9264 5364• Mail: GPO Box 500, Sydney NSW 2001• Email: icac@icac.nsw.gov.au• Online: https://www.icac.nsw.gov.au/reporting-corruption/reporting-corruption-online-form

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<p>The Auditor-General, The Audit Office of NSW</p>	<p>Serious and substantial waste of public money</p>	<p>Current contact details are available on the Audit Office of NSW website www.audit.nsw.gov.au/make-a-public-interest-disclosure.</p> <ul style="list-style-type: none"> • Phone: (02) 9275 7100 • Fax: (02) 9274 7200 • Mail: Audit Office of NSW, GPO Box 12, Sydney NSW 2001 addressed to the Auditor-General of NSW, the Disclosures Coordinator, or other disclosures officers • Email: governance@audit.nsw.gov.au
<p>The NSW Ombudsman</p>	<p>Serious maladministration <i>The NSW Ombudsman is also responsible for promoting public awareness and understanding of the PID Act and monitoring its operation.</i></p>	<p>Current contact details are available on the NSW Ombudsman website www.ombo.nsw.gov.au.</p> <ul style="list-style-type: none"> • Phone: (02) 9286 1000, or toll free 1800 451 524 (callers outside Sydney) • Fax: (02) 9283 2911 • Mail: NSW Ombudsman, Level 24, 580 George Street, Sydney NSW 2001 • Email: nswombo@ombo.nsw.gov.au
<p>Information Commissioner (NSW), Information and Privacy Commission NSW</p>	<p>Breaches of the <i>Government Information Public Access Act 2009</i> (GIPA Act)</p>	<p>Current contact details are available on the Information and Privacy Commissions website www.ipc.nsw.gov.au.</p> <ul style="list-style-type: none"> • Phone: 1800 472 679 • Mail: Information and Privacy Commission, GPO Box 7011, Sydney NSW 2001 • Email: ipcinfo@ipc.nsw.gov.au

5.3 Members of Parliament and Journalists

In limited circumstances a member of parliament or a journalist can receive a public interest disclosure, but only when the report has previously been made to an appropriate

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person within NSW Health or an Investigative Authority *and* a number of other criteria have been met.

Under s19 of the PID Act, reports made to a Member of Parliament (MP) or a journalist will not receive the protections of the PID Act unless:

- The same issues have previously been reported to one of the people or agencies outlined in section 5 of this policy; and
- That report has either not been investigated, or no action has been recommended following investigation or the reporter has not been informed about the outcome of the matter within six months; and
- The reporter can show that they have reasonable grounds for believing that the disclosure is substantially true and that it is in fact substantially true.

Reports made to a person within or external to NSW Health not listed in section 5 of this policy will not be protected under the PID Act. Such a report may breach legal obligations or the code of conduct, for example if the report discloses confidential information.

6. DEFINITIONS

For the purposes of this policy, the following definitions, as contained within NSW Health PD 2016_027 *Public Interest Disclosures*, apply:

Corrupt Conduct – ‘Corrupt Conduct’ is broadly defined in Sections 8 and 9 of the *ICAC Act 1988*. The main element of corruption is the misuse of public office. Commonly, corruption involves the dishonest or partial use of power or position resulting in one person being advantaged over another. Corruption can take many forms including (but not limited to):

- A public official improperly uses the knowledge, power or resources of their position for personal gain
- A public official dishonestly or improperly exercises their functions, breaches public trust or misuses information or resources acquired during the course of their official functions
- A member of the public influences, or tries to influence, a public official to use his or her position in a way that is dishonest biased or breaches public trust.

Disclosures Coordinator – a person or position, appointed by the principal officer and responsible for assessment and management of PIDs, as well as statutory reporting of PID statistics for a public authority. The principal officer may be the disclosures coordinator for the public authority.

Government Information Contravention – a failure to properly fulfil functions under the *Government Information (Public Access) Act 2009* (the GIPA Act). For example, this could include:

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- Destroying, concealing or altering records to prevent them from being released
- Knowingly making decisions contrary to the GIPA Act
- Directing another person to make a decision contrary to the GIPA Act.

Grievance – A written or oral statement made by a staff member regarding a concern arising in the workplace. Examples may include, but are not limited to, interpersonal conflict, the way work is allocated or managed, interpretation of people management policies, or a perceived unfairness in the workplace. The grievance usually involves some concern or personal distress, and will usually, though not always, involve other people.

Fraud - An intentional, dishonest act or omission done with the purpose of deceiving.

Investigating Authority –

An investigating authority for categories of conduct relevant to ISLHD is any of the following:

- The Auditor-General
- The Independent Commission Against Corruption (ICAC)
- The Ombudsman
- The ICAC Inspector, and
- The Information Commissioner.

Local Government Pecuniary Interest Contravention – failure to comply with requirements under the Local Government Act 1993 relating to the management of pecuniary interests.

Maladministration – conduct which involves action or inaction of a serious nature that is:

- Contrary to law or
- Unreasonable, unjust, oppressive or improperly discriminatory or
- Based wholly or partly on improper motives.

NSW Health – refers collectively to NSW health organisations

NSW Health organisation – For the purposes of this policy directive, a public health organisation as defined under the *Health Services Act 1997*, NSW Ambulance, Health Infrastructure, HealthShare NSW, eHealth NSW, NSW Health Pathology, any other administrative unit of the Health Administration Corporation and all organisations under the control and direction of the Minister for Health or the Minister for Mental Health.

Pecuniary interest – an interest that a person has in a matter because of a reasonable likelihood or expectation of appreciable financial gain or loss.

Principal Officer – the Chief Executive of a health organisation, or the Secretary, NSW Health (in relation to the Ministry of Health).

Public Health Organisation – a health organisation for the purpose of this policy refers to a local health district, a statutory health corporation, or an affiliated health organisation

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in respect of its recognised establishments and recognised services as listed in the Health Services Act 1997.

Public Interest Disclosure - a disclosure of wrongdoing which meets the requirements for protection under Part 2 of the Public Interest Disclosures Act 1994.

This type of disclosure was formerly referred to as a protected disclosure.

Public Official - an individual who is an employee of, or otherwise in the service of a public authority. This includes all permanent, temporary and casual staff members of NSW Health, including those engaged under contracts, visiting medical officers, volunteers, and board members.

Role Reporter – A NSW Health staff member who, as part of their day-to-day work responsibilities may report serious wrongdoing to the Chief Executive, PID coordinator or disclosures officer. A report made in this way is known as a 'role report' and is counted separately in the PID statistical reports to the NSW Ombudsman. Role reporters may not consider they require the same levels of support and protection as other PID reporters, although their report otherwise meets the criteria to be considered a PID. For example, common role reporters would be auditors, investigators, supervisors and managers.

Serious and Substantial Waste - any uneconomical, inefficient or ineffective use of resources, authorised or unauthorised, which results in significant loss/wastage of public funds/resources.

Staff member - any person working in a casual, temporary or permanent capacity in NSW Health, including consultants, **contractors**, board members and any person performing a public official function whose conduct could be investigated by an investigating authority.

Wrongdoing – any wrongful conduct, including but not limited to **serious** wrongdoing relating to corrupt conduct, maladministration, serious and substantial waste, failure to deal appropriately with Government Information or local government pecuniary interest contravention. Not all wrongdoing will be capable of being considered a public interest disclosure and attract the protections afforded under the legislation, for example bullying and harassment or practices which may affect the health and safety of staff or patients.

7. DOCUMENTATION

ISLHD OPS F 388 *Internal Report Form*

ISLHD OPS F 390 *Checklist for Recipient of Internal Report*

ISLHD OPS F 391 *Initial Assessment of Internal Report*

ISLHD OPS F 392 *Final Assessment of Internal Report*

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8. AUDIT

Not required.

9. REFERENCES[NSW Ministry of Health PD 2016_027 Public Interest Disclosures](#)[NSW Ministry of Health PD 2016_029 Corrupt Conduct reporting to the Independent Commission against Corruption \(ICAC\)](#)[NSW Ministry of Health PD 2015_049 Code of Conduct](#)[ISLHD CORP DOC 09 Fraud and Corruption Control Framework](#)[ISLHD Nominated Disclosures Officers](#)NSW Ombudsman www.ombo.nsw.gov.auNSW Independent Commission Against Corruption www.icac.nsw.gov.au**10. REVISION & APPROVAL HISTORY**

Date	Revision No.	Author and Approval / Date
April 2019	0	Author: Senior Internal Audit and Corruption Prevention Auditor
		Approval / Date: Policy Recommendation Committee - July 2019
July 2019	0	Approval / Date: Director of Internal Audit - July 2019
June 2021	0	Minor changes approved by Director, Corporate Governance & Risk Management

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8. APPENDIX 1 – ISLHD NOMINATED DISCLOSURE OFFICERS


Please refer to the most current listing of [ISLHD Nominated Disclosure Officers](#) under section 'P' of the ISLHD policies page.

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9. APPENDIX 2 – INTERNAL REPORT FORM (ISLHD OPS F 388)

To be completed by an internal reporter and submitted to a nominated disclosures officer.


(To print, go to ISLHD Forms and Templates > Non Clinical > Human Resources > Work Practices)

Internal Report Form		 Health Illawarra Shoalhaven Local Health District	
Details of reporter (You can make an anonymous report by leaving this section blank)			
Name:			
Position:			
Division/Unit:		Preferred method of contact	
Telephone:		<input type="checkbox"/> Telephone	
Email:		<input type="checkbox"/> Email	
Postal address:		<input type="checkbox"/> Post	
Details of the wrongdoing being reported			
Description: • What happened? • Where did this happen? • When did this happen? • Is it still happening? [Attach an additional page if required]			
How did you become aware of this?			
Name and position of people involved in the wrongdoing:	Name	Position	
Attach any additional relevant information or indicate where supporting evidence may be found:	Supporting evidence	Attached	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
Name and position of other people who may have additional information:	Name	Position	
Statement			
I honestly believe that the above information shows or tends to show wrongdoing.			
_____ Signature of reporter (Do not sign if you want to make an anonymous report)		_____ Date report submitted (Essential information)	
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10. APPENDIX 3 – CHECKLIST FOR RECIPIENT OF INTERNAL REPORT (ISLHD OPS F 390)


(To print, go to ISLHD Forms and Templates > Non Clinical > Human Resources > Work Practices)

<p>Checklist for recipient of internal report</p>  <p>Health Illawarra Shoalhaven Local Health District</p>	
<p>To be completed by the recipient of an internal report</p>	
<p>Internal report</p>	
Report received by:	
Date report received:	<input type="checkbox"/> Verbal <input type="checkbox"/> Written <input type="checkbox"/> Anonymous
<p>If the report was made verbally, the report has been documented in writing and signed: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>The reporter has been thanked for coming forward with their concerns: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Confidentiality / Risk of reprisal</p>	
Who else knows that the report has been made?	
Is the reporter concerned their identity will become known in the workplace? Why?	
Is the reporter concerned that they may suffer reprisal action for making the report if their identity becomes known? From whom?	
What professional relationship does the reporter have with any subject(s) of the report?	
<p>Previous reporting</p>	
<p><input type="checkbox"/> Yes <input type="checkbox"/> No The reporter has raised this matter to another person within your organisation.</p>	
<p>If yes, who was it reported to, when was it reported, what action was/is being taken?</p>	
<p>Support</p>	
<p><input type="checkbox"/> Yes <input type="checkbox"/> No The reporter has been advised of our employee assistance program.</p>	
<p><input type="checkbox"/> Yes <input type="checkbox"/> No The reporter requires support.</p>	
<p>If the reporter requires support, what type of support?</p>	
<p>Reporter's expectations</p>	
<p>What does the reporter expect from this process?</p>	
<p>What does the reporter expect will happen to any subject(s) of allegations?</p>	
<p>Additional information the recipient of a report may be aware of</p>	
<p><input type="checkbox"/> Yes <input type="checkbox"/> No The reporter is currently/has previously been the subject of performance issues.</p>	
<p><input type="checkbox"/> Yes <input type="checkbox"/> No The reporter is currently/has previously been the subject of disciplinary proceedings relating to this matter.</p>	
<p><input type="checkbox"/> Yes <input type="checkbox"/> No The reporter is currently/has previously been the subject of criminal investigation related to this matter.</p>	
<p><input type="checkbox"/> Yes <input type="checkbox"/> No The reporter is currently/has previously been the subject of workplace changes.</p>	
<p>If yes to any of the above, provide any known details.</p>	
Signature of recipient	Date
<hr/>	
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11. APPENDIX 4 – INITIAL ASSESSMENT OF INTERNAL REPORT

(To print, go to ISLHD Forms and Templates > Non Clinical > Human Resources > Work Practices)



Health
Illawarra Shoalhaven
Local Health District

Initial assessment of internal report

To be completed by a nominated disclosures officer

	Public Interest Disclosures Criteria		Comments
1	Is the reporter a public official?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Anonymous	A public official includes employees, volunteers, individual contractors, certain employees of contracting companies and any other person performing a public official function for your public authority. If the reporter is not a public official the report is not a PID. If the reporter is anonymous, the content of the report may tend to indicate that the reporter is a public official. It is always best to assume the reporter is a public official until there is evidence to indicate the reporter is not a public official.
2	Is the report about the conduct of a public official or a public authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If the report is not about the conduct of a public official or public authority the report is not a PID.
3	Is the conduct about one of the categories in the PID Act? <input type="checkbox"/> Corrupt conduct <input type="checkbox"/> Maladministration <input type="checkbox"/> Serious and substantial waste <input type="checkbox"/> Breach of the GIPA Act <input type="checkbox"/> LG pecuniary interest contravention	<input type="checkbox"/> Yes <input type="checkbox"/> No	If the report is not about one of the categories identified in the PID Act the report is not a PID. Generally, if the report is about a grievance or harassment the report is not a PID.

Contact details of reporter		Preferred method of contact
Name:		<input type="checkbox"/> Telephone <input type="checkbox"/> Email <input type="checkbox"/> Post
Telephone:		
Email:		
Postal address:		

Assessment and comments	
Based on this initial assessment, this report may be a Public Interest Disclosure (PID)? <input type="checkbox"/> Yes <input type="checkbox"/> No Reasons for this initial assessment: _____ Signature of nominated disclosures officer _____ Date assessment conducted	If yes, the following steps will be taken: <input type="checkbox"/> Forward this report to the disclosures coordinator for formal assessment. If no, the following steps will be taken:

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12. APPENDIX 5 – FINAL ASSESSMENT OF INTERNAL REPORT

(To print, go to ISLHD Forms and Templates > Non Clinical > Human Resources > Work Practices)

Final Assessment of an internal Report



Assessment of an internal report against the criteria in the *Public Interest Disclosures Act 1994*

To be completed by Disclosures Coordinator

Trim Ref:

Completed by:

Date:

Public Interest Disclosures Criteria		Comments
1	Is the reporter a public official? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Anonymous	<i>If the reporter is not a public official, as defined in the PID Act, the report is not a PID.</i> <i>If the reporter is anonymous, the content of the report may indicate that the reporter is a public official. In such cases it is always best to assume the reporter is a public official until there is evidence to indicate the reporter is not a public official.</i>
2	Is the report about the conduct of a public official or a public authority? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If the report is not about the conduct of a public official or public authority, as defined in the PID Act, the report is not a PID.</i>
3	Is the conduct about one of the categories in the PID Act? <input type="checkbox"/> Corrupt conduct <input type="checkbox"/> Serious maladministration <input type="checkbox"/> Serious and substantial waste of public money <input type="checkbox"/> Breach of the GIPA Act <input type="checkbox"/> LG pecuniary interest contravention	<i>If the report is not about one of the categories of conduct in the PID Act the report is not a PID.</i> <i>For more information about these categories of conduct see NSW Ombudsman PID Guideline B2.</i> <i>If you have answered no because you believe the maladministration or waste of public money was not serious or substantial enough, clearly record your reasons.</i>
4	Does the reporter have reasonable grounds to believe that the information they have reported shows or tends to show the alleged wrongdoing? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Assume the reporter has an honest belief until there is evidence to the contrary.</i> <i>If another person, given the same conditions, would take the same viewpoint, this is reasonable grounds.</i> <i>The reporter must be able to show or tend to show evidence of the alleged wrongdoing, ie they witnessed it or they have documentary or other evidence. It cannot be hearsay.</i> <i>If you have answered no, clearly record your reasons.</i>
5	Was the report made to the principal officer or a public official nominated to receive disclosures in the public authority's Internal Reporting Policy? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If the report was not made to the principal officer or a nominated disclosures officer the report is not a PID.</i> <i>If the reporter has not made the report to an authorised person they should be redirected to one.</i>
6	Is the reporter primarily questioning the merits of government policy? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If the report primarily questions the merits of government policy the report is not a PID.</i>
7	Is there substantial evidence indicating that the report was made solely or substantially with the motive of avoiding dismissal or other disciplinary action? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If the report has been made solely or substantially with the motive of avoiding dismissal or other disciplinary action the report is not a PID.</i> <i>A high evidential threshold is required to conclude the reporter's motives were improper.</i> <i>If you have answered yes, you should have sound reasons and clearly record those reasons.</i>
Further comments		
<ul style="list-style-type: none"> The PID assessment should be based on the content of the disclosure, not the outcome of any investigation. If in doubt, err on the side of caution and interpret the PID Act broadly – i.e. assume that the PID Act applies and proceed accordingly. For further advice, please contact the NSW Ministry of Health at compliance@doh.health.nsw.gov.au 02 93919582 or alternatively contact the NSW Ombudsman PID Unit on pid@ombos.nsw.gov.au or 02 9286 1000. 		