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Document Custodian:	Manager Human Resource Services			Executive Sponsor:	Executive Director Workforce Division		
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Statement

The Central Queensland Hospital and Health Service (CQHHS) encourages any employee who believes that they have witnessed wrongdoing to come forward and make a disclosure. Every employee has a responsibility to disclose wrongdoing under [Principle 1 of the Code of Conduct - Integrity and Impartiality](#), so that it can be properly assessed and, if necessary, appropriately investigated. CQHHS will provide support to an employee or others who make disclosures about matters in the public interest.

Person Centred Care Statement

CQHHS' intent is to deliver high-quality care that is safe, of value and to provide an ideal experience for consumers, their carers and family - Person centred care is the foundation for achieving this. CQHHS will focus on delivering person-centred care to enable the success of achieving better outcomes for consumers, better experience for consumers and staff; and better value care. CQHHS will support consumers to engage as partners in their own care and ensure the consumers' health literacy is considered.

Intent

This policy describes the CQHHS' employee obligations under the [Public Interest Disclosure Act 2010](#) (PDF ('The Act'), and the rights and responsibilities arising out of 'The Act'. This document also aims to provide detailed information for decision-making and roles and responsibilities as well as a procedure for the management of Public Interest Disclosures (PIDs) within the CQHHS, undertaken on behalf of Queensland Health.

Scope

This policy applies to all employees of the CQHHS. Relevant sections also apply to any other person who makes a PID to CQHHS in accordance with 'The Act'.

The Department of Health's Human Resource (HR) [Policy E9](#) and CQHHS' Human Resource - [Requirements for Reporting Suspected Corrupt Conduct](#) (PDF) set out the mechanisms for employees reporting suspected corrupt conduct, the most common form of PID. In most instances, disclosure is reported to a line manager; however, reports may be made anonymously and are not required to be in writing.

Policy

This document is underpinned by the relevant legislation and standards and it is recommended that the following governance documents are perused to assist with the appropriate decision-making required by this policy:

Department of Health HR Policies:

- Requirement for reporting corrupt conduct
- Public interest disclosure
- Individual employee grievances
- Fraud Control

Note: A Fraud Control Standard and Guideline are also available from the Department of Health Policy website.

CQHHS Policies:

- [Fraud Control](#) (PDF)
- [Human Resources - Requirements for reporting corrupt conduct](#) (PDF)
- [Complaints about the Public Official: Section 48A of the Crime and Corruption Act 2001](#) (PDF).

A PID is defined at section 11 of *'The Act'* as "...a disclosure under this chapter and includes all information and help given by the Discloser to a proper authority for disclosure..." Details the information that may be disclosed and who may disclose it, are specified under Division 1 of *'The Act'*.

The CQHHS is committed to:

- an organisational climate where all employees are confident and comfortable about making a disclosure of wrongdoing
- dealing with disclosures diligently, thoroughly, and in a timely manner ensuring appropriate reporting and action is taken
- dealing with wrongdoing in the CQHHS promptly, thoroughly, impartially and in an appropriate manner;
- ensuring that employees and members of the public who come forward with disclosures of wrongdoing are treated in an exemplary manner to ensure openness, accountability and good management
- ensuring that employees who come forward with disclosures are protected against adverse conduct or behaviour resulting from their disclosure
- where possible, and in accordance with legislative obligations, maintaining confidentiality
- ensuring awareness of all staff with respect to public interest disclosures, by ensuring that all employees attend PID training as part of the mandatory training schedule
- maintaining a current communication plan to heighten employee's awareness around PIDs and the relevant procedures
- ensuring that regular feedback is provided to persons making PIDs with respect to the management of their complaint or notification
- ensuring that the outcome of any substantiated PID instigates positive change within the organisation.

If any person is aware of any activity or incident that they believe, or suspects is wrongdoing, or would impact adversely on the operation of the CQHHS, the person is encouraged to speak to an appropriate officer/authority in accordance with this policy and procedure.

Disciplinary action may be taken against an employee who fails to report acts or suspicions of corrupt conduct. A failure to report suspected corrupt conduct can, in itself, be corrupt conduct.

While the rights of the *Discloser* are protected, a person must not make false or misleading claims. *'The Act'* states:

(1) A person must not:

- (a) make a statement to a proper authority intending that it be acted on as a public interest disclosure
- (b) in the statement, or in the course of inquiries into the statement, intentionally give information that is false or misleading in a material particular.

Maximum penalty - 167 penalty units or 2 years imprisonment.

(2) An offence against subsection (1) is an indictable offence.

Separating PIDs from other matters

PIDs are often entangled with employee-related complaints, issues between personnel or performance management concerns. In such cases, it is important to distinguish the PID from any other issues and deal with each one using the appropriate mechanisms. Whilst non-PID matters are out of the scope of this policy, further guidance in clarifying reported behaviours is provided, for both managers and employees, in Appendix 1 and via the [Public Interest Disclose FAQ Checklist](#) (DOC).

Mandatory Requirements

There are a number of mandatory requirements associated with PID management, which are detailed below and in the Procedure at Appendix 2.

Oversight Agency

Pursuant to *'The Act'* the Queensland Ombudsman (QO) is the legislated oversight agency. The CQHHS is required to provide information to the QO, as the oversight agency for *'The Act'*.

The main functions of the QO are to:

- monitor the management of PIDs, including compliance with *'The Act'*, collecting statistics about PIDs and monitoring trends
- review the way in which public sector entities deal with PIDs generally, or particularly PIDs
- perform an educational and advisory role including the promotion of the objects of *'The Act'*
- provide advice about PIDs
- provide and/or co-ordinate the provision of education and training programs about PID.

Implementation of the procedure for management of PIDs

The QO [Public Interest Disclosure Standard No. 1 \(PDF\)](#) sets out, pursuant to section 28 of *'The Act'*, the obligations of the Health Service Chief Executive (HSCE) to develop and implement a reasonable procedure for dealing with PIDs, with the procedure to include:

- clear identification of who is covered by the procedure and the types of wrongdoing to be reported
- encouragement to report wrongdoing
- establishment of clear reporting systems for internal and external reporting of PIDs
- ensuring the assessment of the risk of reprisal
- means for complying with the confidentiality requirements of *'The Act'*
- rights of internal and external review
- description of the roles and responsibilities of key staff in the management of PIDs and the support and protection for the *Disclosers*
- rights of the persons who are the subject of the disclosure (Subject Officers).

The CQHHS - PID Procedure (PDF) can be found as Appendix 2 of this Policy.

Commitment to regular review

The CQHHS welcomes comments that can improve this policy, procedure or other tools. Feedback should be addressed to the Executive Director Workforce Division on ☎ 4920 5616 or via email to CQHSHSR@health.qld.gov.au. Information will be sought from persons involved in PIDs, on a periodic basis, to assess the effectiveness of their management and the application of the procedure in the workplace.

Further information – Advice and Assistance

Employees seeking information about making a PID can contact the following for advice:

- Human Resource Services, Workforce Division on ☎ (07) 4920 5640
- The Health Service Chief Executive on ☎ (07) 4920 6282
- The Ombudsman Advisory Service on ☎ (07) 3005 7000 or free call ☎ 1800 068 908 or via ✉ email to ombudsman@ombudsman.qld.gov.au
- The Crime and Corruption Commission Complaints Services (in relation to suspected corrupt conduct) on
 - (07) 3360 6060 or free call 1800 061 611; or
 - via email to mailbox@ccc.qld.gov.au.

Additional information can also be found on the QO website, including:

For individuals

- [Making a public interest disclosure: A guide for individuals working in the public sector](#)

For managers or supervisors

- [Handling a public interest disclosure: A guide for public sector managers and supervisors](#)

For public sector entities

- [Managing a public interest disclosure program: A guide for public sector organisation](#)

Other sources of information include, but are not limited to:

- [Code of Conduct for the Queensland Public Service](#)
- [HR Policy E9 Requirements for Reporting Suspected Corrupt Conduct](#)

Clinical Documentation

Clinical documentation in the health record must be accurate, timely and needs to reflect the entirety of patient care provided, showing evidence of clinical reasoning and decision-making. The documentation must incorporate diagnostic specificity wherever possible and link treatment to diagnoses within the clinician's scope of practice.

Roles & Responsibilities

CQHHS is committed to respecting, protecting and promoting the human rights of all people in Queensland. Under the [Human Rights Act Qld 2019](#), CQHHS has an obligation to make decisions and act in ways that are compatible with human rights. When making a decision under a directive, policy/procedure or guideline, decisions-makers **must** comply with that obligation.

Health Service Chief Executive (HSCE) Responsibilities

The HSCE is responsible for:

- Creating an ethical workplace culture where employees report suspected wrongdoing when they become aware of it and are supported when they do so. ([Code of Conduct for the Queensland Public Service](#)).
- Ensuring reasonable procedures are in place to deal with a public interest disclosure (PID) and that those procedures are published to enable members of the public and employees to readily access them.
- Ensuring that PIDs are properly assessed, investigated and dealt with, including appropriate action being taken in relation to any wrongdoing in a PID.
- Ensuring that employees making a PID receive support and protection from reprisal.
- Ensuring that all legislative obligations in relation to reporting and investigation are met, and
- Ensuring that all matters involving suspected corrupt conduct are referred to the Crime and Corruption Commission (CCC) ([Crime and Corruption Act 2001](#) (PDF)).

Executive Directors, Senior Directors and Senior Management Responsibilities

Executive Directors, Senior Directors and Senior Management are required to:

- Ensure reasonable procedures are in place to receive and deal with a PID made by employees reporting corrupt conduct and making PIDs within their business areas about any matters which may be disclosed (under sections 12 and 13 of [Public Interest Disclosure Act 2010](#) (PDF) ('The Act')).
- Ensure employees are aware of these procedures and the support and protection that is provided to employees who make a PID (*Internal Witnesses*), and for those employees who are the subject of a PID (*Subject Officers*).
- Ensure employees are aware of the protection offered to members of the public as a protected *Discloser* when making a PID to the Central Queensland Hospital and Health Service (CQHHS) under 'The Act'.
- Ensure all employees are trained in Ethical decision-making, Code of Conduct for the Queensland Public Service, Corrupt Conduct Prevention, Managing PIDs - including disclosures or workplace issues relating to a PID and relevant CQHHS and Department of Health policies.
- Monitor the workplace for signs of reprisal against a *Discloser* or any other person, where a PID has been made.
- Ensure approved recommendations, arising from reports investigating information provided as a PID, are acted upon appropriately and implemented.
- Create an ethical workplace culture i.e. leading by example.

Executive Director Workforce Division Responsibilities

The Executive Director Workforce Division will:

- Undertake overall co-ordination of the CQHHS PID process, including referring a potential public interest disclosure, including information or complaint, to the Queensland Ombudsman through the RaPID site for assessment/review and determination.
- Develop, maintain and communicate the CQHHS PID Policy and Procedure.
- Provide training for all employees in Ethical Decision-making; Corrupt Conduct Prevention; and Managing PIDs, including disclosures or workplace issues relating to a PID.
- Inform the HSCE and the CCC of any cases of suspected corrupt conduct in line with Department of Health [HR Policy E9 \(QH-POL-218\) Requirement for Reporting Suspected Corrupt Conduct](#) (PDF).
- Provide advice in relation to the CQHHS's obligations under 'The Act'.
- In certain circumstances, arrange for investigations of matters alleged through a PID to be undertaken.
- Ensure appropriate actions are taken to ensure and maintain confidentiality with respect to the person who is the subject of the allegation (*Subject Officer*) as well as the identity and information provided by the *Discloser/ Internal Witness* as required under 'The Act'.
- Advise the Workforce Division's Human Resource Services Unit with regards to case management of *Internal Witnesses* and *Subject Officers*, to ensure they receive fair treatment, have access to support and assistance, and that protected *Internal Witnesses* are safeguarded from reprisal.
- Ensure legislative reporting obligations on PID issues are met (including reporting to the Queensland Ombudsman (QO) as Oversight Agency).
- Provide information concerning PIDs to the HSCE, relevant Senior Executives and the Board as required, and as authorised by 'The Act'.
- Report investigation outcomes of matters alleged through a PID to relevant parties as appropriate.
- Ensure appropriate action is taken in the event of a breach of 'The Act' with respect to confidentiality in relation to the *Subject Officer* or the identity or information provided by the *Discloser/Internal Witness*.
- In consultation with relevant Executive Directors, Senior Directors, Senior Management or the HSCE; immediately consider the risk of reprisal, and where required, implement reasonable procedures and a protection plan; review the procedures or protection plan.
- Ensure appropriate communication with line managers with regards to case management of *Internal Witnesses* making a PID and *Subject Officers* who are the subject of a PID; to ensure they receive fair treatment, have access to support and assistance and protected *Disclosers/ Internal Witnesses* are safeguarded from reprisal.
- As a result of a PID, determine whether any other change is needed to policy, procedure, other process or control measure, and escalate and monitor through to implementation.

Line Manager Responsibilities

Line managers must:

- Ensure employees in their area are aware of their obligations and responsibilities in relation to the requirements of this policy and procedure, including the obligations with respect to maintaining confidentiality.
- Ensure that employees attend training in Ethical Decision-making, Code of Conduct, Corrupt Conduct Prevention and Fraud Awareness when offered.
- Monitor the workplace for any signs of reprisal against an *Internal Witness* and take reasonable action to protect them; ensuring a *Subject Officer* receives fair treatment (natural justice) and both parties have access to appropriate support and assistance.
- Ensure that, where allegations made in a PID are substantiated, recommendations from the investigation are implemented as soon as practicable; with effective systems and processes put in place to reduce the likelihood of recurrence.

Support/Contact person Responsibilities

The Contact or Support person will:

- Be a person identified and assigned to a discloser as part of the department's commitment to ensuring disclosers are supported throughout the management of a PID.
- Not necessarily be someone in the *Internal Witness's* immediate work unit.
- Be a person the *Internal Witness* trusts and possibly someone the *Internal Witness* has a rapport with.
- Be confident in their right to refuse the role of a Support/Contact person or declare the need to cease fulfilling the role of Support/Contact person given particular facts or circumstances.
- Have appropriate authority and knowledge about the PID process and be compliant with relevant mandatory training requirements.
- Not be involved in any way with the PID process in question, including any investigation; or as a *Discloser* or *Witness*.
- Be advised of:
 - the identity of the *Internal Witness*
 - the fact that they have been nominated as a Support/Contact person
 - what being a Support/Contact person entails (and provided with a Fact Sheet in relation to their role, as well as information relating to confidentiality and reprisal)
 - when they should encourage the *Internal Witness* to report serious matters to the Executive Director Workforce Division
 - the requirement to maintain confidentiality in relation to any information disclosed to them by the *Internal Witness*.
- Not be advised of the nature of the disclosure, the identity of the subject of the disclosure (the *Subject Officer's* identity), or any other information relating to the PID as this will be a matter for the *Internal Witness* to disclose at their discretion.

Employee Responsibilities

CQHHS employees are responsible for:

- Ensuring their awareness and compliance with all relevant whole-of-Government, Queensland Health and CQHHS directives, policies and procedures; including:
 - [Code of Conduct](#) for the Queensland Public Service
 - Department of Health Human Resources (HR):
 - o [Policy E9 \(QH-POL-218\) Requirement for Reporting Suspected Corrupt Conduct](#) (PDF)
 - o [Policy I5 \(QH-POL-202\) Public Interest Disclosure](#) (PDF)
 - o [Policy E12 \(QH-POL-140\) Individual employee grievances](#) (PDF)
 - CQHHS Policies:
 - o [CQHHS - Fraud Control](#) (PDF)
 - o [CQHHS - Human Resources - Requirements for reporting corrupt conduct](#) (PDF)
- Attending training in Ethical Decision-making, Code of Conduct, Corrupt Conduct Prevention and Fraud Awareness when offered.
- Being aware of the possibility that corrupt conduct, maladministration, reprisal or a danger to public health and safety may exist in the workplace and reporting any concerns to their line or an appropriate official in accordance with the policies above.
- When involved in a PID process, either as a *Discloser* or *Witness*, maintain confidentiality to help ensure the integrity of the process of dealing with the PID, and mitigate the risk of reprisal.

Further, all employees are required to conduct themselves in line with the [Code of Conduct](#) for Queensland Public Service. Our organisational culture is built on our core values of Care, Integrity, Respect and Commitment. We express these values in everything we do, every day. All CQ Health staff contribute to our great workplace by embracing our [Organisational Culture Strategy](#) and its objectives.

Appendices

1. Separating PIDs from other matters
2. Public Interest Disclosure Procedure

Definition of terms

Term	Definition	Source
Administrative action	Defined in Schedule 4 of the <i>'The Act'</i> and means any action about a matter of administration, including, for example: <ul style="list-style-type: none"> a decision and an act a failure to provide a written statement of reasons for a decision the formulation of a proposal or intention the making of a recommendation, including a recommendation made to a Minister an action taken because of a recommendation made to a Minister it does not include an operational action of a police officer or of an officer of the Crime and Corruption Commission 	HR Policy I5 (QH-POL-202) (PDF)
Anonymous	Where the person disclosing information does not identify themselves at any stage, to anyone	HR Policy I5 (QH-POL-202) (PDF)
Appropriate disclosure	Is either information: <ul style="list-style-type: none"> the <i>Discloser</i> honestly and reasonably believes tends to show the conduct or danger; or tends to show the conduct or danger regardless of the <i>Disclosers</i> belief 	Public Interest Disclosure Act 2010 (PDF) (Part 2, Division 1, Sections 12 and 13)
Corrupt Conduct	The full legislative definition is stated in the Crime and Corruption Act 2001 (PDF). Section 15 of the <i>Crime and Corruption Act 2001</i> defines corrupt conduct.	HR Policy I5 (QH-POL-202) (PDF)
Danger	A threat or event that would cause harm or damage to both persons and/or property.	HR Policy I5 (QH-POL-202) (PDF)
Detriment/Reprisal	Includes any action that: <ul style="list-style-type: none"> causes personal injury or prejudice to safety; or results in property damage or loss; or intimidates or harasses; or discriminates against or disadvantages the person's career, profession, employment, trade or business; or causes financial loss; or causes damage to reputation 	Public Interest Disclosure Act 2010 (PDF)
Disability	As defined in the <i>Disability Services Act 2006</i> .	HR Policy I5 (QH-POL-202) (PDF)
Discloser	The person who makes a public interest disclosure.	Public Interest Disclosure Standard No. 1
Environment	As defined in the <i>Environmental Protection Act 1994</i> .	HR Policy I5 (QH-POL-202) (PDF)
Journalist	Pursuant to Section 20(4) of <i>'The Act'</i> - a person engaged in the occupation of writing or editing material intended for publication in the print or electronic news media.	HR Policy I5 (QH-POL-202) (PDF)
Maladministration	Schedule 4 of <i>'The Act'</i> defines maladministration as administrative action that: <ol style="list-style-type: none"> was taken contrary to law; or was unreasonable, unjust, oppressive, or improperly discriminatory; or was in accordance with a rule 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 was taken: <ol style="list-style-type: none"> for an improper purpose; or on irrelevant grounds; or having regard to irrelevant considerations; or 	HR Policy I5 (QH-POL-202) (PDF)

	<p>e. was an action for which reasons should have been given but were not given; or</p> <p>f. was based wholly or partly on a mistake of law or fact or was wrong</p>	
Public Interest Information	<p>Information disclosed by anyone that relates to:</p> <ul style="list-style-type: none"> • danger to the health or safety of a person with a disability; or • danger to the environment; or • reprisal; or • Information disclosed by a public officer identifying: <ul style="list-style-type: none"> - corrupt conduct; or - maladministration; or - misuse of public resources; or - danger to public health or safety or the environment 	<p>Public Interest Disclosure Act 2010 (PDF) (Part 2, Division 1(12) and 1(13))</p>
Proper Authority	<p>A proper authority is a person or organisation authorised to receive a public interest disclosure.</p> <p>In general, a proper authority includes:</p> <ul style="list-style-type: none"> • a public sector entity if the disclosure is about the conduct of the entity or any of its officers, e.g. CQHHS • an entity the <i>Discloser</i> believes is a proper authority that has the power to deal with or investigate the matter – for example the Crime and Corruption Commission for matters of suspected corrupt conduct • a Member of the Legislative Assembly 	<p>HR Policy I5 (QH-POL-202) (PDF)</p>
Reprisal	<p>A form of detriment to a person because it is believed the person has made, or intends to make, a public interest disclosure, where detriment includes:</p> <ol style="list-style-type: none"> a. personal injury or prejudice to safety; or b. property damage or loss; or c. intimidation or harassment; or d. adverse discrimination, disadvantage or adverse treatment about career, profession, employment, trade or business; or e. financial loss; or f. damage to reputation, including, for example, personal, professional or business reputation 	<p>Public Interest Disclosure Act 2010 (PDF)</p>
Subject officer	The person about whom a PID is made	<p>Public Interest Disclosure Standard No. 1 (PDF)</p>
Substantial and specific	<p>Substantial - means 'of a significant or considerable degree (or great)'. It must be more than trivial or minimal and have some weight or importance (e.g. conduct that is moderately or somewhat serious). 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.</p>	<p>HR Policy I5 (QH-POL-202) (PDF)</p>

Supporting documents

Authorising Legislation, Policy and Standard/s:

- [NSQHS Standard 1 - Clinical Governance](#)
- [NSQHS Standard 2 - Partnering with Consumers](#)
- [Public Interest Disclosure Act 2010 \(Qld\) \(PDF\)](#)
- [Public Interest Disclosure Standard No. 1/2019 \(November 2018\)](#)
- [Crime and Corruption Act 2001 \(Qld\) \(PDF\)](#)
- [The Public Sector Ethics Act 1994 \(Qld\) \(PDF\)](#)
- [Financial Accountability Act 2009 \(Qld\) \(PDF\)](#)
- [Disability Services Act 2006 \(Qld\) \(PDF\)](#)
- [Information Privacy Act 2009 \(Qld\) \(PDF\)](#)
- [Right to Information Act 2009 \(Qld\) \(PDF\)](#)
- [Industrial Relations Act 1999 \(Qld\) \(PDF\)](#)
- [Anti-Discrimination Act 1991 \(Qld\) \(PDF\)](#)
- [Environmental Protection Act 1994 \(Qld\) \(PDF\)](#)
- [Code of Conduct for the Queensland Public Service 2011](#)
- Public Service Commission [Directive 07/20 – Appeals](#) (PDF)

- Queensland Health [Integrated Risk Management Policy \(QH-IMP-070:2015\)](#) (PDF)
- Department of Health [HR Policy E12 \(QH-POL-140\) Individual employee grievances](#) (PDF)
- Department of Health [HR Policy I5 \(QH-POL-202\) Public Interest Disclosure](#) (PDF)
- Department of Health [Policy QH-POL-295:2015 Fraud and Corruption Control](#) (PDF)
- Department of Health [HR Policy E9 \(QH-POL-218\) Requirements for Reporting Suspected Corrupt Conduct](#) (PDF)
- Department of Health [QH-IMP-295-1:2015 Fraud and Corruption Control Standard](#) (PDF)
- Department of Health [QH-GDL-295-1:2015 Fraud and Corruption Control Guideline](#) (PDF)

Procedures, Guidelines, Protocols:

- [CQHHS - Consumer Health Care Rights](#) (PDF)
- [CQHHS - Fraud Control](#) (PDF)
- [CQHHS - Human Resources - Requirements for reporting corrupt conduct](#) (PDF)
- [CQHHS - Complaints about the Public Official: Section 48A of the Crime and Corruption Act 2001](#) (PDF)

Forms and Templates:

- [Public Interest Disclose FAQ Checklist](#) (DOC)

References and Suggested Reading

- [Australian Charter of Healthcare Rights](#)
- [CQHHS Clinical Governance Framework](#) (PDF)
- [Consumer and Community Engagement Strategy](#) (PDF)
- Queensland legislation texts are available from the [Office of Queensland Parliamentary Counsel](#) website
- Public Service Commission directives are available from the [Public Sector Commission](#) website
- Information is available at the [Queensland Ombudsman](#) website
- Public Service [Appeals Guide May 2022](#) website
- [Making A Public Interest Disclosure: A Guide for Individuals Working in The Public Sector](#)
- [Managing A Public Interest Disclosure Program: A Guide for Public Sector Organisations](#)
- [Handling A Public Interest Disclosure: A Guide for Public Sector Managers and Supervisors](#)
- Other PID resources available from the [Queensland Ombudsman PID Resources](#) webpage

Consultation

Key stakeholders (position and business area) who were provided the opportunity to review this version are:

Name	Position and Business Area	Date of consultation
Sharyn O'Mahoney	Manager Human Resource Services	August 2022
Colin Weeks	Chief Finance Officer Assets and Commercial Services	August 2022
Pooshan Navathe	Executive Director Medical Services	August 2022
Susan Foyle	A/Executive Director of Nursing and Midwifery, Quality and Safety	August 2022
Andrew Jarvis	A/Executive Director Rockhampton Hospital	August 2022
Kerrie-Anne Frakes	Executive Director Allied Health Services	August 2022
Monica Seth	A/Executive Director Gladstone and Rurals	August 2022
Donna Cruickshank	Executive Director, Aboriginal & Torres Strait Islander Health Directorate	August 2022
Nicole Trost	Director of Finance	August 2022
Members	Workforce Division	August 2022
Members	Workforce Governance - Manager Consultant Team CQHHS	August 2022
Committee Members	Strategic Workforce	August 2022
Bronwyn Jones	Principal Advisor (Governance and Projects), Workforce Division	August 2022
Shareen McMillan	Executive Director Workforce Division	August 2022

Human Rights Act

Has this document been assessed and have evidence of compatibility with the [Human Rights Act Qld 2019](#)?

HRA Compatibility Assessment Form A	Completed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
HRA Compatibility Assessment Form B (if required)	Completed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - not required
HRA Compatibility Assessment Form C (if required)	Completed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - not required

Risk Rating

Risk Rating	<input type="checkbox"/> Very High	<input checked="" type="checkbox"/> High	<input type="checkbox"/> Medium	<input type="checkbox"/> Low	As per QH Risk Matrix
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Audit Strategy

Audit strategy	Review PIDs received to ensure the process is being followed
Audit tool attached	Review a sample of corrupt conduct complaints to ensure appropriate referral for PID assessment. Review a sample of PID processes to ensure compliance with the procedure using the PID procedure checklist.
Audit date	Yearly
Audit responsibility	Executive Director Workforce Division
Expected Outcome / Key Performance Indicators	Process followed; regular communication with Discloser, information provided to Discloser, risk assessments are completed as changes in circumstances occur, mitigation strategies are enacted and regularly reviewed for effectiveness

Key Words

Public Interest Disclosure, PID, PID Procedure, Internal Witness, Subject Officer, whistle-blower, suspected corrupt conduct, reprisal, reporting suspected corrupt conduct, reprisals, reasonable belief of wrongdoing, wrong doing, corruption, PID management, Governance, CQHHS

Review

This document will be reviewed as per the [CQHHS Procedural Documentation Review Schedule](#) (PDF)

Supersedes

Public Interest Disclosure Management cq_p6 v3.0 November 2019

Reasons for new document/revised document

- ☒ Planned/Period Review
- ☐ Recommendation(s) from a coronial enquiry or an incident analysis (RCA/HEAPS)
- ☐ Identification of gaps in existing procedures or processes
- ☐ Change to current service delivery model or the introduction of new equipment
- ☐ Change to legislation, standards, QH policy
- ☐ To improve an existing control or as a treatment action for an identified risk
- ☐ Patient Safety and Quality Improvement Service alert/notice
- ☐ In response to consumer feedback

Appendix 1

Separating PIDs from Other Matters

Whenever a report is received line managers, in consultation with Workforce Division, should decide who in CQHHS should deal with the matters raised and guide staff to the most appropriate person. Managers and employees need to understand that different types of complaints or reports may have different reporting pathways and need to be dealt with differently.

For example:

What am I reporting?	Who do I tell?	What policy should I look at?
Workplace conflict, employee-related complaints	Supervisor or Manager CQHHS Workplace Relations (Workforce Division (WFD)) Union representative	HR Policy E12 (QH-POL-140) Grievance Resolution / Employee Complaints
Bullying or harassment	Supervisor or Manager CQHHS Workplace Relations (WFD)	CQHHS HR Policy cq_h7 Workplace Bullying and Sexual Harassment
Equal opportunity or discrimination concerns	Supervisor or Manager CQHHS Workplace Relations (WFD) Human Rights Commission Queensland	HR Policy G2 (QH-POL-132) Diversity and inclusion
Workplace health and safety concerns	Supervisor or Manager Workplace health and safety representative CQHHS Workplace Relations (WFD) or Workforce Safety and Wellbeing Unit	HR Policy QH-POL-401:2018 Workplace health and safety
Personnel problems (e.g. performance issues)	Supervisor or Manager CQHHS Workplace Relations (WFD) or Workforce Safety and Wellbeing Unit	HR Policy E10 (QH-POL-124) Discipline HR Policy G2 (QH-POL-132) Diversity and inclusion CQHHS HR Policy cq_h66 Performance Improvement (Adopted) CQHHS HR Policy cq_h5 Performance Appraisal and Development
Process and procedure concerns	Supervisor or Manager Internal auditor/Audit committee	Internal Audit Process HR Policy QH-POL-070:2015 Risk Management
Ethical or other Corrupt Conduct concerns	Supervisor or Manager Other Senior Managers CQHHS Workplace Relations (WFD)	Code of Conduct HR Policy I5 (QH-POL-202) Public Interest Disclosure

Employees wishing to make a disclosure are encouraged to do so internally. Disclosures may be made to:

- line manager
- any other person in a management position within the organisation
- the Health Service Chief Executive (HSCE)
- specialist areas e.g. *Workforce Division; Workforce Safety and Wellbeing; Quality, Safety & Risk; etc.*
- specific officers designated to accept PIDs
- the Chair of the Audit Committee
- designated peer support officers/mentors/confidantes.

Employees should consider who will be the best person to receive the disclosure. If it is a matter that can be resolved by line managers, the disclosure should be directed to them. Line managers can be one of the best sources of support when an employee is disclosing wrongdoing. However, if the *Discloser* genuinely believes that the line manager or senior people within the organisation may be involved, consider disclosing to the Executive Director, Workforce Division or an external body.

Research indicates that *Disclosers* have a clear preference to disclose internally with almost all (97 per cent) *Disclosers* first reporting inside their organisation. (Donkin et al. 2008, pp. 88, 90, 92)

- *Disclosers* are most likely to raise their concerns with their line manager (73 per cent)
- Less than twelve per cent of *Disclosers* ever go outside their organisation — and this is typically as a last resort
- Government watchdog agencies receive less than four (4) per cent of wrongdoing reports, while Parliamentary Ministers receive about one (1) per cent
- Almost all *Disclosers* bring wrongdoing to the attention of management before looking elsewhere for solutions.

Appendix 2

Public Interest Disclosure Procedure

1. Central Queensland Hospital and Health Service commitment

The Central Queensland Hospital and Health Service (CQHHS) encourages any employee who believes that they have witnessed wrongdoing to come forward and make a disclosure. Every employee has a responsibility to disclose wrongdoing.

2. Types of wrongdoing to be reported

All CQHHS employees need to understand what types of behaviours and/or actions may be seen as a wrongdoing. Review of the following governance documents may assist with the appropriate decision-making required by this policy:

- Department of Health HR Policies
 - Requirement for reporting corrupt conduct
 - Public interest disclosure
 - Grievance Resolution
 - Fraud Control

Note: A Fraud Control Standard and Guideline are also available from the Department of Health Policy website.

- CQHHS Policies
 - Public Interest Disclosure Management
 - Fraud Control
 - Requirement for reporting corrupt conduct
 - Complaints about the Public Official: Section 48A of the Crime and Corruption Act 2001.

What is a public interest disclosure (PID)?

A PID is defined in the Public Interest Disclosure Act 2010 (*'The Act'*) under sections 12 and 13 as 'an *appropriate disclosure of public interest information* that is made to a *proper authority* that results in the *Discloser* receiving protections and support under *'The Act'*.'

Appropriate disclosure is either:

- the *Discloser* honestly and reasonably believes the information tends to show the conduct or danger, or
- the information tends to show the conduct or danger regardless of the *Disclosers* belief.

Public Interest Information

Public Interest Information is information from:

- Any person (members of the public or employees) (Section 12 of *'The Act'*) about:
 - a substantial and specific danger to the health or safety of a person with a disability
 - a substantial and specific danger to the environment (as set out in *'The Act'*)
 - the commission of an environmental offence (Schedule 2 of *'The Act'*)
 - the conduct of another person that could, if proven, be a reprisal following a PID.

OR

- Public Officers only (public sector employees) (Section 13 of *'The Act'*) about:
 - corrupt conduct by another person
 - maladministration that adversely affects someone's interests in a substantial and specific way
 - a substantial misuse of public resources
 - a substantial and specific danger to public health or safety
 - a substantial and specific danger to the environment.

Proper Authority – Who is a proper authority?

Proper authority means a member of the Legislative Assembly or the CQHHS, if the information that is the subject of a disclosure which:

- relates to the conduct of CQHHS or any of its public officers/employees; or
- involves conduct that the CQHHS has a power to investigate or remedy; or
- indicates the conduct, if proved, could amount to reprisal in relation to a disclosure made previously
- by that person.

A disclosure may still be a PID even if the information turns out to be incorrect or unable to be substantiated, provided the *Discloser* had a genuine and reasonable belief that it did occur. This allows for genuine misinterpretations of information to fall within the scope of a PID. If there is any doubt as to whether a disclosure is in fact a PID, the matter will be dealt with as if it is a PID.

If the *Discloser* is dissatisfied with how a PID has been assessed or managed they may request a review, either:

- internally by making application to the CQHHS Health Service Chief Executive (HSCE); or

- externally by making application to the Queensland Ombudsman (QO).

What may not be a PID?

Some disclosures are not protected by 'The Act', including disclosures made to the media (except as described in Section 20 of 'The Act') and any frivolous or vexatious disclosures. If the issue that the person is considering disclosing involves activity that is primarily aimed at that person, such as harassment or bullying, these types of issues are employee complaints/grievances.

This does not mean that they should not be reported, as they are contrary to the policies of the CQHHS. These types of issues should be dealt with in accordance with the relevant directive, policy and/or procedure for bullying, harassment or grievance management (see Appendix 1). In very rare instances, bullying conduct may meet a threshold that would require reporting the conduct to the Crime and Corruption Commission (CCC). Any person who believes this threshold may have been met should seek advice from the CQHHS Workforce Division in the first instance.

False or misleading information

It is an offence under 'The Act' to intentionally make a false or misleading statement intending it be acted upon as a PID. It is an indictable offence which carries a maximum penalty of 2 years imprisonment or a fine. Any employees who make an intentional false or misleading statement may be subject to disciplinary action.

3. Reporting a PID

It is essential that reporting is undertaken appropriately and promptly.

Reporting by employees

Employees wishing to make a disclosure are encouraged to do so internally, in accordance with the Department of Health [HR Policy I5](#), by making a disclosure either in writing, in person or by telephone, to:

- the employee's immediate line manager
- the employee's executive director
- the Manager Human Resource Services or a Workplace Relations Advisor
- the Executive Director, Workforce Division
- any other person in a management position in the CQHHS
- the HSCE.

Consideration should be given to who would be the best person to receive the disclosure in the particular circumstances. The Department of Health [HR Policy E9](#) and [CQHHS Policy cq_h57 Requirements for Reporting Suspected Corrupt Conduct](#) relate to suspected corrupt conduct reporting, these being the most common type of PID, and specifies that employees are to report to their immediate line managers, or alternatively to executive managers where the conduct relates to their immediate line manager. Line managers can be the most appropriate and best sources of support when disclosing wrongdoing.

Employees can also make a complaint by telephone, in writing, online or in person, to:

- the CQHHS Workforce Division on (07) 4920 5616 or by email to CQHHSR@health.qld.gov.au; or
- the CCC on (07) 3360 6060 or by email to complaints@ccc.qld.gov.au or online via www.ccc.qld.gov.au; or
- the Ombudsman Advisory Service on (07) 3005 7000 or free call 1800 068 908 or by email to ombudsman@ombudsman.qld.gov.au; or
- a member of the Legislative Assembly in Queensland.

Any employee being advised of a complaint by a patient or member of the public should encourage the person to make a formal complaint and provide them with the above contact information. Employees should note that if the conduct, reported by a patient, amounts to suspected corrupt conduct by an employee, they are obliged to report the conduct under Department of Health [HR Policy E9](#). *Disclosers* should be aware that when they disclose to an external entity, it is very likely that the entity will discuss the complaint with the CQHHS.

Every effort will be made to assist and cooperate with any entity dealing with a PID about the CQHHS to work towards a satisfactory outcome.

Reporting to the media

Under 'The Act', a *Discloser* may make a PID to a journalist if they have already made essentially the same disclosure to a public sector entity that is a 'proper authority' and:

- the entity has decided not to investigate or deal with the disclosure; or
- the entity investigated the disclosure but did not recommend taking any action; or
- the *Discloser* was not notified within six months of making the disclosure whether or not the disclosure was to be investigated or dealt with.

An employee who is considering disclosing information to the media is encouraged to seek clarification and formal (legal) advice to avoid placing themselves at risk of breaching other legal/legislative requirements when disclosing information to unauthorised parties.

Anonymous disclosures

Disclosures can be made anonymously, in writing or by telephone. However, this may impact the action that can be taken in relation to the allegation and will likely impact the ability to provide feedback to the *Discloser* in relation to the progress of the matter. While protections under *'The Act'* may still apply to anonymous *Disclosers*, difficulties could be experienced when seeking to rely upon those protections if the identity of the *Discloser* is unknown.

Persons making disclosures are encouraged to provide a contact phone number or generic email address even if they are not willing to disclose their identity.

The CQHHS is committed to acting on any complaints, including anonymous complaints, and the effectiveness of dealing with these complaints is greatly enhanced by the provision of as much information as possible so the matters alleged can be appropriately investigated.

Information to be provided

Proof is not required, as long as there are reasonable grounds to believe that the wrongdoing has occurred. Where possible, the information provided should include:

- the name and position of the person making the disclosure
- the name and job title of the person who is the subject of the disclosure, or alternatively a description of the person
- details of relevant events, dates and places
- the names of people who may be able to support the disclosure
- any other information that supports the disclosure (i.e. documentation, CCTV footage, etc.).

Disclosers should be aware that if they make a disclosure to a person or an organisation other than one that can investigate and deal with the matter, they may not receive the protections provided under *'The Act'*.

Complaints against the Health Service Chief Executive

Complaints against the HSCE should be directed to the Executive Director, Workforce Division. The Executive Director, Workforce Division will review the complaint and assess and determine whether it is to be classified as a PID under *'The Act'*. The Executive Director, Workforce Division may source support from Queensland Health Human Resources Branch or other external agency. The Executive Director, Workforce Division is responsible for managing the complaint and providing necessary support to the *Discloser* including managing any risk of reprisal.

4. Assessment of PID

All disclosures are to be treated in the strictest confidence following disclosure.

Initial management

All employees are to treat matters as possible PIDs from the time a disclosure is made until the assessment has been completed. This means that confidentiality about the disclosure is to be maintained at all times and any record of the information is to be stored securely. The protections under the legislation:

- exist from the time the disclosure is made rather than the time that the assessment is completed
- extend beyond the end of the management of the subject of the disclosure
- apply even if the disclosure is found to have been mistaken or misguided; but
- only apply in relation to the particular subject matter of the disclosure that was assessed as a PID, and not in general in relation to all information provided by the *Discloser*.

Upon the receipt of all relevant information as required, a summary of the disclosed information and any additional information gathered will be prepared and provided to the Manager Human Resource Services, Workforce Division, CQHHS for consideration and assessment.

The Manager Human Resource Services has the delegated responsibility for assessment of disclosures to determine whether they amount to PIDs pursuant to *'The Act'*. If the person making the disclosure is assessed as having made a public interest disclosure, they will be considered to be an *Internal Witness*.

The Manager Human Resource Services is also responsible for overseeing the risk assessment process and proposing actions to minimise the risk of reprisal to any identified *Internal Witnesses*. In making an assessment, the Manager Human Resource Services may obtain independent expert advice, legal advice, or seek additional information from any other relevant source, while ensuring confidentiality is maintained as required.

Notification to Internal Witness

The Executive Director Workforce Division is responsible for ensuring the Internal Witness is notified in writing of the outcome of the PID and risk assessments, as well as:

- ensuring that appropriate supports and protections are in place for Internal Witnesses
- providing a mechanism for reporting any concerns of alleged reprisal action against an Internal Witness, any concerns regarding breaches of confidentiality, and any other serious matters
- ensuring that any risk mitigation mechanisms recommended by the Manager Human Resource Services have been implemented ensuring that the Internal Witness has a support person, if required, identified in their workplace for any day-to-day concerns in relation to the disclosure ensuring that any breaches of confidentiality or reprisal allegations are escalated for prompt and appropriate action
- providing appropriate outcome advice to the complainant on the finalisation of the matter.
- These responsibilities will be undertaken in consultation with the Internal Witness's line manager and/or the relevant executive director, if appropriate.

If the disclosure is assessed as being a PID, the written notification to the *Internal Witness* will include information regarding confidentiality pursuant to 'The Act', the protections from reprisal that apply under 'The Act', and employee assistance service details.

5. Support for the Internal Witness

The CQHHS will initiate and coordinate ongoing support for the Internal Witness throughout the management of the matter. The type of support will depend on a number of factors including the assessed risk and the concerns, the needs of the individual Internal Witness and in particular if there is any detriment to the Internal Witness.

The points of contact for the Internal Witness in relation to:

- alleged or suspected breaches of confidentiality or reprisal action are to be immediately reported to the Executive Director Workforce Division, day-to-day concerns about the disclosure or other related matters are to be addressed with the person the Internal Witness nominates as their support person ongoing emotional and psychological support;
- the Internal Witness will be referred to the Employee Assistance Service, information about the EAS can be accessed at <https://qheps.health.qld.gov.au/hr/staff-health-wellbeing/counselling-support>, or by arranging for other professional counselling.

The Internal Witness will be:

- advised about the resources available in the CQHHS to handle any concerns they may have as a result of making a disclosure supported by the provision of education sessions for the wider work unit (if appropriate) about the obligations to make disclosures and the protections against breaches of confidentiality and reprisal action under 'The Act' supported by appropriate and prompt action being taken in the event of any breaches of confidentiality, or suspicions of reprisal, victimisation or harassment supported as required after the matter has been finalised, for a reasonable and appropriate period of time.

The Internal Witness will be:

- encouraged to notify their line manager or the Executive Director Workforce Division if they consider they may need additional or a particular type of support as a result of making a disclosure. All employees, including managers in the CQHHS, are under an obligation to report if they believe any employee is suffering or has suffered a detriment as a result of reporting a wrongdoing.

6. Protections for the Internal Witness

The purpose of 'The Act' is to promote the public interest while protecting those persons who make disclosures. This protection continues following the disclosure of information being dealt with or at the completion of any review or investigation.

Reprisal

No employee should suffer any form of detrimental action as a result of making a disclosure, or being thought to have made a disclosure, including:

- unfair treatment
- harassment
- intimidation
- victimisation
- unlawful discrimination.

If any of the above does occur, the Internal Witness or other employee has the right to request that the CQHHS take positive action to provide protection. The Internal Witness or any other person who becomes aware of, or suspects that any reprisal action is being taken, or has been taken, are to immediately advise the Executive Director Workforce

Division.

Any allegation of reprisal against an Internal Witness will be taken seriously by the CQHHS. Pursuant to Section 40 of 'The Act', a person must not cause, or attempt or conspire to cause, detriment to another person because, or in the belief that:

- the other person or someone else has made, or intends to make, a public interest disclosure, or
- the other person or someone else is, has been, or intends to be, involved in a proceeding under 'The Act' against any person.

In addition, Section 12(1)(d) of 'The Act' provides for any person who has information about the conduct of another person that could, if proved, be a reprisal can be in itself a disclosure of information in the public interest. Any employee who commits an act of reprisal may also face disciplinary action.

The CQHHS is committed to ensuring that no disciplinary or adverse action, including workplace reprisals by managers, occurs as a result of a disclosure being made.

Assessment of risk of reprisal

As soon as the CQHHS becomes aware that a PID has been made, or will be made, and a (potential) Internal Witness is known to exist, the level of protection and support appropriate for the Internal Witness at the local level will be determined. Relevant information will be gathered, and a summary prepared and provided to the Manager Human Resource (HR) Services, Workforce Division so that an assessment can be undertaken of the potential PID, and any risks to the Internal Witness particularly with respect to potential reprisal action.

Pursuant to Section 6.6 of the [Public Interest Disclosure Standard No.1](#), implementing protective measures are to be proportionate to the risk of reprisal. If the risk is assessed as being sufficiently "High" by the CQHHS, a record of a protection plan will be developed. Where feasible, this will be developed in consultation with the Internal Witness and other relevant stakeholders, e.g. Workforce Safety and Wellbeing, Workforce Division.

Risk assessments will be conducted on a regular basis to ensure the CQHHS is managing the risk of reprisal appropriately. There are a number of occasions when the risk of reprisal may change including, but not limited to:

- commencement of an investigation
- change in personal circumstances of parties involved
- investigation findings being delivered to parties
- discipline process undertaken
- penalty delivered to subject officer.

Reprisals may occur if a disclosure of information is not managed appropriately. The Health Service must demonstrate that they have taken reasonable steps to prevent reprisals occurring. Appropriate records must be maintained where the risk of reprisal was considered, assessed and managed.

Pursuant to Part 7 of the [Public Interest Disclosure Standard No.1](#) and the Health Service's reporting obligations to the QO, the CQHHS may be required to advise the QO of actions that have been taken to assess and manage the risk of reprisal for an Internal Witness.

The CQHHS will consider the following risk mitigation strategies and advise the QO as part of the above reporting requirements:

- additional security
- if the Internal Witness declined support / protection
- if existing strategies have been considered sufficient
- if monitoring/management of employees who may engage in reprisal has, or is, being undertaken
- if protection of identity or existence of Internal Witness has occurred
- if provision of tailored support for the Internal Witness has occurred or been considered
- if the suspension of employees who may engage in reprisal has occurred
- if transfer of the Internal Witness has been considered / offered or has occurred
- if transfer of employees who may engage in reprisal has been considered or has occurred.

Responding to reprisals

If the CQHHS becomes aware of reprisal action against any person, not just the actual Internal Witness; immediate steps will be taken to ensure a senior and experienced officer who has not been involved in dealing with the initial disclosure will investigate the concerns of reprisal. The person against whom the alleged reprisal has occurred will be kept informed of the progress of the investigation and outcome.

Where it is established that reprisal action is occurring, or has occurred, all steps possible to stop that activity and protect the Internal Witness or reprisal recipient will be taken. The nature of the action that will be taken is dependent

upon the circumstances and seriousness of the reprisals that are likely to be suffered.

Any employees found to have engaged in reprisals will be the subject of disciplinary action.

All persons should be aware that making a PID does not protect the Internal Witness from any management, disciplinary or criminal action if the Internal Witness has been involved in improper conduct or their performance is unsatisfactory.

Reasonable Management Action (Section 45 'The Act')

'The Act' contains clarification that reasonable management action may be taken in relation to the Internal Witness provided that the manager's reasons for taking the action do not include the fact that the Internal Witness has made a PID. This management action may include a range of action including participation in a performance improvement process and/or disciplinary action.

Confidentiality

Maintaining confidentiality is essential in the handling of a disclosure. Confidentiality not only protects the Internal Witness against reprisals, but any other people affected by the disclosure, including the person who is the subject of the disclosure.

The information that is considered to be confidential information includes:

- the fact a disclosure has been made
- any information that may identify the Internal Witness or any person who may be the subject of a disclosure
- the actual information that has been disclosed
- information relating to the disclosure that if known, may cause detriment.

In protecting confidentiality, the CQHHS will ensure that the details of the disclosure, the investigation and related decisions will be stored securely and handled in a secure manner. Employees involved in the management of the disclosure will be made aware that the information is to be treated confidentially and will be provided with appropriate training.

It is important that the person making the disclosure is aware that, while every attempt to ensure confidentiality will be made, there will be occasions when the disclosure of the Internal Witness's identity may be necessary. These include:

- providing natural justice to the subject officer, taking into account the degree of risk of reprisal
- responding to a court order or legal directive (e.g. subpoena, notice to produce, direction by a Parliamentary Committee)
- in court proceedings.

The Internal Witness will be notified if their identity needs to be revealed for any reason listed above and their consent will be sought, if possible. All reasonable efforts will be made to avoid a situation where the Internal Witness's identity will need to be revealed, particularly when the Internal Witness does not provide consent.

While all steps necessary to protect the confidentiality of the information provided will be taken, the Internal Witness also has some obligations. The fewer people who know about the disclosure, both before and after the disclosure is made, the more likely it is that the identity of the Internal Witness will be able to be kept confidential and the more likelihood of protecting the Internal Witness against detrimental action in reprisal. The Internal Witness is encouraged not to talk about the disclosure to work colleagues or any other unauthorised person.

The CQHHS will ensure that all record keeping, and reporting will be done in accordance with legislative and administrative requirements of 'The Act'.

7. Rights of the person/s the subject of the disclosure

The CQHHS is committed to taking appropriate, reasonable and proportionate action to deal with the subject of the disclosure, and to deal with any adverse findings or systemic issues in an appropriate and timely manner. This is usually achieved by way of preliminary enquiries. These may result in further action including, but not limited to, a full investigation conducted internally or externally; or referral to another appropriate unit of public administration such as the Queensland Police Service.

In many situations a person who is the subject of a disclosure (the Subject Officer) will be interviewed but this may not occur if there is insufficient information available for the allegation to be substantiated and it is considered inappropriate in the circumstances to take the matter further. The confidentiality protections under 'The Act' extend to the Subject Officer prohibiting disclosure of the Subject Officer's identity except within the provisions of the legislation. The Subject Officer will be afforded natural justice and the matter will be dealt with impartially, objectively and reasonably.

If a Subject Officer is to be interviewed, in most instances prior to any interview they will be:

- provided with sufficient information in relation to the allegation for them to be able to reasonably respond
- invited to bring a support person (which can include a solicitor engaged at their own expense) or union representative to the interview
- provided with sufficient notice of the interview date for them to be able to reasonably prepare for the meeting.

The [Code of Conduct](#) for the Queensland Public Service places obligations on employees with respect to appropriate behaviours in the workplace, and all employees involved in a PID matter are to be mindful of that during the progress of any investigation or other management of matters.

All employees must understand that discussing matters under investigation, other than as required in dealing with the matter, will not be tolerated. This includes the Internal Witness, the Subject Officer, the line manager and executive director, any witnesses and the support person of the Internal Witness. The Subject Officer is not to make enquiries of anyone, including other employees, in an attempt to identify the Internal Witness or to in any other way attempt to interfere with an investigation or the management of a matter.

The Internal Witness is to be available to provide additional information in relation to the management of the matter of the subject of the disclosure. The Internal Witness is not to attempt to conduct their own investigation or make enquiries independently of the CQHHS's management of the matter.

The CQHHS is committed to treating disclosures fairly. The rights of any person who is the subject of, or is associated with a disclosure, are important. If a PID is made against an employee, that employee is entitled to confidentiality and natural justice. Employees who are the subject of a PID may seek assistance from their legal representative or union and may also wish to contact the [Employee Assistance Service](#) for free advice and support.

All employees should adhere to their responsibilities under the [Code of Conduct](#) for the Queensland Public Service. Employees who participate in any investigation are performing their duty as required under the Code of Conduct. They should not be treated adversely because of their involvement and any employee found to have engaged in reprisals will be the subject of disciplinary action.

8. Managing the disclosed information

If the disclosure is assessed as a PID, it may be dealt with through a variety of processes. Depending on the circumstances of the matter; it may also be determined that an investigation, disciplinary process or system review is required. In some circumstances, it may be appropriate that no action is required. The Internal Witness will be advised of the outcome of the assessment and the appropriate action taken.

If the disclosure is referred to another area of the CQHHS for investigation or other action, or to an external entity such as the CCC, the Internal Witness will be notified of this. The CQHHS undertakes to provide any Internal Witness with advice and assistance on the process and to inform the Internal Witness of the outcome. This will include information on the action taken or proposed to be taken as a result of the disclosure, and the reasons for this decision.

9. Finalisation of PID Matters

Once a decision is made regarding the action to be taken to deal with the PID, the Internal Witness will be notified of this by the Manager Human Resource Services or the Workplace Relations Advisor with conduct of the matter and provided with regular updates as they become available.

Once the matter is concluded, outcome advice will be provided to the Internal Witness advising that appropriate action has been taken.

The Internal Witness will not be notified of any penalty imposed as a result of disciplinary action taken against a person about whom the disclosure was made (the Subject Officer), due to privacy restrictions under the [Public Service Act 2008](#).

A meeting can be arranged with the Manager Human Resource Services or the Executive Director Workforce Division at the conclusion of a matter, at the request of the complainant (the Internal Witness), to provide further information as appropriate.

The CCC and the QO will also be notified of how the matter was managed and the outcome.

10. Maintaining Records and Fulfilling Reporting Requirements

The [Public Interest Disclosure Standard No. 1](#) places an obligation on the CQHHS to have in place, and utilise, a secure and confidential reporting system to receive and manage the disclosure of information.

CQHHS will take the following steps to ensure information is stored in a secure manner:

- files will be clearly marked as confidential and will be stored in a secure location with minimal access
- the identity of the Internal Witness will only be disclosed in accordance with the provisions of 'The Act'
- the identity of the Internal Witness will only be disclosed to a Subject Officer following an assessment by the Executive Director Workforce Division and after the Internal Witness has been notified that this is to occur
- line managers will be reminded of the obligation to maintain secure records with limited access and to ensure the confidentiality of the identity of the Internal Witness, Subject Officer and the disclosed information.

The Executive Director Workforce Division will record particular details of PIDs in accordance with Section 7.2 of the *Public Interest Disclosure Standard No. 1* and may request certain information in relation to a disclosure of information from relevant parties involved in the PID.

The CQHHS will provide relevant information to the oversight agency through completion of the PID database which is managed by the Queensland Ombudsman.

11. Right of Review

If an Internal Witness is dissatisfied with the decision made and the outcome in response to the disclosed information, once a disclosure has been dealt with, the Internal Witness may seek an internal review by the HSCE within 28 days of being notified of the outcome, or within six (6) months of making the notification.

If the disclosed information was assessed as suspected corrupt conduct the Internal Witness may seek a review of the management of the matter via the CCC. Further information regarding reporting corrupt conduct is provided in the [Department of Health HR Policy E9 \(QH-POL-218\) Requirement for Reporting Suspected Corrupt Conduct](#).

Alternatively, the Internal Witness may lodge a complaint (or appeal) with the QO.