

Reporting and managing corrupt conduct

PURPOSE

This procedure describes the processes for the reporting and management of suspected corrupt conduct matters within Metro South Health (MSH).

OUTCOME

- Ensuring all MSH staff are aware of their legislative obligation to report suspected corrupt conduct and the process to do so.
- Promote accountability, integrity, transparency and public confidence in the way complaints involving suspected corrupt conduct are dealt with.

SCOPE

This procedure applies to:

- All MSH clinical and non-clinical staff (permanent, temporary, and casual).
- All individuals acting on behalf of MSH including Visiting Medical Officers, contractors, consultants, students, and volunteers.

PROCEDURE

1. WHAT IS CORRUPT CONDUCT

Section 15 of the *Crime and Corruption Act 2001* defines corrupt conduct and specifies the requirements that must be met for a complaint or allegation to fall within the Crime and Corruption Commission's (CCC's) jurisdiction. The full definition of corrupt conduct is outlined in the Definitions section of this procedure.

In simple terms, corrupt conduct is conduct that adversely affects the performance of functions or the exercise of powers of MSH or a MSH employee, and which is not honest or is not impartial; involves a breach of trust; or involves a misuse of information or material. In addition, the conduct, if proved, would also constitute a criminal offence or a disciplinary breach providing reasonable grounds for terminating the employment of the employee.

Examples of corrupt conduct may include:

<ul style="list-style-type: none"> • inappropriate access to MSH computer systems • inappropriate access of patient information (including accessing your own records) • unlawful disclosure of patient information • theft of MSH property, including medication • assault / excessive use of force on a patient or member of the public • failing to declare a conflict of interest (e.g., during a recruitment process) 	<ul style="list-style-type: none"> • unauthorised use of MSH credit cards • reprisal against a public interest discloser ('whistle-blower') • failing to report suspected corrupt conduct • falsification of official records • fraud (dishonesty to gain a benefit) • timesheet / AVAC fraud • unlawful destruction of MSH property • failing to maintain professional boundaries with a patient
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2. REPORTING AND DEALING WITH CORRUPT CONDUCT

2.1. Reporting suspected corrupt conduct

An employee who suspects another employee of engaging in corrupt conduct has a duty to immediately report the matter to their manager. Volunteers and others who are not employees are to report such matters to the person who supervises their work.

If the allegations are about an employee's supervisor or line manager, the employee can report the matter to a more senior manager; directly to the Ethical Standards Unit or Human Resources; or to the Health Service Chief Executive.

Reports of suspected corrupt conduct can be made verbally or in writing, and may also be made anonymously. However, it is preferred that reports of suspected corrupt conduct are made in writing and include all relevant details by completing the [Suspected Corrupt Conduct Notification Form \(attachment 1\)](#).

Any report of suspected corrupt conduct must be immediately referred to the Director, Ethical Standards Unit who is the delegated authority to assess and deal with matters involving corrupt conduct.

Disciplinary action may be taken against an employee who knowingly fails to report suspected corrupt conduct as failure to report corrupt conduct may itself constitute corrupt conduct.

The flowchart at Appendix 1 outlines how suspected corrupt conduct matters are managed.

Contact details for reporting suspected corrupt conduct matters are outlined in the table below:

If you are an employee	If you are a member of the public
Directly with your supervisor / line manager	Patient/Consumer Liaison Unit at the relevant facility. Princess Alexandra Hospital: PAH_PLO@health.qld.gov.au Logan and Beaudesert Hospitals: CLS_LB@health.qld.gov.au Addiction and Mental Health Services: MSAMHS_CLO@health.qld.gov.au QEII Hospital: CLO_QE2@health.qld.gov.au Redland Hospital: CLS_RW@health.qld.gov.au Community and Oral Health: CLO_MSOHS@health.qld.gov.au

Director, Ethical Standards Unit

Phone: 0422 636 914

Email: MetroSouthESU@health.qld.gov.au

Postal: PO Box 4043, Eight Mile Plains, Qld, 4113

Health Service Chief Executive

Phone: (07) 3176 8074

Email: MetroSouthCorro@health.qld.gov.au

Address: Metro South Office of the Chief Executive, Princess Alexandra Hospital, Level 3, Building 15, Woollongabba, 4102

Human Resources

(of your particular facility/service)

[Metro South Health | Human Resources - Contacts](#)

Crime and Corruption Commission

www.ccc.qld.gov.au

2.2. What information should be included in a notification?

Where possible, a [Suspected Corrupt Conduct Notification Form](#) should be completed so relevant information is captured within the notification for initial consideration. However, if a notification is made in writing (via email or written correspondence) without utilising the preferred form, the following information should be provided:

- the name of the person making the complaint
- the name and job title of the person who is the subject of the complaint (the subject officer)
- the nature of any relationship (including any reporting relationship) between the relevant parties
- details of relevant events, dates and places
- the names of any witnesses
- if any supporting information or evidence is available to support the alleged/suspected corrupt conduct
- if the matter has been reported to any other agency (e.g. the Queensland Police Service (QPS), the Office of the Health Ombudsman, the CCC, etc).

The absence of any of this information should not preclude an employee from reporting a suspicion, as some complaints may appear minor, however may turn out to be quite serious, or a combination of minor issues can indicate a systemic problem. Suspected corrupt conduct may also arise from other information such as the findings of an audit report, while resolving a grievance or noticing missing drugs in a daily drug count on the ward.

Once a report is made, individuals must manage the information confidentially and take no further action until advice is received from the Ethical Standards Unit and/or Human Resources. Individuals should not communicate with other employees about the matter and a supervisor / line manager must not approach the employee subject of the allegations without first discussing the matter with the Ethical Standards Unit.

2.3. Protection available to persons who report suspected corrupt conduct

MSH is committed to protecting any person who raises concerns about suspected corrupt conduct from retaliation or reprisals. Employees who make disclosures about corrupt conduct will usually be regarded as a 'discloser' under the *Public Interest Disclosure Act 2010* (PID Act).

The Director, Ethical Standards Unit has delegated authority from the Health Service Chief Executive to assess the matter to determine whether it amounts to a public interest disclosure (PID) under the PID Act.

It is a criminal offence under the PID Act to take a reprisal against a discloser for making a PID.

MSH will ensure complaints and disclosures are managed in accordance with [WS.E.PR.1.2 Public Interest Disclosure Procedure](#).

2.4. Assessment of matters involving suspected corrupt conduct

The Director, Ethical Standards Unit must respond to reports of suspected corrupt conduct by:

- assessing all matters as per CCC recommended guidelines to determine whether they may amount to corrupt conduct
- ensuring the CCC is appropriately notified of matters involving suspected corrupt conduct (where required)
- recommending an appropriate course of action to deal with the matter.

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In performing the above functions, the Ethical Standards Unit may conduct preliminary inquiries such as obtaining and reviewing relevant agency records; obtaining information from relevant parties; and consulting with the relevant work area, respective delegate and/or Human Resources. If required, the Ethical Standards Unit may also obtain independent expert advice or additional information from any other person/entity deemed appropriate.

Matters which are assessed as not meeting the definition of corrupt conduct are not managed by the Ethical Standards Unit and will be referred to the relevant line manager, delegate and/or Human Resources for any appropriate action. Further, matters that do not raise a reasonable suspicion of corrupt conduct may be finalised without further action being taken.

2.5. Notification to the Crime and Corruption Commission

Where the Ethical Standards Unit determines there is a reasonable suspicion of corrupt conduct, a notification will be made to the CCC (where required). In accordance with directions issued by the CCC, MSH must report suspected corrupt conduct matters in the following manner:

Category	Reporting requirement
Level 1	<p>Immediate notification to the CCC</p> <p>No inquiries or action should be taken on the matter until endorsement is received from the CCC and advice has been provided by the Ethical Standards Unit and/or Human Resources.</p>
Level 2	<p>Notification to the CCC by the end of the month</p> <p>MSH can immediately commence dealing with the matter, however advice must first be obtained from the Ethical Standards Unit and/or Human Resources.</p>
Level 3	<p>Notification to the CCC not required, however the matter may be subject to a future audit by the CCC.</p> <p>MSH can immediately commence dealing with the matter, however advice must first be obtained from the Ethical Standards Unit and/or Human Resources.</p>

2.6. Immediate action needing to be taken in relation to an employee

Immediate and necessary reasonable action can be taken if there is a risk of danger to a patient, the public or an employee's safety, or if there is a risk of loss of evidence. In certain circumstances it may be necessary to make changes to an employee's work location/pattern, prior to the corrupt conduct assessment being finalised.

Unless it is impractical to do so, the Director, Ethical Standards Unit should be consulted before such action is taken in order to ensure that taking the action will not compromise any subsequent process to deal with the matter (such as an investigation process).

2.7. Notification to other external agencies

If a matter is assessed as a PID pursuant to the PID Act, appropriate notifications will be made by the Ethical Standards Unit to the Queensland Ombudsman's Office.

Where it is considered a suspected corrupt conduct matter involves a potential criminal offence, the matter may also be reported to the QPS by the Ethical Standards Unit.

There may also be other external agencies which are required to be notified (e.g. the Office of the Health Ombudsman – refer [Notification to Health Ombudsman Procedure](#)) and this will be undertaken by an appropriate delegate.

Where an external agency (such as the QPS or the courts) is actively dealing with a matter, MSH may decide to await the outcome of that process before dealing with the matter itself. Alternatively, it may be considered appropriate for MSH to commence dealing with the matter in parallel or cooperation with the relevant external

agency. The Ethical Standards Unit will liaise directly with the QPS and seek their advice regarding the progression of any internal matter, taking into consideration any internal action may jeopardise a criminal investigation conducted by a law enforcement agency.

2.8. How matters involving suspected corrupt conduct may be dealt with

In some circumstances the CCC will retain for investigation matters involving more serious cases of corrupt conduct or cases of systemic corrupt conduct pursuant to section 35(3) of the *Crime and Corruption Act 2001*, however, most matters will be dealt with by MSH. The CCC promotes capacity building within agencies, and wherever possible refers matters of suspected corrupt conduct back to agencies to manage as they deem appropriate.

Although the CCC refers most matters back to agencies to deal with, where the matter is particularly serious or complex in nature, the CCC may direct MSH to deal with a matter in a particular way (such as an investigation). These types of matters usually have a higher level of oversight by the CCC and require regular status updates to be provided whilst the matter is being investigated and may be subject to a Public Interest or Merit and Compliance Review.

Schedule 2 of the *Crime and Corruption Act 2001* outlines how a complaint of suspected corrupt conduct may be 'dealt with'. These include (but are not limited to):

- Investigating the matter
- Gathering evidence for a discipline process
- Referring the matter to an appropriate authority
- Commencing a discipline process
- Taking other action, including managerial action, to address the complaint in an appropriate way.

MSH employees are obligated to participate/cooperate, in good faith, with any action taken by MSH to deal with a suspected corrupt conduct matter.

Pursuant to section 44(3) of the *Crime and Corruption Act 2001*, MSH may decide to take no action if a complaint is deemed to be frivolous/vexatious or lacking in substance or credibility, or if it is considered dealing with the complaint would be an unjustifiable use of resources. In addition, MSH may decide to take no further action in relation to a matter where it is considered the matter has previously been appropriately dealt with.

The principles of natural justice and procedural fairness must be applied in the course of dealing with suspected corrupt conduct matters.

Persons who report suspected corrupt conduct should be advised of how the matter will be dealt with, and the reasons for the decision.

Formal investigation

If it is determined by the Director, Ethical Standards Unit (in consultation with the relevant delegate) and/or the CCC, that an investigation is warranted, a Terms of Reference will be established for the matter.

The Ethical Standards Unit will retain most formal investigations involving allegations of corrupt conduct, however there will be times where investigations are managed by another work unit (such as Human Resources, Legal Services Branch) and/or an external investigator may be appointed.

Investigations must be undertaken in accordance with the Public Service Commission's Workplace Investigations Directive 17/20.

At the conclusion of an investigation process, a report will be provided to an appropriate delegate for further consideration and decision-making.

Discipline process

If a determination is made that a matter warrants disciplinary action, this will be undertaken in accordance with the [Public Service Commission's Discipline Directive 05/23](#), [Queensland Health HR Policy E10 – Discipline](#). This process is separate from an investigation process and is managed by the relevant delegate with the assistance of Human Resources.

In some cases, a delegate may determine there is sufficient information available to commence a discipline process without a formal investigation process being undertaken.

Management action and/or changes to processes/systems

If it is determined, either after a matter has been assessed by the Ethical Standards Unit and/or after a complaint of suspected corrupt conduct has been dealt with, that no disciplinary action is necessary, other action such as management action or changes to processes/systems may still need to be implemented. Management action includes non-disciplinary measures such as providing managerial counselling/guidance; issuing a warning; alternate dispute resolution strategies (such as mediation and conflict coaching); or requiring an employee to undertake training or retraining.

In this regard, the matter will be referred to the appropriate delegate to manage in accordance with MSH HR Delegations, Queensland Health policies and procedures, and relevant Queensland Public Service Directives.

2.9. Finalisation

It is a requirement of both the *Crime and Corruption Act 2001* and the *Public Interest Disclosure Act 2010* to provide outcome advice to the person who raised the complaint.

There are circumstances where a complainant need not be given a response (or a fully detailed response), such as where:

- the complaint was made anonymously; or
- the response would disclose information, the disclosure of which would be contrary to the public interest.

As the CCC conducts audits of MSH's management of suspected corrupt conduct matters, the Ethical Standards Unit must be provided with details of how the matters were managed and the final outcomes.

At the completion of all matters involving suspected corrupt conduct, the delegate and/or Human Resources must provide the Director, Ethical Standards Unit with all correspondence (to and from) the subject officer and decision-maker and copies of any outcome letters provided to the subject officer and complainant.

On finalisation of the matter the Director, Ethical Standards Unit will also correspond with any PIDs about the outcome of their disclosure.

2.10. Concerns about how a suspected corrupt conduct matter has been assessed or dealt with

If a person is dissatisfied or concerned about the way their corrupt conduct notification has been assessed or dealt with by MSH, they should direct their concerns to the Director, Ethical Standards Unit in the first instance (Email: MetroSouthESU@health.qld.gov.au). The person should specifically outline the basis of their concerns as well as the action they believe would resolve them.

The Director, Ethical Standards Unit will consider the person's concerns and any further information provided, and determine what action, if any, should be taken.

2.11. Education

Section 9 of the *Public Sector Ethics Act 1994* places an obligation on employees of MSH to disclose corrupt conduct. This obligation is also reflected in Principle 1 of the Code of Conduct for the Queensland Public Service.

The [WS.G.PR.1.1 Corporate Mandatory Training and Performance Appraisal and Development Compliance Procedure](#) outlines the mandatory training required by staff regarding corrupt conduct (i.e. Fraud, Code of Conduct, Ethics and Conflict of Interest).

Managers and relevant delegates within MSH must ensure all employees, staff and volunteers within their network are made aware of their obligations in relation to reporting suspected corrupt conduct.

Section 40 of the *Public Sector Act 2022* outlines the obligations of managers. These include:

- ensuring employees under their management are aware of:
 - the work performance and personal conduct expected of an employee;
 - the values of the public service and the department or public service office where the employee is employed; and
 - what constitutes corrupt conduct under the *Crime and Corruption Act 2001*
- pro-actively managing the work performance and personal conduct of public sector employees under the manager's management
- if a case of unacceptable work performance or personal conduct arises, taking prompt and appropriate action to address the matter.

3. DEALING WITH COMPLAINTS OF SUSPECTED CORRUPT CONDUCT ABOUT THE HEALTH SERVICE CHIEF EXECUTIVE

Where there is a complaint of suspected corrupt conduct involving the Health Service Chief Executive, MSH, the complaint must be managed in accordance with MSH's [Managing Complaints of Suspected Corrupt Conduct Involving the Health Service Chief Executive Policy](#).

4. DEALING WITH COMPLAINTS ABOUT SUSPECTED CORRUPT CONDUCT BY THE BOARD CHAIR OR MEMBERS OF THE METRO SOUTH HOSPITAL AND HEALTH BOARD

Complaints of suspected corrupt conduct regarding the actions of a member or members of the Metro South Hospital and Health Board should be forwarded to the Board Chair.

Concerns or allegations regarding the Board Chair should be forwarded to the Minister for Health and Ambulance Services or the CCC in the first instance. The Director-General, Queensland Health should also be informed of any complaints regarding the Board Chair for consultation with the CCC to determine an appropriate course of action in response to the allegation/s.

5. ACCOUNTING FOR LOSSES

Where the delegate has determined there has been theft or loss of MSH property (depending on the property's value), the loss must be accounted for in the general ledger.

In many cases, in the early stages of a matter it may not be evident that the loss has actually occurred, and this notification may not be able to be made until the completion of the matter being dealt with (when all the evidence has been obtained).

It is the responsibility of the delegate involved in determining the outcome of the matter to report any losses. The delegate should liaise with the Office of the Chief Finance Officer regarding relevant reporting requirements (Email: MetroSouthCFO@health.qld.gov.au).

RESPONSIBILITIES

Position	Responsibility	Audit criteria
Health Service Chief Executive	<ul style="list-style-type: none"> • Notify the CCC of corrupt conduct as per Section 38 of the <i>Crime and Corruption Act 2001</i>; • Oversight management of corrupt conduct matters including reporting to the CCC on outcomes as required by the CCC; • Appoint investigators to deal with allegations of suspected corruption; • Review findings of investigations and determine further action to be taken; • Act impartially and maintain confidentiality; • Develop and promote strategies that encourage employees to report corrupt conduct in the workplace; and <p>Promote ethical conduct and decision-making and adherence to the Code of Conduct for the Queensland Public Service.</p>	<ul style="list-style-type: none"> • Received notification of corrupt conduct matters across MSH.
Director, Ethical Standards Unit	<ul style="list-style-type: none"> • Receive and assess reports of corrupt conduct; • Appoint investigators to deal with allegations of suspected corrupt conduct; • Initiate, oversee and monitor investigations according to the principles of natural justice and in accordance with the CCC's 'Corruption in Focus – A guide to dealing with corrupt conduct in the Queensland public sector'; • Act impartially and maintain confidentiality; 	<ul style="list-style-type: none"> • Subject to monitoring by the Crime and Corruption Commission. • Quarterly reporting to Department of Health. • Monthly reporting to the Board and Chief Executive MSH.

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	<ul style="list-style-type: none"> • Advise managers on management strategies for corrupt conduct matters; • Provide reports on corrupt conduct matters to the Chief Executive, relevant delegate, the CCC and other parties as required; • Promote ethical conduct and decision-making and adherence to the Code of Conduct for Queensland Public Service; and <p>Report systemic issues arising from investigations to the CCC.</p>	
<p>Executive Directors/Line Managers/ Supervisors</p>	<ul style="list-style-type: none"> • Encourage and support the reporting of corrupt conduct in the workplace; • Provide advice and support to employees who seek to report corrupt conduct; • Ensure employees have undertaken the necessary training and understand their obligations to report corrupt conduct; • Role model ethical conduct and decision-making and adhere to the Code of Conduct for the Queensland Public Service; • Section 40 of the <i>Public Sector Act 2022</i> places an obligation on the MSH employees who supervise or manage other public service employees to: <ul style="list-style-type: none"> ○ Pro-actively manage the work performance and personal conduct of public service employees under the manager’s supervision; and <p>If a case of unacceptable work performance or personal conduct arises, take prompt and</p>	

	appropriate action to address the matter.	
All MSH Staff	<ul style="list-style-type: none"> Report matters of corrupt conduct in the workplace to either their supervisor, or directly to the Ethical Standards Unit, HR or the CCC; and <p>Engage in ethical conduct and decision-making and always ensure adherence with the Code of Conduct for the Queensland Public Service.</p>	

DEFINITIONS

TERM	DEFINITION
Conduct	Conduct includes neglect, failure, inaction, conspiracy to engage in conduct and an attempt to engage in conduct.
Complaint	Includes information or matter involving corrupt conduct.
Corrupt Conduct	<p>The definition of corrupt conduct is outlined in section 15 of the <i>Crime and Corruption Act 2001</i>:</p> <p>Type A – Section 15(1)</p> <p>Corrupt conduct means conduct of a person, regardless of whether the person holds or held an appointment, that—</p> <ol style="list-style-type: none"> a) adversely affects, or could adversely affect, directly or indirectly, the performance of functions or the exercise of powers of— <ol style="list-style-type: none"> i. a unit of public administration; or ii. a person holding an appointment; and b) results, or could result, directly or indirectly, in the performance of functions or the exercise of powers mentioned in paragraph (a) in a way that— <ol style="list-style-type: none"> i. is not honest or is not impartial; or ii. involves a breach of the trust placed in a person holding an appointment, either knowingly or recklessly; or iii. involves a misuse of information or material acquired in or in connection with the performance of functions or the exercise of powers of a person holding an appointment; and c) would, if proved, be – <ol style="list-style-type: none"> i. a criminal offence; or ii. a disciplinary breach providing reasonable grounds for terminating the person’s services, if the person is or were the holder of an appointment. <p>Type B – Section 15(2)</p>

	<p>Corrupt conduct also means conduct of a person, regardless of whether the person holds or held an appointment, that—</p> <ol style="list-style-type: none"> a) impairs, or could impair, public confidence in public administration; and b) involves, or could involve, any of the following – <ol style="list-style-type: none"> i. collusive tendering ii. fraudulent applications for licences, permits and other authorities under an Act necessary to protect — <ul style="list-style-type: none"> • the health and safety of persons; • the environment; and/or • the use of the State’s natural resources. iii. dishonestly obtaining benefits from the payment or application of public funds or the disposition of state assets iv. evading State taxes, levies, duties or fraudulently causing a loss of State revenue v. fraudulently obtaining or retaining an appointment; and c) would, if proved, be – <ol style="list-style-type: none"> i. a criminal offence ii. a disciplinary breach providing reasonable grounds for terminating the person’s services, if the person is or were the holder of an appointment
CCC	Crime and Corruption Commission
Deal with	<ol style="list-style-type: none"> a) investigate the complaint, information or matter; and b) gather evidence for – <ol style="list-style-type: none"> i. prosecutions for offences; or ii. disciplinary proceedings; and c) refer the complaint, information or matter to an appropriate authority to start a prosecution or disciplinary proceeding; and d) start a disciplinary proceeding; and e) take other action, including managerial action, to address the complaint in an appropriate way. <p>See Schedule 2 (Dictionary) of the <i>Crime and Corruption Act 2001</i> (Qld).</p>
Fraud	<p>Fraud is normally characterised by some form of deliberate deception in order to obtain a benefit for the person or another person. The official definition is as per AS8001-2008: Dishonest activity causing actual or potential financial loss to any person or entity including theft of moneys or other property by employees or persons external to the entity and whether or not deception is used at the time, immediately before or immediately following the activity. This also includes the deliberate falsification, concealment, destruction or use of falsified documentation used or intended for use for a normal business purpose or the improper use of information or position.</p>
Natural Justice	<p>Natural justice, also referred to as ‘procedural fairness’, applies to any decision that can affect the rights, interests or expectations of individuals in a direct or immediate way. Natural justice is at law a safeguard applying to an individual whose rights or interests are being affected.</p>

	<p>The rules of natural justice, which have been developed to ensure that decision-making is fair and reasonable, are:</p> <ol style="list-style-type: none"> avoid bias. give a fair hearing. act only on the basis of logically probative evidence.
Public Interest Disclosure (PID)	<p>A public interest disclosure is a disclosure about wrongdoing in the public sector that serves the public interest. For an allegation to be considered a public interest disclosure under the <i>Public Interest Disclosure Act 2010</i> it must be:</p> <ul style="list-style-type: none"> public interest information about serious wrongdoing or danger; an appropriate disclosure; and made to a proper authority.

RELATED AND SUPPORTING DOCUMENTS

Legislation and other Authority	<ul style="list-style-type: none"> Code of Conduct for the Queensland Public Service <i>Crime and Corruption Act 2001 (Qld)</i> Crime and Corruption Commission: Corruption in Focus – A guide to dealing with corrupt conduct in the Queensland Public Sector <i>Criminal Code Act 1899 (Qld)</i> Department of Health HR Policy (E10) Discipline Department of Health HR Policy (E12) Grievance Resolution <i>Health Practitioner National Law Qld 2009 (Qld)</i> <i>Hospital and Health Boards Act 2011 (Qld)</i> <i>Human Rights Act 2019 (Qld)</i> <i>Industrial Relations Act 2016 (Qld)</i> <i>Information Privacy Act 2009 (Qld)</i> <i>Public Interest Disclosure Act 2010 (Qld)</i> <i>Public Sector Ethics Act 1994 (Qld)</i> <i>Public Sector Act 2022 (Qld)</i> Public Service Commission Workplace Investigations Directive 17/20 Public Service Commission Discipline Directive 05/23 <i>Right to Information Act 2009 (Qld)</i>
Standards	<ul style="list-style-type: none"> AS8001-2008 Fraud and Corruption Control National Safety and Quality Health Service Standard 1: Clinical Governance Queensland Ombudsman’s Public Interest Disclosure Standard No. 2/2019 – Assessing, Investigating and Dealing with Public Interest Disclosures
Supporting documents	<ul style="list-style-type: none"> Suspected Corrupt Conduct Notification Form (attachment 1).

	<ul style="list-style-type: none"> • GL2016-23 Metro South Health Fraud Control Guideline • PL2015-42 Metro South Health Fraud Control Policy • PR2015-52 Metro South Health Fraud Control Procedure • PR2021-284 Metro South Health Delegations • PL2023-91 Managing complaints of suspected corrupt conduct involving the Health Service Chief Executive • WS.E.PR.1.2 Metro South Health Public Interest Disclosure Procedure
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HUMAN RIGHTS ACT 2019

MSH is committed to respecting, protecting and promoting human rights. Under the *Human Rights Act 2019*, MSH has an obligation to act and make decisions in a way that is compatible with human rights and, when making a decision, to give proper consideration to human rights. When making a decision about reporting and dealing with suspected corrupt conduct, decision-makers must comply with that obligation. Further information about the *Human Rights Act 2019* is available at: <https://www.forgov.qld.gov.au/humanrights>.

CONSEQUENCE CATEGORY

Consequence category	Legal and Regulatory
Level of consequence	Moderate
What will be monitored	Corrupt conduct matters are being assessed in accordance with the relevant legislative provisions.
How (method or tool)	Audits of data by CCC and Director, Ethical Standards Unit.
Frequency	<ul style="list-style-type: none"> • As necessary following periodic audit by the Crime and Corruption Commission. • To be reviewed every three years for ongoing compliance with the <i>Crime and Corruption Act 2001</i> and other relevant legislative amendments.
Responsible officer	Director, Ethical Standards Unit.
Reporting to	Health Service Chief Executive.

PROCEDURE DETAILS

Procedure Name	Reporting and managing corrupt conduct
Procedure Number	PR2023-364
Current Version	1.1
Keywords	Corruption, crime, employee, misconduct, fraud, corrupt, conduct, wrongdoing, audit, complaint, PID, wrongdoing, CCC, Crime and

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	Corruption Commission, QPS, Police
Primary Policy Reference	PL2023-90 Corporate Governance
Risk Consequence Rating	Moderate
Executive Sponsor	Health Service Chief Executive
Endorsing Committee / Authority	MSH Executive Strategic and Senior Leadership Governance Committee
Document Author	Director, Ethical Standards Unit
Next Review Date	March 2026

REVIEW HISTORY

Version	Approval date	Effective from	Authority	Comment
1.0	09.03.2023	29/03/2023	Health Service Chief Executive	<ul style="list-style-type: none"> New Metro South Health document Supersedes WS.E.PR.1.1
1.1	15.05.2023	17.05.2023	Health Service Chief Executive	<ul style="list-style-type: none"> Minor changes due to updates to contact information of ESU; legislation; and PSC Directive.

APPENDICES

1. APPENDIX 1: FLOWCHART FOR MANAGEMENT OF SUSPECTED CORRUPT CONDUCT MATTERS

This flowchart has been developed for illustrative purposes and is a high-level representation of the relevant processes/steps. Whilst the majority of suspected corrupt conduct matters follow the pathways outlined below, there may be exceptional circumstances where it is necessary/appropriate for a particular matter to be progressed in a different manner.

