

Internal policy document

CEC Fraud and Corruption Control Framework

Name of Document:	CEC Fraud and Corruption Control Framework
Portfolio Area:	CEC Corporate Services
Applies to:	All Clinical Excellence Commission (CEC) employees
Reference Number:	CEC23-12
Date of Issue:	7 December 2023
Replaces:	Update of existing Framework
Related Policy / Documents:	NSW Health Code of Conduct. NSW Health Fraud Control Strategy NSW Health Public Interest Disclosures NSW Health Conflict of Interests & Gifts and Benefits NSW Health Managing Performance Policy NSW Health Reporting to the NSW ICAC NSW Treasury Circular TC 18-02

Summary:

Acknowledgements	This document has been informed by NSW Health Fraud Control Strategy, NSW Health Policy PD2023_026, and NSW Ombudsman publication 'Developing your Public Interest Disclosure Policy July 2023.
------------------	---

Review Date:	2 years
--------------	---------

Revision and Approval History

Version	Approved by	Date	Amendment Notes
CEC 23-12	Board	7 December 2023	Updated in line with new NSW Health PID policy PD2023_026.
CEC 21-04	ELG	29 March 2021	Updated with internal audit Fraud Risk Review recommendations Nov 2020.
CEC20-05	ELG	28 Sept 2020	New policy

Internal policy document

CEC Fraud and Corruption Control Framework

Contents

1. Introduction.....	4
2. Key Definitions.....	4
Fraud.....	4
Corruption.....	4
3. Fraud and Corruption Statement by the Chief Executive	5
4. General Responsibilities	6
Directors and Managers	6
Staff.....	7
Corporate Governance, Risk & Compliance Manager	7
Chief Executive.....	7
Audit & Risk Committee & Internal Audit	7
5. Public Interest Disclosures Procedure	9
What is a PID.....	9
Types of PIDS.....	10
How the CEC will acknowledge a report and keep the person who made it informed.....	10
How the CEC will maintain confidentiality of a PID.	11
Detrimental Action.....	12
Steps in the CEC PID Process.....	13
Internal Review & Dispute Resolution	14
Roles & Responsibilities	14
Mandatory Training.....	16
Record Keeping	16
Agency Service Contracts	16
6. Fraud Reporting & Investigations.....	17
Reporting.....	17
Investigations	17

Internal policy document

CEC Fraud and Corruption Control Framework

7. Gifts & Benefits	19
Token Gifts	19
Non-token Gifts	19
Responsibilities of staff.....	19
Reporting gifts and benefits - Staff members	20
Corporate Governance, Risk & Compliance Manager.....	20
Reporting gifts and benefits - Managers	20
Chief Executive.....	20
8. Conflicts of Interest Reporting.....	21
Disclosure of Interests	21
What is a Conflict of Interest?	21
Disclosure of interest at time of appointment	22
Standing item for committee agendas.....	22
Responsibilities of staff.....	22
Reporting your conflicts of interest	22
Reporting suspected conflicts of interest held by another	23
Managing conflicts of interest.....	23
Appendix 1 CEC Fraud & Corruption Accountability Matrix.....	25
Appendix 2 Examples of fraud and corruption	29
Appendix 3 – List of NSW Government Integrity Agencies	30

Acknowledgement: This Framework includes content based on NSW Health policy PD2023_026, and NSW Ombudsman publication 'Developing your Public Interest Disclosure Policy' © State of New South Wales, July 2023, released under a Creative Commons License CC BY 4.0.

1. Introduction

The Clinical Excellence Commission (CEC) takes exposure to fraud seriously and has a zero tolerance for it occurring. The agency takes all reasonable measures to control fraud and properly manage public resources in a way that assures the integrity of the activities of the agency. Any alleged instance of fraud and/or corruption will be thoroughly investigated, and appropriate disciplinary action will be taken. The CEC also has an obligation to report suspected corruption to the relevant authorities. Fraud prevention and control must be the responsibility of all staff and all levels of management, and not just selected people or units within the CEC. The CEC acknowledges that our staff are the best defence against fraudulent activity and play a critical role in preventing and detecting fraud. Staff are encouraged to familiarise themselves with this policy and to be aware of the role they can play. A list of examples of fraud and corruption can be found at [Appendix 2](#), and a list of NSW Government Integrity Agencies can be found at [Appendix 3](#).

2. Key Definitions

Fraud.¹

Dishonest activity, by Department of Health employees, contractors, volunteers, work experience students or external persons, causing actual or potential financial loss to the Department, including the theft of moneys or other property. This includes the deliberate falsification, concealment, destruction or improper use of documentation used for a normal business purpose or the improper use of other information or position.

Corruption.²

Corrupt conduct, as defined in the *Independent Commission against Corruption Act 1988* ("ICAC Act), is deliberate or intentional wrongdoing, not negligence or a mistake. It has to involve or affect a NSW public official or public sector organisation. While it can take many forms, corrupt conduct occurs when:

- a public official improperly uses, or tries to improperly use, the knowledge, power or resources of their position for personal gain or the advantage of others
- a public official dishonestly exercises his or her official functions, or improperly exercises his or her official functions in a partial manner, breaches public trust or misuses information or material acquired during the course of his or her official functions
- a member of the public influences, or tries to influence, a public official to use his or her position in a way that affects the probity of the public official's exercise of functions
- a member of the public engages in conduct that could involve one of the matters set out in section 8(2A) of the ICAC Act where such conduct impairs, or could impair, public confidence in public administration.

¹ Ministry of Health Fraud Control Strategy https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2007_070.pdf

² NSW ICAC What is corrupt conduct - <https://www.icac.nsw.gov.au/about-corruption/what-is-corrupt-conduct>.

3. Fraud and Corruption Statement by the Chief Executive

NSW Health is committed to establishing and maintaining a 'speak-up' culture where staff, contractors and volunteers will report concerns they believe may involve wrongdoing. As the Chief Executive of the Clinical Excellence Commission (CEC) I am committed to preventing fraud and corruption and will ensure that appropriate measures are in place to protect all revenue, expenditure and assets from any attempt to gain illegal financial or other benefits. Any alleged case of fraud and/or corruption will be thoroughly investigated, and appropriate disciplinary action will be taken against anyone who is found guilty of fraudulent or corrupt conduct. This may include referral to the Police. The CEC also has an obligation to report suspected corruption to the Independent Commission against Corruption. Fraud and corruption control matters because we occupy, as government employees, positions of trust in relation to the management of public assets. The CEC requires all workers at all times to act honestly and with integrity and to safeguard the public resources for which they are responsible. Our workers are anyone who carries out work for the CEC, including employees, volunteers, contractors (including agency staff and Visiting Practitioners), subcontractors, the employees of contractors and subcontractors, students, trainees and apprentices. All workers are responsible for reporting wrongdoing, including fraud and corrupt conduct. Under the NSW Health Code of Conduct, workers must:

- act in a way which protects and promotes the interests of NSW Health and the particular NSW Health agency where they work;
- ensure that their actions and decisions are not influenced by self-interest or considerations of personal gain or other improper motives; and
- not accept bribes or inducements that are intended to influence their decisions or actions; and not accept gifts where they are, or could be reasonably interpreted as being, designed to secure influence or preferential treatment in favour of the giver.

NSW Health is committed to protecting any person who raises concerns about a breach of the Code from retaliation or reprisals. Any attempt to take detrimental action against a person who raises a legitimate breach of the Code will be treated seriously and may lead to disciplinary action. Further, it is a criminal offence to take detrimental action against a whistle-blower under Section 33 of the *Public Interest Disclosures Act 2022* (the PID Act). The management team at the CEC will take all reasonable steps to implement systems and procedures that prevent fraud and corruption within the organisation. These steps will be informed through periodic risk assessments, process audits, NSW Health fraud and corruption prevention resources, and better practice guides available through the NSW Audit Office and Independent Commission Against Corruption. Senior Management will also ensure there are appropriate channels for workers to report fraudulent or corrupt behaviour, and that workers are made aware of the ways available to report it. The CEC will ensure all staff, contractors, suppliers and stakeholders are aware of their commitment to fraud and corruption prevention by:

- placing this statement on the CEC's website and regularly reminding staff of its intent.
- scheduling all workers to complete online fraud and corruption training as required; and
- undertaking regular fraud and corruption awareness activities.

Adjunct Professor Michael Nicholl

Chief Executive

4. General Responsibilities

Fraud prevention and control must be the responsibility of all staff and all levels of management, and not just selected people or units within the organisation. Our staff are the best defence against fraudulent activity and play a critical role in preventing and detecting fraud. A **Fraud & Corruption Prevention Accountability Matrix**, incorporating the CEC **Fraud Control Plan**, detailing key accountabilities to be performed for all levels of management and staff in the CEC can be found at [Appendix 1](#).

Directors and Managers

Directors and Managers are responsible for annually reviewing their areas of activity to assess potential risks, develop strategies to address those risks and to determine the effectiveness of the control mechanisms they have implemented. These strategies should be integrated into branch work practices and procedures, and also form part of staff discussions and performance reviews. Business plans should take into consideration these activities including but not limited to:

1. Monitoring their workplaces to identify and address situations that are likely to raise ethical dilemmas.
2. Ensuring that staff are not placed in potentially difficult or compromising situations.
3. Being available and supportive to staff who require guidance on conflicts of interest and other ethical dilemmas.
4. Fostering a work environment free of harassment, discrimination, victimisation, corruption, mal-administration and waste.
5. Ensuring that staff are aware of the principles contained in the Code of Conduct and the established systems and procedures for addressing ethical problems – the Code's advice on conflict-of-interest situations should be emphasised to all staff.
6. Supporting and protecting staff who report, in good faith, instances of potentially unethical or corrupt practices.
7. Ensuring that staff are treated fairly, equitably and in accordance with relevant legislation and policy.
8. Ensuring effective and correct use of delegations of authority.
9. Ensuring that all staff involved in contact with individuals or organisations external to the CEC properly record their actions, comments and undertakings in the appropriate TRIM folder. This is a safeguard against false and malicious allegations against officers.
10. Ensuring all staff take at least two weeks continuous leave in any period of 12 months.
11. Ensuring that appropriate structured referee checks and pre-employment criminal record checks are completed for every recruitment action.
12. Setting a good example in actions and deeds; and
13. Supporting and providing assistance through the Employee Assistance Program, to staff identified as having "personal issues" such as substance abuse, addictions and gambling.
14. Ensuring procurement activities conform with the CEC's [Statement of Business Ethics](#).

Directors and line management lead and advocate a healthy ethical culture within the Clinical Excellence Commission through:

- Demonstrating ethical behaviour in day-to-day activities.
- Communicating the benefits of ethical behaviour throughout the organisation.
- Integrating strategies to prevent fraud and corruption in all departmental processes.
- Instituting positive reinforcement of ethical behaviour.

When a Director or Manager receives a report of suspected fraud or corrupt conduct, it MUST be forwarded to the Chief Executive, the Director Corporate Services, and the Manager Corporate Governance, Risk & Compliance for investigation and action. All people managers have specific roles to perform with regard to Public Interest Disclosures, refer section 5.

Staff

All staff are responsible for preventing fraud and corruption and acting ethically and must comply with controls, policies and procedures. All staff have a duty to report suspected fraudulent activity through the lines of internal reporting, or via external reporting channels. The primary means of doing this is by lodging a Public Interest Disclosure, refer section 5.

Corporate Governance, Risk & Compliance Manager

The Manager Corporate Governance, Risk & Compliance will:

- Coordinate the CEC's overall approach to fraud and corruption prevention.
- Implement and maintain the Fraud and Corruption Control Framework.
- Oversee the development of fraud and corruption awareness/education training.
- Liaise with central agencies such as ICAC, NSW Ombudsman, NSW Audit Office and the Information Commissioner on fraud and corruption issues.
- Monitor progress for reporting to the Audit & Risk Committee and Board (as appropriate).
- Ensure fraud and corruption risk assessments / reviews are conducted regularly to establish its risk profile and to provide management with information to deal with fraud and corruption in a cost-effective way.
- Coordinate and oversee the investigation following an allegation of Fraud or Corruption, except where the allegation is against them. In such instance's investigations may be conducted by either an NSW Health staff member with appropriate experience or outsourced to an appropriate pre-qualified organisation from an NSW Government panel contract.
- Perform as the CEC Public Interest Disclosure Coordinator, refer section 5 for details.

Chief Executive

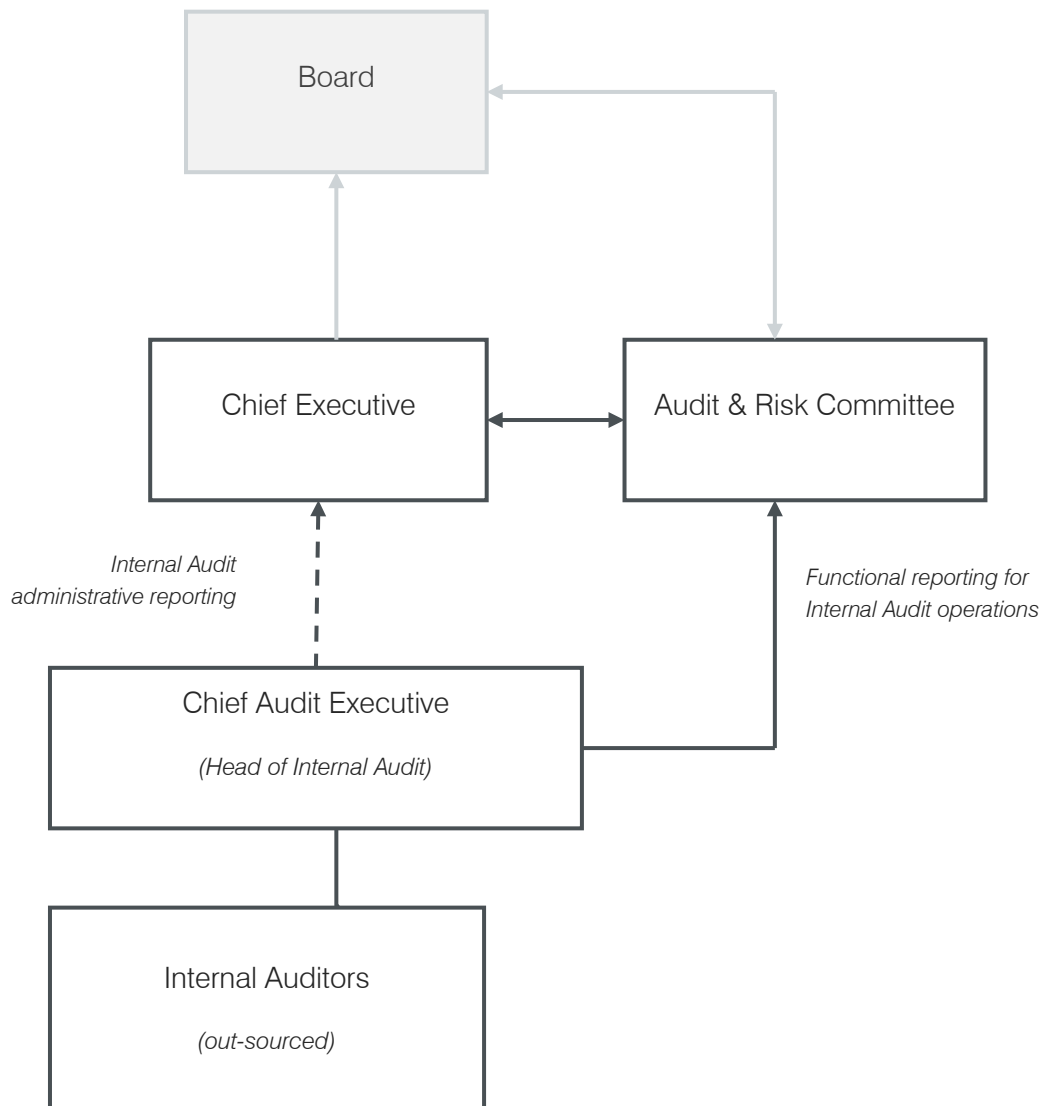
The Chief Executive has ultimate responsibility for the effective and economical use of the Organisation's resources and for determining appropriate controls in managing fraud and corruption risks. The Chief Executive is obliged, under section 11 of the ICAC Act, to report to the ICAC any matter that he or she reasonably suspects involves or may involve corrupt conduct.

When there is an allegation of fraud or corruption against the Director Strategy & Performance the Chief Executive will coordinate and oversee the investigation. This responsibility may be delegated to an appropriately experienced senior member of staff, or a qualified external investigator recommended by Regulation & Compliance Unit at Ministry of Health.

Audit & Risk Committee & Internal Audit

The Charter for the Audit & Risk Committee (ARC) specifically references fraud and fraud risk. The Committee will review the agency's Fraud Control Plan and be satisfied that the agency has appropriate processes and systems in place to capture and effectively investigate fraud related information. Internal Audit provides service to management by assessing the adequacy and effectiveness of the systems of internal control in CEC

and reports to management on omissions, weaknesses or deficiencies that require corrective action. The risk and compliance structure involving the ARC within CEC is overviewed below.



5. Public Interest Disclosures Procedure

What is a PID

A Public Interest Disclosure (PID) is a report made by a public official that relates to suspected serious wrongdoing. A report in relation to the following **categories of serious wrongdoing** may be a PID at the CEC:

1. *corrupt conduct* — such as a public official accepting a bribe
2. *serious maladministration* — such as an agency systemically failing to comply with proper recruitment processes when hiring staff
3. *a government information contravention* — such as destroying, concealing or altering records to prevent them from being released under a Government Information Public Access application
4. *a privacy contravention* — such as unlawfully accessing a person's personal information on an agency's database
5. *a serious and substantial waste of public money* — such as an agency not following a competitive tendering process when contracting with entities to undertake CEC work.

The PID Act requires public authorities to have a policy and procedure for receiving, assessing and dealing with public interest disclosures. At the CEC our policy is the NSW Health [Public Interest Disclosures Policy PD2023_026](#). The CEC's procedure is detailed within the CEC Fraud & Corruption Control Framework herein.

When a public official reports suspected or possible wrongdoing in the public sector, their report will be a PID if it has certain features which are set out in the PID Act.

Some internal complaints or internal grievances may also be PIDs, as long as they have the features of a PID. If an internal complaint or grievance is a report of serious wrongdoing, CEC will consider whether it is a PID. If it is a PID, CEC will deal with it as set out in this Framework, and in doing so make sure CEC staff also follow NSW Health [Public Interest Disclosures Policy PD2023_026](#).

Who Can make a PID

Under the PID Act a public official is quite broad. For practical purposes at CEC it includes all CEC employees, contractors and volunteers. However, can also include another person similarly engaged in any NSW Government agency.

Verbal Reports

All requests to lodge a PID by phone or as part of a face-to-face discussion must be referred to a Disclosure Officer in the first instance.

A verbal report of wrongdoing will also receive the protections under the PID Act if it meets the legislative requirements for a PID. A person making a verbal PID will be asked to sign a copy of the written record documenting the PID prepared by the Disclosure Officer using the [Assessment of a Report of Serious Wrongdoing](#) form.

Anonymous Reports

A person making a PID report may choose to keep their identity anonymous, and information identifying the person making the report must be kept confidential unless authorised under the PID Act.

An anonymous report may still be considered a PID if, the CEC determines that it meets the relevant legislative criteria. However, it is very difficult for the CEC to provide any protection to an anonymous reporter, or provide any support, information or feedback about what action has been taken following the report. Anonymous reporting may not prevent identification of the reporter by the subject of the report or other colleagues, and it can as a result be difficult for the CEC to prevent reprisal (detrimental action) under these circumstances.

Types of PIDS

1. **Voluntary PID:** This is a PID where a report has been made by the public official because they decided, of their own accord, to come forward and disclose what they know. A report is a voluntary PID if it has the following five features, which are set out in sections 24 to 27 of the PID Act:
 - a. It is made by a public official.
 - b. It is made to person who can receive a voluntary PID.
 - c. The public official honestly and reasonable believes that what they providing shows or tends to how serious wrong doing.
 - d. The report was made orally or in writing.
 - e. The report was made voluntarily.
2. **Mandatory PID:** This is a PID where the public official has made a report about serious wrongdoing because they have a legal obligation to make that report, or because making that report is an ordinary aspect of their role or function in an agency.
3. **Witness PID:** This is a PID where a person discloses information during an investigation of serious wrongdoing following a request or requirement of the investigator.

This PID procedure relates to the making of voluntary PIDS.

How the CEC will acknowledge a report and keep the person who made it informed

When a disclosure officer in the CEC receives a report which is a voluntary PID, or looks like it may be a voluntary PID, the person who made the report will receive the following information:

- An acknowledgment that the report has been received. This acknowledgement will:
 - state that the report will be assessed to identify whether it is a PID
 - state that the PID Act applies to how CEC deals with the report
 - provide clear information on how to access this PID policy
 - provide details of a contact person and available supports.
- If the report is a voluntary PID, the CEC will inform the person making the report as soon as possible how CEC intend to deal with the report. This may include:
 - that the CEC are investigating the serious wrongdoing
 - that the CEC will refer the report to a different agency (if appropriate) to deal with the voluntary PID. If the CEC does this, management will provide the person making the report with details of this referral

- If the CEC decide to not investigate the report and to not refer it to another agency for it to be investigated, CEC will inform the person making the report of the reasons for this decision. The CEC will also notify the NSW Ombudsman of this decision.
- If CEC decide to investigate the serious wrongdoing, management will provide the person making the report with updates on the investigation at least every three months. During this time, if the person making the report would like more frequent updates, they should contact the contact person who was nominated when the report was made.
 - If CEC investigate the serious wrongdoing, CEC will provide the person who made the report with the following information once the investigation is complete:
 - a description of the results of the investigation — that is, CEC will advise whether serious wrongdoing took place.
 - information about any corrective action as a result of the investigation(s) — this means CEC will tell advise what action CEC took in relation to the person who engaged in the serious wrongdoing or if the serious wrongdoing was by CEC, what CEC have put in place to address that serious wrongdoing.
 - Corrective action could include taking disciplinary action against someone or changing the practices, policies and procedures that CEC have in place which led to the serious wrongdoing.
- There may be some details about both the findings made as a result of the investigation and the corrective action taken that cannot be revealed to the person making the report. CEC will always balance the right of a person who makes a report to know the outcome of that report, with other legal obligations CEC have.
- If the person making the report choses to make an anonymous report, CEC may not be able to provide this information.

How the CEC will maintain confidentiality of a PID.

The CEC understands that people who make voluntary PIDs may want their identity and the fact that they have made a report to be confidential. Under the PID Act, information tending to identify a person as the maker of a voluntary PID (known as identifying information) is not to be disclosed by a public official or an agency. There are certain circumstances under the PID Act that allow for the disclosure of identifying information. These include:

- Where the person consents in writing to the disclosure.
- Where it is generally known that the person is the maker of the voluntary PID because of their voluntary self-identification as the maker.
- When the public official or CEC reasonably considers it necessary to disclose the information to protect a person from detriment.
- Where it is necessary the information be disclosed to a person whose interests are affected by the disclosure.
- Where the information has previously been lawfully published.
- When the information is disclosed to a medical practitioner or psychologist for the purposes of providing medical or psychiatric care, treatment or counselling to the individual disclosing the information.
- When the information is disclosed for the purposes of proceedings before a court or tribunal.
- When the disclosure of the information is necessary to deal with the disclosure effectively.
- If it is otherwise in the public interest to disclose the identifying information.

The CEC will not disclose identifying information unless it is necessary and authorised under the PID Act. CEC will put in place steps to keep the identifying information of the maker and the fact that a report has been made confidential. It may not be possible for CEC to maintain complete confidentiality while an investigation is

progressed, but CEC will do all that is practical not to unnecessarily disclose information from which the maker of the report can be identified. CEC will do this by:

- Limiting the number of people who are aware of the maker's identity or information that could identify them.
- If CEC must disclose information that may identify the maker of the PID, CEC will still not disclose the actual identity of the maker of the PID, unless CEC have their consent to do so.
- CEC will ensure that any person who does know the identity of the maker of a PID is reminded that they have a legal obligation to keep their identity confidential.
- CEC will ensure that only authorised persons have access to emails, files or other documentation that contain information about the identity of the maker.
- CEC will undertake an assessment to determine if anyone is aware of the maker's identity and if those persons have a motive to cause detrimental action to be taken against the maker or impede the progress of the investigation.
- CEC will provide information to the maker of the PID about the importance of maintaining confidentiality and advising them how best to protect their identity, for example, by telling them not to discuss their report with other staff.

If confidentiality cannot be maintained the CEC will:

- Advise the person whose identity may become known.
- Update the agency's risk assessment and risk management plan.
- Implementing strategies to minimise the risk of detrimental action.
- Providing additional supports to the person who has made the PID.
- Reminding persons who become aware of the identifying information of the consequences for failing to maintain confidentiality and that engaging in detrimental action is a criminal offence and may also be a disciplinary matter.

Detrimental Action.

Where a person has made a PID, CEC management will ensure that person is protected from reprisal (detrimental action) arising as a result of making, or who is suspected of making, a PID. **It is a criminal offence for someone to take detrimental action against a person because they have made or may make a PID.**

The CEC will not tolerate any detrimental action being taken by any person against a person who has made a PID, investigators, witnesses or the person the report is about. The CEC will assess and take steps to mitigate detrimental action from being taken against the maker of a voluntary PID, the person whose conduct is the subject of a PID, investigators and witnesses by:

- Explaining that a [Detrimental Action Risk Assessment](#), will be documented, and a risk management plan will be created (including reassessing the risk throughout the entirety of the matter) by the Disclosure Coordinator.
- Explaining how the agency will communicate with the maker to identify risks.
- Listing the protections that will be offered, that is, the agency will discuss protection options with the maker which may including remote working or approved leave for the duration of the investigation
- Outlining any additional support that will be provided.
- Any suspected detrimental action may be reported to the Disclosure Coordinator

Steps in the CEC PID Process

1. A staff member submits a voluntary PID, preferably using the [Report of Serious Wrongdoing](#) form, to a CEC People Manager, possibly their own line manager, or directly to a Disclosure Officer.
2. The People Manager provides initial support and awareness raising to the staff member, making contemporaneous notes and forwarding these, and if available a completed [Report of Serious Wrongdoing](#) form to a Disclosure Officer, maintaining strict confidentiality at all times.
3. The Disclosure Officer will assist the person submitting the PID finalise documenting their concerns, on the [Report of Serious Wrongdoing](#) as necessary, and in doing so make them fully aware of PID policy and procedure, including protection offered for Detrimental Conduct.
4. At the earliest opportunity the Disclosure Officer will provide the provisional PID to the Disclosure Coordinator who will determine if the PID is a voluntary, or mandatory PID, and issue a formal acknowledgement of receipt to the public official.
5. The Disclosure Coordinator will meet with the Disclosure Officer and any other personnel they deem relevant to complete a [Detrimental Action Risk Assessment](#) form. Again, strictest confidentiality is to be observed to the greatest extent possible.
6. The Disclosure Coordinator will then forward all relevant documentation to the Chief Executive with recommendation as to whether the provisional PID qualifies as a PID under the Act, and relevant next steps required which can include:
 - a. Finding that the PID is invalid.
 - b. The commencement of an investigation, refer section 6.
 - c. Referring the PID to enforcement agency such the NSW ICAC, NSW Police, NSW Ombudsman, and copying in the MoH Regulation and Compliance Unit.
 - d. Redirecting the PID to a more relevant NSW Government agency.
7. Following the Chief Executive's direction, the Disclosure Coordinator will issue a formal letter to the person who made the PID advising of the determination and next steps as required.
8. Corrective action to address wrongdoing or misconduct options available for the Chief Executives approval can include:
 - A formal apology.
 - Improving internal policies to adequately prevent and respond to similar instances of wrongdoing.
 - Providing additional education and training to staff where required.
 - Taking employment action against persons involved in the wrongdoing (such as termination of employment, relocation, a caution or reprimand).
 - Payment of compensation to people who have been affected by serious wrongdoing or other misconduct.
9. The Disclosure Coordinator will report every six months to NSW Ombudsman and MOH-Compliance Unit on PIDs received, action taken to deal with voluntary PIDs and how the agency has promoted a culture where PIDs are encouraged.

Internal Review & Dispute Resolution

People who make voluntary PIDs can seek internal review of the following decisions made by the CEC:

- That CEC is not required to deal with the report as a voluntary PID.
- To stop dealing with the report because CEC decided it was not a voluntary PID.
- To not investigate the serious wrongdoing and not refer the report to another agency.
- To cease investigating the serious wrongdoing without either completing the investigation or referring the report to another agency for investigation.

CEC will ensure internal reviews are conducted in compliance with the PID Act. If the person who made the report would like to make an application for an internal review, they must apply in writing within 28 days of being informed of the CEC's decision. The application should state the reasons why CEC's decision should not have been made, and include any other relevant material with the application. All applications need to be directed in writing to the Disclosure Coordinator.

If a dispute arises between CEC and a person who has made a report which is, or may be, a voluntary PID, CEC may request the NSW Ombudsman to conciliate the dispute. Conciliation is a voluntary process and will only be suitable for disputes where the CEC and the maker of the report are willing to resolve the dispute.

Roles & Responsibilities

Chief Executive

The Chief Executive has ultimate responsibility for maintaining the internal reporting system and ensuring the organisation complies with the PID Act and this policy directive. The Chief Executive can receive reports from staff, and is required to:

- Appoint a disclosures officers.
- Review reports assessed by the disclosures officer, to approve the disclosures officer's recommendation whether or not the report should be treated as a public interest disclosure, and to decide how the report will be dealt with in consultation with the Disclosures Coordinator.
- Ensure there are strategies in place to support reporters, protect reporters from reprisal and manage workplace conflict that may arise in relation to a report.
- Make decisions following any investigation or appoint an appropriate decision-maker.
- Take appropriate remedial/disciplinary action or systemic reform where wrongdoing is substantiated, or systemic problems are identified.
- Refer actual or suspected corrupt conduct to the Independent Commission Against Corruption (ICAC).
- Refer any evidence of a reprisal offence under section 34 of the PID Act to the Commissioner of Police or the ICAC.

Disclosures Coordinator

The Disclosures Coordinator is appointed by the Chief Executive to receive and assess reports and is the primary point of contact for the reporter. The disclosures coordinator has a responsibility to monitor compliance with the PID Act and this policy directive.

The Disclosure Coordinator will also undertake and/or supervise the following:

- A documented assessment of all reports to determine whether or not a report should be treated as a public interest disclosure.

- A documented decision about how the report will be dealt with.
- Coordinate the response to a report.
- Acknowledge reports as required by the PID Act and provide updates and feedback to the reporter.
- Assess whether it is possible and appropriate to keep the reporters identity confidential.
- Document a [PID Risk Assessment](#) relating to the risk of reprisal and workplace conflict related to or likely to arise out of a report, and develop strategies to manage any risk identified.
- Where required, provide or coordinate support to staff involved in the reporting or investigation process, including protecting the interests of any officer the subject of a report.
 - Where it is decided to investigate provide the reporter with regular updates on progress at least every three months.
- Monitor and ensure organisational compliance with the PID Act.
- Provide six-monthly reports to the NSW Ombudsman and provide the Regulation & Compliance Unit at the Ministry of Health with a copy of their six-monthly report to the Ombudsman.
- Act as a Disclosure Officer when required.

The role of the Disclosures Coordinator is currently performed by the Manager Corporate Governance, Risk & Compliance.

Disclosures Officers

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

Disclosures officers have a responsibility to:

- Document any reports received verbally, and have the document signed and dated by the reporter (if possible) Assist staff to make reports privately and discreetly when requested
- Discuss with the reporter any concerns they may have about reprisal or workplace conflict Conduct an assessment and forward reports to the Disclosures Coordinator or principal officer for approval and additional assessment where necessary
- Assist the Disclosures Coordinator with risk assessments and PID management
- Assist in raising awareness of the PID Act and the PID policy and procedure.

A Disclosure Officer, may if they feel unable for any reason to deal with a PID, refer it directly to Disclosure Coordinator to action in full.

The following positions have been approved as Disclosures Officers at CEC:

- All individual members of the CEC Board
- Chief Executive
- Director Corporate
- Director Systems Improvement
- Associate Director Strategic Operations
- Manager Corporate Governance, Risk & Compliance (Disclosure Coordinator)
- Manager Workforce People & Culture

People Managers

It is important that People Managers quickly recognise when they have received a PID. This is because once a PID is received, the person who has made the report is entitled to certain protections and CEC have certain decisions that to make on how the CEC will deal with the PID and how the CEC will protect and support the person who has made the report.

PIDs are often initially received by People Managers, who have a responsibility to provide support to the person and do their best to make contemporaneous notes before forwarding a copy of this record to a Disclosure Officer. Confidentiality of person's concerns and identity are to be observed with no reference being made to third parties inside outside the CEC. Under the PID Act all People Managers are required to:

- Receive and pass on PIDs from staff they supervise.
- Ensure these staff are protected from Detrimental Action.
- Maintain Confidentiality.
- Provide support such as EAPS.
- Implement approved strategies to minimise risk of reprisal and notify a Disclosure Officer if they feel a staff member is being subjected to reprisal action.

Mandatory Training

Under the PID Act, people managers and disclosure officers must complete the following mandatory HETI training modules in My Health Learning by 31 March 2024 and then once every three years thereafter.

1. [Public Interest Disclosures Training for People Managers](#)
2. [Public Interest Training for Disclosure Officers](#)

Record Keeping

CEC will keep full and accurate records with respect to all information received in connection with the PID Act. This ensures that compliance with its obligations under the *State Records Act 1998*. To achieve this all-source records, including transcripts of conversations taken by People Managers, and Disclosure Officers will be provided to the Disclosure Coordinator who will be responsible for their secure storage in TRIM, along with all other PID records collected or generated by the Disclosure Coordinator in advancing recommendations to the Chief Executive.

Agency Service Contracts

Under s.82 of the PID Act contingent workers and contractors, providing services on behalf of the CEC, must be advised in writing that they are public officials under the PID Act, and provided access to this Framework.

6. Fraud Reporting & Investigations

Reporting

All staff have a duty to report suspected fraudulent activity. Reports of fraud or corruption can be made verbally or in writing. All matters reported in good faith are thoroughly investigated. The internal reporting system can be summarised as employees being encouraged to report to their immediate manager, or the Director Corporate Services or the Chief Executive, or another CEC manager. The Corporate Governance Risk & Compliance Manager is to be copied in on all reports, if not the first instance by the reporting staff member, then immediately by the receiving manager. Staff are encouraged to raise their concerns at any time with their managers, but as an alternative they have the option of making a **Public Interest Disclosure** as outlined in **NSW Health's [Public Interest Disclosure Policy PD2023_026](#)**. The *PID Act 2022* offers employees protection from reprisal when reporting fraudulent activity.

CEC's Public Interest Disclosure Procedure is at section 5.

Staff not wishing to report a matter internally may make reports or Public Interest Disclosures to the following investigating authorities:

- Internal Audit Branch of the NSW Ministry of Health
- Secretary, NSW Health (for serious and substantial waste of public money)
- Independent Commission Against Corruption, ICAC (for fraud / corruption matters)
- NSW Ombudsman (for maladministration matters)
- Information Commissioner (for government information contravention)

Members of the public and other stakeholders, such as suppliers or contractors, can report suspicions of fraud or corruption by writing to or telephoning the Director Corporate Services (mobile 0428 876 953), or by email to CEC-CorpGov@health.nsw.gov.au.

Matters referred to the Independent Commission against Corruption (ICAC) or NSW Police may lead to criminal proceedings. Offenders can expect to be required to repay the full cost of any theft, misappropriation or improper benefit, including interest. If the offender has monies owing by the Department, such sums may be offset against any inappropriate benefit obtained.

Investigations

Investigations will be conducted with the urgency and priority established at the time the investigation is requested or as the circumstances determine. The provisions of the *ICAC Act 1988* need to be complied with as well those under and the *Public Interest Disclosure Act 2022* need to be considered, as well as the NSW Health's policy [Corrupt Conduct - Reporting to the Independent Commission Against Corruption \(ICAC\) - PD PD2016_029](#).

Particular attention needs to be paid to ensuring that any person making a report of suspected misconduct such as a Public Interest Disclosure, or as a witness providing evidence to any subsequent investigation, are to have their identities treated with the utmost confidentiality.

Investigative work normally takes the form of a preliminary fact-finding investigation undertaken by a suitably qualified audit firm selected from the NSW Procurement panel contract SCM0005, and it is important that this work proceed at the earliest practicable opportunity, with findings to be supplied to the Chief Executive, with a base period for such work set at twelve weeks (to draft report stage). This does not include the time required

for management comments, advice sought from Legal Branch and responses from those subject to the allegations.

The functional area being investigated is not required to fund the cost of the fact-finding auditor, and any subsequent misconduct investigation if required. These costs will be considered a corporate expense.

An investigation Terms of Reference will need to be submitted the Chief Executive for approval and include nature of allegations, scope of work, resources, anticipated timeframe, context of environment, and statement of authority to do work.

When a contract internal audit firms is used, a dedicated resource from within the Corporate Services Directorate CEC needs to be allocated to help source files, policies and procedures for the investigator, and to organise interview rooms and correspondence with all interviewees.

This may require significantly more effort than envisaged due to the care required in dealing with all staff and any external customers, and ensuring every person identified in the investigation process is a given every opportunity to present their version of events. The People, Culture & Workforce Manager must necessarily be consulted at each stage during the planning, conduct, reporting and follow up of all investigative activity.

If the fact-finding investigation recommends that there are sufficient grounds for a misconduct investigation to commence the Chief Executive must be advised immediately. The process for disciplinary action is covered in the NSW Health Policy Managing Misconduct (PD2018_031), and the Director Corporate Services and or the People, Culture & Workforce Manager must take carriage of the matter. **All misconduct investigations must be performed by a trained investigator sourced from the Director Legal & Compliance at MoH.**

All probity related investigations must be reported to the next meeting of the Audit & Risk Management Committee (in de-identified form) by the CAE to identify the key risks and share lessons learnt. All external letters / reports regarding investigative matters should be signed out by the Chief Executive.

Under s.60 of the *Public Interest Disclosure Act 2022*, a person making a report of serious wrongdoing may request an internal review of that decision. The request must be in writing and conducted by a suitably qualified person, appointed by the Chief Executive, with no previous involvement in the matter.

7. Gifts & Benefits

A gift or benefit is anything of value that is offered to a staff member that is over and above their normal salary or employment entitlements. This can include free (or less than market value) accommodation, entertainment, hospitality, travel or material goods.

Staff may be offered gifts or benefits for a variety of reasons and in many different circumstances. The way that the CEC and its staff members handle these situations is crucial to avoiding unprofessional and unethical conduct or the perception that such conduct has occurred.

Token Gifts

Gifts categorised as token gifts are inexpensive gifts of gratitude such as a bunch of flowers, of nominal value up to \$75. Token or inexpensive gifts may only be accepted if offered as a gesture of appreciation, and not to secure favour. Acceptance of the gift must be declared in line with this procedure.

When a staff member suspects (or is aware) that the value of the gift is beyond a nominal amount or may be part of an attempt to secure favour, they should politely decline the offer, explaining that accepting it would breach the NSW Health policy.

Non-token Gifts

Gifts or other benefits not essentially token or inconsequential in kind and exceeding the nominal value of \$75 must not be accepted unless:

- it is not obtained by virtue of a staff member's office or position;
- where a gift is given to a staff member in a public forum in appreciation for the work, assistance or involvement of the staff member or health service, and refusal to accept the gift would cause embarrassment or affront (NOTE: the issue of causing embarrassment or affront does not apply to gifts offered by commercial organisations); or
- in circumstances generally approved and communicated by the CE; or on any other occasion with the formal written approval of the CE, preferably obtained beforehand.

If accepting gifts in these circumstances, staff members must indicate that they are accepting the gift on behalf of the Clinical Excellence Commission. Receipt of the gift must be reported as soon as possible to the CE (or the Board, in cases where the CE is the recipient).

Responsibilities of staff

All staff members are required to report, as soon as possible, the receipt of a gift or benefit to their manager or the CE.

Staff must not:

- expect to receive anything for doing what they are paid to do
- seek any payment, gift or benefit, for themselves or an immediate family member
- accept gifts of cash, or near cash items such as gift cards, under any circumstances
- accept gifts, rewards, travel or meals from suppliers or vendors

Reporting gifts and benefits - Staff members

Staff members are required to declare gifts and benefits using the [Gifts and Benefits Reporting web form](#) on the CEC Intranet. The data from the form is automatically forwarded to the Corporate Governance inbox (CEC-CorpGov@health.nsw.gov.au) for inclusion on the CEC's Gifts and Benefits register and for review by the staff member's manager.

Corporate Governance, Risk & Compliance Manager

The Corporate Governance Risk & Compliance Manager is responsible for receiving and forwarding gift and benefit declarations from CEC staff members, recording the receipt of gifts and benefits in the CEC's Gifts and Benefits register, and notifying staff that the receipt of the gift or benefit has been approved (or noted, when a gift or benefit was offered and declined).

Note - The Corporate Governance, Risk & Compliance Manager can provide advice and recommendations to the Chief Executive, managers and staff around relevant NSW Health policy and procedures but is unable to approve the receipt of any gifts or benefits.

Reporting gifts and benefits - Managers

Managers who receive an email notification that a staff member has received a gift or benefit should assess whether the gift or benefit is a token in nature, and that it has been offered only as a gesture of appreciation, and not to secure favour.

If the manager is satisfied that the gift or benefit is a token and offered only as a gesture of appreciation, the manager should reply to the email, noting they have approved the receipt of the gift or benefit. This is recorded by the Corporate Governance, Risk & Compliance Manager in the CEC's Gifts and Benefits register.

Where the manager has any reservations about whether the gift or benefit may be an attempt to secure favour, or determines that the gift or benefit is non-token in nature, they should notify the Corporate Governance, Risk & Compliance Manager, who will forward the information to the CE for review and appropriate action.

Chief Executive

The Chief Executive will review all gifts and benefits declarations involving non-token gifts. The Chief Executive will also review those declarations that have been forwarded from managers who have reservations about whether the gift may be an attempt to secure favour.

Where receipt of the gift or benefit is approved, the Chief Executive will notify the Corporate Governance, Risk & Compliance Manager for communication to the staff member, and for recording in the CEC's Gifts and Benefits register.

Where receipt of the gift or benefit is not approved, the CE will liaise directly with the staff member and provide instructions on what to do with the gift or benefit (this can include returning a gift to the offeror, or keeping the gift for use by the organisation). This information is also to be forwarded to the CEC's Corporate Governance & Reporting Officer, for recording in the CEC's Gifts and Benefits register.

8. Conflicts of Interest Reporting

Everyone has interests that are personal to them or someone close to them and sometimes these interests may conflict with the decisions they make or the actions they take at work. Having personal interests is not necessarily a problem – it is how they are dealt with that is important.

A conflict of interest exists when it is likely that a staff member could be influenced, or perceived to be influenced, by a personal interest when carrying out their public duty. Conflicts of interest that are wilfully concealed may constitute a breach of the Code of Conduct.

Disclosure of Interests

CEC is committed to ensuring that interests of any kind are dealt with consistently, transparently and with rigour.

An “Interest” is defined in as meaning “any direct or indirect, pecuniary or non-pecuniary, interest.”

A material personal interest arises in any situation in which an employee or network member has an interest which may influence, or be perceived to influence, the proper performance of the CEC’s responsibilities. The perception of an interest is as important as any actual interest.

What is a Conflict of Interest?

Conflicts of interest can be actual, perceived or potential.

- An actual conflict of interest involves a direct conflict between a staff member’s current duties and responsibilities and existing private interests.
- A perceived or apparent conflict of interest can exist where it could be perceived, or appears, that a staff member’s private interests could improperly influence the performance of their duties – whether or not this is in fact the case.
- A potential conflict of interest arises where a staff member has private interests that could conflict with other official duties in the future.
- A pecuniary is an interest with a reasonable likelihood or expectation of financial gain or loss to the person or someone closely associated with them.
- A non-pecuniary conflict of interest does not relate to money, but the non-financial gain or loss to themselves or someone closely associated with them

A Conflict of Interest exists where there is a divergence between the individual interests of a person and their professional responsibilities such that an independent observer might reasonably conclude that the professional actions of that person are unduly influenced by their own interests. Conflict of interests have the potential to compromise judgments and decisions that should be made impartially.

The following provide some examples of situations where a conflict of interest may, or may not, arise or exist. It is impossible to define all the potential areas where a conflict of interest may arise and therefore if you are in any doubt as to whether a conflict may exist, you should seek advice from your supervisor in the first instance.

Situations that may generate a conflict of interest can arise out of:

- personal relationships with Health colleagues, either current or previous
- personal or commercial relationships with persons with whom the CEC is dealing, for example contractors or tenderers

- personal financial interests in matters which involve the CEC
- unapproved secondary employment and or external directorships
- use of confidential information obtained in the course of CEC duties
- external activities and public comment
- membership of a tender or recruitment panel
- external directorships and secondary employment.

The perception that a Conflict of Interest exists is also a serious matter and raises concerns about the integrity of individuals or the management practices of the institution.

Your interest/s declaration will enable CEC to determine whether or not, after the interest has been declared, you should be involved in the activity / network, and if you are to be involved, the scope of such involvement.

Disclosure of interest at time of appointment

Upon appointment to an CEC committee, or invitation to participate in an CEC sponsored clinical network, you will be asked to declare actual or perceived interests you have.

Standing item for committee agendas

All CEC committees and agendas must have as the first item of business the opportunity for conflicts of interest to be declared for the minutes and subsequent completion of the declaration form, if not already performed. Suggested text is provided below.

Conflict of Interest Declarations

Members to declare whether they have any conflict of interest in any item of business on the agenda. Interest includes any pecuniary or other interest in relation to the matter being considered and includes shareholders, ownership, employment, being the past or future recipient of benefits in any form from another entity also having an interest in the matter being considered, as well as any known family, social, business, or other relationship, past present or future with owners, principals or agents of such other entity.

Responsibilities of staff

Staff members have a responsibility in respect of their public duty to:

- Be aware of their obligation to identify and assess private and personal interests and whether they conflict or have the potential to conflict with their official duties.
- Avoid, where possible, conflicts of interest and appropriately manage those conflicts of interest that cannot be avoided.
- Declare immediately any conflict of interest or potential conflict of interest to their immediate supervisor, or if serving on an external committee sponsored by the CEC to that committee's Chair.
- Treat all persons equally and fairly and not show preference to any individual or organisation.

Reporting your conflicts of interest

In the first instance, if a staff member has an actual or potential conflict of interest it should be reported to their immediate supervisor, using the [Conflicts of Interest Disclosure Form](#). The completed form must then be forwarded to the CEC's Corporate Governance, Risk & Compliance Manager for recording in the CEC's Conflict of Interests register.

A periodic review (at least annually) should be conducted by the relevant CEC manager to determine if the conflict of interest still exists and that the management strategies are current and appropriate.

Regardless of whether the conflict of interest has been resolved, the manager and staff member should sign the declaration section of the form and forward it to the CEC's Corporate Governance, Risk & Compliance Manager for updating in the CEC's Conflict of Interests register.

Reporting suspected conflicts of interest held by another

If staff members or members of a clinical network apprehend that another staff member may have a potential conflict of interest that has not been disclosed, they should report the matter to their immediate supervisor. If that is not practicable then they may utilise the reporting arrangements detailed in the CEC's Internal Fraud & Corruption Policy.

Managing conflicts of interest

The CEC is required to maintain a conflict of interest register that records details of conflicts of interest and how they have been managed. Choosing the right option to deal with the conflict will depend on the circumstances of the matter and an objective assessment of it.

Key considerations include:

- Registering the conflict of interest in a formal register

ALL conflicts of interest must be registered, however for minor or perceived conflicts of interest, no further management action may be needed after the conflict is disclosed and registered. The conflict may be managed by disclosure.

- Restricting the involvement of the individual in the matter that gives rise to the conflict

This may include abstaining from voting, withdrawing from discussion of affected proposals or having restricted access to sensitive information. This strategy can be useful when it is possible to separate the individual with the conflict from parts of the activity or process, or when the conflict is not likely to arise frequently.

- Removing the individual with the conflict from the matter entirely

This may be appropriate where the conflict is serious and or ongoing.

- Divesting the private interest

Where employee with a conflict wishes to continue with their involvement in an CEC activity an option is for them to divest themselves of the conflict of interest. The relevant CEC manager will need to satisfy themselves that this has occurred and document this in the CEC Conflict of Interest Register.

- Recruiting an independent third party to oversee part or all of the process that deals with the matter

Managers may find this useful when it is not practical or desirable to remove the individual with the conflict from the decision-making process, such as in small communities, or when there is specific expertise that needs to be retained (e.g. for tendering or recruitment selection panels).

- NSW Health Code of Conduct

If a staff member is unwilling to meaningfully deal with an identified Conflict of Interest their manager is refer the matter in writing to the CEC People and Culture Manager to assess whether the Code of Conduct has been breached.

Appendix 1 CEC Fraud & Corruption Accountability Matrix

Fraud & Corruption Prevention - Accountability Matrix							
Management Action	At least once	At orientation	Ongoing	Fortnightly	Monthly	6 monthly	Annually
Ethical Framework							
Directors/Managers are to ensure that all staff member have read and understood the content/conditions of NSW Health's current Code of Conduct and staff member has signed a copy. This also applies to secondees and contractors. Whilst the employee only has to sign once, the Director should ensure annually that everyone has read, understood and signed the declaration.		x					x
Directors/Managers are to ensure all staff are aware of the policy on Conflict of Interest and Gifts and Benefits, perform duties in a fair and unbiased way and not make decisions which are affected by self-interest or personal gain.		x					x
Conflicts (or potential conflicts) of interest (COI) are reported to the staff member's supervisor and recorded in the COI Register maintained by the Corporate Governance, Risk & Compliance Manager.			x				
All gifts and/or benefits received are reported via submission of the Gifts & Benefits form.			x				
Directors & People Managers are to ensure all staff have undertaken the HETI online Fraud & Corruption Prevention, and PID modules.	x						
Directors/Managers are to ensure matters relating to Fraud Risk and Corruption within the CEC are to be referred to the Chief Executive, Director Corporate Services, and the Corporate Governance, Risk & Compliance Manager.			x				
Directors/Managers are to ensure that all staff are aware of the policy requirements on reporting corrupt conduct.		x					x

Fraud & Corruption Prevention - Accountability Matrix

Management Action	At least once	At orientation	Ongoing	Fortnightly	Monthly	6 monthly	Annually
Directors/ Managers must identify, assess, eliminate or minimise the potential for workplace bullying and be aware of their responsibilities under the NSW Health policy on <i>The Prevention and Management of Workplace Bullying</i> .			x				
Staffing							
Directors / Managers are to ensure that all staff have signed a current, up to date, role description.		x	x				
Directors / Managers are to ensure that for all staff there is an annual performance agreement that sets out individual performance objectives linked to the corporate objective as well as capabilities they are required to demonstrate in their role.							x
Directors / Managers are to ensure that for all staff there are regular performance reviews of progress of achieving objectives of the performance agreement with a formal review at least annually.			x			x	
Directors / Managers are to ensure that a copy of each performance agreement and of each performance review is sent to People and Culture Team.							x
Engagement of Consultants & Contractors							
Directors/ Managers are to ensure that the engagement and management of consultants is undertaken as required by the Goods and Services Procurement Policy Manual (Chapter 9) and NSW Procurement Board Direction PBD–2019-01.			x				
Directors/ Managers are to ensure that the engagement and management of contractors complies with NSW Health Procurement policy.			x				

Fraud & Corruption Prevention - Accountability Matrix

Management Action	At least once	At orientation	Ongoing	Fortnightly	Monthly	6 monthly	Annually
Directors/ Managers are to ensure Consultants or Contractors do not supervise employees or exercise delegations.			x				
Information Management and Communication							
Directors/ Managers are to review the security of information/ documentation held by the Directorate, ensure privacy of patient information and that staff are aware of their obligations under the Health Records and Information Privacy Act 2002.			x				
Directors/ Managers are to ensure all staff have undertaken appropriate Recordkeeping training and are kept aware of their recordkeeping responsibilities.		x	x				
Directors/ Managers are to ensure that files no longer in use are reviewed and if not required, arrangements are made with Records Unit for disposal.						x	
Directors/ Managers are to ensure all staff are aware of the NSW Health policy for Electronic Information Security and Communications Systems and Use of NSW Health Communications Systems.		x	x				
Directors/ Managers are to ensure all staff read and sign the CEC Confidentiality, IP and Acceptable Use form and provide completed forms to the Manager Corporate Governance Risk & Compliance.		x					x

Fraud Control Plan

Review of Fraud Risk Register by CAE as part of the formal annual refresh of the Risk Register and Strategic Internal Audit plan							
Review of timing of the next Fraud Risk Assessment to be incorporated in the annual update to the Strategic Internal Audit plan by the CAE.							
Annual Fraud Health Check staff survey, based on the NSW Audit Office Fraud Control Toolkit survey, to be issued by the Chief Executive, with results analysed to identify any systemic weakness in awareness levels and fraud controls.							
All finalised fraud investigation key details and results (respondent's details de-identified) inputted into a spreadsheet to track trends by CAE.							
NSW Ombudsman and HETI online PID awareness training all staff email from Chief Executive to be arranged by CAE.							
NSW ICAC on-line Corruption prevention in procurement course to arranged for relevant staff by the CAE.							
Fraud Risk Assessment to be performed by CAE with relevant management personnel each time the organisation structure is changed.							

Appendix 2 Examples of fraud and corruption

The following list is not exhaustive but includes some of the more common examples of fraud and corruption in the public sector:

Theft of assets, such as:

- equipment, consumables, supplies, cash, and information.

Unauthorised or illegal use of assets:

- information or services for private purposes, including computers, including email and the Internet;
- motor vehicles;
- clerical and other support;
- confidential information;
- equipment, including photocopiers, telephones and fax machines; and
- the CEC's, or any Health entity name or logo e.g. through use of letterhead or staff authority/access card.

Abuse of position and power for personal gain, such as:

- seeking and obtaining bribes or other gifts in exchange for favourable treatment; and
- Conflicts of interest in staff or contractor / consultancy appointments.

Manipulation and misuse of account payments, such as:

- fictitious employees on the payroll;
- ordering equipment for private and personal use;
- favouring suppliers whose costs are not as competitive as other suppliers;
- unauthorised approval to pay;
- diversion of proceeds; and
- writing off debts.

Falsification of records, including:

- timesheets / flex sheets;
- travel claims;
- purchase orders;
- petty cash vouchers; and
- certificates of competency or qualification.

Manipulation of computer programs for improper purposes, such as:

- unauthorised alteration of input data;
- misappropriation, destruction or suppression of output data;
- alteration of computerized data;
- alteration or misuse of software programs; and
- unauthorised and /or deceptive electronic transfer of funds.

Appendix 3 – List of NSW Government Integrity Agencies

Integrity agency	What they investigate	Contact information
The NSW Ombudsman	Most kinds of serious maladministration by most agencies and public officials (but not NSW Police, judicial officers or MPs)	Telephone: 1800 451 524 between 9am to 3pm Monday to Friday Writing: Level 24, 580 George Street, Sydney NSW 2000 Email: info@ombo.nsw.gov.au
The Auditor-General	Serious and substantial waste of public money by auditable agencies	Telephone: 02 9275 7100 Writing: GPO Box 12, Sydney NSW 2001 Email: governance@audit.nsw.gov.au
Independent Commission Against Corruption	Corrupt conduct	Telephone: 02 8281 5999 or toll free on 1800 463 909 (callers outside Sydney) between 9am and 3pm, Monday to Friday Writing: GPO Box 500, Sydney NSW 2001 or faxing 02 9264 5364 Email: icac@icac.nsw.gov.au
The Inspector of the Independent Commission Against Corruption	Serious maladministration by the ICAC or the ICAC officers	Telephone: 02 9228 3023 Writing: PO Box 5341, Sydney NSW 2001 Email: oiicac_executive@oiicac.nsw.gov.au
The Law Enforcement Conduct Commission	Serious maladministration by the NSW Police Force or the NSW Crime Commission	Telephone: 02 9321 6700 or 1800 657 079 Writing: GPO Box 3880, Sydney NSW 2001 Email: contactus@lecc.nsw.gov.au
The Inspector of the Law Enforcement Conduct Commission	Serious maladministration by the LECC and LECC officers	Telephone: 02 9228 3023 Writing: GPO Box 5341, Sydney NSW 2001 Email: oilc_executive@oilc.nsw.gov.au
Office of the Local Government	Local government pecuniary interest contraventions	Email: olg@olg.nsw.gov.au
The Privacy Commissioner	Privacy contraventions	Telephone: 1800 472 679 Writing: GPO Box 7011, Sydney NSW 2001 Email: ipcinfo@ipc.nsw.gov.au
The Information Commissioner	Government information contraventions	Telephone: 1800 472 679 Writing: GPO Box 7011, Sydney NSW 2001 Email: ipcinfo@ipc.nsw.gov.au