

# Corrupt Conduct and Fraud Control

## 1. Purpose

Corrupt conduct and fraud reduces resources available to deliver high quality healthcare and can significantly undermine public confidence in our organisation. The purpose of this documents is to set out:

- key procedural requirements necessary to establish and maintain an appropriate system of corrupt conduct and fraud control for West Moreton Hospital and Health Service (West Moreton Health), inclusive of prevention and detection strategies, and responding to complaints that involve, or may involve, alleged corrupt conduct
- roles and responsibilities of staff, including Executive and the Board.

This should be read in conjunction with the [Risk Management Procedure](#) and the [Compliance Management Policy/Procedure](#).

## 2. Scope

This document is mandatory and applies to all West Moreton Health staff, including employees, volunteers, contractors, consultants and others who exercise power or control resources for or on behalf of West Moreton.

## 3. Statement of Commitment

West Moreton Health is committed to:

- respecting, protecting and promoting human rights. West Moreton Health recognises a person is equal before the law and is entitled to the equal protection of the law without discrimination. The application of the administrative principles of natural justice embodies within the Code of Conduct will be applied throughout the corrupt conduct inquiry.
- embedding and promoting an ethical culture at all levels of the organisation, including achieving high standards of ethical conduct amongst its staff

## 4. Principles

West Moreton Health's approach to corrupt conduct and fraud control is aligned with the key principles of *AS 8001-2008: Fraud and Corruption Control*, the Department of Health's Fraud Control Policy, Guideline and Implementation Standard, the [Crime and Corruption Commission's Corruption in Focus: A guide to dealing with corrupt conduct in the Queensland public sector \(2016\)](#) and the principles outlined in the [Code of Conduct for the Queensland Public Service](#).

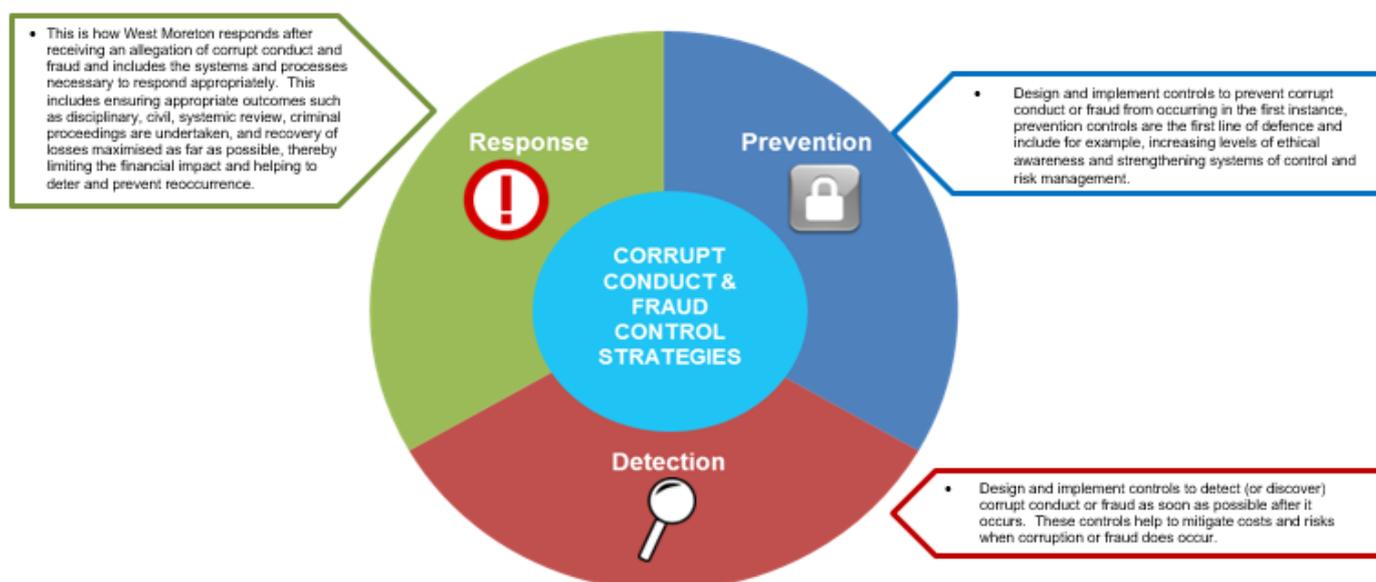
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The principles in the Code of Conduct guide the implementation of fraud and corruption control measures within West Moreton Health:

- **Integrity and impartiality**- being honest, fair and respectful and ensuring decisions are unprejudiced, unbiased and just.
- **Promoting the public good**- delivering the program and services that benefit the people of Queensland.
- **Commitment to the system of government**- respecting the government and its institutions and upholding the law
- **Accountability and transparency**- taking responsible actions and decisions that can be explained and easily understood.

## 5. Process

Corrupt conduct and fraud control requires the implementation of a number of key control strategies grouped within the themes of prevention, detection and response (as depicted below)



### 5.1 Prevention

Corrupt conduct and fraud can be prevented through ethical culture and leadership, education, effective governance, internal controls and risk management.

#### 5.1.1 Ethical Culture and Leadership

West Moreton Health's expectations on ethical behaviour are outlined in the [Code of Conduct for the Queensland Public Service](#) and [applicable policy and procedure documents](#).

Effective corrupt conduct and fraud control requires the commitment of everyone and employees should ensure that they are familiar with their role in corrupt conduct and fraud prevention (refer to section 6).

#### 5.1.2 Awareness, Education and Training

To ensure employees are aware of what constitutes corrupt conduct and fraud, recognising the warning signs and how they should respond to suspected or detected activity. West Moreton Health utilises the following resources and initiatives to raise awareness:

- mandatory and refresher Workplace Behaviour and Ethics, Corrupt Conduct and Public Interest Disclosures (PIDs) Training available within [West Moreton Learning On-Line \(WM-LOL\)](#)
- Fraud Awareness Training, mandatory for all employees working in specific work areas, however accessible to all employees through [West Moreton Learning On-Line \(WM-LOL\)](#)

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- targeted education tailored for specific work areas/job functions
- dissemination of alerts pertaining to events or threats
- awareness days/months

### 5.1.3 Good Corporate Governance

West Moreton Health's [Integrated Corporate Governance Framework](#) is integral to the control of corrupt conduct and fraud. Corporate governance structures improve transparency and accountability and reduces the likelihood that West Moreton Health will suffer financial loss or damage to its reputation/.

### 5.1.4 Internal controls

Effective internal controls are developed and maintained through the cooperation of multiple work areas; with Line Managers responsible for daily operations and for maintaining internal controls within their area of responsibility.

Internal controls are subject to the following reviews:

- the Financial Compliance Team undertakes an annual assurance program, the Financial Internal Control Self-Assessment (FICSA) program, which assesses the adequacy and effectiveness of financial internal controls and provides assurance to the Chief Executive and the Board that the financial internal controls are operating efficiently, effectively and economically. Areas are examined across 14 key financial processes including:
  - Cash Management
  - Corporate Cards
  - General Trust
  - Patient Fiduciary Funds
  - Budgets
  - Expenditure
  - Procurement
  - Gifts & Benefits
  - Grants
  - Non-Current Assets
  - Tax
  - Revenue
  - Pharmacy Inventory – iPharmacy
  - Month End Reporting.
- Internal and external audit (refer to Section [5.2.4](#))
- Risk and compliance management activities (e.g. self-assessments) undertaken in accordance with the [Risk Management Procedure](#) and [Compliance Management Policy/Procedure](#).

### 5.1.5 Conflicts of Interest

Under the *Public Service Act 2008 (Qld)*, employees have an obligation to disclose an interest that conflicts or may conflict with the performance of their public duties. Having a conflict of interest is not considered misconduct or a breach of the [Code of Conduct for the Queensland Public Service](#); however it is important that staff are open about conflicts of interest, and that conflicts of interest are managed and resolved in the public interest. Refer to the [Conflict of Interest Procedure](#) for more information about management of conflict of interest.

### 5.1.6 Risk management

West Moreton Health's approach is underpinned by *AS/NZS ISO 31000:2009 Risk Management – Principles and Guidelines* and is fully described in the [Risk and Compliance Management Framework](#) and [Risk Management Policy](#) and should be carried out using the [Risk Management Procedure](#) and [Risk Management Guide](#). All risks are managed under the hierarchically organised Framework in accordance with the 'three lines of defence' assurance model. For further information and access to tools and enablers supporting effective risk management within West Moreton refer to the [Risk Management Intranet page](#).

Some business areas are particularly susceptible to corrupt conduct and fraud; particular attention should therefore be paid to corrupt conduct and fraud control in these areas. The [High Risk Areas Factsheet](#) provides additional information to support compliance with this document including detailing how internal controls can be integrated into the work of all business areas.

If specific, identified corrupt conduct and fraud risks exist within a division or unit, it is the responsibility of that Manager to monitor, control and/or treat that risk and record the risk on the divisional register. Risks requiring escalation and/or consideration for the organisational risk register should be managed in accordance with the [Risk Management Procedure](#). If a change in the business environment (structure, function or activities) occurs that impacts on a risk, it is the responsibility of the Manager or risk owner to

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ensure the risk is updated on the relevant risk register. A risk assessment should be conducted at least every two years, or otherwise determined, (based on the outcomes of previous fraud risk assessments or emerging risks relating to potential fraud exposure).

### 5.2 Detection

Despite prevention activities, corrupt conduct and fraud may still occur, therefore specific strategies are in place to detect internal or external fraud, or attempted fraud, and to report fraud as soon as possible after it has occurred.

#### 5.2.1 Identifying early warning signs (red flags)

The Fraud Awareness Training and [Warning Signs Factsheet](#) supports early warning capabilities and in understanding a range of red flags.

#### 5.2.2 Reporting corrupt conduct

Employees who observe, become aware of, or suspect corrupt conduct, within, against or by West Moreton Health employees (including by former/previous employees) have an obligation to report the matter immediately to their Line Manager using the [Employee Complaints Form](#) or the [Employee Complaints Portal](#) in the first instance. Reports may be made in writing, verbally and anonymously. The Line Manager will notify the relevant Executive Director or the Corrupt Conduct Liaison Officer (CCLO). For instances where this is not appropriate (e.g. involves the conduct of their Manager/Supervisor), staff may report the matter directly to:

- relevant Executive Director; or
- CCLO; or
- external authority (e.g. Crime and Corruption Commission (CCC), Queensland Ombudsman and/or Queensland Police Service (QPS), whichever appropriate).

Where the alleged corrupt conduct involves the Chief Executive or a member of the West Moreton Hospital and Health Board, refer to the [Corrupt Conduct by the Chief Executive or a Board Member Procedure](#).

Suspected corrupt conduct:

- may also arise from other information or matters such as the findings of an audit report or in the course of resolving a grievance
- does not have to be serious corrupt conduct or show that it has actually occurred. Some concerns or complaints may appear minor, however may turn out to be quite serious, or an aggregation of minor issues can indicate a systemic problem.

Matters that fit within the CCC's [definition of the matters](#) that are within their jurisdiction will be reported to the CCC for determination of actions to be taken. If a matter is not determined to be alleged corrupt conduct West Moreton Health has an obligation to record the matter and the evidence relied upon to form the decision.

When a report is received, action must be taken quickly to contain the incident and prevent any escalation or other event that may further impact West Moreton Health. Immediate and necessary reasonable action can be taken if there is a risk of danger to a patient/consumer, the public or an employee's safety or there is a risk of loss of evidence. No further action must be taken by the Line Manager or employees until instruction have been received from the CCLO. (Refer to Section 5.3.1 Assessment for information on the steps involved in managing alleged corrupt conduct).

#### Involving patients and consumers

Known or suspected fraud by patients (e.g. Patient Travel Subsidy Scheme) is to be referred to the relevant Executive Director for management.

#### Reporting by members of the public

Members of the public can report suspected corrupt conduct by reporting the matter directly to:

- CCLO via email: [WM\\_CC\\_Complaints@health.qld.gov.au](mailto:WM_CC_Complaints@health.qld.gov.au)

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- Consumer Liaison Officers, in accordance with the [Consumer Feedback Procedure](#), who will forward complaints relating to corrupt conduct and fraud to the CLO
- an appropriate external authority (e.g. CCC, Queensland Ombudsman, QPS).

### Confidentiality and Public Interest Disclosures

Employees who report or receive information about suspected corrupt conduct must maintain confidentiality, as a PID may be involved and it also preserves the integrity of any review or other processes to deal with the alleged conduct. The *Public Interest Disclosure Act 2010 (Qld)* supports the disclosure of improper conduct or wrongdoing and provide protections for those who, in good faith, make a PID. For a complaint to be considered a PID it must be assessed by the CLO against criteria (e.g. official misconduct, misuse of public resources, danger to public health and safety, danger to the health and safety of a person with a disability, danger to the environment or reprisal). Refer to the [Public Interest Disclosures Procedure](#) for further information.

### 5.2.3 Data Analysis

Continuous monitoring by key control owners (e.g. Financial Compliance, Department of Health) is undertaken, for example, but not limited to:

- a suite of analytical reports are produced by the Data Analytics Team within the Department of Health's Financial Solutions Team. These reports are provided to West Moreton for review and further analysis and include, but are not limited to:
  - requisitions released above delegation
  - vendor match with employee details (for such things as address, bank account, phone numbers, next of kin etc.)
  - review of the corporate card transactions and usage.
- Payroll Portfolio performs a range of payroll analytics to assist in the management and identification of fraud and payroll related misconduct. Where anomalies or issues are identified, these reports are provided to applicable Manager for review and action. For example:
  - employee fatigue and overtime
  - review of overtime paid on leave hours
  - employees currently rostered on overlapping shifts.
- review of ieMR record access
- monitoring and review of systems and networks by the Information Security Unit (Cybersecurity) to detect technology-enabled fraud or threats.

### 5.2.4 Audit

#### Internal Audit

Internal Audit provides independent assurance of the adequacy and effectiveness of internal controls, may be involved in investigations and reporting and may receive requests from line managers, Executive Leadership Committee (ELC), the Board and Audit and Risk Committee (ARC) to focus on specific areas of concern. As part of the review ARC will provide improvements to strengthen internal controls. The Principal Internal Auditor has regular, direct access to the Executive via representation on ARC.

#### External Audit

West Moreton Health liaises with external auditors to facilitate the exchange of information in relation to the prevention and detection of fraud and responds quickly to concerns identified, refer to the External Assurance Activities Register.

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### 5.3 Response

#### 5.3.1 Assessment

Complaints are to be referred to the CLO for determination of whether the conduct may amount to corrupt conduct. The CLO will assess each complaint to determine whether the complaint meets the criteria (four elements) for corrupt conduct or the threshold for a public interest disclosure (refer to the [Public Interest Disclosures Procedure](#)).

Where the CLO determines or assesses the alleged conduct:

- may amount to corrupt conduct, the CLO will forward the complaint to the Executive Director, People and Culture and the Chief Executive for assessment and referral of the matter to the CCC
- does not meet the criteria for corrupt conduct, the conduct may still be suspected misconduct or a breach of the [Code of Conduct for the Queensland Public Service](#). In these cases, the complaint will be referred back to the relevant Manager and/or Executive Director by the CLO for appropriate action to be taken.

The CLO, relevant Manager or Executive Director may conduct preliminary inquiries to establish if the complaint is legitimate and to form a reasonable suspicion, or otherwise, of corrupt conduct. Care however should be taken to ensure confidentiality of the complainant's details is maintained and any preliminary inquiries are well documented. Preliminary inquiries may include, for example, any relevant information in the Manager/Supervisor's direct knowledge (e.g. whether the subject officer/s has/have a relevant complaint history), or documents contained within West Moreton records/systems. Refer to the Crime and Corruption Commission's [Corruption in Focus: A guide to dealing with corrupt conduct in the Queensland public sector](#) for further details on what inquiries, if any, should be made before referral. In most instances, the complaint should not be dealt with before the CCC has made their assessment and advised West Moreton of how the complaint should be dealt with. This includes advising the subject officer(s) (i.e. person against whom the allegations or complaint has been made) of the details of the complaint.

Depending on the alleged conduct, additional reporting to other responsible officer(s) may also be required (e.g. in accordance with the *Financial and Performance Management Standard 2009 (Qld)*, *Health (Drugs and Poisons) Regulation 1996 (Qld)*, [Financial Management Practice Manual](#) and any other applicable policies, procedures and standards within Queensland Health or West Moreton).

#### 5.3.2 Referral to the Crime and Corruption Commission

The CCC will assess the complaint and provide advice to the CLO on appropriate action, which may include for example the CCC:

- assuming responsibility for investigating the complaint
- referring possible criminal activity to the Queensland Police Service (QPS)
- jointly managing the investigation in cooperation with West Moreton
- requesting West Moreton carry out further enquiries before a final assessment is made (e.g. the complaint appears to indicate quite serious corruption, but the initial information gathered suggests that there may be an innocent explanation for what happened)
- referring the complaint back to West Moreton to deal with, subject to some level of monitoring by the CCC subject to the level of seriousness of the complaint (e.g. referred – no further action, audit, public interest review, and merit and compliance review with strict reporting obligations)
- referring the matter back to the CLO for investigation (CCC may recommend the appointment of an external independent investigator)
- taking no further action where the complaint:
  - is frivolous or vexatious
  - is not made in good faith
  - lacks substance or credibility
  - is outside the CCC's jurisdiction
  - is made recklessly or maliciously, or primarily for a mischievous purpose
  - investigation would be an unjustifiable use of resource or not in public interest.

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Under the principle of devolution, referring the complaint to West Moreton is the preferred option.

If the CCC decides to investigate on its own, there are a number of possible outcomes. The CCC might:

- find that no wrongdoing has occurred
- find that there is insufficient evidence to establish the allegations
- confirm corrupt conduct and recommend that West Moreton take disciplinary action. Where the CCC refers the complaint to West Moreton for disciplinary action, it will provide a report to help decide what action to take.
- refer the case through appropriate channels to the Queensland Civil and Administrative Tribunal (QCAT) for disciplinary charges to be heard
- refer a criminal offence to the Director of Public Prosecutions or another prosecuting authority.

### 5.3.3 Management

The CCLO will provide advice to the referring Manager and the relevant Executive Director with directions on what involvement, if any, the CCC requires in the matter. Once advised of the CCC's assessment, the relevant Manager/Executive Director may deal with the matter utilising any of the suggested strategies below or any other action considered appropriate:

- undertake enquiries
- performance improvement (guidance, counselling, training)
- systems improvement, including improvements to policy and procedures
- preventive action
- dispute resolution or mediation
- commence an investigation into the allegations
- commence disciplinary proceedings (refer to Section 5.3.4 Disciplinary Action)
- take no action – if this decision is made, the reasons for the decision will need to be justified in writing to the CCC.

Any action taken must be:

- managed in consultation with the Workplace Relations Unit to ensure appropriate action is taken and reported back to the CCC (if required),
- undertaken in accordance with the principles of natural justice/procedural fairness including impartially (i.e. no perceived or actual conflict of interest)
- clearly recorded noting the reasons for, or the basis, of the management strategy to be utilised to deal with the matter.

Whether the subject officer should be precluded from relieving, promotion or development opportunities should also be considered during this time.

Where an internal investigation is to occur, this will be managed by the CCLO, unless otherwise determined by the Chief Executive. If the matter requires the engagement of an external provider or contractor to undertake the investigation, the CCLO will be responsible for managing this process. Where appropriate, investigators will be appointed under Part 9 of the *Hospital and Health Boards Act 2011* to facilitate the investigation and to provide protection for confidential information. A report on the findings of the investigation will be prepared for the Chief Executive including recommendations regarding changes to the control environment to prevent the same or similar instances occurring in the future. For further information on establishing an investigation and in choosing an investigator, refer to the [Corruption in Focus: A guide to dealing with corrupt conduct in the Queensland public sector](#) (CCC, 2016).

If at any point during the course of dealing with the matter, information about more complex or serious instances of alleged corrupt conduct, or about different corrupt conduct, are revealed, these new allegations must be immediately notified to the CCC so that it can assess the appropriate action to take.

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The CCLO must close the matter with the CCC detailing the outcome of whether the allegations were substantiated or not and include the reasons for the actions taken.

On finalisation of the matter the delegate is to notify the:

- complainant of the outcome and the reasons for the outcome (e.g. if the complaint was not substantiated and why such as no witnesses to corroborate the complainant's version)
- subject officer(s) of the outcome and reasons for the outcome if they have been made aware of the complaint.

Any concerns about the level of detail to provide complainants and subject officers, seek advice in the first instance from the CCLO.

### 5.3.4 Disciplinary Action

The relevant Executive Director, in consultation with Workplace Relations, should consider reasonable management and/or disciplinary action against staff resulting from substantiated allegations of corrupt conduct or fraud. Action may include, but is not limited to:

- reprimand
- demotion, transfer or redeployment
- fining or reduction in remuneration
- termination of employment.

The above action may be undertaken, regardless of, or before the outcome of, any related criminal or civil proceedings. Whether disciplinary action should await the outcome of such proceedings should be determined on a case-by-case basis and following liaison with QPS (where criminal investigation or prosecution is underway) and advice from Workplace Relations.

Disciplinary action may also be taken against staff who fail to report any alleged corrupt conduct or fraud of which they become aware. A failure to report may in itself be corrupt conduct. Staff suspecting corrupt conduct should refer to Section 5.2.2 Reporting Corrupt Conduct, above.

### 5.3.5 Media Reporting

Alleged and substantiated corrupt conduct may bring media attention. All enquiries from the media or public must therefore be handled sensitively and in accordance with the [Media Policy](#).

### 5.3.6 Review of Internal Controls

The adequacy of the internal control environment is to be reassessed post investigation (whether or not the allegations are proven), post audit or system review (particularly those controls directly impacting on the incident and potentially allowing it to occur), and improvements actively planned and implemented to mitigate the risk of further corrupt conduct or fraud, in accordance with the [Risk Management Procedure](#). The responsibility for ensuring that the internal control environment is reassessed and for ensuring that the recommendations arising out of this assessment are implemented should be allocated in advance.

### 5.3.7 Recovery of losses

West Moreton is committed to quantifying losses and the recovery of any assets or funds lost through fraud, by pursuing appropriate avenues through relevant agencies and legal avenues, where relevant and where doing so is in the interest of West Moreton and the public service.

Refer to the [Losses Procedure](#) for further information on reporting requirements including the completion of a loss report when losses are identified or suspected.

### 5.3.8 Insurance

Queensland Health annually purchases insurance through the Queensland Government Treasury managed self-insurance scheme, the Queensland Government Insurance Fund (QGIF). Under the QGIF Insurance Policy, specifically the Property (Material Loss or Damage) section, West Moreton maintains fidelity guarantee and cyber risk insurances. For information on West Moreton's current insurance cover including access to certificates of insurance and currency, refer to the [Insurance premium and policy](#) information available through QHEPS.

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## 6. Roles and Responsibilities

Role	Responsibility
Board	Provides oversight of the procedure
Executive Committee	Advises the Board in its oversight of the procedure and monitors West Moreton Health's compliance with its procedure
Chief Executive	Accountable for overall management of this procedure
People & Culture	The service responsible for managing West Moreton Health's compliance with performance improvement processes
All staff	Responsible for compliance with this procedure

## 7. Definition/s

Term	Definition
Collusion	Secret or illegal cooperation or conspiracy in order to deceive others (Department of Health, Fraud Control Policy QH-POL-295:2015).
Complaint	Information or matter involving corrupt conduct (s48(4) - <i>Crime and Corruption Act 2001</i> (Qld)); these terms may be used interchangeably throughout this document
Conduct	Includes: <ul style="list-style-type: none"> <li>• neglect failure and inaction; and</li> <li>• conspiracy to engage in conduct; and</li> <li>• attempt to engage in conduct.</li> </ul> s14, <i>Crime and Corruption Act 2001</i> (Qld).
Conflict of Interest	conflict between one's duty as a public service employee to serve the public interest, and one's private and personal interests. There are three types of conflicts of interest: <ul style="list-style-type: none"> <li>• <b>Actual:</b> where there is a direct conflict between work duties and existing private interests.</li> <li>• <b>Perceived or apparent:</b> where it appears that private interests could improperly influence work duties.</li> <li>• <b>Potential:</b> where private interests could conflict with work duties without intervention.</li> </ul> <p><i>Examples:</i></p> <ul style="list-style-type: none"> <li>• <i>being on a recruitment panel where one of the applicants is a friend or family member</i></li> <li>• <i>being asked by a friend or associate who has submitted a tender to West Moreton to keep an eye on its progress</i></li> </ul> <p><i>being offered a gift or benefit by a consultant, supplier or contractor, as they believe the West Moreton employee can influence a situation.</i></p>
Control (also known as internal control)	an existing process, policy, device, practice, system or other action that acts to minimise negative risks or enhance positive opportunities (AS 8001-2008 Fraud and Corruption Control). <p><i>Examples:</i></p> <ul style="list-style-type: none"> <li>• <i>policy and procedure documents</i></li> </ul>

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	<ul style="list-style-type: none"> <li>• <i>pre and in-employment checks</i></li> <li>• <i>reconciliation, assurance and audit practices</i></li> <li>• <i>physical security practices, systems and infrastructure</i></li> <li>• <i>incident reporting and investigation processes</i></li> </ul> <p><i>monitoring and management reporting</i></p>
Corruption	<p>Dishonest activity in which a director, executive, manager, staff or contractor of an entity acts contrary to the interests of the entity and abuses his/her position of trust in order to achieve some personal gain or advantage for him or herself or for another person or entity. It can also involve corrupt conduct by the entity, or a person purporting to act on behalf of and in the interests of the entity, in order to secure some form of improper advantage for the entity either directly or indirectly (AS 8001-2008 Fraud and Corruption Control).</p> <p>In the context of the <i>Crime and Corruption Act 2001 (Qld)</i>, corruption means corrupt conduct or police misconduct (Schedule 2).</p>
Corrupt Conduct	<p>Under the <i>Crime and Corruption Act 2001 (Qld)</i>, there are two different types of corrupt conduct.</p> <ul style="list-style-type: none"> <li>• “Type A” corrupt conduct involves conduct that affects, or could affect, how officers from a unit of public administration (UPA) perform their functions or exercise their powers.</li> </ul> <p>“Type B” corrupt conduct involves conduct that impairs, or could impair, public confidence in public administration.</p>
Data analytics	<p>process of uncovering patterns and relationships in datasets that appear unrelated and can also highlight discrepancies which may indicate fraud and irregular behaviour. It is aimed at the strategic use of computer systems in the identification of fraud indicators.</p>
Delegate	<p>A duly authorised employee of West Moreton Health as detailed in the <a href="#">West Moreton Health Delegation Register</a>.</p>
Fraud	<p>For the purposes of this document, fraud is defined as an act or omission by a person, in order to dishonestly obtain a benefit or cause a loss, not limited to financial loss, by deception or other means. The benefit is not restricted to a monetary or material benefit, and may be tangible or intangible, including the unauthorised provision of access to or disclosure of information. A benefit may also be obtained by a third party rather than in addition to the perpetrator of the fraud. Fraud can involve fraudulent or corrupt conduct by internal or external parties targeting the entity or fraudulent or corrupt conduct by the entity itself targeting external parties. This definition is based on the s408C Fraud of the <i>Criminal Code Act 1899 (Qld)</i> and AS 8001-2008 Fraud and Corruption Control.</p> <p><i>Example:</i></p> <ul style="list-style-type: none"> <li>• <i>Emma steals small amounts of medication and adjusts the drug register to suit</i></li> <li>• <i>Amanda lied on her resume to get a job she’s not qualified for</i></li> <li>• <i>John used his corporate card to purchase a flat screen TV and to get his car fixed</i></li> <li>• <i>Steven used his work time and computer to manage his personal business</i></li> <li>• <i>Carl submits his timesheets and claims he worked 8am to 4pm everyday – but in reality works from 10am – 4pm</i></li> <li>• <i>Jane used work cab vouchers to get home after a Saturday night on the town</i></li> </ul>

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	<ul style="list-style-type: none"> <li>• <i>Leanne took four weeks annual leave, but didn't submit a leave form for approval</i></li> <li>• <i>Paul gains approval to go to a two day conference in Sydney, but he didn't attend. He also claimed an extra night's accommodation.</i></li> </ul>
Maladministration	<p>An administrative action that:</p> <ul style="list-style-type: none"> <li>• was taken contrary to law or</li> <li>• was unreasonable, unjust, oppressive, or improperly discriminatory or</li> <li>• was in accordance with a rule of law or a provision of an Act or a practice that is or may be unreasonable, unjust, oppressive, or improperly discriminatory in the particular circumstances or</li> <li>• was taken for an improper purpose, or on irrelevant grounds, or having regard to irrelevant considerations or</li> <li>• was an action for which reasons should have been given, but were not given or</li> <li>• was based wholly or partly on a mistake of law or fact or</li> <li>• was wrong</li> </ul> <p>(Schedule 4 – <i>Public Interest Disclosure Act 2010 (Qld)</i>)</p>
Misconduct	<p>Inappropriate or improper conduct relating to an officer's duties, or any private act by an officer that reflects seriously or adversely on the public service. Misconduct may not warrant dismissal or criminal charges and therefore has a lower threshold than corrupt conduct.</p> <p>(s187A, <i>Public Service Act 2008 (Qld)</i>).</p>
Official corruption	<p>Is a criminal offence under s87 of the <i>Criminal Code Act 1899 (Qld)</i> and means any person who:</p> <ul style="list-style-type: none"> <li>• being employed in the public service, or being the holder of any public office, and being charged with the performance of any duty by virtue of such employment or office, not being a duty touching the administration of justice, corruptly asks for, receives, or obtains, or agrees or attempts to receive or obtain, any property or benefit of any kind for himself, herself or any other person on account of anything already done or omitted to be done, or to be afterwards done or omitted to be done, by the person in the discharge of the duties of the person's office; or</li> <li>• corruptly gives, confers, or procures, or promises or offers to give or confer, or to procure or attempt to procure, to, upon, or for, any person employed in the public service, or being the holder of any public office, or to, upon, or for, any other person, any property or benefit of any kind on account of any such act or omission on the part of the person so employed or holding such office.</li> </ul>
Principle of devolution	<p>Subject to the cooperation and public interest principles and the capacity of the unit of public administration, action to prevent and deal with corruption in a unit of public administration should generally happen within the unit</p>
Professional misconduct	<p>Conduct connected with exercising the skill of a professional or engaging in the performance of the specified duties or activities of a position (e.g. positions such as medical professionals are considered to have special responsibilities by virtue of their position, and in many cases, they have an ethical or statutory obligation attached to the discharge of their powers or functions). Professional misconduct can also be corrupt conduct if it meets the four (4) elements.</p>

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Public Interest Disclosure (PID)	Is a disclosure made under the <i>Public Interest Disclosure Act 2010 (Qld)</i> and includes all information and help given by the discloser to a proper authority for the disclosure (s11, <i>Public Interest Disclosure Act 2010 (Qld)</i> ). For further information refer to the <a href="#">Public Interest Disclosure Policy/Procedure</a> .
Reprisal	Causing, attempting to or conspiring to cause detriment to another because, or in the belief that, they may have made, or intend to make, a public interest disclosure. An attempt to cause detriment includes an attempt to induce a person to cause detriment (s40, <i>Public Interest Disclosure Act 2010 (Qld)</i> ).
Stealing (also referred to as theft)	Is a criminal offence under s391 of the <i>Criminal Code Act 1899 (Qld)</i> and means fraudulently taking or converting anything capable of being stolen with the following intents: <ul style="list-style-type: none"> <li>• permanently deprive the owner of the thing of it</li> <li>• permanently deprive any person who has any special property in the thing of such property</li> <li>• use the thing as a pledge or security</li> <li>• part with it on a condition as to its return which the person taking or converting it may be unable to perform;</li> <li>• deal with it in such a manner that it can not be returned in the condition in which it was at the time of the taking or conversion</li> <li>• in the case of money—an intent to use it at the will of the person who takes or converts it, although the person may intend to afterwards repay the amount to the owner.</li> </ul> <p><i>Example:</i> a staff member stealing a laptop used by other staff and belonging to West Moreton with the intention of not returning it.</p>
Subject officer	An individual who is the subject of allegations of wrongdoing made in a disclosure
Threat	Something which is known to deliberately exploit vulnerability (e.g. in order to misappropriate financial assets). Threats present a heightened risk of an actual fraud occurring, they may be detected via a number of sources such as media reports of actual frauds, other agencies who have suffered an actual fraud or alerts from other agencies (Department of Health, 2016).

## 8. Non-Compliance

Non-compliance with this work instruction/procedure/policy will be managed in accordance with the [Compliance Management Procedure](#) , [Compliance Breach Reporting Procedure](#), [Discipline Management Procedure](#) and A [Just Culture Policy](#).

## 9. Monitoring and Evaluation

Level of risk	Medium
What will be monitored	Procedure compliance and currency
How (method)	Review of compliance with the procedure will occur on a case-by-case basis

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Frequency	All cases
Responsible officer	Human Resource Business Partners and/or Workplace Relations and/or Manager Human Resources
Reporting to	Executive Director, People & Culture

## 10. Related West Moreton Documents

Policy and Procedure Documents	<ul style="list-style-type: none"> <li>• <a href="#">WMHHS2015019 Compliance Management Policy/Procedure</a></li> <li>• <a href="#">WMHHS2014112 Consumer Feedback Procedure</a></li> <li>• <a href="#">WMHHS2013229 Corrupt Conduct by the Chief Executive or a Board Member Procedure</a></li> <li>• <a href="#">WMHHS2014046 Discipline Management Procedure</a></li> <li>• <a href="#">WMHHS2015168 Employee Complaints Procedure</a></li> <li>• <a href="#">WMHHS2018048 Conflicts of Interest Procedure</a></li> <li>• <a href="#">Governance Framework</a></li> <li>• <a href="#">WMHHS2013282 Losses Procedure</a></li> <li>• <a href="#">WMHHS2015213 Media Policy</a></li> <li>• <a href="#">WMHHS2015305 Public Interest Disclosures Policy/Procedure</a></li> <li>• <a href="#">WMHHS2015174 Risk Management Procedure</a></li> <li>• <a href="#">Risk Assessment Guide</a></li> </ul>
Clinical Guidelines/Pathways	<ul style="list-style-type: none"> <li>• N/A</li> </ul>
Other	<ul style="list-style-type: none"> <li>• <a href="#">Policy, Procedure and Work Instruction Staff Sign-Off Sheet</a></li> <li>• Factsheets: <a href="#">High Risk Areas Factsheet</a> and <a href="#">Warning Signs Factsheet</a></li> <li>• <a href="#">Employee Complaints Portal</a> and <a href="#">Employee Complaints Form</a></li> <li>• External Assurance Activities Register</li> <li>• <a href="#">West Moreton Learning On-Line (WM-LOL)</a> - Workplace Behaviours and Ethics, Corrupt Conduct and Public Interest Disclosures and Fraud Awareness Training</li> </ul>

## 11. Compliance Requirements and Obligations

Legislation and other compliance requirements	<ul style="list-style-type: none"> <li>• <a href="#">Crime and Corruption Act 2001 (Qld)</a></li> <li>• <a href="#">Criminal Code Act 1899 (Qld)</a></li> <li>• <a href="#">Hospital and Health Boards Act 2011 (Qld)</a></li> <li>• <a href="#">Financial Accountability Act 2009 (Qld)</a></li> <li>• <a href="#">Financial and Performance Management Standard 2009 (Qld)</a></li> <li>• <a href="#">Public Interest Disclosure Act 2010 (Qld)</a></li> <li>• <a href="#">Public Sector Ethics Act 1994 (Qld)</a></li> <li>• <a href="#">Public Service Act 2008 (Qld)</a></li> </ul>
National Safety and Quality Health Service (NSQHS) Standards	 <b>1. Clinical Governance</b>

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<b>Other Standards</b>	• N/A
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## 12. References and Resources

AS/NZS ISO 31000:2009 Risk Management – principles and guidelines

AS/ISO 19600:2015 Compliance Management Systems – guidelines

AS 8001-2008 Fraud and Corruption Control

[Code of Conduct for the Queensland Public Service](#)

Crime and Corruption Commission 2016, [Corruption in Focus: A guide to dealing with corrupt conduct in the Queensland public sector](#), Crime and Corruption Commission, Brisbane.

Department of Health December 2016, [Detection of financial transaction fraud or fraud threat Response Protocol](#).

## 13. Development, Revision and Approval History

ID & Version No.	Approval Date	Effective Date	Review Date	Document Custodian/Author	Endorsing Committee	Approving Authority
WMHHS2014327v1	26/09/2014		26/09/2016	Corrupt Conduct Liaison Officer	N/A	Chair, West Moreton Hospital and Health Board
WMHHS2014327v2	26/05/2017		26/05/2020	Corrupt Conduct Liaison Officer (Principal Workplace Relations Officer)	Executive Leadership Committee, and Audit and Risk Committee	Chair, West Moreton Hospital and Health Board
WMHHS2014327v2	24/06/2020		24/06/2023	Corrupt Conduct Liaison Officer (Principal Workplace Relations Officer)	N/A (minor review)	Chief Executive
<b>Summary of changes</b>						
☑ Minor update – addition of two yearly risk assessment (section 5.1.6).						

## 14. Key Words

Fraud, control, misconduct, ethics, code, report, complaint, investigate, PID, public interest disclosures, corruption, corrupt, corrupt conduct, CCC, risk, stealing, theft, collusion, zero tolerance, controls, maladministration.

## 15. Appendices

Nil