

Speak Up (Whistleblower)

Purpose

Catholic Healthcare is committed to the highest standards of conduct and ethical behaviour in all our activities and to promoting and supporting a culture of honest and ethical behaviour, corporate compliance and good corporate governance.

This policy seeks to encourage the reporting of any instances of actual or suspected unethical, illegal, fraudulent and other undesirable conduct involving Catholic Healthcare operations or people and provides protections and measures so that those persons who make a report may do so confidentially and without fear of reprisal.

This policy sets out how Catholic Healthcare will safely and confidentially manage the disclosure of reportable concerns, including information on how to make a report and the protections available in accordance with regulatory requirements.

Catholic Healthcare is regulated by the *Corporations Act 2001* (Cth) (Corporations Act), *Taxation Administration Act 1953* (Cth) (Tax Administration Act) and *Aged Care Act 2024* (Cth) (Aged Care Act) and *National Disability Insurance Scheme Act 2013* (Cth) (NDIS Act) which provide certain people legal rights and protections as whistleblowers and requires Catholic Healthcare to have a whistleblowing policy that addresses the protections under these respective Acts. Further information regarding these protections is set out in Appendices 1, 2 and 3 respectively to this Policy.

Policy Statement

Catholic Healthcare promotes and values a culture of honesty, openness and respect and is committed to providing avenues for people to confidentially report matters without fear of reprisal.

Catholic Healthcare will not tolerate any act of retribution or detrimental conduct against any person who makes a report under this Policy.

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Scope & Applicability

The policy applies to all aged care workers, associated providers, contractors, volunteers, students, older people receiving care and services and their representatives, Board members and Trustees of Catholic Healthcare and should be read in conjunction with the Working with Respect policy, the Code of Conduct, Statement of Rights, and the Complaints and Feedback Policy.

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1. Introduction

As a trusted provider of residential and community based aged care services, it is essential that Catholic Healthcare has processes in place that enable people to report any matter of concern via multiple channels so that appropriate action can be taken without fear of reprisal or victimisation. This policy provides guidance on channels that can be used to raise concerns regarding Reportable Conduct (as defined below) and outlines important whistleblower protections.

This policy supports Catholic Healthcare’s mission, values and ethical standards and is one of several policies and procedures designed to support and promote honest and ethical behaviour within Catholic Healthcare and the delivery of high-quality care and services.

Catholic Healthcare strongly encourages anyone who has a concern or complaint to Speak Up so the issue can be discussed and resolved. “It is always ok to Speak Up.” Not all concerns are classified as “whistleblowing”; some may be classified as a grievance or complaint. This Policy explains in detail what is required for a concern to be classified as whistleblowing and how the matter will be dealt with. For ease and simplicity, the graph below provides a snapshot of the differences.

	Grievance	Complaint	Whistleblowing
Definition	A complaint made by an employee regarding a workplace issue	A statement that something is unsatisfactory	A complaint regarding a breach of legislation (Aged Care, NDIS, Corporations, Taxation)
Examples	Example: complaint about pay, working conditions, culture	Example: complaint about slow service, cold food, rude interaction	Example: complaint about neglect, abuse, fraud, theft, substandard clinical care
Who can Complain	Employees	Employees, Residents, Clients, Family Members, Volunteers, Contractors	Anybody who interacts with CHL
Who Receives Complaint	Manager or HRBP	Manager, PQR Complaint team	Any CHL Employee, STOPLine
Who Investigates Issue	Manager or HRBP	Manager or HRBP or PQR	Chief People Officer / Chief Quality Officer
Where Info Captured	ERICs - Enterprise Risk Incidents and Complaints and Safety		
Who Else Involved	Any Witnesses or Involved Parties	Any Witnesses or Involved Parties	Essential Witnesses Only
Confidentiality	Standard level of confidentiality	Only if required	Strictly Confidential
Other Considerations	HRBP will either support the Manager or take the lead in investigating, depending upon the severity of the issue.	HRBP will only be involved if the complaint involves employee performance or conduct. If not, the PQR team will lead the investigation and response.	Whistleblower Protections apply for anyone making a whistleblowing complaint (anonymity and protection from repercussions), therefore strict confidentiality must be maintained

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2. Definitions

Aged Care Act	The Aged Care Act 2024 and the Aged Care Rules 2025 as amended from time to time
Disclosure	Any report of suspected Reportable Conduct (see below)
Reportable Conduct	Refers to conduct or behaviour which is reasonably suspected to amount to misconduct or an improper state of affairs or circumstances, including a breach of the Aged Care Act 2024, in relation to Catholic Healthcare as defined in section 4 of this Policy
Protected Disclosure Officer	An individual appointed by Catholic Healthcare to whom employees (or any other person) can make a report of any conduct or behaviour which they reasonably suspect may amount to Reportable Conduct
Whistleblowing	Disclosure or report of Reportable Conduct
Reporter	A person who is eligible to disclose or report Reportable Conduct, also known as an Eligible Whistleblower, as defined in section 3 of this Policy

3. Who is a Reporter (Eligible Whistleblower)

Reporters, also known as Eligible Whistleblowers, under this Policy include:

- past or present individuals accessing or seeking to access funded services through Catholic Healthcare;
- past or present authorised representatives, registered supporters, family members, friends and authorised advocates of past or present individuals accessing funded aged care services through Catholic Healthcare;
- past or present aged care workers including employees (permanent full-time, part-time or casual), volunteers, contractors and members of their contracted workforce;
- past or present officers and Responsible Persons including members of the Catholic Healthcare Board or Trustees, the Catholic Healthcare Executive Leadership Team, and Chief Legal Counsel;
- past or present members of Catholic Healthcare Board Committees:
- past or present suppliers to Catholic Healthcare, whether the goods or services are paid or unpaid (including a contractor, consultant or service provider);
- associates of Catholic Healthcare (as defined in the Corporations Act, including a director or secretary of an entity of Catholic Healthcare, a person with whom an entity of Catholic Healthcare acts in concert, or a person with whom Catholic Healthcare is or proposes to become formally or informally associated); and

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- individuals otherwise eligible to make a disclosure, (each a Reporter / Eligible Whistleblower).

Even if you do not fall into one of the above categories, you are still encouraged to raise any concern you have through the channels outlined in this Policy. Catholic Healthcare will still assess the concern raised and take appropriate steps. While Catholic Healthcare may not be able to apply all of the protections set out in this Policy to you in this circumstance, it will look for ways to support all people who raise a concern.

4. Reportable Conduct

Reporters are encouraged to report any conduct (whether actual, proposed, or suspected) that they have reasonable grounds to suspect concerns misconduct or an improper state of affairs or circumstances in relation to Catholic Healthcare. This may include:

- serious neglect of duty;
- mistreatment of individuals accessing funded aged care services through Catholic Healthcare including deliberate non-compliance with the Aged Care Act;
- mistreatment of Catholic Healthcare employees or other aged care workers including deliberate non-compliance with work health and safety obligations;
- serious invasions of privacy, including via records containing personal information;
- dishonest, fraudulent or corrupt conduct including bribery or other illegal practices;
- unethical conduct or a willful breach of the Catholic Healthcare Code of Conduct or the Aged Care Code of Conduct or any other policy (such as policies relating to financial and prudential compliance);
- theft or negligent loss of Catholic Healthcare property;
- substantial mismanagement, waste, or misuse of Catholic Healthcare resources;
- conduct that creates substantial risk to the health and safety of people or the environment (such as attending work affected by alcohol or drugs);
- conduct that presents a danger to the public;
- serious cases of bullying or sexual harassment;
- activities that may damage the reputation of Catholic Healthcare or is otherwise detrimental to Catholic Healthcare's interests;
- detrimental conduct against a person for making a report under this Policy; or
- deliberately covering up for any of the above matters (each Reportable Conduct).

There may be additional disclosable matters under various laws. These are set out in the Appendix of this Policy. It is noted that Reportable Conduct may not necessarily concern conduct that contravenes a law.

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A Reporter does not have to be sure that any Reportable Conduct has occurred to raise a concern (for example, if they only have some information leading to a suspicion, but not all the details) and they will be protected under this Policy even if their concern turns out to be incorrect. However, intentionally making a false report is a serious matter and may result in disciplinary action, including dismissal of an employee, termination of contract, or other action.

Disclosures of Reportable Conduct under this policy may not necessarily be eligible for protection under applicable laws; however they will still be protected under this policy.

5. What Conduct is Not Reportable

This policy does not apply to personal work-related grievances. Personal work-related grievances are disclosures of information concerning a grievance about any matter:

- in relation to a person's employment, or former employment;
- that has personal implications for that person;
- which does not otherwise have significant implications for Catholic Healthcare; or
- does not concern conduct that amounts to Reportable Conduct, as described above.

Examples of personal work-related grievances include an interpersonal conflict between an employee and another employee, a decision that does not involve a breach of workplace laws, or a decision about the engagement (including terms and conditions of engagement) transfer or promotion of an employee, including decisions about suspension, termination or disciplinary action.

Personal workplace complaints or grievances should be raised with an employee's direct manager in the first instance, or via the established complaints or grievance procedures as outlined in the [Workplace Respect Policy](#) or the [Grievance Resolution Policy](#).

6. How to Report

Catholic Healthcare has multiple channels for making a report of conduct or behaviours which may amount to Reportable Conduct, as outlined below.

Internally – Aged Care Related Disclosures

Disclosures of suspected or actual breaches of the Aged Care Act may be made to any Catholic Healthcare employee, volunteer, contracted worker, member of the Catholic Healthcare Board, Trustees, Executive Leadership Team, or Chief Legal Counsel.

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Reports may be:

- posted to c/- Level 5, 15 Talavera Road, Macquarie Park NSW 2113 (marked to the attention of the Protected Disclosure Officer and 'Confidential: For Addressee Only') and/or externally as set out below. Please provide as much detail information as possible so that your report can be properly assessed;
- entered into ERICS – Enterprise Risk, Incidents, Complaints, and Safety software; or
- made via the complaints portal on the [Catholic Healthcare website](#).

Reports can be made anonymously, if desired.

Reports will be regarded as confidential and be protected from disclosure unless the reporter consents to the disclosure. It is noted that an inability to disclose information may impact Catholic Healthcare's ability to undertake or finalise an investigation.

Internally – Other Disclosures

Other disclosures can be made to the Protected Disclosures Officers, as follows:

Chief People Officer	Catherine McMahon	catherine.mcmahon@chcs.com.au	0402 405 697
Chief Executive Officer	Joshua McFarlane	josh.mcfarlane@chcs.com.au	0439 993 748

Reports may be:

- posted to c/- Level 5, 15 Talavera Road, Macquarie Park NSW 2113 (marked to the attention of the Protected Disclosure Officer and 'Confidential: For Addressee Only') and/or externally as set out below. Please provide as much detail information as possible so that your report can be properly assessed;
- entered into ERICS – Enterprise Risk, Incidents, Complaints, and Safety software;
- made via the complaints portal on the [Catholic Healthcare website](#); or
- externally as set out below.

Externally – STOPline

Reporters can also report an issue directly to Catholic Healthcare's STOPline Service, which is a free external hotline and reporting service, using any of the following methods:

Telephone	1300 304 550 (0800-1800 AEST weekdays)
Email	catholichealthcare@stoline.com.au
Mail	STOPline - RE: Catholic Healthcare Locked Bag 8 Hawthorn VIC 3122

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The STOPline operator will provide the details of your disclosure to a Protected Disclosure Officer subject to any confidentiality restrictions. Reports may be made anonymously, but if you provide your contact details to STOPline, those contact details will only be provided to the Protected Disclosure Officer if you provide your consent.

The role of STOPline and the Protected Disclosure Officers is to receive reports that qualify for protection under this Policy. You are encouraged to make a report through these channels so that it can be promptly and effectively addressed by Catholic Healthcare. There are however some additional reporting options, as set out in the Appendices to this Policy.

If a Reporter would like to make an anonymous report, it is recommended that they do so through STOPline, which facilitates anonymous reports being made. Catholic Healthcare also suggests Reporters maintain ongoing two-way communication with Catholic Healthcare, including via STOPline, so we may ask follow-up questions or provide feedback.

Reporters can choose to remain completely anonymous, identify themselves, or give their permission for STOPline or the Protected Disclosure Officers to disclose their identity to any person required to be aware of their identity for the purposes of conducting an investigation into the concern or implementing any actions arising from an investigation.

If a Reporter decides to disclose their identity, Catholic Healthcare will take steps to protect their identity and to protect them from detriment. If they do not disclose their identity, this may limit Catholic Healthcare's ability to progress a report, undertake any investigation or take any further action.

Please note that whilst anonymous reports can be made under this Policy, if you make an anonymous report, it will not qualify for protection under the NDIS Act.

Externally – Website

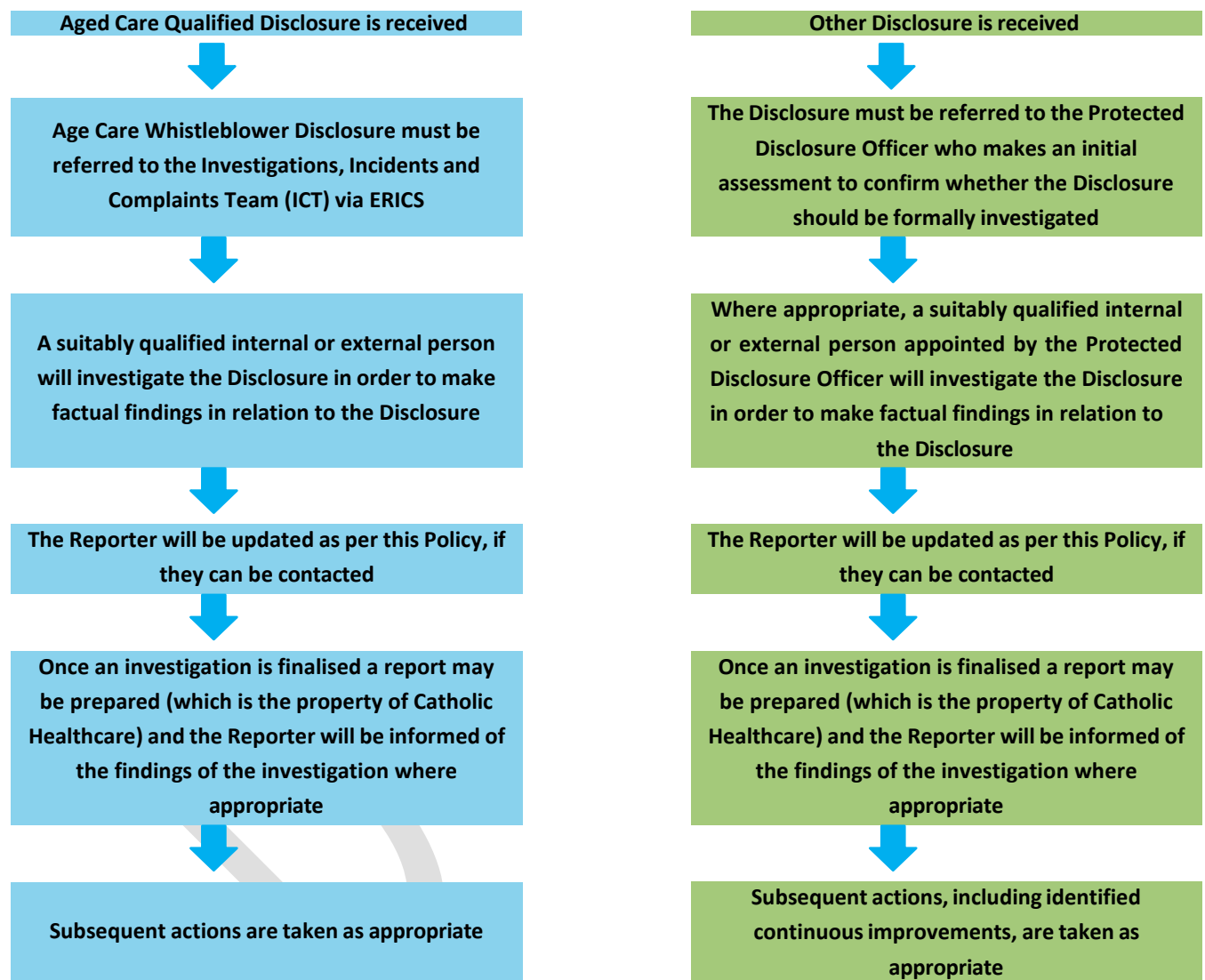
Reporters can also report an issue directly to Catholic Healthcare via the Complaints Form on the company website (<https://www.catholichealthcare.com.au/your-feedback-matters>). When whistleblowing is selected, these disclosures are referred directly to the Chief Quality Officer.

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7. Investigations of Reportable Conduct

The diagram below outlines the steps Catholic Healthcare will generally take once a Disclosure has been received:



While making a Disclosure under this Policy does not guarantee that it will be formally investigated, Catholic Healthcare, through its Protected Discloser Officers, will initially assess and consider all reports made under this Policy and a decision will be made as to whether a report should (and can) be investigated further.

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Where an investigation is deemed appropriate, the Protected Disclosure Officer may appoint an investigator, either internal or external to Catholic Healthcare. The investigator's role is to examine the substance of the reported conduct:

- fairly, objectively and in accordance with the rules of natural justice; and
- impartially to the Reporter, the relevant business group, and the person that is the subject of the reported misconduct.

Where an investigation is undertaken, the objective will be to determine whether there is enough evidence to substantiate the matters reported. Findings will be made on the balance of probabilities, and it will be either that the allegation(s) are:

- fully substantiated;
- partially substantiated (for example, if one but not all allegations are substantiated);
- not able to be substantiated;
- unsubstantiated; or
- disproven.

The investigator will seek to give any employees against whom misconduct is alleged a fair opportunity to respond to those allegations, subject to confidentiality considerations.

Where a Reporter's identity is known, they will be kept informed with updates of the progress of the investigation, subject to considerations of confidentiality and privacy and the fair treatment of other persons who are the subject of the Disclosure. The frequency of these updates will vary, at the Protected Disclosure Officer's discretion, depending on the nature of the Disclosure. These updates may include:

- confirming receipt of a Disclosure;
- advising that an investigative process has begun (where an investigation is appropriate);
- providing updates on the investigation status (even if there has been no progress); or
- advising when an investigation has been closed.

While Catholic Healthcare may communicate the findings of any investigation to a Reporter who has made a report in its absolute discretion, it may not always be appropriate to provide details of the outcome having regard to confidentiality and privacy considerations. If appropriate, the persons to whom the report relates will also be informed of the findings of any investigation.

Where a report is submitted anonymously, Catholic Healthcare will conduct any investigation and its enquiries based on the information provided to it. However, where insufficient information is provided and the Reporter cannot be contacted, an investigation may not be possible.

The timeframe for an investigation will vary depending on the nature of the allegations, the number of individuals to be interviewed (including any witnesses), and any other relevant matters. Catholic

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Healthcare endeavours to complete investigations within 60 days of receipt of a report, however this time period may be exceeded depending on the circumstances of the matter.

Where an investigation verifies that wrongdoing has occurred, any action taken will depend on the individual circumstances of the matter and will be determined by the relevant decision-maker. Catholic Healthcare may take appropriate disciplinary action in its discretion in response to misconduct or other inappropriate behaviour. This may include, but is not limited to, verbal or written warnings, suspension of employment or termination of employment or engagement of a person(s) involved in any such conduct.

If an investigation finds that criminal activity is likely to have occurred, the matter may also be reported to the police and / or other regulatory authorities by the responsible area within Catholic Healthcare.

The method for documenting and reporting the findings of an investigation will depend on the nature of the report. Subject to confidentiality considerations, any findings or report from an investigation may be reported to the relevant decision-maker and other individuals who have oversight of this Policy, or who are otherwise required to be aware of the findings and/or report in order for Catholic Healthcare to take appropriate action under this Policy. Where the findings concern one of these individuals, the full documented findings may not be communicated to this person, depending on the circumstances of the matter.

Any report prepared in relation to an investigation remains the property of Catholic Healthcare and will not be provided to a Reporter or any other person to whom a report relates.

Escalation procedure: If a Reporter or person to whom a Disclosure relates is not satisfied with a decision not to conduct an investigation into concerns raised, or the findings of any investigation, the individual can escalate this to the Chief Executive Officer (CEO). While the CEO commits to review the request, Catholic Healthcare is under no obligation to commence or reopen any investigation. If the CEO concludes that further investigation is not appropriate, or that the findings of any investigation were appropriate, the matter will be concluded.

Catholic Healthcare is committed to continuous improvement in the way it manages disclosures. This requires the refinement and strengthening of policies and procedures that imbed the principles of natural justice, procedural fairness, equity of access and legislative compliance. Catholic Healthcare understands the importance of compliance with relevant policies and procedures and being able to articulate how learning from disclosures are opportunities to strengthen quality, safety and consumer satisfaction.

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8. Protection of Reporters

Catholic Healthcare is committed to maintaining confidentiality in respect of all matters raised under this policy, and that those who make a report are treated fairly and do not suffer any detriment.

The type of protection offered, at Catholic Healthcare's discretion, will depend on the circumstances, but could include offering a leave of absence while the reported conduct is investigated, implementing alternative working arrangements, such as working from home until the matter is resolved, or a move to another suitable business group or office location within Catholic Healthcare. It could also include monitoring and managing the behaviour of employees, refusing to accept services offered by a particular contracted worker, implementing investigation processes, or undertaking risk assessments and/or taking disciplinary action where appropriate.

Catholic Healthcare is committed to protecting and supporting Reporters who make a Disclosure as per this Policy. Catholic Healthcare will look for ways to support all people who raise a concern, but it will not be able to provide non-employees with the same type and level of support that it provides to its employees. Where this Policy cannot be applied to non-employees, Catholic Healthcare will still seek to offer as much support as reasonably practicable.

Protection against detriment

Victimisation is a very serious breach of this policy and our Catholic Healthcare values and Catholic Healthcare strictly prohibits any detriment or threatened detriment being suffered by a Reporter or another person in connection with a Disclosure, including without limitation:

- dismissal (where they are an employee);
- injury of an employee in his or her employment;
- demotion (where they are an employee) or any other alternation of an employee's position or duties to his or her disadvantage;
- any form of neglect, threat, harassment, or intimidation;
- discrimination, including between an employee and other employees of the same employer;
- harm or injury, including psychological harm;
- provision of lesser or fewer services as compared with other individuals accessing funded aged care services;
- damage to property; or
- damage to reputation, business or financial position.

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Any known or suspected threats or retaliation against a Reporter by an employee, officer, Responsible Person, contractor, contracted worker or volunteer of Catholic Healthcare will be investigated and may result in appropriate disciplinary action, including dismissal or termination of contract.

Reporters who feel they are subjected to victimisation as a result of making a report under this policy should immediately advise a Protected Disclosure Officer who will take reasonable steps necessary to prevent continuation of any detriment and to minimise its effect, including, at their discretion, implementing additional protections for the Reporter.

Catholic Healthcare will, at all times, be able to raise and address with an individual matters that arise in the ordinary course of their employment or contractual relationship (for example, any separate performance or misconduct concerns) or take appropriate action to protect a person from detriment, and this will not amount to reprisal action.

For a Qualifying Disclosure under the Aged Care Act, Reporters should understand the escalation options, which include:

- (a) The Older Persons Advocacy Network (OPAN), who support consumers, their families, and supporters to make complaints and provide feedback, in addition to helping them understand and exercise their aged care rights. You can contact OPAN on 1800 700 600. Additional information can be found on [OPAN's Contact Us webpage](#).
- (b) The Aged Care Quality and Safety Commission (ACQSC). You can contact the ACQSC on 1800 951 822 or make a complaint via their online form. Additional information can be found on their [Complaints and Concerns webpage](#).
- (c) The Department of Health, Disability and Ageing. You can contact the Department via email agedcarewb@health.gov.au or postal address: GPO Box 9848, Canberra ACT 2601

Protection of your identity and confidentiality

Reporters who raise a report under this Policy will be afforded the confidentiality protections set out in this Policy. In particular, if you are a Reporter and you raise a Disclosure, your identity (and any information that Catholic Healthcare has because of your Disclosure that someone could likely use to identify you) will only be disclosed:

- with your consent;
- if the report is required or allowed by law (for example, disclosure by Catholic Healthcare to a lawyer to obtain legal advice about whistleblower protections under law); or
- if in the case of information likely to identify you, in circumstances where it is reasonably necessary to disclose the information for the purposes of an investigation, but your identity is not

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disclosed and all reasonable steps are taken by Catholic Healthcare to prevent someone from identifying you.

Different confidentiality protections apply to reports made under the Aged Care Act (refer to Appendix 2 of this Policy for more information).

Reporters raising concerns through STOPline or Protected Disclosure Officer (e.g. via email) can remain anonymous and still be protected under this Policy if they choose not to disclose their identity. Reporters can refuse to answer questions posed by STOPline or Protected Disclosure Officers at any time that they feel answering the question could reveal their identity. Reporters may also adopt a pseudonym, if appropriate.

If a Reporter chooses to disclose their identity, Catholic Healthcare will take steps to maintain the confidentiality of their identity, which may include redacting their personal information or any information that may lead to their identification from documentation or communications and referring to them in a gender-neutral context.

Catholic Healthcare will also take steps to store all records, both physical and electronic, of Disclosures in a secure location, and access to information and documents will be limited to those directly involved in managing and investigating the relevant Disclosure.

Where a Reporter provides their consent to the limited sharing within Catholic Healthcare of their identity, this will assist Catholic Healthcare to protect and support them in relation to their report and facilitate Catholic Healthcare in investigating, reporting and taking any appropriate action arising as a result of a Disclosure. If a Reporter cannot be contacted or does not consent to the limited sharing within Catholic Healthcare of their identity and the information provided by them as needed, this may limit Catholic Healthcare's ability to progress the Disclosure and to take any action in relation to it.

Any Catholic Healthcare employee who comes into the possession of information relating to a Disclosure, including the identity of a Reporter, must not disclose that information to any individual or entity unless they are given express permission to by Catholic Healthcare. A breach of this requirement may result in disciplinary action, up to and including termination of employment or engagement as relevant.

If a Reporter reasonably believes that there has been a breach of confidentiality, they should immediately advise a Protected Disclosure Officer.

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9. Fair Treatment of Employees Mentioned in Disclosures

Catholic Healthcare is committed to ensuring the fair treatment of Catholic Healthcare employees who are mentioned in Disclosures or to whom Disclosures relate, and will take reasonable steps to this end, including by:

- maintaining confidentiality during an investigation to the extent that it is practicable;
- providing support to any employee or contractor who is the subject of a Disclosure where appropriate and, to the extent practicable, including counselling and other support services;
- allowing any employee that is subject to a Disclosure to receive procedural fairness, including a sufficient opportunity to be heard before findings are made in an investigation, so that the investigation results in an equitable and correct outcome; and
- basing investigation findings on the balance of probability.

10. Other Support

Catholic Healthcare understands that being involved in a report of Reportable Conduct can be difficult on employees and we encourage anyone involved in the Speak Up process to seek support from our [Employee Assistance Program](#) which is provided by Telus Health.

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11. Governance

The Board of Catholic Healthcare is periodically updated on Catholic Healthcare's Speak Up (Whistleblowing) program, inclusive of summary information relating to reports, investigations, and results, which are de-identified as required. Reports or investigations concerning material incidents may be reported to the Board outside of the usual updates. The Board at any time can ask about the state of Catholic Healthcare's Speak Up (Whistleblowing) program.

A Protected Disclosure Officer is always able to escalate issues directly to the Board's People and Remuneration Committee.

To the extent a Disclosure is made concerning the conduct of Catholic Healthcare's senior executives, Board of Directors or Board of Trustees, Catholic Healthcare identified appropriate escalation channels, as follows:

Disclosure about	Escalate to
Executive Leadership Team Member	CPO and CEO
Chief People Officer	CEO
Chief Executive Officer	CPO and Chair of Board
Director of Board	Chair of Board
Entire Board	Chair of Trustees
Chair of Board specifically	Chair of Trustees
Director of Trustees	Chair of Trustees
All Trustees	Members (Sponsors) through the Trustee Nomination Committee
Chair of Trustees specifically	Vice Chair of Trustees

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12. Roles and Responsibilities

The below table summarises the key responsibilities for stakeholders involved in a whistleblowing event:

Role	Responsibilities
Catholic Healthcare Employees, Volunteers, Associated Providers, and Contractors	<ul style="list-style-type: none"> • Understand when and how to make a whistleblowing complaint • Report suspected misconduct or improper conduct as soon as practicable • Cooperate with investigations; maintain confidentiality; seek support if involved in a report • Comply with Catholic Healthcare's Code of Conduct and policies
Older people receiving and accessing services; their advocates and supporters	<ul style="list-style-type: none"> • Raise concerns about care or services confidently; seek support and protection under the policy • Participate in investigations if required
Executive Leadership Team (Responsible Persons Tier 1)	<ul style="list-style-type: none"> • Promote a culture of honesty and openness • Ensure policy implementation and awareness • Ensure whistleblowing systems are in place and easily accessible • Support and protect whistleblowers. • Oversee investigations • Escalate issues as appropriate to the whistleblowing officer
Protected Disclosure Officer	<ul style="list-style-type: none"> • Receive and assess disclosures; ensure confidentiality and protection for reporters • Oversee the end-to-end investigation, including the appointment of investigators, report preparation, and implementation of findings • Escalate issues to the CEO or Board as needed
Board and Trustees	<ul style="list-style-type: none"> • Oversee the governance of the whistleblowing policy • Receive reports of material incidents • Ensure the fair treatment and protection for whistleblowers

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Review History

March 2019	Issued Revised Policy
December 2019	Major revision of Policy to reflect legislative changes
March 2023	Update of Policy
October 2023	Reviewed by external legal firm and updates made
November 2023	Scope updated to include Board members and Trustees Update to Protected Disclosure Officer list
November 2025	Major Policy revision to comply with the requirements of the new Aged Care Act

Related Policies & Documents

[Code of Conduct Policy](#)
[Professional Behaviours Policy](#)
[Workplace Respect Policy](#)
[Grievance Policy](#)
[Complaints and Feedback Policy](#)
[Statement of Rights](#)
[Employee Assistance Program](#)

Related Legislations

[Aged Care Act 2024](#)
[Aged Care Rules 2025](#)
[Corporations Act 2001](#)
[National Disability Insurance Scheme Act 2013](#)

Key words for search

Whistleblower, STOPLine, Misconduct, Corruption, Fraud, Inappropriate workplace conduct; wrong doing, ethical behaviour, victimisation

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