



**Research Participation Policy**

Healthy Living NT receives requests from researchers who would like:

- To offer opportunities to our consumers and clients to participate in their chronic disease-related research project;
- Healthy Living NT to co-participate in research activities; or
- Healthy Living NT to provide a letter of support for research funding applications.

We have developed a policy for managing requests for research participation. If you would like to seek our assistance with recruitment of participants for your research or are seeking co-participation in, or support for, your research, please download the [interactive Research participation application form](#) which you can type your responses into, and send to [ceo@healthylivingnt.org.au](mailto:ceo@healthylivingnt.org.au).

**Healthy Living NT role in participating in research**

Healthy Living NT recognises the value of all levels of research and the welfare and experiences of those affected. Likewise, Healthy Living NT recognises that many consumers are interested in research and want to be involved in research projects relevant to them.

Healthy Living NT may endeavour to assist with the recruitment of participants to take part in the design and execution phases of research projects and studies; however Healthy Living NT cannot guarantee that participants will be available.

All requests for Healthy Living NT to assist with the recruitment of participants for research projects or to co-participate in a research activity must be made on the appropriate application form. Requests for participants required in the execution of a study must be accompanied by a copy of Ethics Committee applications and approval for the study and participant information sheet. Only applications seeking assistance with study design or letters of support for funding applications can be considered by Healthy Living NT prior to ethics approval.

Promotion of approved applications will be through mechanisms deemed appropriate by Healthy Living NT which may include letters of support, social media, through our website, membership or client database and health professional networks.

Healthy Living NT retains the right to remove listings/postings that do not meet the agreed criteria, and/or if complaints are received concerning the research project.

**How decisions will be made**

Healthy Living NT has developed the below set of criteria to assess applications:

1. Aims and purpose of the research: the research must have the potential to lead to benefits to people living with, or at risk of, diabetes or a related chronic disease.
2. Ethics approval: the project must have ethics approval from a Research Ethics Committee, particularly if the researcher is seeking participants to execute the study.
3. If the researcher is seeking participants for the study, a participant information sheet and communication plan must also be included. This should also address protection of, and respect for, consumer rights and information and include any surveys or questionnaires.



Status	Approved	<b>Research Participation Policy</b>	Document ID	G0057
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Approval By	Board		Current Version Number	3.0
Circulation (on approval)	Public		Review Cycle	Annual
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After receiving applications from a researcher for assistance recruiting participants to their study, Healthy Living NT will assess and notify them of the outcome. Requests for general promotion of, or support for, a research opportunity will normally be decided within two weeks; research study requests involving specific participant recruitment or co-participation will normally be decided within two months.

### **Other important information**

To ensure compliance with privacy legislation, Healthy Living NT will not release consumer details to researchers without the express permission of the individual and will at all times ensure compliance with our Privacy Policy. Subject to compliance with Healthy Living NT's Privacy Policy, stakeholders will be provided with the researcher's contact details via methods deemed appropriate by Healthy Living NT and asked to contact the researcher directly.

All researchers that receive help from Healthy Living NT recruiting research participants are asked to:

- Acknowledge that Healthy Living NT takes no responsibility for the research and is not liable for any claims concerning negligence, harm or oversight that might arise during the course of the research.
- Acknowledge that providing the researchers with access to potential participants, does not represent Healthy Living NT's endorsement of, or participation in, the research project.
- Note that Healthy Living NT will publish a disclaimer on the website which will contain a register of research projects that are being listed by Healthy Living NT.
- Note that Healthy Living NT retains the right to remove listings and postings of research projects that do not meet the agreed criteria, if complaints are received concerning the research project or if the implementation of the project differs materially from the parameters of the Ethics Approval.

If you have any questions please contact [ceo@healthylivingnt.org.au](mailto:ceo@healthylivingnt.org.au)

### **Responsibility for Policy**

The Board of Diabetes Association of the NT Inc. is responsible for ensuring this policy is up to date and complied with.

### **Approval**

#### **Approval**

Original Approval Date:	Board Meeting 6/18 of 8 December 2018
Revision 1 Approval Date:	Board Meeting 6/19 of 14 December 2019
Revision 2 Submission Date:	Board Meeting 6/20 of 12 December 2020
Revision 2 Approval Date:	Board Meeting 6/20 of 12 December 2020

Circulation:                      Public.

### **Related Documents, References and Resources**

- HLNT Privacy Policy
- HLNT Research Participation and Assessment Framework
- HLNT Ethical Relationship Guide

## Research Participation Application Form

All requests for Healthy Living NT to provide access to stakeholders for chronic disease related research projects, to co-participate in a research activity or provide support for a research activity must be made on the appropriate application form. This form should be read in conjunction with Healthy Living NT's Research Participation Policy.

Requests for participants in the execution of a study must be accompanied by a copy of ethics application and approval for the study, participant information sheet and communications strategy. Although Healthy Living NT can endeavour to provide access to stakeholders who may be interested in taking part in research projects, it cannot guarantee securing participants.

Please fill in this form and send to [ceo@healthylivingnt.org.au](mailto:ceo@healthylivingnt.org.au) Fax: 0889 278515 or post to PO Box 40113, CASUARINA NT 0811.

### 1. Title of research project:

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### 2. Chief Investigator Details:

Full Name:		Contact number:	
Job Title:		Email:	
Institution:		Postal Address:	

### 3. Name of research funders:

### 4. Supporting Information – Please attach:

- Ethics Committee Application and Approval       Participant Information Sheet and Communication Plan including any surveys or questionnaires.  
 Project Description

### 5. What form of support are you seeking from Healthy Living NT?

6. Where are you recruiting participants from?:

7. Please provide a short statement covering the aim of the study, what participants need to do and who they should contact? If approved, this will be posted on our website: (max 200 words)

8. End date of recruitment: (This is the date the project will be removed from the website)

9. Please describe the benefits of the proposed research to people with diabetes / related chronic condition

9. Declaration of any conflicts of interest or potential conflicts of interest:

**Acknowledgement**

I, \_\_\_\_\_, agree to:

1. Acknowledge that Healthy Living NT takes no responsibility for the research and is not liable for any claims concerning negligence, harm or oversight that might arise during the course of the research;
2. Acknowledge that providing the researchers with access to potential participants does not represent Healthy Living NT's endorsement of, or participation in, the research project;

3. Provide Healthy Living NT with a copy of the final research paper and a plain English report on the research that Healthy Living NT may publish;
4. Note that Healthy Living NT will publish the following disclaimer on our website with all research participation requests that are posted:

*Healthy Living NT recognises the value of all levels of research and promotes the welfare and experiences of people participating in research projects. Healthy Living NT is not responsible for, and does not endorse, any research project, opportunity or other type of project listed. Reasonable attempts have been made to ensure the projects listed have appropriate approval from a recognised body. Participants are responsible for satisfying themselves that appropriate approval procedures have been met before taking part. Participants are advised to read the participant information sheet that the researcher will provide to you. If you do agree to participate and/or you have concerns regarding the project, these should be directed to the researcher and other contacts on the participant information sheet. If you are unable to resolve concerns regarding the project, please advise Healthy Living NT.*

Applicant  
Signature

Date

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## Clinical Governance Framework

### Background

Clinical governance is a framework through which health organisations are accountable for continuously improving the quality of their services and safe guarding high standards of care by creating an environment in which excellence in clinical care will flourish.

Healthy Living NT’s (HLNT) approach to clinical governance can best be described by the following.

- “The system by which the governing body, managers, clinicians and staff share responsibility and accountability for the quality of care, continuously improving, minimising risks, and fostering an environment of excellence in care for consumers” (The Australian Council on Healthcare Standards) and
- “...safeguarding high standards of care. This is achieved by creating an environment in which there is transparent responsibility and accountability for maintaining standards and by allowing excellence in clinical care to flourish.” (Australian Commission on Safety and Quality in Health Care).

In keeping with its mission to support people living with diabetes, cardiac conditions and related chronic diseases, and those at risk of developing chronic disease, through advocacy, support and education, Healthy Living NT takes seriously its obligation to deliver safe and effective health services to the community. Our organisational values, which guide the way we operate, are:

**To pursue excellence in all facets of Healthy Living NT’s operations, through:**

- Professionalism and ethical practice
- Fairness, honesty, confidentiality and compassion
- Mutual respect for all individuals, their roles and the organisation
- Continuous improvement in all activities
- Involvement with, and responsiveness to, community diversity
- Working collaboratively

*Healthy Living NT is committed to serving the whole Territory community in all its diversity. We value and promote inclusive service provision treating clients and staff with dignity and respect. Our services seek to empower people to make their own informed choices free from bias.*

Key to the successful development, management and measurement of activities aligned to these strategies and values, is the commitment to, maintenance and continued improvement of our governance (clinical and operational) and management system. This framework intends to:

- provide clarity on the roles and responsibilities within the organisation for ensuring safe and effective clinical service delivery,
- outline the overarching pillars by which clinical services are safely and effectively developed, delivered and monitored and
- highlight the policy environment that underpins the framework.



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Approval By	Board		Current Version Number	7.0
Circulation (on approval)	All staff	Page 1 of 26	Review Cycle	Two-yearly

**Policy Statement**

This policy statement reflects the clinical governance principles and policies adopted by the Diabetes Association of the NT Inc., trading as Healthy Living NT, and to be adhered to by all health professionals and staff employed by HLNT.

**Scope of Policy**

For Healthy Living NT, clinical services refer to the delivery of individualised clinical advice from a formally qualified health professional to a person with a chronic condition (or their carer) to support the management of their condition. Clinical services can be distinguished from other health services provided by Healthy Living NT in that they are delivered to an individual in a clinical setting and provide advice and counselling that is individualised to the consumer and is part of a multidisciplinary approach to case management. It includes health services provided to an individual in a range of modalities including written, face to face, phone, email, videoconference and through the use of interpreters.

**Responsibilities**

This clinical governance framework sits alongside a strong corporate governance framework to ensure that our health services, whether provided directly by us or by sub-contractors, are safe and effective.

The corporate and clinical governance of Healthy Living NT are intrinsically linked and the roles and responsibilities for clinical governance are described below.

	<b>Responsibility</b>
Board	<p>Providing the overarching strategic view for the organisation including ensuring strong clinical and corporate governance.</p> <p>Monitoring compliance and progress toward achievement of strategic plan.</p> <p>Identifying and managing risk.</p>
CEO and Manager Education Services	<p>Hold primary responsibility for clinical governance including:</p> <ul style="list-style-type: none"> <li>• ensuring that the development and implementation of clinical services aligns with the clinical governance framework</li> <li>• developing and monitoring reporting frameworks to ensure clinical services are delivered in a best practice manner</li> <li>• ongoing quality improvement mechanisms for clinical health service delivery</li> <li>• Identifying and managing risk.</li> </ul>
Clinicians	<p>Delivering clinical health services that align with the clinical governance framework, in particular, the four pillars of clinical governance.</p> <p>Developing and reviewing policies and procedures to support the delivery of clinical health services in line with the clinical governance framework.</p> <p>Taking personal responsibility for clinical excellence by adhering to professional standards, guidelines and maintaining accreditations.</p> <p>Reporting unsafe or sub-optimal practice or failure to adhere to best practice guidelines.</p> <p>Identifying and managing risk.</p>
Non-clinical support staff	<p>Recording, monitoring and reporting on clinical health service delivery.</p> <p>Supporting managers and clinicians in policy and procedure development.</p> <p>Reporting unsafe or sub-optimal practice.</p>

In addition, the following legal responsibilities apply:

**HLNT Legal Role** - to ensure all clinical staff hold and maintain the necessary registrations to practice during their period of employment.

**Staff Legal Role** – to ensure they maintain current registration status at all times during their employment with HLNT, operate within their scope of practice and practice in accordance with their professional registration and code of conduct.

### **Pillars of Clinical Governance**

In line with Healthy Living NT's strategic plan and mission to improve the lives of people with chronic disease and those at risk, the clinical governance framework is developed with consumers at the centre. Our corporate Values underpin our clinical health services that are designed and delivered based on four pillars of clinical governance:

1. Consumer and community participation
2. Clinical effectiveness and quality improvement
3. Capable and effective workforce
4. Risk management

#### **1. Consumer and community participation**

Healthy Living NT clinical services are designed on the model of person-centred care. We do this by ensuring the consumer is always treated with dignity, respect and compassion. Our model of care allows the consumer to set their own goals and play a central role in devising strategies to help them achieve those goals. The consumer is also central to all health care team discussions and decisions regarding their care and wherever possible are directly included in these discussions.

Key to effective person-centred care is our commitment to respectful and culturally safe practice, underpinned by making available health literacy tools and materials that support consumers from varied cultures in understanding and managing their health condition.

Efforts are made to maximise the reach of our services throughout the NT. This includes establishing partnerships with rural and remote service funders and providers to allow our clinicians to visit remote areas and utilising technology such as telehealth.

Mechanisms are also in place to collect feedback from consumers regarding the care they receive. This feedback is used to continually improve clinical service delivery and inform the development of new services.

Consumer and community participation in Healthy Living NT is promoted through our governance framework.

#### **2. Clinical effectiveness and quality improvement**

Healthy Living NT strives to ensure our clinical services are effective in improving the lives of people with chronic disease. We do this by developing services that are based on a strong and current evidence base using a combination of clinical research and service level evaluation to ensure that our services translate research into practical clinical services and that these services meet the needs of Territorians.

To ensure good practice, Healthy Living NT utilises current best practice frameworks and standards to guide our work.

**a) Practice Guidelines:**

Health Professionals are required at all times to work within best practice guidelines and their scope of practice as outlined by the following:

**Registered Nurses:** Scope of practice for Registered Nurses and Midwives

**Diabetes Nurse Educators:**

Best Practice Guidelines:

1.	<i>Diabetes Management in General Practice – Guidelines for type 2 diabetes</i>
2.	<i>National Evidence Based Clinical Care Guidelines for Type 1 Diabetes in Children, Adolescents and Adults</i>
3.	<i>ADIPS Consensus Guidelines for the Testing and Diagnosis of Gestational Diabetes Mellitus in Australia</i>
4.	<i>CARPA Standard Treatment Manual</i>

Scope of Practice:

1.	<i>ADEA National Standards of practice for diabetes educators</i>
2.	<i>ADEA The Credentialed Diabetes Educator in Australia – Role and Scope of Practice</i>
3.	<i>ADEA National Core Competencies for Credentialed Diabetes Educators</i>
4.	<i>Scope of practice and professional standards for Registered Nurses and Midwives</i>

**Cardiac Nurse Educators:**

Best Practice Guidelines:

1.	<i>Best Practice Guidelines for Cardiac Rehabilitation and Secondary Prevention located at <a href="https://www.acra.net.au/relevant-guidelines/">https://www.acra.net.au/relevant-guidelines/</a> These cover the ACRA core components of CVD secondary prevention and cardiac rehab (2014); 2019 Pathway to phase 2 cardiac recovery &amp; 2020 national quality cardiac rehabilitation indicators.</i>
2.	<i>NHMRC Clinical Practice Guidelines</i>
3.	<i>2020 Australian guidelines for prevention, diagnosis &amp; management of ARF &amp; RHD, 3.2 ed March 2022</i>
4.	<i>National Heart Foundation Guidelines</i>
5.	<i>CARPA Standard Treatment Manual</i>

Scope of Practice:

1.	<i>Scope of practice and professional standards for Registered Nurses and Midwives</i>
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**Dietitians:**

Best Practice Guidelines:

1.	<i>Diabetes Management in General Practice – Guidelines for type 2 diabetes</i>
2.	<i>DAA – Endorsed Practice Guidelines and Recommendations – Evidence Based Practice Guidelines for the Nutritional Management of Type 2 Diabetes Mellitus for Adults</i>
3.	<i>Australian Dietary Guidelines</i>
4.	<i>ISPAD Clinical Practice Consensus Guidelines 2018 Compendium - Nutritional management in children and adolescents with type 1 and type 2 diabetes</i>

5.	<i>National Heart Foundation Guidelines</i>
6.	<i>Evidence Based Practice Guidelines for Nutritional Management of Chronic Kidney Disease</i>
7.	<i>CARPA Standard Treatment Manual</i>
8.	<i>National Evidence Based Clinical Care Guidelines for Type 1 Diabetes in Children, Adolescents and Adults</i>
9.	<i>ADIPS Consensus Guidelines for the Testing and Diagnosis of Gestational Diabetes Mellitus in Australia</i>

Scope of Practice:

1.	<i>Scope of practice – DAA Evidence based practice guidelines.</i>
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**Aboriginal Health Practitioners:**

Best Practice Guidelines (Diabetes):

1.	<i>Diabetes Management in General Practice – Guidelines for type 2 diabetes</i>
2.	<i>National Evidence Based Clinical Care Guidelines for Type 1 Diabetes in Children, Adolescents and Adults</i>
3.	<i>ADIPS Consensus Guidelines for the Testing and Diagnosis of Gestational Diabetes Mellitus in Australia</i>
4.	<i>CARPA Standard Treatment Manual</i>

Scope of Practice:

1.	<i>Registration Standard, Codes and Guidelines specified by AHPRA and the Aboriginal and Torres Strait Islander Health Practice Board of Australia</i>
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**Exercise Physiologists:**

Best Practice Guidelines:

1.	<i>ESSA, ACSM &amp; SMA Position Statements (guidelines and recommendations for common conditions)</i>
2.	<i>Australian Physical Activity Guidelines</i>
3.	<i>National Heart Foundation guidelines</i>
4.	<i>CARPA Standard Treatment Manual</i>

Scope of Practice:

1.	<i>ESSA Code of Professional Conduct and Ethical Practice</i>
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**Psychologists:**

Best Practice Guidelines:

1.	<i>National Practice Standards for the Mental Health Workforce 2013</i>
2.	<i>National Standards for Mental Health Services 2010</i>
3.	<i>Australian Psychological Society Ethical and Practice Guidelines and procedures</i>

Scope of Practice:

1.	<i>Australian Psychological Society Code of Ethics</i>
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## **Diabetes Educators – Additional Scope of Practice Considerations**

Where any HLNT health professional has additional recognised post graduate qualifications in diabetes education, they must adhere to best practice guidelines for diabetes management and scope of practice from ADEA.

Additionally, a range of health professions are eligible to be considered for Credentialed Diabetes Educator (CDE) status, accredited by the ADEA. CDE status recognises a level of competence necessary for:

- Authorising registrations on the National Diabetes Services Scheme (NDSS)
- Authorising NDSS registration for subsidised access to diabetes technologies, including insulin pump consumables, continuous glucose monitoring and flash glucose monitoring
- Claiming relevant Medical Benefits Schedule items.

However, an individual's scope of practice and the services they provide within this scope of practice must be determined in the context of:

- Legislation, specifically the [NT Medicines, Poisons and Therapeutic Goods Act 2012](#)
- Core qualifications and individual experience, training, competence
- The professional skill-mix available in the employment context
- Available supervision and support
- Employer service policies and job descriptions
- ADEA code of conduct and professional practice standards
- The needs of the local community and the person with diabetes
- The clinical context
- Professional indemnity / medical malpractice insurance.

All health professionals employed by Healthy Living NT who hold post graduate qualifications in diabetes education and/or CDE status are required to use the *Scope of Practice Decision Pathway* shown on page 25 when considering their individual scope of practice. All queries related to scope of practice must be addressed with the Manager Education Services.

All health professionals who do not have core qualifications, experience/training/competence in a specific area of diabetes education requiring expertise e.g. insulin pump therapy initiation and education including interpretation of CGM/CSSI data, children with type 1 diabetes, diabetes in pregnancy, support for dose adjustment of insulin etc. should not practice autonomously in these areas.

### **b) Education Provision**

Timely diabetes, cardiac and nutrition education will be provided to individuals, family members, carers, community groups, schools, health professionals and any other interested parties as required.

At all times, all health professionals are required to follow best practice guidelines in the education and management of clients and to apply this in a culturally respectful and person-centred manner.

Healthy Living NT also works within Australian College of Rural and Remote Medicine Telehealth Advisory Committee Standards Framework for relevant service provision.

Healthy Living NT's *Education Service Pathways* (pages 14-24) provide a framework that seeks to ensure:

- Optimum service access to clients according to their needs in a timely manner
- Education that is safe, comprehensive and based on best practice

- Timely and relevant communication with the client's primary health provider and/or specialist team.

Current *Education Service Pathways* comprise:

Type 1 Diabetes Education Pathway (newly diagnosed and newly referred)

Type 1 Diabetes Insulin Pump Initiation Education Pathway

Type 1 Diabetes Continuous Glucose Monitoring Initiation Education Pathway

Type 2 Diabetes Education Pathway

Type 2 Diabetes Insulin Initiation/Stabilisation Education Pathway

Type 2 Diabetes Glucose Monitoring Initiation Education Pathway

Impaired Glucose Tolerance Education Pathway

Gestational Diabetes Education Pathway

Diabetes Outreach Education Pathway

Phase 2 Outpatient Cardiac Rehabilitation Education Pathway

Cardiac Outreach Education Pathway

### **c) Referrals**

All clients with diagnosed chronic disease received by the service should have a formal written referral from a Medical Officer (MO), or another health professional. This referral should desirably include medical history, current medications and recent pathology results. Where a MO referral is not practical/available such as in a remote clinic setting where verbal referrals from clinic staff are common, the client's electronic record should be consulted as appropriate.

Where a client has self-referred, educators should provide initial education and seek a formal referral from their GP or Specialist for future visits.

For referred clients requiring insulin initiation/stabilisation, the referring Medical Officer should also provide adequate direction on initiation and adjustment levels/parameters or complete an *Insulin Initiation and Titration form*.

### **d) Clinical Record Reporting**

All health professionals are responsible for maintaining accurate clinic records relating to education/advice given to clients, their families or carers in accordance with HLNT's *Education Pathways* (appended).

Health professionals are to ensure communication back to the referrer outlining:

- education provided and advice given to individual clients, as well as
- any suggested changes in management regimen.

This communication may also extend to other health professionals involved in client management e.g. specialists or allied health professionals.

For HLNT educators visiting external clinics, where access to the client database is available, direct entries into client notes must be completed.

### **e) Complex Clients**

With the increase in clients with diabetes and/or cardiovascular disease along with the increase in management options now available, management options/regimens are becoming more complex. To ensure the best outcomes for clients, health professionals will internally case conference any

management options/regimens being considered prior to liaising with the referring medical practitioner or other external health professionals.

Client case conferencing will take place across the multi-disciplinary team to ensure particular regard is paid to all of the client's co-morbidities.

**f) Product Selection**

Where it is within their scope of practice, health professionals should have relevant product knowledge and ability to provide assistance and instruction to clients purchasing products. The primary determinant guiding assistance with product selection is the suitability of the product for the client, including considerations such as client preference, budget, technical ability, literacy and education level, support services, visual acuity and manual dexterity.

Health professionals may suggest products that best meet the client's specified needs, but the decision of the client is final and will be respected and supported by HLNT.

Health professionals should ensure that when demonstrating equivalent products they provide a fair and unbiased explanation of the advantages and disadvantages of each product and do not allow personal or other preferences to become a factor in promotion or selection.

**Prohibition on Financial Remuneration:** No health professional staff of HLNT shall accept financial remuneration, directly or indirectly, from pharmaceutical or medical device companies or any other related industry entity for the purpose of commencing clients on branded diabetes management technology devices or for any other related endorsements. This policy is set in place to ensure that our professionals act solely based on the best interest of the client, without any financial influence.

**g) Ethical Dilemmas**

An ethical dilemma is a decision-making problem involving two or more morally acceptable options. Ethical dilemmas in practice can develop because of client-practitioner relationships, professional differences, emotionally charged clinical situations. Healthy Living NT's person-centred care model can lead to ethical dilemmas where the interests of the client are not consistent with the legal obligations of the practitioner such as in the instance of certifying to a Medical Officer that a client understands hypo signs and symptoms for the purpose of driver license renewal.

The flow chart appended to this policy should be used by practitioners to manage ethical dilemmas.

**h) Publications**

All health professionals are required to regularly contribute articles to Healthy Living NT quarterly publications including *Territory Way* and *Healthy Living News* as well as other external publications from time to time.

All articles written for submission to these publications must be peer-reviewed by the health professional team prior to submission to the editor for publication.

**i) Professional Networks**

Educators should at all times maintain:

- Close networks with their professional peers and respective professional bodies and
- Effective continuing contact with relevant specialists involved in complex management, to facilitate case conferencing, professional currency and networks.

**j) Quality Improvement**

To ensure ongoing quality improvement, our clinical health services are underpinned by a comprehensive Quality Management System that complies with the requirements of the Quality Improvement Council's *Health and Community Services Standards* and the National Association of Diabetes Centres' quality accreditation program.

These systems include a strong project management process that includes annual project planning and ongoing monitoring and reporting that allow for services to be reviewed and changed to meet consumer needs and improve outcomes. Again, our evaluation mechanisms are an integral part of the project management process and allow for ongoing quality improvement by monitoring effectiveness of services on health outcomes and collecting consumer feedback.

### 3. Capable and effective workforce

Healthy Living NT staff are appropriately qualified and experienced to do the job required of them. This is underpinned by robust recruitment policies and procedures and an organisational culture that fosters excellence in service delivery.

Clinicians delivering health services in the community are appropriately qualified and hold accreditation with their professional body. There is an appropriate staffing structure that allows for clinicians to work within their professional scope and for more experienced clinicians to coach and mentor less experienced staff.

An annual performance plan is developed for each staff member which ensures accountability for service delivery and performance and identifies and plans for staff development needs.

The workforce participates in regular formal and informal professional development to ensure they have current and relevant skills to allow them to deliver safe and effective services.

Our staff are held to high standards of behaviour both by adhering to the codes of conduct and associated standards of practice of their professional body as well as the code of conduct of the organisation.

<p><b>Cardiac and Diabetes Nurse Educators:</b></p>	<p>Are required to be a Registered Nurse (RN), maintain current registration with AHPRA and should also hold further qualifications within their field:</p> <ul style="list-style-type: none"> <li>• DNE – Grad Cert or Diploma in Diabetes Education and Management</li> </ul> <p>Additionally, Diabetes Nurse Educators should ideally hold, or be working towards attainment of:</p> <ul style="list-style-type: none"> <li>➤ Credentialed Diabetes Educator (CDE) status, accredited by the Australian Diabetes Educators Association.</li> <li>➤ Where appropriate, CPD qualifications to provide specialised services including the application of diabetes management technology devices.</li> </ul> <ul style="list-style-type: none"> <li>• CNE – further post-graduate qualification such as Grad Cert or Diploma in Critical Care Nursing or Coronary Care or experience in tertiary cardiac care.</li> </ul>
<p><b>Dietitians:</b></p>	<p>Are required to hold a minimum of a Bachelor of Nutrition and Dietetics and should also hold Accredited Practising Dietitian (APD) status or be enrolled in DAA’s Accredited Practising Dietitian (APD) Program.</p>
<p><b>Exercise Physiologists:</b></p>	<p>Are required to hold a Bachelor of Exercise Science and Rehabilitation (or equivalent) and should be accredited with Exercise and Sports Science Australia.</p>

<b>Aboriginal Health Practitioner</b>	Are required to be registered with, and maintain registration with, AHPRA and the Aboriginal and Torres Strait Islander Health Practice Board of Australia
<b>Psychologists</b>	Are required to be a Registered Psychologist with AHPRA
<b>All health professional educators:</b>	Are required to maintain adequate ongoing CPD relevant to their scope of practice.  Additionally, all health professionals may hold, or be working towards attainment of Credentialed Diabetes Educator (CDE) status, accredited by the Australian Diabetes Educators Association.

Our staff are also selected and screened to ensure we keep our consumers safe, especially our most vulnerable consumers. This includes a requirement to:

- obtain and maintain satisfactory police checks for staff
- obtain and maintain Working with Children clearances
- complete cultural awareness training and commit to ongoing development of cultural capability
- undertake relevant critical cyclical skills updates such as First Aid and Cardiac Resuscitation.

It is a clinician's individual responsibility to maintain CPD for their registrations, accreditations and qualifications. Healthy Living NT supports its health professional staff to maintain CPD through one week of paid leave per year to undertake courses and attend workshops and conferences and provides the use of its ICT facilities for tele-CPD. Additionally Healthy Living NT provides mandatory training where deemed necessary for the specifics of the job role, such as first aid and CPR training. Refer to HLNT's Training Matrix for a list of job roles and training requirements.

#### **4. Risk Management**

The risks associated with the delivery of clinical services are adequately managed by the organisation through a comprehensive risk management policy that forms part of Healthy Living NT's Quality Management System.

At a strategic level, a high level risk register is maintained, monitored and reviewed by the board and executive.

At an operational level, a comprehensive risk management plan is in place. The plan identifies risks associated with clinical service delivery and strategies to manage or mitigate these risks. The risk management plan is supported by a number of policies and procedures which provide direction for clinicians and operational staff on how clinical services should be delivered to minimise risk.

#### **Supporting Policies and Procedures**

The successful implementation of the clinical governance framework is ensured by the implementation of several key policies and procedures that allow for the practical application of the four pillars of clinical governance. These key policies and procedures are outlined below, categorised by the four pillars.

1. Consumer and community participation
  - Complaints/feedback procedure
  - Governing framework

- Project development and planning guidelines
- 2. Clinical effectiveness and quality improvement
  - Project development and planning guidelines and templates
  - Quality Improvement Policy
  - Research Participation and Assessment Framework
  - Evaluation policy
  - Insulin education and titration policy and procedure
- 3. Capable and effective workforce
  - Code of conduct policy
  - Recruitment and selection procedure
  - Cultural safety policy
- 4. Risk management
  - Risk management policy
  - Risk Review
  - OHS Policy and Procedures including Clinical incident procedure
  - Sharps management procedure
  - Diabetes education given to employed carers

**Responsibility for Policy**

The Board of Diabetes Association of the NT Inc. is responsible for ensuring this policy is up to date and complied with.

**Approval**

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Revision 4 Approval Date:	Board Meeting 6/22 of 10 December 2022
Revision 5 Approval Date:	Board Meeting 6/23 of 9 December 2023
Revision 6 Submission Date:	Board Meeting 4/24 of 17 August 2024
Revision 6 Approval Date:	Board Meeting 4/24 of 17 August 2024

Circulation: All HLNT Board Members and staff.

Sign off by: Chair of the Board



Signature: Ron O'Brien:

**Related Documents**

HLNT Ethical Practice Guide

HLNT Values

HLNT Cultural Safety Policy

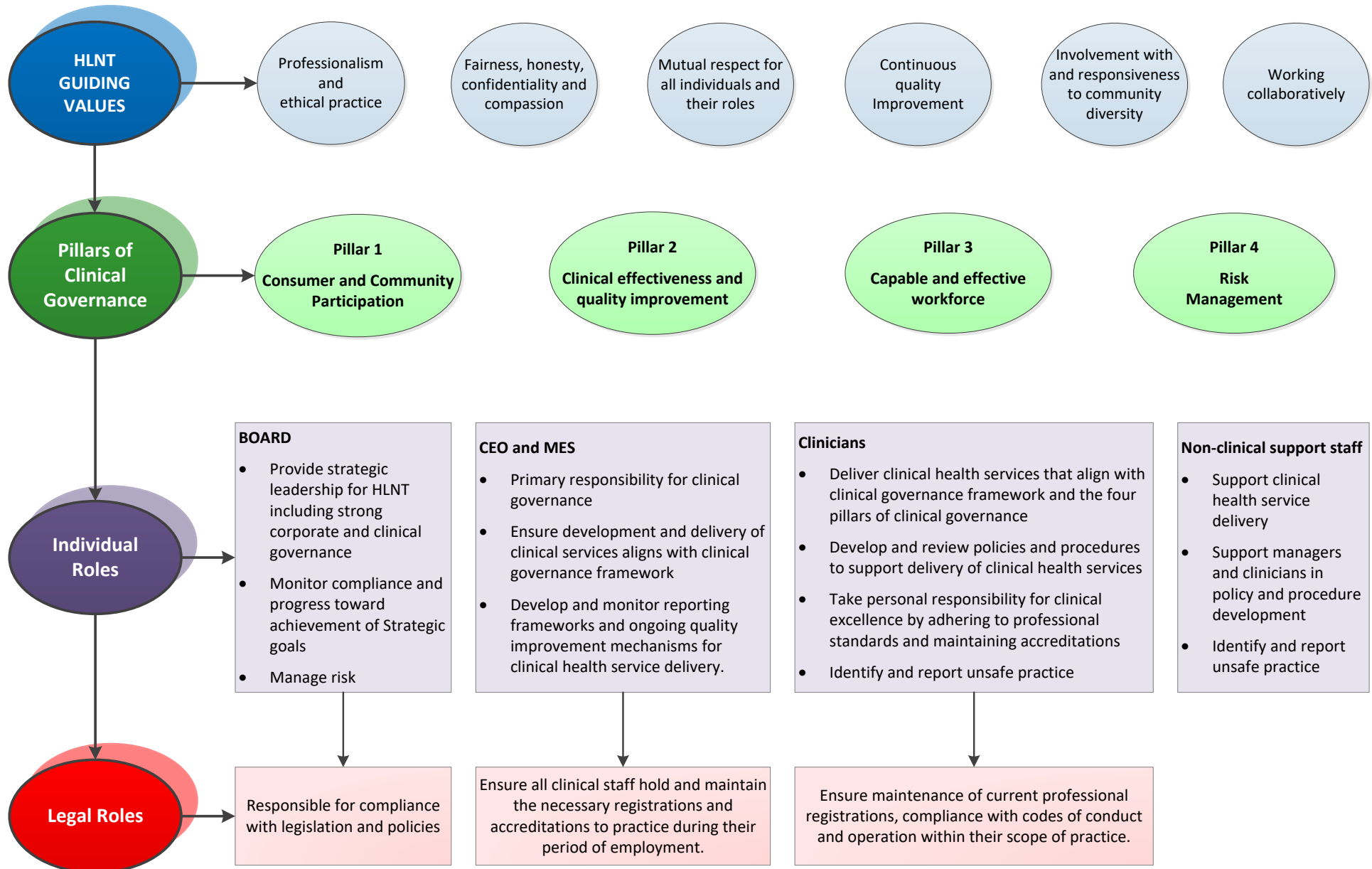
Conflict of Interest Policy

Improper Conduct Policy

Whistleblower Policy

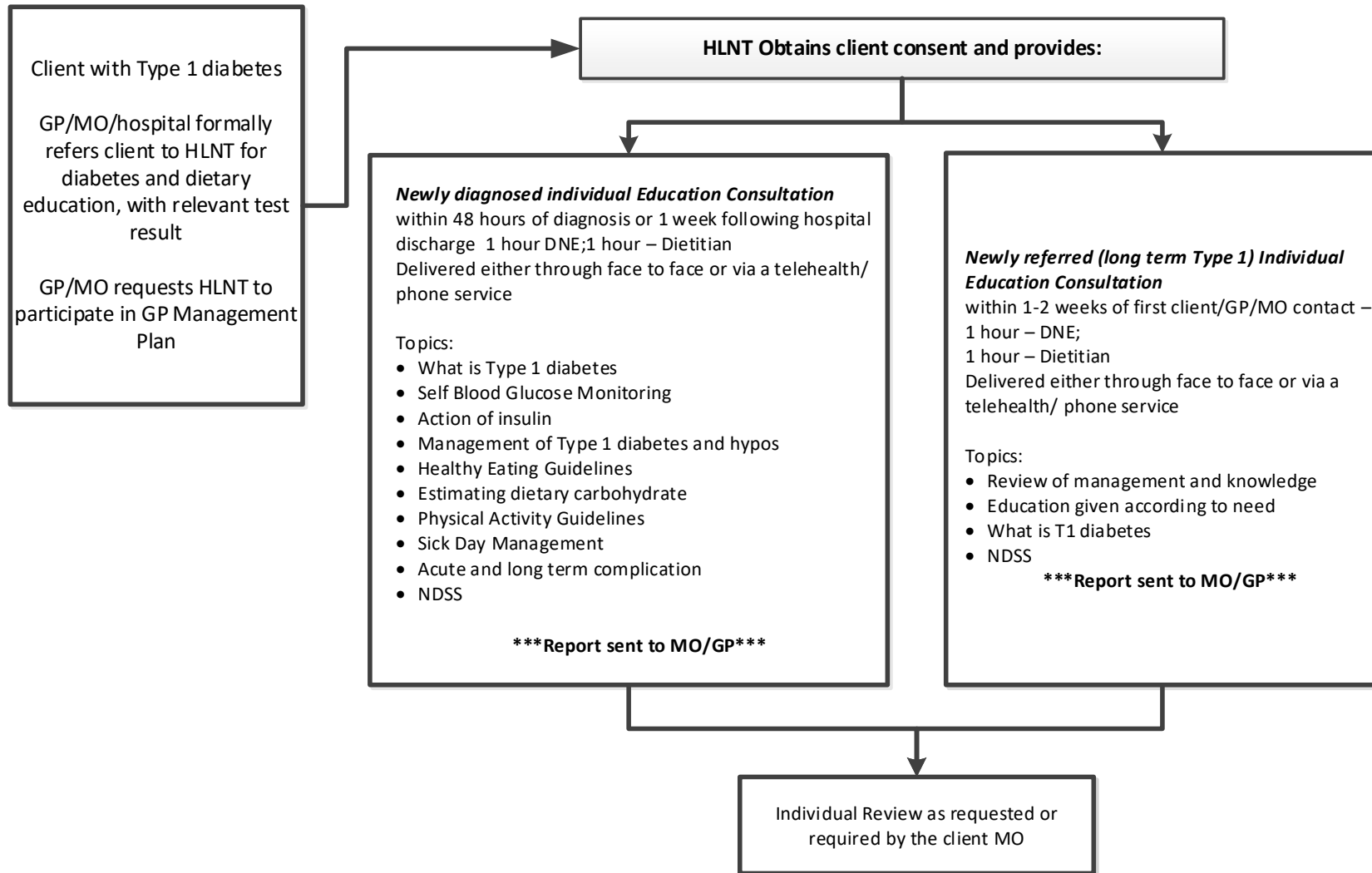
Workplace Investigation Policy

HLNT Clinical Governance Framework

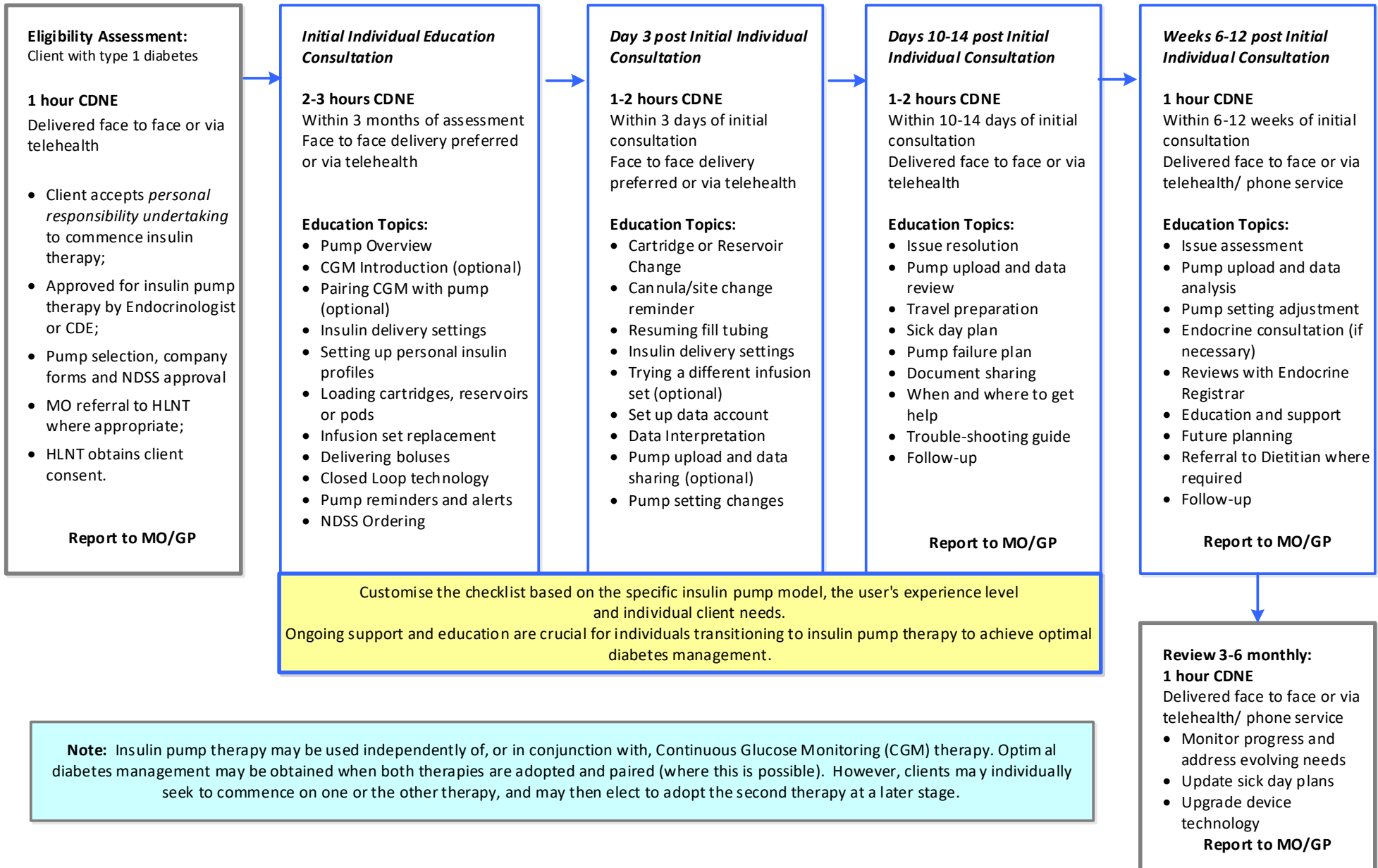




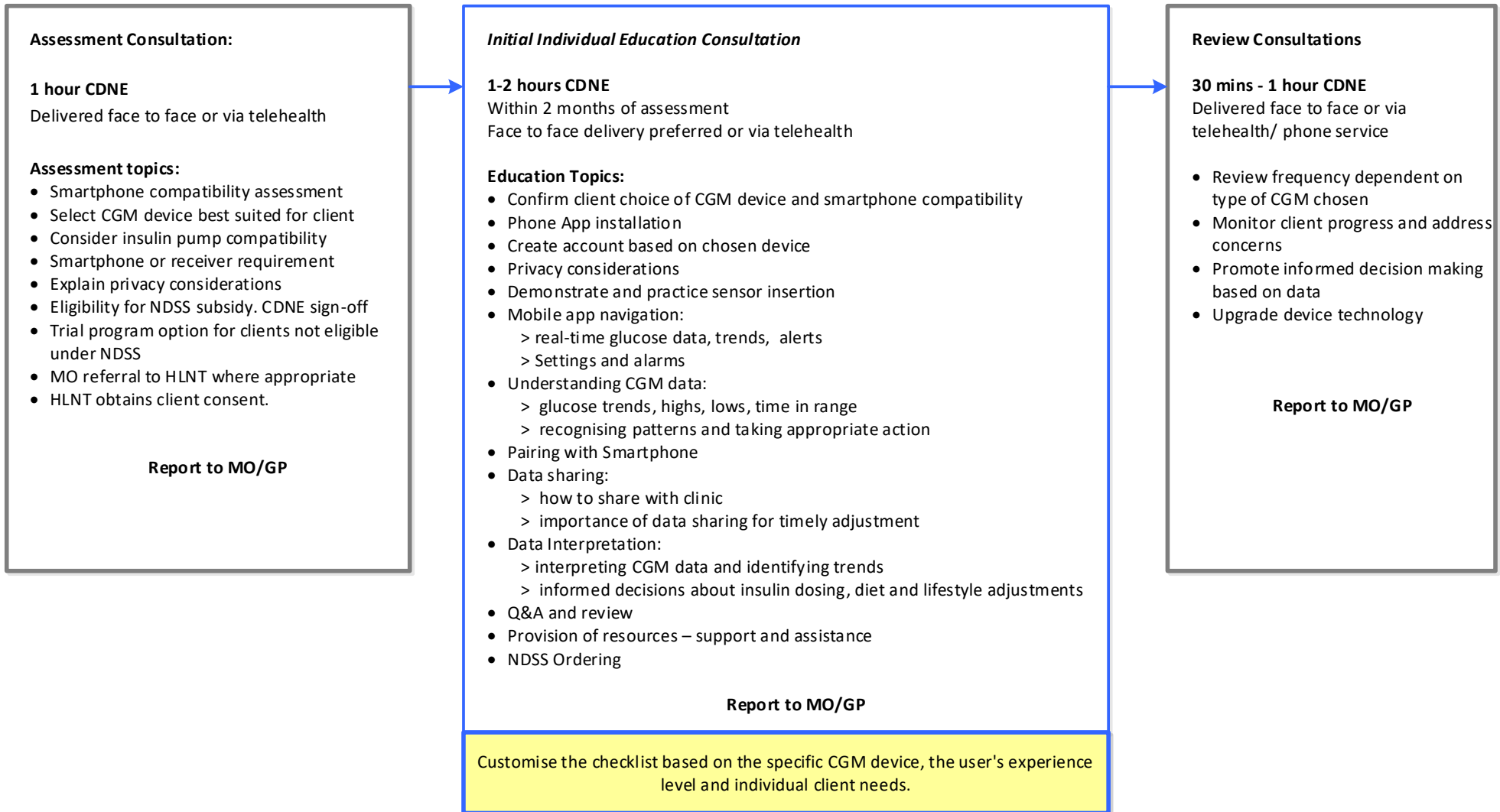
### Type 1 Diabetes Education Pathways (Urban Services)



### Type 1 Diabetes Insulin Pump Initiation Education Pathway

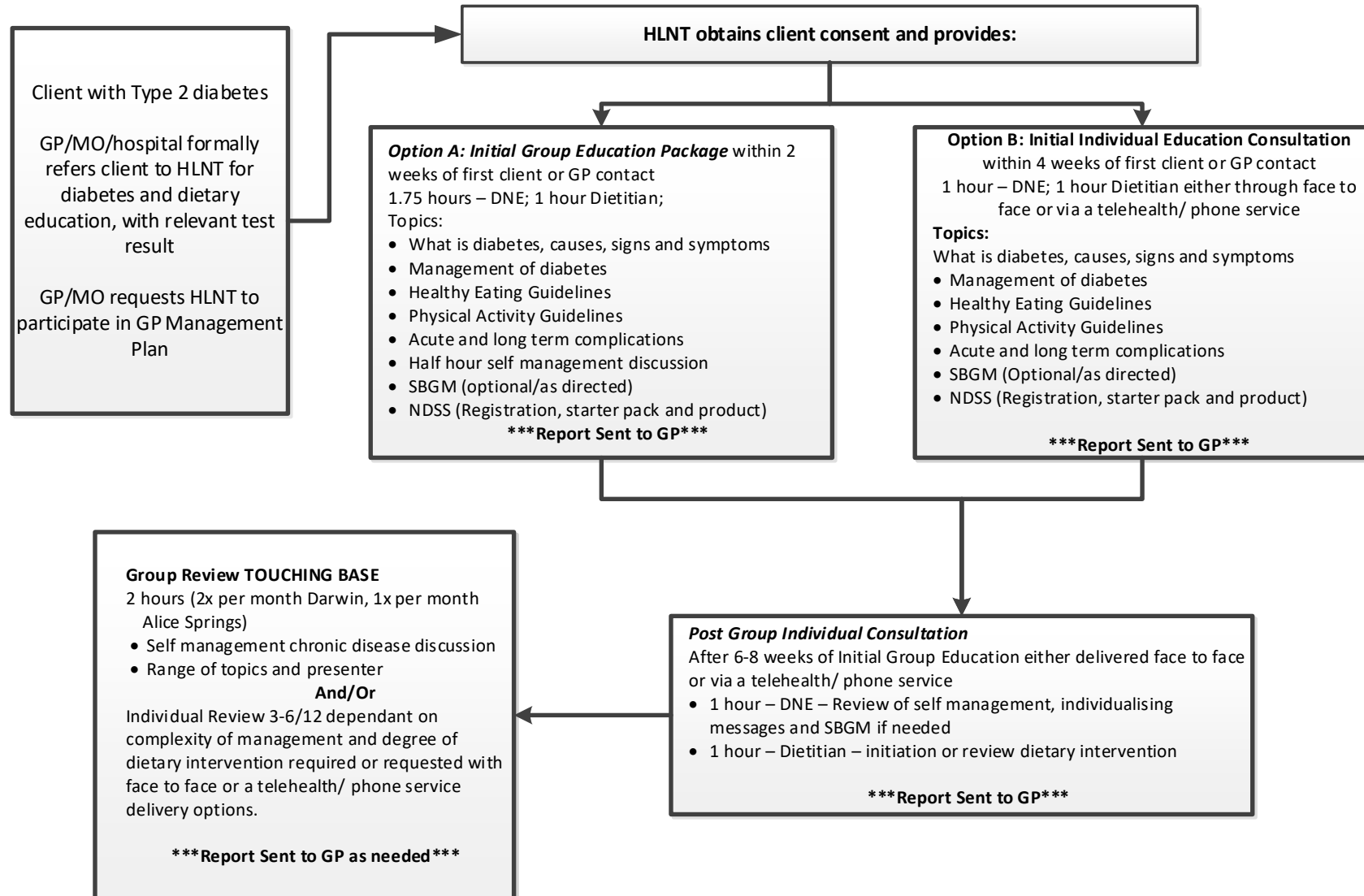


## Type 1 Diabetes Continuous Glucose Monitoring (CGM) Initiation Education Pathway



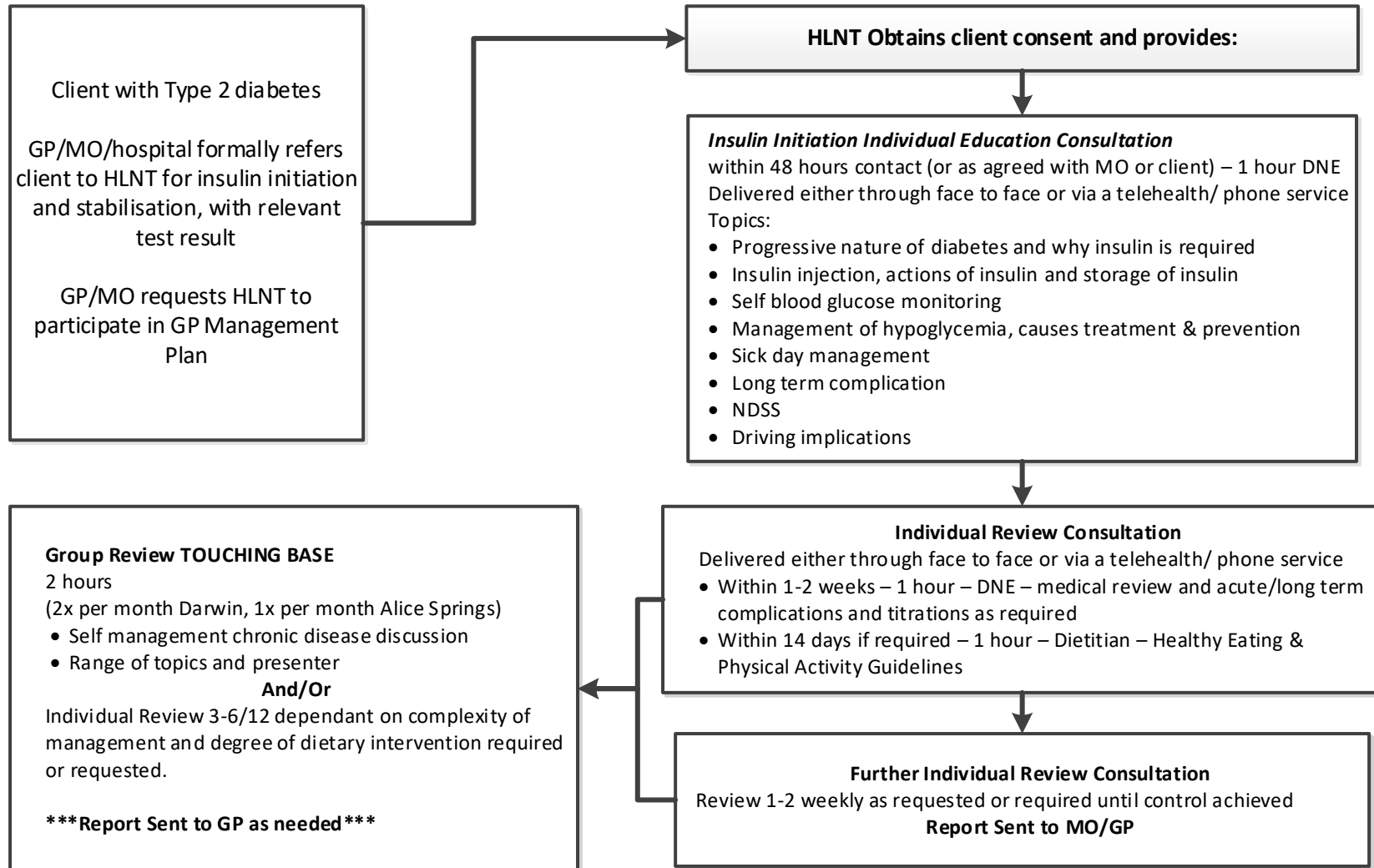
**Note:** Continuous glucose monitoring (CGM) means using a device to automatically estimate real-time blood glucose levels throughout the day and night. CGM may be used independently of, or in conjunction with, insulin pump therapy. Optimal diabetes management may be obtained when both therapies are adopted and paired (where this is possible). However, clients may individually seek to commence on one or the other therapy, and may then elect to adopt the second therapy at a later stage.

**Type 2 Diabetes Education Pathways (Urban Services)**

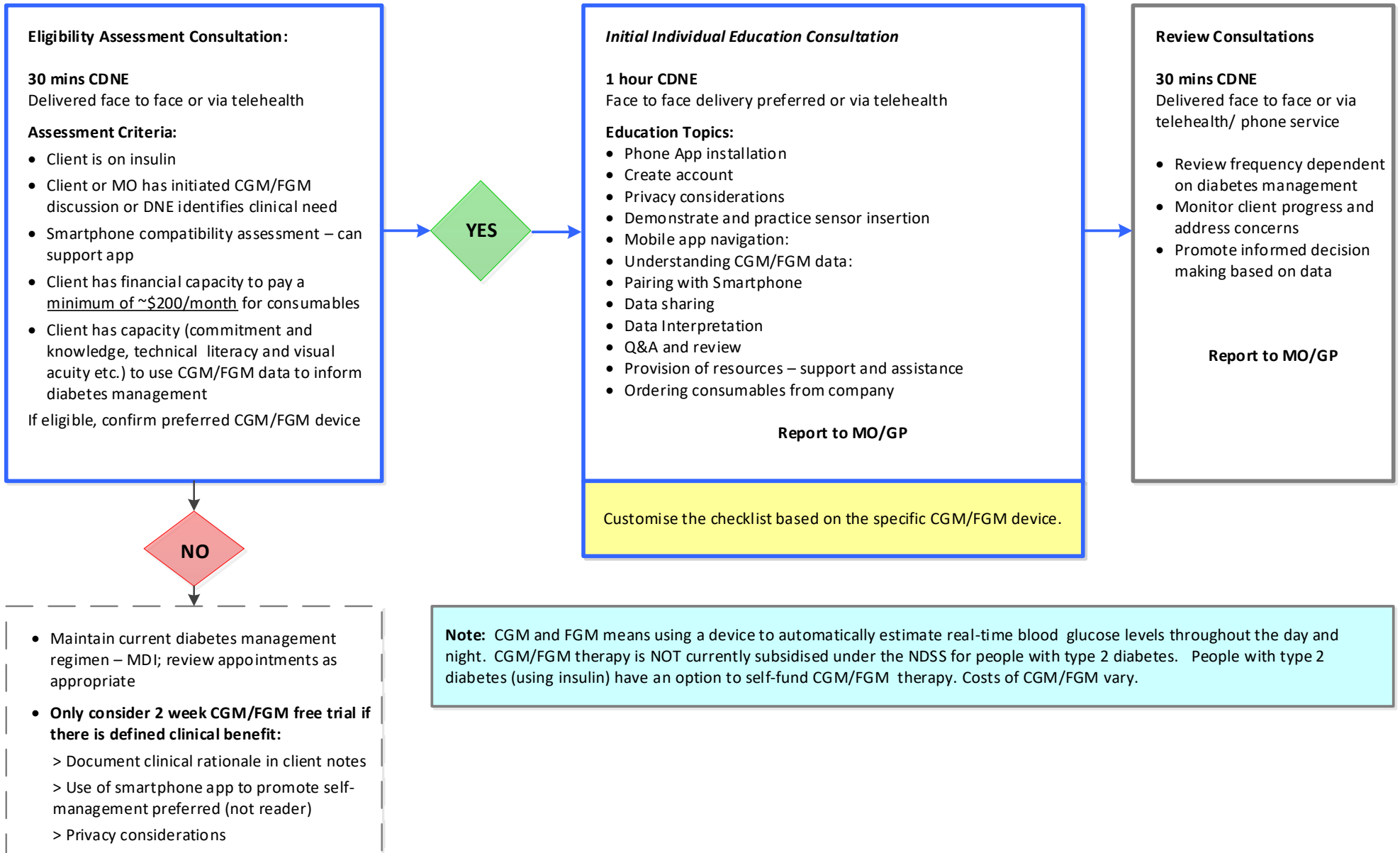




### Insulin Initiation/Stabilisation Education Pathways (Urban Services)

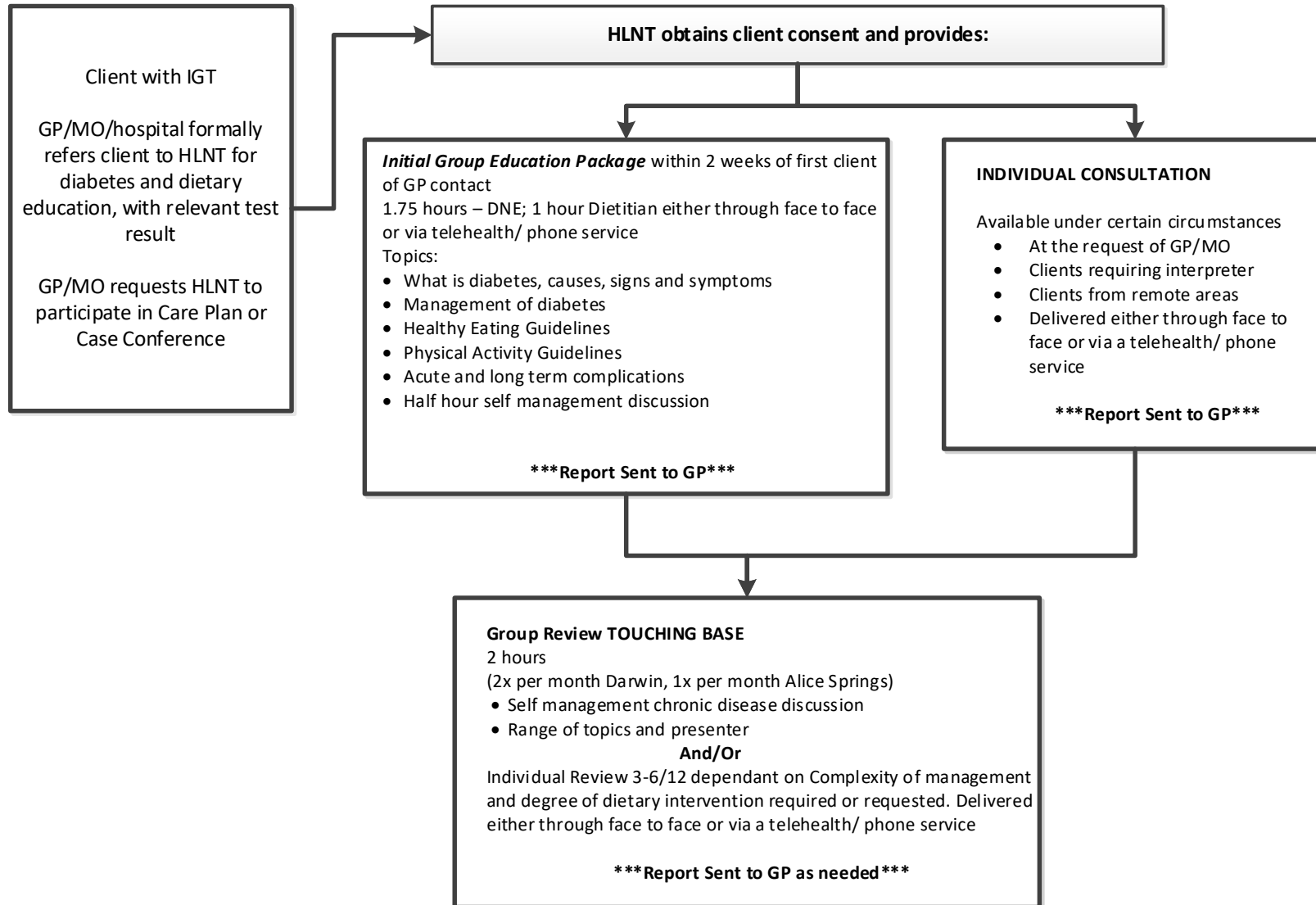


**Type 2 Diabetes Continuous Glucose Monitoring (CGM)/ Flash Glucose Monitoring (FGM) Initiation Education Pathway**

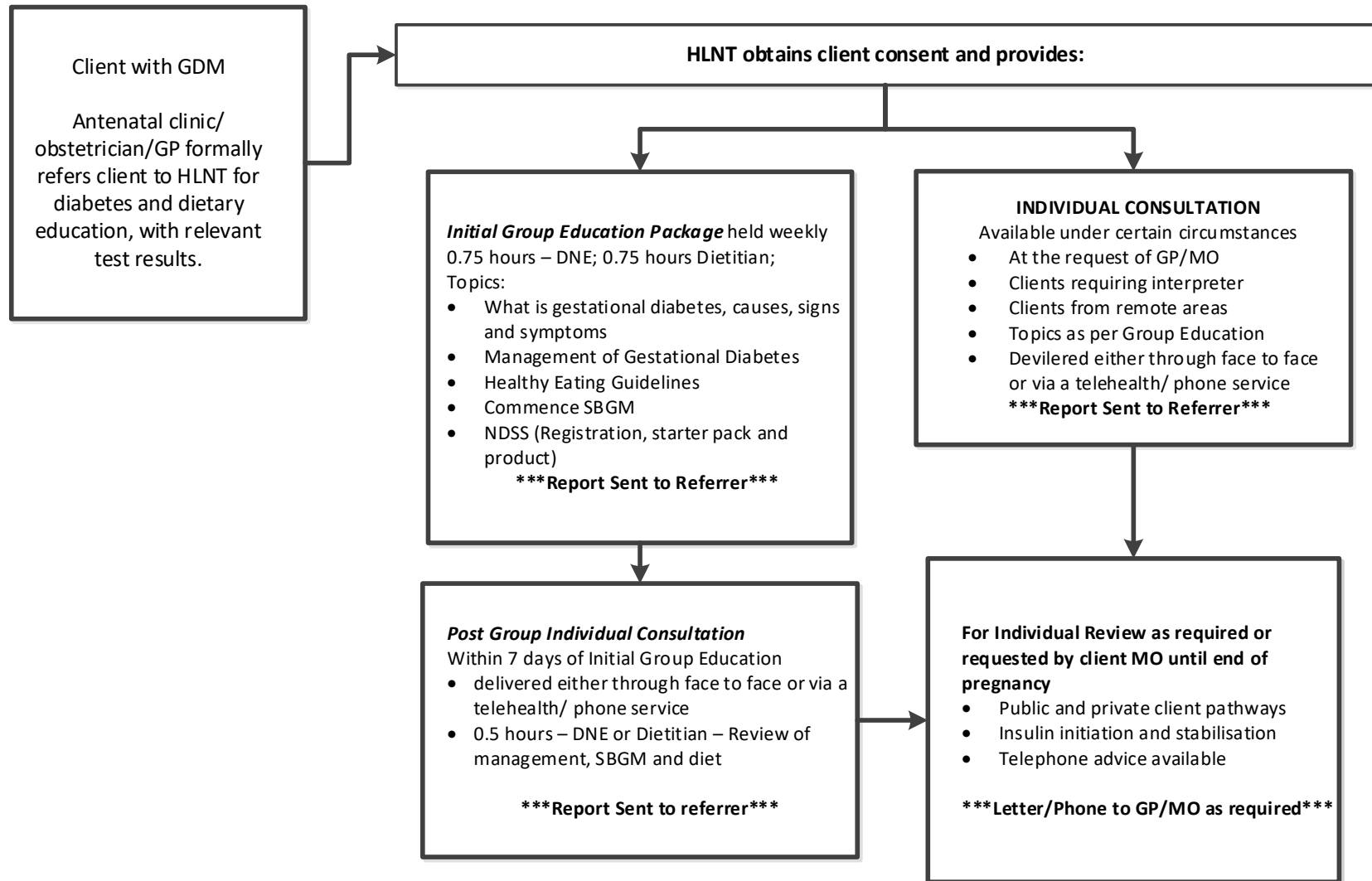




**IGT Diabetes Education Pathways (Urban Services)**

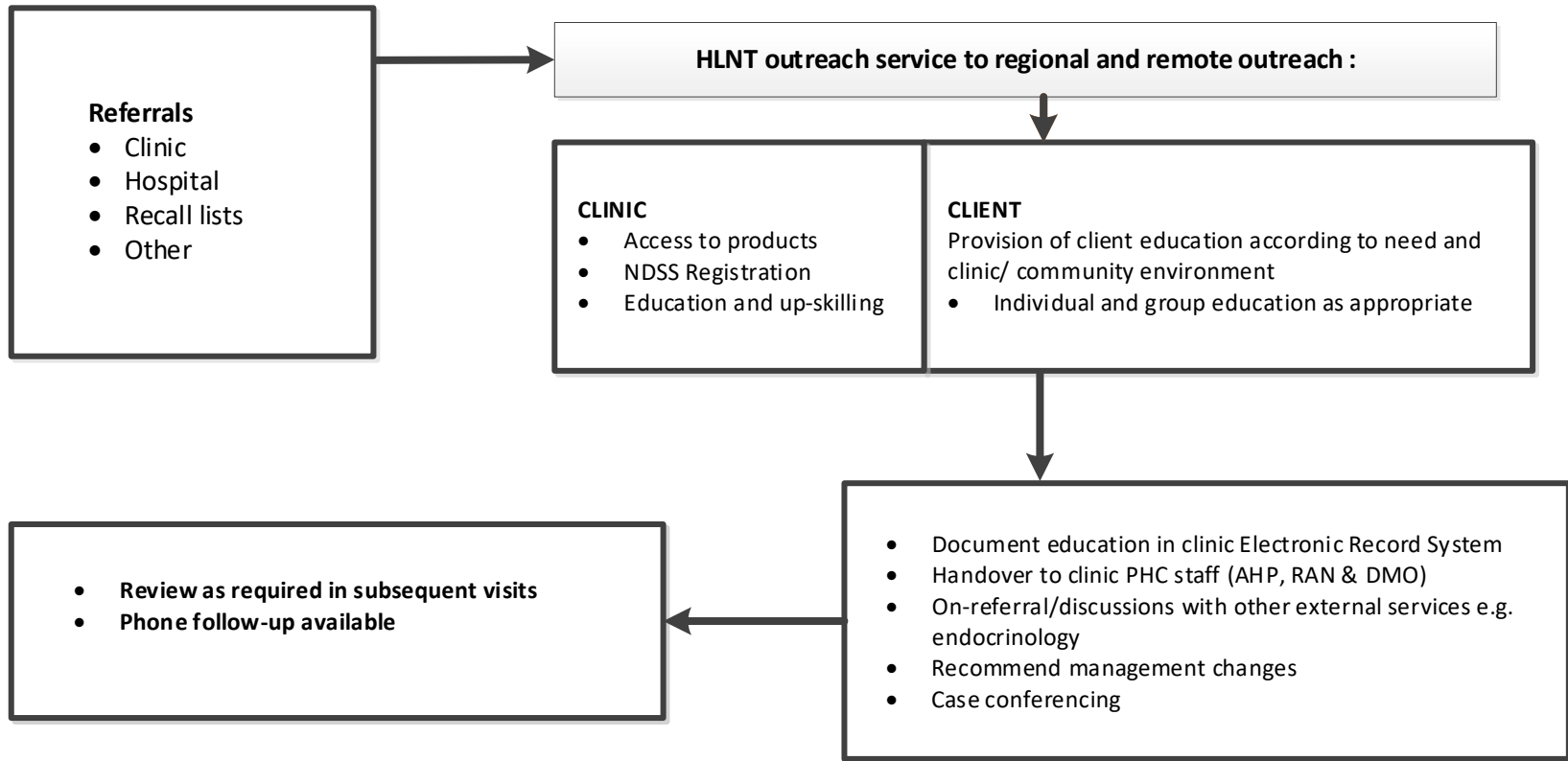


### Gestational Diabetes Education Pathways (Urban Services)





### Diabetes Outreach Pathways (Remote Services)



**Healthy Living NT (HLNT)**

**Phase 2 – Outpatient Cardiac Rehabilitation (Urban services)**

**Phase 2 Assessment**

- Client with a cardiac condition can be referred from: phase 1 inpatient program, NT Cardiac, GP, Aboriginal Medical Services, Interstate Hospitals
- Care Plan EPC available

**Initial assessment for phase 2 program**

- Discuss with client what format suits them,
  - Healthy Heart Program**
  - Individual education**
  - Phone/ Telehealth model**
- Consent gained from Cardiologist/GP regarding exercise program if referred in from non Medical Officer

**Completion Phase 2 HHP**

- Client attending 4 exercise sessions and in Darwin/Palmerston groups, 4 education sessions and in Alice Springs, 2x individual appointments
- Assessment of clients Cardiac Risk Factors
- Certificate of completion to client
- Follow up of client non attended/completing phase 2
- Report to Cardiologist and/or GP
- Record statistic of clients

**Individual education**

- Care plan EPC
- Education given to client and family members as per their cardiac condition, follow up as required
- Report Cardiologist and/or GP

**Referred to phase 3**

**Phase 2 program choices**

Clients may choose a range of options including:

**Healthy Heart program (HHP)**

- 4 week program of exercise and education
- Ongoing entry
- Family/significant others encouraged to attend
- Information pack

**Individual education**

- Appointment with the cardiac educator and dietitian with follow up as required
- Information pack

**Phone/ Telehealth model**

- Session(s) structured to the needs of the client
- Electronic information packs sent about their heart condition and guidelines

**Various information packs designed for:**

- A range of different cardiac conditions
- Aboriginal and Torres Strait Islander people
- Those preferring a home based exercise program
- And is available in some other languages

**On referral to other allied Health Professionals as required including:**

- Diabetes Educators
- Dietitians
- Physiotherapists
- Occupational Therapists
- Counsellors
- CRS
- Mental health professionals
- Other health professionals or support groups when relevant/suitable

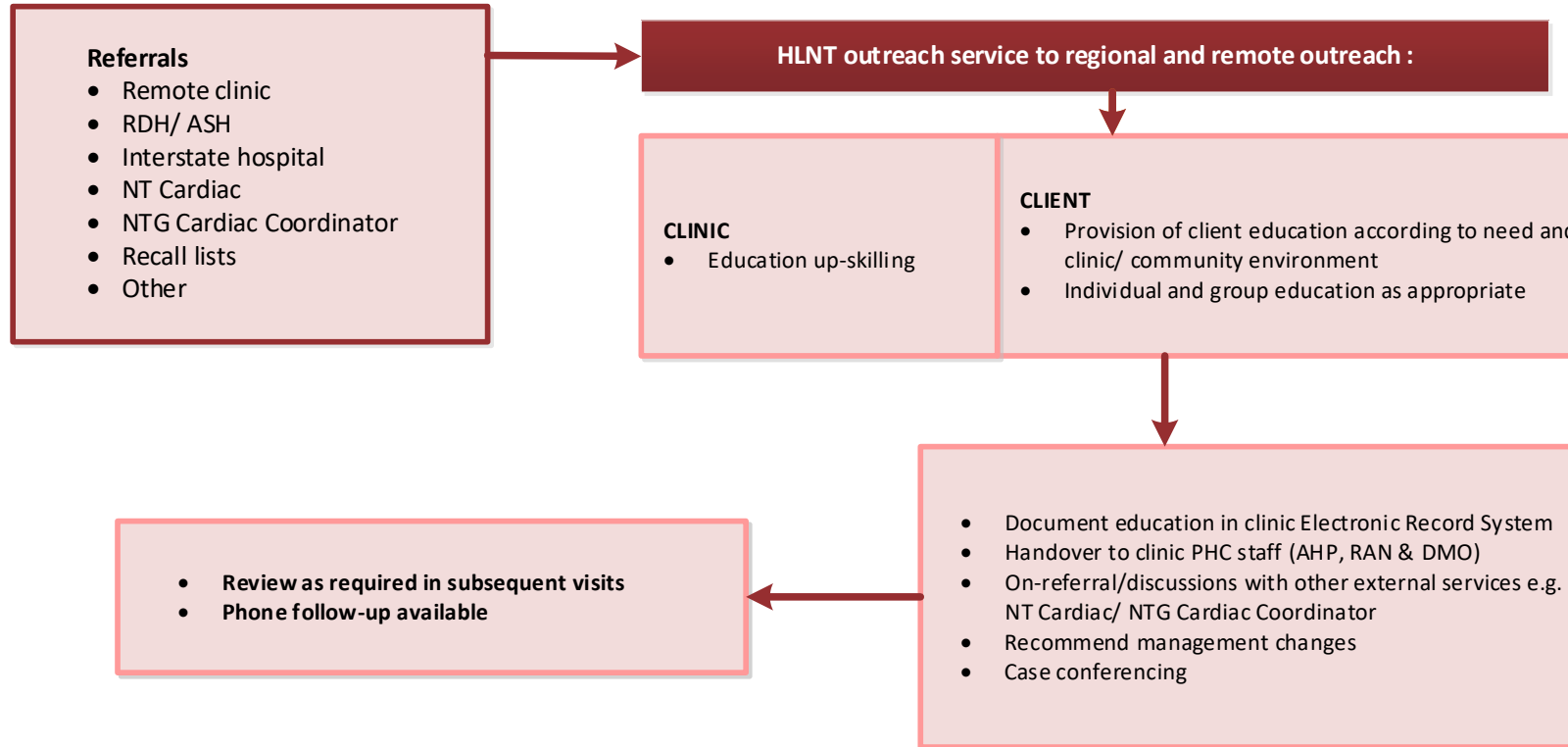
**Education session include:**

- Anatomy and physiology of the heart
- Coronary artery disease
- Angina and heart attacks
- Cardiac procedures
- Management of symptoms
- Healthy eating Label reading Weight loss management
- Importance of continuing exercise
- Healthy eating
- Label reading
- Weight loss management
- Importance of Continuing Exercise
- Making the most of your GP
- Feeling after cardiac event
- Medications
- Personal cardiac risk factor assessment
- Risk modification
- Smoking cessation
- Stress management
- Goal setting and problems solving

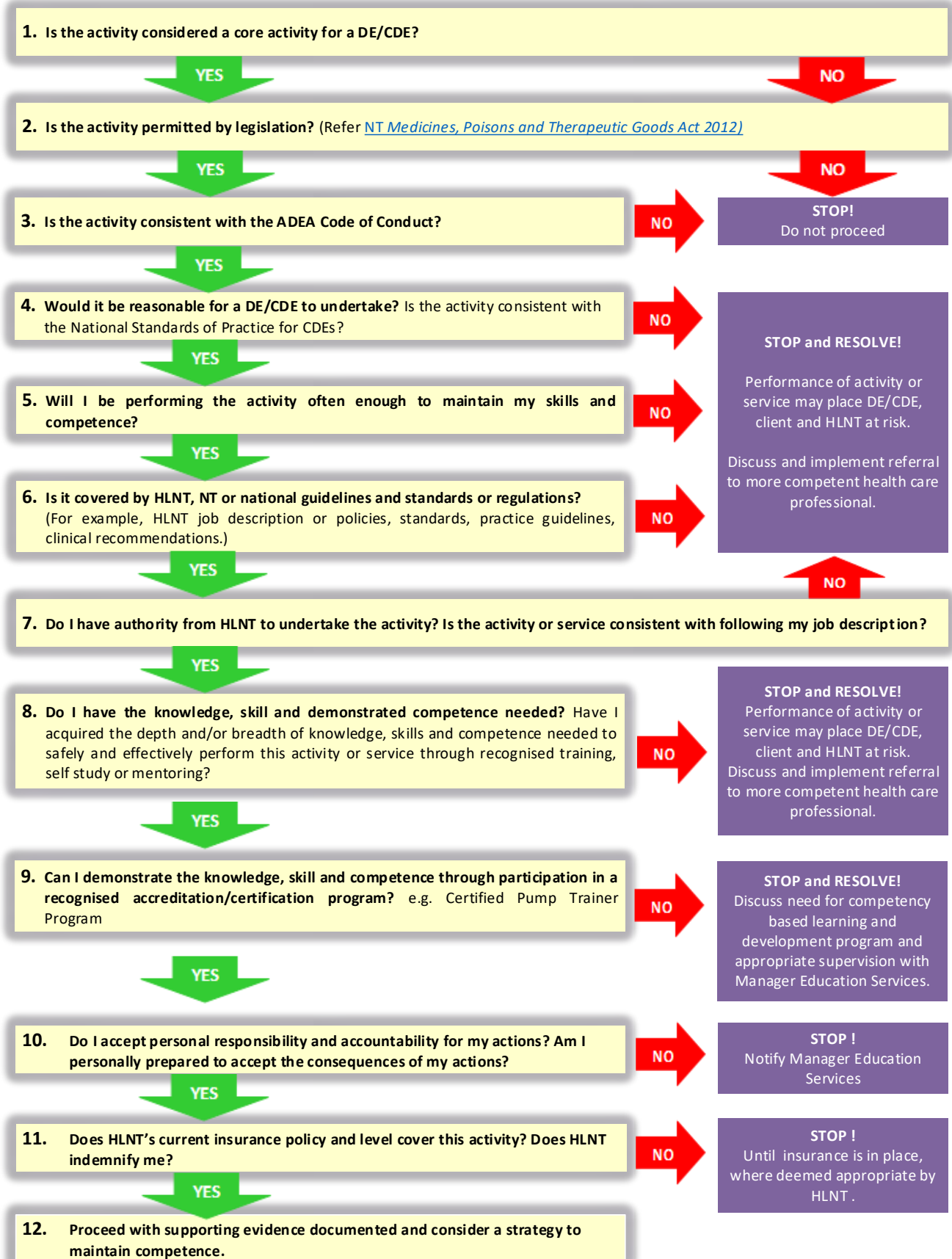
[www.healthylivingnt.org.au](http://www.healthylivingnt.org.au)

Healthy Living NT (HLNT)

Cardiac Outreach Pathways (Remote Services)

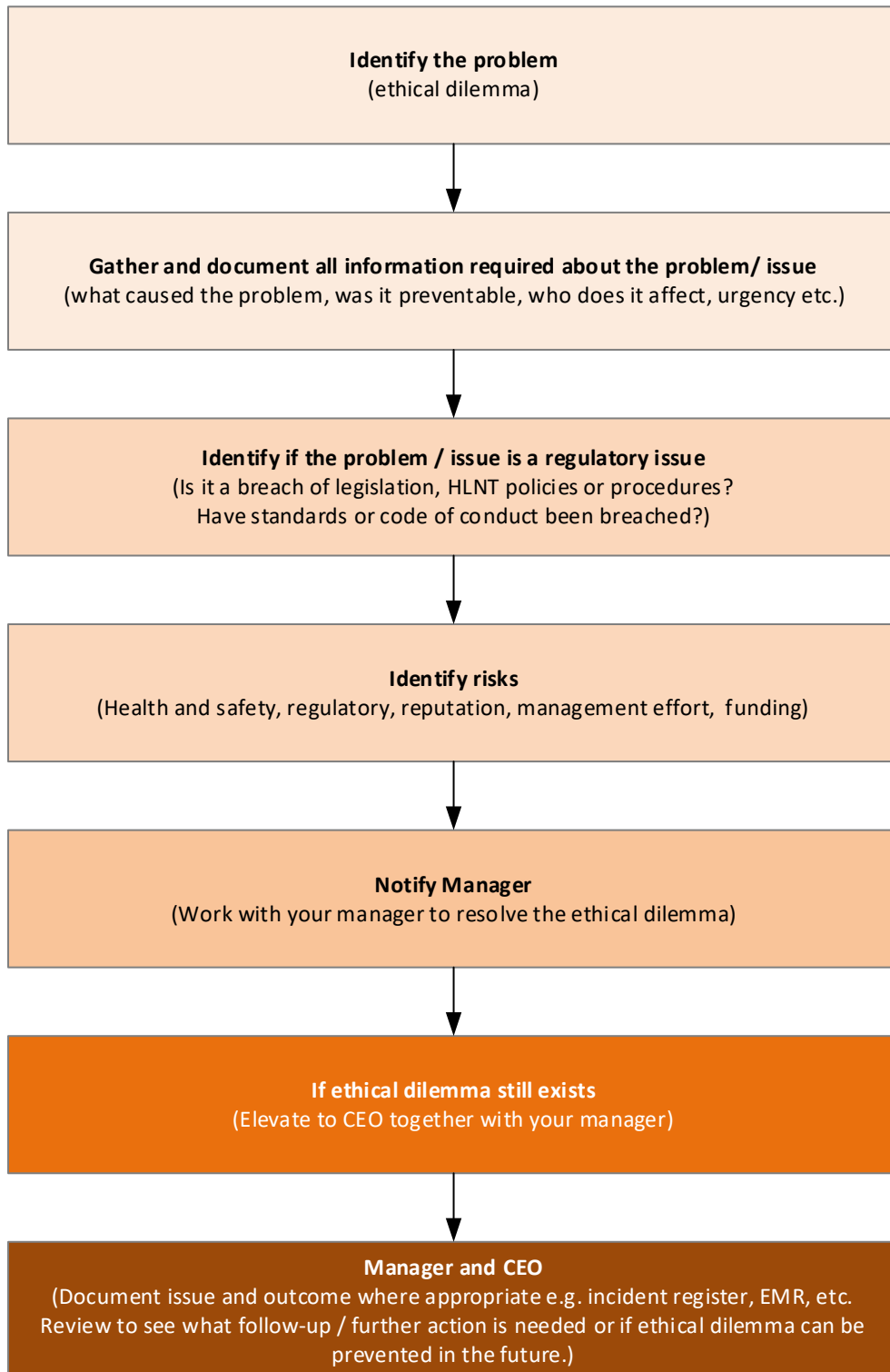


Scope of Practice Decision Pathway: Diabetes Educators and Credentialed Diabetes Educators



This Decision Pathway is based on the ADEA's *Role and Scope of Practice for Credentialed Diabetes Educators in Australia*.

## Ethical Dilemmas





## Improper Conduct Prevention and Management Policy

### Introduction

Just like commercial and government organisations, not-for-profit organisations may be subject to improper conduct including fraudulent or corrupt activity and must therefore implement effective prevention strategies to minimise legal and financial exposure.

Improper conduct, fraud, corruption and deception can lead to significant losses to Healthy Living NT (HLNT). The taint of improper conduct, fraud and corruption may damage the reputation of HLNT, reflect negatively on the integrity of its entire staff and seriously impair the trust that HLNT enjoys with clients and stakeholders.

This policy is a component of HLNT’s broader suite of governance policies which include the Ethical Relationship and Practice Guide and the Whistleblower Policy.

### Legislative Framework

HLNT operates under a regulatory business environment prescribed by law, as detailed in the Legislative Compliance Register. There is a body of primary critical legislation with which HLNT must comply in order to continually assure its business credentials and stakeholder and community confidence.

Chief among these is the ICAC NT Act. The Independent Commissioner Against Corruption (ICAC) has been appointed by the Northern Territory Government to investigate allegations of improper conduct by public bodies, persons or resources. As ICAC will prioritise and investigate the most serious conduct allegations, it has the flexibility to refer an allegation to HLNT to investigate and will direct how the investigation is to be conducted.

Under the ICAC Act, as a recipient of NT Government funding:

1. HLNT is a **public body** and has mandatory reporting and whistleblower protection requirements;
2. HLNT employees and volunteers such as Board Members are **public officers** and have mandatory reporting requirements.

The ICAC Act defines **improper conduct** as each of the following:

- a. corrupt conduct
- b. misconduct
- c. unsatisfactory conduct
- d. anti-democratic conduct
- e. conduct constituting an offence under the ICAC Act
- f. secondary conduct in relation to conduct mentioned in (a) through (e) above.



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Status	Approved	<b>Improper Conduct Prevention and Management Policy</b>	Document ID	G0062
Consultation	Board		Date of Issue	24/08/2019
Approval By	Board		Current Version Number	1.0
Circulation (on approval)	Staff and Board		Review Cycle	Annual
		Page 1 of 11		

## **Purpose**

The purpose of this Policy is to:

1. Ensure that all parties are aware of their responsibilities regarding the identification and prevention of improper conduct, fraudulent or corrupt activity.
2. Ensure that all parties understand who to report to in the event that they suspect improper conduct, fraudulent or corrupt activity.
3. Provide a step-by-step guide to respond to an allegation regarding improper conduct, fraudulent or corrupt activity.
4. Express a clear statement to all parties forbidding improper conduct, fraudulent or corrupt activity.

## **Scope**

This policy applies to all HLNT Board Members and employees, contractors, consultants, and any individual or groups undertaking an activity for or on behalf of HLNT.

The policy scope covers matters relating to known or suspected improper conduct, fraud or corruption in accordance with the definitions below.

## **Policy**

HLNT will not tolerate improper conduct, fraud or corruption in any aspect of its operations.

HLNT will investigate any suspected acts of improper conduct, fraud, corruption, misappropriation or other similar irregularity. An objective and impartial investigation, as deemed necessary, will be conducted regardless of the position, title, length of service or relationship with the organisation of any party who might be the subject of such investigation.

Any improper conduct, fraud or corruption shall constitute grounds for dismissal. Any serious case of fraud, whether suspected or proven, shall be reported to the relevant and appropriate authorities such as the police and the NT ICAC.

Any person who suspects improper conduct or the commission of a fraud or a corrupt act, related to the operations of HLNT, is required to immediately report it to a manager / appropriate person in authority within HLNT or an external authority. Any person reporting improper conduct, a fraud or a corrupt act, or a suspected fraud or suspected corrupt act, shall not be penalised for raising a concern of this nature.

## **Responsibilities**

The **Board** of HLNT has ultimate responsibility for the prevention and detection of improper conduct, including fraud and corruption. It is responsible for ensuring that:

- appropriate and effective internal control systems are in place, and
- an appropriate reporting and investigation framework is in place.

The **Executive Board** is responsible for the establishment and implementation of an appropriate management plan for improper conduct investigations.

The **CEO** is responsible to:

- ensure that HLNT maintains appropriate internal controls which prevent and detect irregularities

- promote ethical and efficient use of resources and
- support investigation of instances of alleged improper conduct, fraud or corruption, in accordance with Board policies.

All **managers** must ensure that they:

- Assess the risk of improper conduct, fraud and corruption within their area of control;
- Educate staff/volunteers/contractors about improper conduct, fraud and corruption prevention and detection; and
- Facilitate the reporting of suspected improper conduct or fraudulent or corrupt activities.

Management should be familiar with the types of improprieties that might occur within their area of responsibility and be alert to any indications of such conduct.

All **staff/volunteers/contractors** share in the responsibility for the prevention and detection of improper conduct, fraud and corruption and for reporting instances of suspected fraudulent or corrupt activities.

**Every employee** within HLNT plays an important role in ensuring that improper conduct, fraud and corruption does not occur. This is achieved by:

- maintaining a team environment with peers where improper conduct, fraud, corruption and deception is unacceptable
- identifying opportunities and appropriate controls for improper conduct, fraud and corruption within the workplace to deter such activity
- adhering to and assisting with the continual improvement of procedures and internal controls which reduce the opportunity for improper conduct, fraud and corruption
- reporting any concerns about inappropriate conduct, deception or suspected fraud or corruption
- keeping informed to remain vigilant with respect to the risks of improper conduct, fraud and corruption, and the impact it would have on HLNT.

### **Reporting**

All parties have the responsibility to report suspected improper conduct, fraud or corruption. Reports can be made orally or in writing, and can be made anonymously.

#### **Internal Reporting**

Any staff member, volunteer or contractor who suspects improper conduct or fraudulent or corrupt activity must immediately notify their supervisor or the CEO about the concern.

In situations where the staff member, volunteer or contractor notifies their supervisor, the supervisor must then notify the CEO. Where the allegation involves the supervisor or CEO, the notification should be made to one of HLNT's office bearers comprising the President, the Treasurer or the Vice-President Alice Springs.

Where an allegation involves one of HLNT's office bearers identified in the preceding paragraph, the allegation can be reported to the CEO or to an alternate office bearer who is not the subject of the allegation.

Where an allegation involves the Board, or if it is not possible or appropriate to report internally within HLNT, the allegation can be reported directly to the Independent Commissioner Against Corruption (ICAC).

Issues reported using the internal reporting process will be treated in strict confidence and fully assessed. If anonymity is requested, every effort will be made to ensure confidentiality. However, when a matter is referred to the NT Police or the ICAC, it is highly likely the party raising the issue will be required to assist these authorities with their enquiries.

To preserve the integrity of the reporting process of suspected fraud or corruption and ensure employees are not deterred from raising genuine concerns (even if subsequently unfounded but made with good intentions), managers must support the employee making the report and ensure they are protected from any adverse treatment on the basis that they have raised a concern.

### **External Reporting**

Where a party believes they may have observed improper conduct, including fraud or corruption by HLNT, or by an employee of HLNT, and does not want to make an internal report, the party may seek to make a protected communication as a protected person under the *ICAC Act* to the Office of the ICAC.

A protected communication can be made orally or in writing, and anonymously, and the employee does not need to declare that it is a protected communication.

The *ICAC Act* provides employees with certain legal protections when they report the improper conduct of a public body or public officer. They cannot be sued for defamation, breach of confidence, or otherwise held civilly or criminally liable for reporting improper conduct. They also cannot be sacked or disciplined for their role in reporting the conduct, and can seek compensation if someone takes action against them in retaliation for reporting.

Further information on ICAC is available at <https://icac.nt.gov.au>. Refer also to HLNT's Whistleblower Policy.

### **What to Report**

Section 22 of the *ICAC Act* requires mandatory reporting of *suspected improper conduct*. A reasonable suspicion that should be reported on occurs where there is one fact or more upon which the suspicion is based.

Any report should contain, as appropriate, details of:

- the nature of the alleged breach;
- the person or persons responsible for the breach;
- the facts on which the complainant's belief that a breach has occurred, and has been committed by the person(s) named, are founded;
- the nature and whereabouts of any further evidence that would substantiate the complainant's allegations, if known.

Evidence to support such concerns should be brought forward at this time if available. However, the existence of such a concern is sufficient to trigger reporting responsibilities.

### **Investigations**

#### **Internal Investigations**

1. Upon notification an allegation pertaining to improper conduct, fraud or corruption, the CEO / President / Treasurer / Vice-President Alice Springs (as appropriate) will promptly arrange to carry out an initial review into the allegation.
2. After an initial review and a determination that the suspected improper conduct, fraud or corruption:

- a) **Does not warrant** additional investigation, the CEO / President / Treasurer / Vice-President Alice Springs (as appropriate) shall report the incident to the Executive Board to either confirm status or direct additional action.
- b) **Warrants** additional investigation, the CEO / President / Treasurer / Vice-President Alice Springs (as appropriate) shall notify the Executive Board, which will:
  - Initiate a detailed investigation with the appropriate law enforcement officials or an external investigator as appropriate;
  - Retain external legal or other advice as appropriate;
  - Implement whistleblower protection arrangements as appropriate
  - Make mandatory notifications, as appropriate.
3. Once improper conduct, fraud or corruption is suspected, immediate action will be taken to prevent the theft, alteration or destruction of relevant records. Such actions include, but are not necessarily limited to, removing relevant records / information and placing them in a secure location, limiting access to the location where the records / information currently exists, and preventing the individual suspected of committing the fraud or improper conduct from having access to the records / information.
4. The outcome of the investigation must be considered by the HLNT Board.
5. If an allegation of improper conduct, fraud or corruption is substantiated by the investigation, disciplinary action, up to and including dismissal (or termination of an individual's right to work as a contractor or volunteer), shall be taken by the appropriate level of management.
6. HLNT will also pursue every reasonable effort, including referral to an external agency such as the NT Police or initiation of court ordered restitution, to obtain recovery of any losses from the offender.

Where a prima facie case of fraud has been established, the matter shall be referred to the relevant authorities. If an allegation is made in good faith, but it is not substantiated by the investigation, no action will be taken against the complainant. Where the investigation determines the allegation is deliberately false or vexatious, the matter will be referred to the delegated officer for appropriate administrative or disciplinary consideration.

To the extent possible, the person under suspicion will be given a reasonable opportunity to respond to any adverse findings in accordance with natural justice prior to a final decision.

HLNT will make every effort to keep the investigation confidential; however members of the management team or other employees may need to be consulted to assist with a review / investigation.

### **External Investigations**

External investigations are to be managed in accordance with HLNT's Compliance Authority Investigations Policy.

**Definitions**

<b>Breach of public trust:</b>	conduct by a public body or public officer that is intentionally or recklessly inconsistent with the functions of the body or officer including the duty of the body or officer to act in the public interest. A breach of public trust can only occur if the conduct affects the use of public resources or the carrying out of functions on behalf of the Territory another public body or a public officer (s13 <i>ICAC Act</i> ).
<b>Complaint:</b>	an expression of dissatisfaction made to, or about, an organisation, either in writing or orally, related to its products, services, employee/s, processes, contractors or the handling of a complaint.
<b>Conduct:</b>	an act or an omission to perform an act (s4, <i>ICAC Act</i> ), including acts or omissions engaged in by a public officer/s or public body/ies at the time and which could have occurred before the commencement of the <i>ICAC Act</i> , and/or outside of the Territory. (s8, <i>ICAC Act</i> ).
<b>Conflict of interest:</b>	a conflict between private financial or other interests and official duties or responsibilities of HLNT, whether actual, potential or perceived (HLNT Disclosure of Interests Policy).
<b>Corrupt conduct:</b>	<p>conduct engaged in by a public officer (whether or not their identity is known) that involves or results in (s10, <i>ICAC Act</i>):</p> <ul style="list-style-type: none"> <li>• dishonesty</li> <li>• failure to manage adequately an actual or perceived conflict of interest</li> <li>• a breach of public trust</li> <li>• the illegal, unauthorised or otherwise inappropriate performance of official functions</li> <li>• inappropriate conduct in relation to official information</li> <li>• an adverse effect on the honest, impartial or effective performance of official functions by any public officer, public body or group of public officers or public bodies</li> <li>• collusive tendering</li> <li>• intentionally or recklessly providing false or misleading information in relation to an application for a licence, permit or other authority under legislation</li> <li>• misappropriating or misusing public resources</li> <li>• assisting in, or dishonestly benefiting from, the misappropriation or misuse of public resources</li> <li>• dishonestly obtaining or retaining employment or appointment as a public officer.</li> </ul>
<b>Corruption:</b>	<p>conduct by anyone that adversely affects HLNT, employees or members of the public so that the performance of their functions or the exercise of their powers is not honest or impartial, or knowingly or recklessly breaches public trust, or involves the misuse of HLNT information or material, to achieve personal gain or advantage for oneself, another person or third party.</p> <p>Examples of corruption are located in Table 1 below. These examples are not an exhaustive list.</p>

*Table 1 – Examples of corruption*

<b>Example</b>	<b>Details</b>
<i>Disclosing confidential information to outside parties without authority, for personal gain.</i>	Collusive bidding.
<i>Acceptance of goods and services as an inducement to allocating work to a supplier.</i>	Nepotism, giving jobs or favours to relatives, friends or third party/ies.
<i>Failing to declare and/or appropriately manage a conflict of interest.</i>	Manipulation of the procurement process favouring one tenderer over others or selectively providing information to some tenderers.
<b>False:</b>	an allegation that is deliberately untrue.
<b>Fraud:</b>	deceitful or deceptive conduct by employees or members of the public against HLNT or clients’ interests; to obtain (or attempting to obtain) an advantage, financial or otherwise for oneself, another person or entity third party; and/or to cause a loss to HLNT or its clients.  Examples of fraud are located in Table 2 below. These examples are not an exhaustive list.

*Table 2 – Examples of fraud*

<b>Example</b>	<b>Details</b>
<i>Theft or deliberate damage of HLNT property.</i>	Destruction, or removal, or falsification of records.
<i>Forgery or alteration of any document, e.g. a cheque, medical certificate, invoice.</i>	Dishonest use of HLNT assets and facilities for unofficial use.
<i>Diversion of funds including through electronic banking.</i>	Theft of cash, cheques or negotiable instruments.
<i>Credit card misuse.</i>	Overcharging for goods and services.
<i>False accounting or falsifying payroll transactions.</i>	Falsifying expense claims, including travel expenses.
<i>Material and deliberate misstatement of accounting information.</i>	Using a false identity to obtain funds or assets by deception.
<i>Recording credits for goods and services provided and refunding for personal benefit.</i>	Deliberate failure to record usage of employee entitlements.
<i>Misuse of delegation.</i>	False invoicing.
<b>Loss:</b>	<ul style="list-style-type: none"> <li>• a loss of, or deficiencies in, money or property held by or for HLNT</li> <li>• a loss arising out of the destruction, condemnation, obsolescence, abandonment, deterioration of or damage to property</li> <li>• an irrecoverable overpayment and debt</li> <li>• expenditure made without lawful authority</li> <li>• a loss of money due to failure to assess and levy revenue and other amounts receivable.</li> </ul> <p>While improper conduct, fraud or corruption may not result in a loss to HLNT, it will generally be the case. Similarly, not every loss is due to improper conduct, fraud or corruption. All losses must be promptly and properly recorded and reported to the Manager Finance and Administration who is responsible for reporting all losses and maintaining a register of losses.</p>

<b>Improper conduct:</b>	corrupt conduct, misconduct, unsatisfactory conduct, anti-democratic conduct and conduct constituting an offence against the <i>ICAC Act</i> (s9, <i>ICAC Act</i> ).
<b>Incompetence:</b>	conduct that would not be engaged in by a reasonable public officer or public body having the skills and knowledge reasonably expected of a person or body with the role of the public officer or public body and having taken appropriate steps to obtain adequate resources, information and advice, but does not include conduct that is less than best practice, or that is a matter of policy about which reasonable public officers or public bodies may disagree (s12 (2), <i>ICAC Act</i> ).
<b>Investigation:</b>	the act or process of assessing an allegation of improper conduct to establish whether or not there is proof to substantiate any allegations, which could include the securing of evidence and interviews of the complainant, witnesses and the suspect/s.
<b>Misconduct:</b>	conduct engaged in by a public officer or body that constitutes an offence, or that constitutes reasonable grounds for taking disciplinary action against the officer, that is connected to public affairs (s11, <i>ICAC Act</i> ).
<b>Misleading information:</b>	a person commits an offence if the person intentionally gives information to another person acting in an official capacity, and the information is misleading and the person has knowledge of that circumstance (s151, <i>ICAC Act</i> ).
<b>Nominated recipient:</b>	Under the <i>ICAC Act</i> , the HLNT may nominate an eligible person to be the nominated recipient for HLNT (s96, <i>ICAC Act</i> ). HLNT has nominated the Chief Executive Officer, President or Treasurer or Vice-President Alice Springs (as appropriate).
<b>Protected action:</b>	A person takes protected action if they, being an individual, make a protected communication. An action is not a protected action if the person knows or believes it to be misleading information (s91, <i>ICAC Act</i> ).
<b>Protected communication:</b>	A protected communication is information reported by an individual to, but not limited to, the Chief Executive Officer, President or Treasurer or Vice-President Alice Springs (as appropriate), ICAC or ICAC's office, that shows improper conduct has occurred, is occurring or is at risk of occurring. A protected communication can be made orally or in writing and can be anonymous. The individual does not need to state that the communication is a protected communication (s93, <i>ICAC Act</i> ).
<b>Protected person:</b>	A person who takes or has taken protected action (s4, <i>ICAC Act</i> ). A protected person incurs no civil or criminal liability by taking protected action and does not become liable to disciplinary action or other adverse administrative action (s98, <i>ICAC Act</i> ). Public bodies have the primary responsibility for providing protected persons with protection and support (s90, <i>ICAC Act</i> ).
<b>Public body:</b>	includes <b>Healthy Living NT</b> ; also includes NTG agencies, as well as any other body, whether incorporated or not that receives, directly or indirectly, public resources, or perform a public function on behalf of the NT, a public body or a public officer (whether under contract or otherwise) (s16 (1), <i>ICAC Act</i> ). This includes suppliers to NTG agencies and grant recipients.

<b>Public resources:</b>	money, assets, intellectual property, licences, human resources or any other resources of, or available to, the Territory, public body or public officer, including resources held under trust (s14, <i>ICAC Act</i> ).
<b>Public officer:</b>	includes <b>employees and officers of Healthy Living NT</b> ; also includes a minister, a Member of the Legislative Assembly; a judicial officer; the holder of an office established under an Act who is appointed by the Administrator or a minister; a member, officer or employee of a public body; any other person engaged in relation to the performance of official functions (s16 (2), <i>ICAC Act</i> ). This includes employees of NTG suppliers and grant recipients.
<b>Reasonable:</b>	a factual basis for the suspicion is identified, whether or not a suspicion is reasonable will depend upon the surrounding circumstances ( <i>ICAC South Australia 'Directions and Guidelines for Public Officers'</i> ).
<b>Unsatisfactory conduct:</b>	conduct engaged in by a public officer or a public body that is connected to public affairs, that involves illegality or impropriety, negligence or incompetence, and results in (s12, <i>ICAC Act</i> ): <ul style="list-style-type: none"> <li>• substantial mismanagement of public resources</li> <li>• the inappropriate or significantly inefficient use of public resources</li> <li>• substantial mismanagement in relation to the performance of official functions</li> <li>• substantial detriment to the public interest.</li> </ul>
<b>Vexatious:</b>	an allegation that is made to cause or intended to cause annoyance, frustration, or worry.

### **Responsibility for Policy**

The Board of Diabetes Association of the NT Inc. is responsible for ensuring this policy is up to date and complied with.

### **Approval**

Original Submission Date: Board Meeting 4/19 of 24 August 2019

Original Approval Date: Board Meeting 4/19 of 24 August 2019

Circulation: All HLNT Board Members and staff.

Sign off by: Chair of the Board

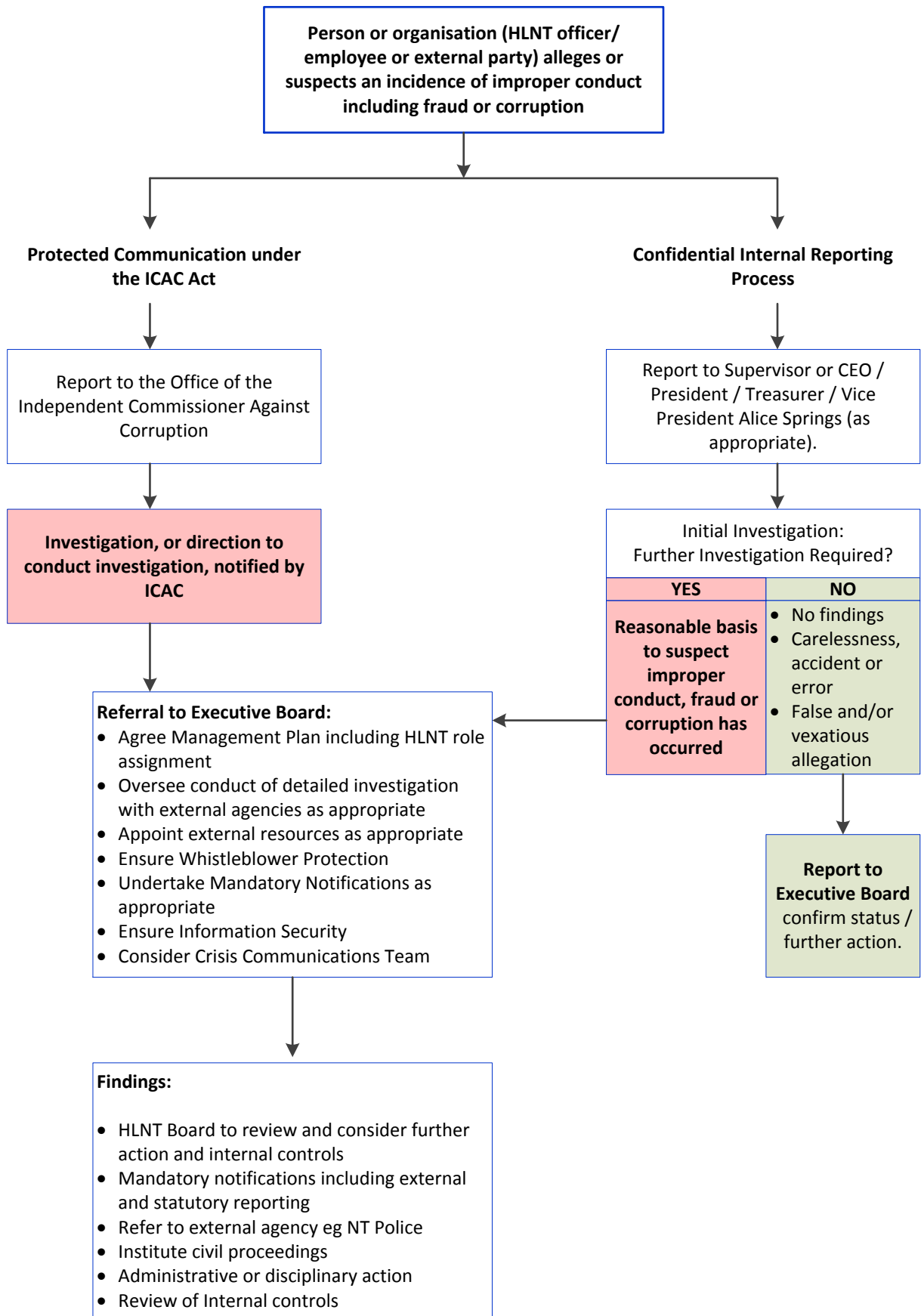


Signature: Ron O'Brien

### ***Related Documents, References and Resources***

- <https://icac.nt.gov.au/>
- [Mandatory Reporting Directions and Guidelines for public officers, public bodies and the community](#)
- HLNT Whistleblower Policy
- HLNT Workplace Investigation Policy
- HLNT Privacy Policy
- HLNT Disclosure of Interests Policy
- HLNT Corporate Governance Statement
- HLNT Ethical Relationships Guide
- Financial Roles and Delegations Policy
- Asset Management Policy
- Investment Policy
- Motor Vehicle Policy
- Delegations of HLNT nominees to external bodies and companies
- Logo Use Policy
- ICT Policy
- HLNT Recruitment Policy
- HLNT Induction Procedures
- HLNT Operational Procedures
- HLNT Service Agreements with external funders

Appendix A – HLNT Improper Conduct Reporting and Investigation Flowchart





## Whistleblower Policy

### Introduction

The Board of Healthy Living NT is committed to operating:

- legally (in accordance with applicable legislation and regulation),
- properly (in accordance with organisational policy and procedures), and
- ethically (in accordance with recognised ethical principles).

Employees are expected to cooperate with the organisation in maintaining legal, proper, and ethical operations, if necessary by reporting non-compliant actions by other people. Correspondingly, employees who do assist in maintaining legal, proper, and ethical operations should not be penalised in any way.

HLNT employees are expected to actively promote honest and ethical conduct by upholding appropriate standards of behaviour as per HLNT’s Ethical Relationship and Practice Guide and Values.

Employees who suspect improper conduct are encouraged to report it as soon as possible so that it can be assessed.

This policy outlines HLNT’s management of whistleblowers referred to as protected persons in the Independent Commissioner Against Corruption Act 2017 (‘the Act’), and the management of protected actions and protected communications under the Act.

This policy should be read in conjunction with the HLNT Improper Conduct Investigations and Reporting Policy.

### Policy

Employees who communicate their suspicion of improper conduct will be taken seriously, and will be protected as if they had made a protected communication.

HLNT will have appropriate measures and processes in place that enable employees to feel safe in communicating allegations or suspicions.

HLNT will not tolerate retaliation, harassment, intimidation or harm of an employee, including against an employee reporting improper conduct. Employees that discourage another employee from reporting improper conduct, or engage in retaliation against an employee who has disclosed or cooperated in an investigation into improper conduct, will be referred for appropriate administrative or disciplinary action.

Employees who have knowingly made a false or vexatious allegation will be similarly referred.

Where there is any inconsistency between this policy and the requirements of legislation, the legislative requirements will prevail.

<i>Status</i>	<i>Approved</i>	<b>Whistleblower Policy</b>	<i>Document ID</i>	G0064
<i>Consultation</i>	<i>Board</i>		<i>Date of Issue</i>	14/12/2024
<i>Approval By</i>	<i>Board</i>		<i>Current Version Number</i>	3.0
<i>Circulation (on approval)</i>	<i>Staff and Board</i>	<i>Page 1 of 5</i>	<i>Review Cycle</i>	<i>Annual</i>

## **Principles**

HLNT subscribes to the following principles:

- Employees are expected to be honest and behave ethically in accordance with HLNT's Ethical Relationship and Practice Guide and Values.
- Employees are encouraged to communicate suspicion of improper conduct.
- Employees who communicate their suspicion or allegation in good faith and out of genuine concern will be protected from reprisal or retaliation, regardless of the outcome.
- Administrative or disciplinary action will be taken if an employee engages in retaliation against another employee who has communicated a suspicion or allegation.
- The identity of a protected person should be kept confidential, as anonymity is the best protection of a person from retaliation.
- The primary responsibility for providing protected persons with protection and support resides with Healthy Living NT.

## **Scope**

This policy encompasses all employees of HLNT. This policy uses the definition of **improper conduct** as defined in the ICAC Act 2017, which includes fraud or corruption.

This policy does not apply to matters that do not fall within the definition of improper conduct in the Act, such as:

- inappropriate behaviour e.g. inappropriate or unreasonable behaviour, such as bullying or harassment (refer to the HLNT Appropriate Workplace Behaviour Policy for more information)
- a matter raised expressing dissatisfaction with an aspect of employment, e.g. promotion or grievances

This policy does not authorise any employee to inform commercial media or social media of their concern, and does not offer protection to any employee who does so.

## **Roles and Responsibilities**

### **Board**

As the accountable body, the Board of Healthy Living NT will ensure appropriate policies and processes are in place to protect persons reporting improper conduct.

### **Chief Executive Officer, President, Treasurer, Vice President Alice Springs**

Employees can communicate their suspicion of improper conduct directly to the Chief Executive Officer, President or Treasurer or Vice President Alice Springs (as appropriate). These positions are the nominated recipients for employees who wish to provide a protected communication as a protected person.

### **Executive Board**

The Executive Board will support HLNT in meeting its requirements relating to protected persons (including under the Act), and provide direction and assistance to managers and supervisors.

### **Employees**

Employees are encouraged to report suspected improper conduct, including fraud or corruption, internally through their manager or supervisor. This includes reporting a suspicion of improper conduct, as well as in the form of a protected communication.

An employee who considers they have been harmed, harassed or intimidated due to the reporting of improper conduct should notify the Chief Executive Officer, President or Treasurer (as appropriate) who will consult with the Executive Board to recommend appropriate actions for employees involved, including administrative or disciplinary action.

### **Managers and Supervisors**

Managers and supervisors are required to keep the identity of a complainant or protected person confidential and to protect that person from retaliation or any adverse treatment.

### **Independent Commissioner Against Corruption**

Under the Act, employees can make a protected communication as a protected person to the ICAC directly.

### **Reporting improper conduct**

Employees are encouraged to report any suspicion of improper conduct and not to undertake an investigation themselves. The Improper Conduct Prevention and Management Policy is the primary document to guide HLNT employees and includes details of who to report allegations.

Where an employee wishes to report improper conduct as a protected communication, they may do so by:

1. providing information in accordance with directions or guidelines issued by the ICAC
2. reporting behaviour that an employee believes on reasonable grounds shows improper conduct has occurred, is occurring or is at risk of occurring, to HLNT's nominated recipients or to ICAC directly.

A protected communication can be provided orally or in writing, and/or anonymously, and the employee does not need to declare that it is a protected communication as long as the two points above are met.

If an employee reports improper conduct in good faith to anyone other than the Chief Executive Officer, President or Treasurer or to the ICAC directly, the principles of this policy will apply, and the employee will be considered to have provided a protected communication. HLNT will provide the employee with support and assistance to apply to the ICAC for the information to be considered as a protected communication.

All reports of alleged improper conduct will be treated in confidence; however, when a matter is referred to the NT Police or ICAC, it is highly likely the employee will be required to assist the authority with their inquiries.

### **Further information and advice**

To report improper conduct including fraud and or corruption, contact (as appropriate) the:

<b>CEO (Anne Kemp)</b> Ph: 0412180330	<b>President</b> (William De Decker) Phone: 0407 724 010	<b>Treasurer</b> (Kevin Wrigley) Phone: 0418 347 113	<b>Vice President Alice Springs</b> (Yvonne Rowan) Phone: 0448 747 405
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Employees can also report directly to ICAC:

### **Independent Commissioner Against Corruption**

Free call: 1800 250 918 [icac.nt@icac.nt.gov.au](mailto:icac.nt@icac.nt.gov.au) <https://icac.nt.gov.au>

## Definitions

<b>Allegation:</b>	a claim or assertion that someone has done something illegal or wrong. Until such time that an allegation is proved, it remains an assertion.
<b>Engage in retaliation:</b>	a person engages in retaliation if they cause, or threaten to cause, harm to another person or their support person with the intention of discouraging them from taking protected action or providing support, or because of protected action or action taken (s94, <i>ICAC Act</i> ).
<b>False:</b>	an allegation that is deliberately untrue.
<b>Harm:</b>	generally, includes injury, loss and damage, intimidation and harassment, discrimination, disadvantage and adverse treatment (including disciplinary action), in relation to employment, career, profession, trade or business and for protection of protected persons (s4, <i>ICAC Act</i> ).
<b>Improper conduct:</b>	corrupt conduct, misconduct, unsatisfactory conduct, anti-democratic conduct and conduct constituting an offence against the Act (s9, <i>ICAC Act</i> ).
<b>Misleading information:</b>	a person commits an offence if the person intentionally gives information to another person acting in an official capacity, and the information is misleading and the person has knowledge of that circumstance (s151, <i>ICAC Act</i> ).
<b>Nominated recipient:</b>	Under the <i>ICAC Act</i> , HLNT may nominate an eligible person(s) to be the nominated recipient for HLNT (s96, <i>ICAC Act</i> ). HLNT has nominated the Chief Executive Officer, President or Treasurer or Vice President Alice Springs (as appropriate).
<b>Protected action:</b>	A person takes protected action if they, being an individual, make a protected communication, takes another action for the purpose of complying with the Act or cooperating with a person or body performing functions under the Act. An action is not a protected action if the person knows or believes it to be misleading information (s91, <i>ICAC Act</i> ).
<b>Protected communication:</b>	A protected communication is information reported by an individual to, but not limited to (refer to the <i>ICAC Act</i> for the complete list), HLNT's nominated recipients, ICAC or ICAC's office, that shows improper conduct has occurred, is occurring or is at risk of occurring. A protected communication can be made orally or in writing and can be anonymous. The individual does not need to state that the communication is a protected communication (s93, <i>ICAC Act</i> ).
<b>Protected person:</b>	A person who takes or has taken protected action (s4, <i>ICAC Act</i> ). A protected person incurs no civil or criminal liability by taking protected action and does not become liable to disciplinary action or other adverse administrative action (s98, <i>ICAC Act</i> ). Public bodies have the primary responsibility for providing protected persons with protection and support (s90, <i>ICAC Act</i> ).
<b>Provide support:</b>	to provide support includes to assist and encourage (s94, <i>ICAC Act</i> ).
<b>Vexatious:</b>	an allegation that is made to cause or intended to cause annoyance, frustration, or worry.
<b>Whistleblower:</b>	a person who advises of improper conduct by a person, organisation or agency.

### **Responsibility for Policy**

The Board of Diabetes Association of the NT Inc. is responsible for ensuring this policy is up to date and complied with.

### **Approval**

Original Submission Date: Board Meeting 4/19 of 24 August 2019  
Original Approval Date: Board Meeting 4/19 of 24 August 2019  
Revision Date Proposed: Board Meeting 6/20 of 12 December 2020  
Revision 1 Approval Date: Board Meeting 6/20 of 12 December 2020

Circulation: All HLNT Board Members and staff.

Sign off by: Chair of the Board



Signature: William De Decker

### **Related documents**

- <https://icac.nt.gov.au/>
- [Whistleblower Protection Guidelines and Directions](#)
- HLNT Improper Conduct Prevention and Management Policy
- HLNT Privacy Policy
- HLNT Workplace Investigation Policy
- HLNT Disclosure of Interests Policy
- HLNT Corporate Governance Statement
- HLNT Ethical Relationships Guide
- Financial Roles and Delegations Policy
- Asset Management Policy
- Investment Policy
- Motor Vehicle Policy
- Delegations of HLNT nominees to external bodies and companies
- Logo Use Policy
- ICT Policy
- HLNT Recruitment Policy
- HLNT Induction Procedures
- HLNT Operational Procedures
- HLNT Service Agreements with external funders

## Compliance Authority Investigations Policy

### Background

Healthy Living NT (HLNT) operates under a regulatory business environment prescribed by law, as detailed in the Legislative Compliance Register. This legislation broadly comprises:

- Legislation that applies to HLNT generally as an Australian entity
- Legislation that applies to HLNT specifically as an NT entity
- Legislation that applies to HLNT as a charitable /NFP entity, at an Australian and NT jurisdictional level
- Legislation that applies to HLNT as a service provider, at an Australian and NT jurisdictional level

Whilst HLNT needs to comply with all relevant legislation, there is a body of primary critical legislation with which HLNT must comply in order to continually assure its business credentials and stakeholder and community confidence. Based on the level of compliance effort (including mandatory reporting), combined with the likely adverse outcome to HLNT resulting from serious non-compliance, the following is regarded as primary critical legislation:

Primary Critical Legislation Area/Act	Mandatory or Incident Reporting	Cyclical	Business Standards
<b>Governance</b>			
• Associations Act	✓		✓
• ACNC Act	✓		✓
<b>Employment</b>			
• Fair Work Act			✓
• Long Service Act			✓
<b>Health and Safety</b>			
• WHS Act	✓		✓
• Workers Compensation			✓
• Public and Environmental Health Act NT			✓
<b>Equal Opportunities</b>			
• Discrimination Acts (various)			✓
<b>Business Conduct</b>			
• Taxation Act	✓		✓
• Superannuation Act	✓		✓
• FBT Act	✓		✓
• ICAC Act and NACC Act	✓		✓
• Criminal Codes (various)	✓		✓
• Banking Act			✓
<b>Service Provision</b>			
• Health Practitioner Act	✓		
• Privacy Act			✓
• Health Complaints			✓
• Notifiable Data Breaches	✓		
• Child Protection Act	✓		



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Status		Investigations Policy	Date of Issue	
Consultation	Board and Management		Current Version Number	9/12/2023
Approval By	Board		Review Cycle	3.0 Annual
Circulation (on approval)	Board and Management	Page 1 of 10		

Failure to comply with legislative reporting requirements and/or mandated business standards and practices may result in:

- a formal investigation or audit conducted by one or more compliance authorities (as defined by legislation), or
- a direction by a compliance authority to undertake an internal investigation and report back.

Such investigations or audits may be initiated as the result of concerns raised directly to compliance authorities by third parties or where HLNT has self-reported issues or incidents in accordance with legislation. Investigations may also be initiated by external funders in accordance with contractual provisions which are to be managed in accordance with HLNT’s Release of Information Policy.

The conduct of an investigation and/or a subsequent adverse finding has the potential to significantly impact HLNT’s ability to conduct business from a financial, reputational and/or stakeholder confidence perspective.

The level of HLNT’s response to any investigation or audit by a legislative compliance authority needs to be proportionate to the nature and scope and the degree of seriousness of the alleged breach or non-compliance.

The nature of HLNT’s response to any investigation or audit by a legislative compliance authority needs to be tailored the alleged breach or non-compliance, and will differ from case to case.

The Investigation Management Flow Chart shown at the end of this policy details the varying sources of potential investigations and HLNT’s agreed management response.

### Policy Objective

The purpose of this policy is to provide clear guidance on the process to manage notified formal investigations or audits by a compliance authority to ensure that HLNT responses to any investigations are managed in a manner that promote optimum outcomes for the organisation, its clients and staff.

### Policy

#### Compliance Authority Investigations

The nature of the investigation or audit will determine the level of HLNT’s response to an alleged breach or non-compliance incident, and may range from:

Level 1 – Low Risk	A simple query from a compliance authority which can be satisfied by the production of information or material by HLNT in response and which may have the potential to result in minor fines or penalties.
Level 2 – High Risk	A detailed and significant investigation which requires a co-ordinated management effort by HLNT, and which has the potential to result in: <ul style="list-style-type: none"> <li>• loss of credentials (both formal and reputational) or</li> <li>• funder/stakeholder loss of confidence or</li> <li>• the application of fines or penalties &gt;\$10,000, or</li> <li>• legal action against HLNT.</li> </ul>

The following process is to be applied to notified formal investigations or audits by a compliance authority:

#### a) Communication

The first HLNT officer (Board Member or employee) to receive a request for information or notification of a formal investigation or audit by a compliance authority are to immediately refer the notification to the CEO and/or Finance and Administration Manager (FAM). (Note: The CEO and/or the Finance and Administration Manager (FAM) are most likely to be the first officers to receive such a communication).

On receipt of a request for information or notification of an investigation or audit by a compliance authority, the CEO and/or FAM will undertake an initial assessment and:

- a) Respond to Level 1 enquiries within the normal course of operational business;
- b) Refer Level 2 notifications to the Executive Board.

**b) Assessment**

The Executive Board will undertake an assessment of the Level 2 notification and confirm an agreed management plan to address the specific issue(s). This will be communicated to the Board.

**c) Respond**

Depending on the nature of the investigation or audit, the agreed management plan may include:

- Nomination of HLNT's prime contact for the referring agency/compliance authority
- The formation of a Project Management Team to:
  - Either
    - Conduct a mandated internal investigation in accordance with relevant or prescribed standards, or
    - Manage HLNT's responses to an external investigation
  - Identify and commission necessary external resources or expertise to assist with the conduct of the investigation
  - Assign specific roles or appointments to support the investigation including (where relevant) for the appropriate management of whistleblower(s)
  - Consider the formation of a Crisis Communications Team under HLNT's Crisis Communications Strategy.

**N.B.** Any HLNT officers receiving a notification from the NT ICAC, and any persons subsequently advised or commissioned in the investigation process are subject to the [Whistleblower Protection Guidelines and Directions pursuant to section 96 of the Independent Commissioner Against Corruption Act](#) and must comply with the specified requirements. (Attachment 1)

**d) Review**

Following completion of the investigation by the compliance authority, the outcomes and recommendations are to be reviewed by the Board for assessment and implementation, and response back to the compliance authority.

**Responsibility for Policy**

The Board of Diabetes Association of the NT Inc. is responsible for ensuring this policy is up to date and complied with.

**Approval**

Submission Date: Board Meeting 4/19 of 24 August 2019  
Approval Date: Board Meeting 4/19 of 24 August 2019  
Revision 1 Approval Date: Board Meeting 6/20 of 12 December 2020  
Revision 2 Date Proposed: Board Meeting 6/23 of 9 December 2023  
Revision 1 Approval Date: Board Meeting 6/23 of 9 December 2023

Circulation: Board and Management  
Sign off by: Chair of the Board

A handwritten signature in black ink, appearing to read 'Ron O'Brien', with a large loop at the end.

Signature: Ron O'Brien

**Related Documents, References and Resources**

- HLNT Legislative Compliance Register
- Improper Conduct Prevention and Management Policy
- Whistleblower Policy
- Release of Information Policy
- Crisis Communications Strategy

# **Whistleblower Protection Guidelines and Directions**

*pursuant to section 96 of the Independent Commissioner Against Corruption Act*

## Whistleblower Protection Guidelines and Directions pursuant to section 96 of the *Independent Commissioner Against Corruption Act*

1. A person has a right to make a voluntary protected communication about improper conduct. The communication may be oral or written. That communication becomes a protected communication and their action in telling you is a protected action under Part 6 Division 1 of the Act.
2. The ICAC must give directions and guidelines to the person who will receive the communication on how to deal with it.
3. If you are the person responsible for the management or control of a public body, then you should appoint a nominated recipient for the public body.
4. Such a person should be a public officer and have the skills and training to deal with the role given the requirements for confidentiality and protection for the whistleblower.
5. When such a responsible person is nominated, the nomination:
  - a) must be in writing;
  - b) must specify the duration of the appointment;
  - c) may be for a person nominated for more than one public body, and not necessarily from your public body;
  - d) must be notified to the ICAC, including the expiry date of the appointment;
  - e) if it has been revoked or if it expires, that fact must be reported to the ICAC.
6. The nominations should be known to every public officer within your public body, including the contact details of that person.
7. If there is no such person nominated to receive a voluntary protected communication, then every person who may receive such a communication must apply the following:
  - a) the public body has the primary responsibility for providing protection and support to whistleblowers;<sup>1</sup>
  - b) the ICAC has the responsibility to provide guidance to a public body on how to protect the whistleblower. But if that protection is not forthcoming then the ICAC's role is to take action;<sup>2</sup>
  - c) the identity of a protected person must be kept confidential;
  - d) you are to know and understand the Model Litigant Policy (Attachment 2) prepared by the Solicitor for the Northern Territory, and apply those principles to the receipt of a protected communication;
  - e) you must receive the communication, whether or not it is anonymous, and whether or not it is oral or in writing;
  - f) you must immediately take steps to minimise the risk of retaliation against the person who made the communication;
  - g) you must give to the person who made the communication, and as soon as practicable after receiving the communication, a notice setting out the following:

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<sup>1</sup> S91(1)(a)

<sup>2</sup> S91(1)(b)

- i. a statement saying you have received the report;
  - ii. the date you received the report;
  - iii. your understanding of the content of the report;
  - iv. a statement saying it is a protected communication; and
  - v. information about the role of the ICAC and the ICAC's contact details.
8. The notice should also attach Schedule 2 of the Act.
9. You are excused from this seventh direction if you cannot find the person who made the communication after reasonable efforts to do so.
10. You must report the communication to the ICAC as soon as reasonably practicable.

## Revised model litigant policy

The Northern Territory Government has a common law responsibility to act as a model litigant. To ensure proper standards in litigation, the Northern Territory of Australia, its agencies, employees, and all lawyers acting for the Northern Territory must behave as a model litigant in handling claims and conducting litigation.

### The obligation requires the Northern Territory to:

1. Act honestly, consistently and fairly when handling claims and litigation brought by or against the Northern Territory.
2. Act with complete propriety and in accordance with the highest professional standard, as recognised and expected by the courts.
3. Deal with claims promptly, avoid unnecessary delay and comply with all court orders and directions in a timely manner.
4. Make an early assessment of:
  - a. the Northern Territory's prospects of success in legal proceedings; and
  - b. the Northern Territory's potential liability in claims against the Northern Territory.
5. Pay legitimate claims without litigation, including making partial settlements of claims or interim payments where it is clear that liability is at least as much as the amount to be paid.
6. Consider seeking to avoid or limit the scope of legal proceedings by taking such steps as are reasonable, including participating in appropriate alternative dispute resolution (ADR) processes or settlement negotiations in good faith.
7. Where it is not possible to avoid litigation, seek to keep the costs of litigation to a minimum, including:
  - a. not requiring the other party to prove a matter which the Northern Territory knows to be true;
  - b. not contesting liability if the Northern Territory believes that the main dispute is about quantum;
  - c. taking steps that are reasonable to resolve those matters which may be resolved by agreement and to clarify and narrow those which remain in dispute; and
  - d. monitoring the progress of the litigation and where appropriate, attempting to resolve the litigation.
8. Not rely on technical arguments unless the Northern Territory's interests would be prejudiced by a failure to comply with a particular requirement.
9. Not take advantage of a claimant who lacks the resources to litigate a legitimate claim.
10. Provide assistance to a claimant or their legal representative in identifying a proper defendant to a claim if the proper defendant is not identified or is incorrectly identified.
11. Only pursue appeals appropriately where the Northern Territory believes it has reasonable prospects of success, or the appeal is otherwise in the public interest.
12. Apologise where the Northern Territory is aware that it or its representatives have acted wrongfully or improperly.

**Revised model litigant policy**

**Explanatory notes:**

1. The obligation does not prevent the Northern Territory from acting firmly and properly to protect its interests. The Northern Territory should appropriately test claims, and claim privilege or public interest immunity where applicable.
2. The Northern Territory may rely on the Limitation Act where it is appropriate to do so. For claims alleging child abuse within the meaning of the Limitation Act, see Complementary Guiding Principles.
3. The obligation does not prevent the Northern Territory from seeking security for costs where appropriate.
4. The Northern Territory, where appropriate to do so, should oppose oppressive subpoenas and oppressive requests for disclosure, apply to strike out untenable claims, seek costs, and pursue the recovery of costs.

Investigation Management

