

# HOME NURSING FOUNDATION POLICY AND PROCEDURE

Title / Description: Whistle Blowing

## 1 PURPOSE

- 1.1 To provide an avenue for employees, members, and public to raise concerns and provide guidelines for handling these concerns.

## 2 DEFINITIONS

- 2.1 The definitions used for the purpose of this policy are as follows:

| Term           | Definition   |
|----------------|--|
| Whistle-Blower | Person making a protected disclosure about improper or illegal activities. |
| Whistle-Blowee | Person(s) implicated in disclosure made by the whistle-blower.             |

## 3 POLICY

- 3.1 The need for a policy to guide whistle-blowing procedures stems from HNF’s commitment to develop a culture of openness, accountability, and integrity.
- 3.2 To encourage such a culture, HNF encourages employees, members or public who have concerns about suspected serious misconduct or any breach or suspected breach of law or regulation that may adversely impact the organisation, to come forward and express these concerns.
- 3.3 The policy also enables the Board of Management to be informed at an early stage about acts of misconduct.

## 4 SCOPE OF THE POLICY

- 4.1 The scope of this policy covers the reporting and investigation of activities that are deemed illegal, immoral, illicit, unsafe or fraudulent.
- 4.2 Reports can be made against acts that are not in line with the organisation’s values, deviating from HNF’s Code of Conduct and Ethical Standards - refer to HRM-SOP-I001 on Code of Conduct. Reports can include but are not limited to actual or possibility of:

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- 4.2.1 Endangerment or likely endangerment to health or safety of any individual.
- 4.2.2 Negligence of duty.
- 4.2.3 Discrimination or workplace abuse (e.g. physical, psychological, sexual) of staff or service recipients.
- 4.2.4 Misappropriation of funds.
- 4.2.5 Fraud, thefts, and dishonest acts.
- 4.2.6 Profiteering as a result of insider knowledge.
- 4.2.7 Conflict of interest in any activity that is opposed to the best interest of HNF.
- 4.2.8 Disclosure of confidential information and/or personal data to unauthorised parties.
- 4.2.9 Intimidation or harassment of staff and other persons during work or as a HNF employee.
- 4.2.10 Information relating to any of the above being deliberately concealed or attempts are being made to conceal the same.

### 5 HOW TO RAISE A CONCERN/COMPLAINT

- 5.1 Whistle-blowers can choose to report their concerns by means of writing, email, phone call or in-person. However, formal investigations will only begin after a written report is being filed or if there are reasonable grounds there is a valid concern or complaint.
- 5.2 An independent outsourced vendor is engaged to receive and manage the escalation process of the whistle blowing reports.
- 5.3 Subject to para 5.4, received reports may be escalated to the following persons in the group(s):
  - 5.3.1 Group A: Head, Finance  
Head, Human Resource and  
Chief Executive Officer

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5.3.2 Group B: Chairperson of Audit & Risk Management Committee

5.3.3 Group C: President of HNF Board of Management

5.4 Should the matter be linked to the mentioned person(s) in the escalation group defined in para 5.3, the report may be escalated to either one or both of the other 2 groups.

### **6 RESPONSE TO THE COMPLAINT RECEIVED**

6.1 Reporting of concerns should be performed in good faith.

6.2 Good faith is interpreted from a report made without malice or consideration of personal benefit, and where the whistle-blower is reasonable in believing his/her concerns to be valid. Whistle-blowers who knowingly or carelessly make disclosures that are not in good faith may be subjected to disciplinary procedures. Reporting with malicious intent will not be tolerated.

6.3 Person(s) implicated, not limited to whistle blowees, have a duty to cooperate with investigators. Refusal to cooperate with the investigators may lead to actions being taken against him/her.

6.4 All parties should refrain from discussing matters concerning the investigations to others.

6.5 Whistle-blower is strongly encouraged to provide identity when making a report to facilitate investigations.

6.6 The whistle-blower is protected against retaliation unless required by the court or other regulatory authorities. Victimization of the whistle-blower will not be tolerated and disciplinary action will be taken against those who do so.

6.7 Information about the identities of person(s) making the report and those implicated in the whistle-blowing report will be kept in confidence; disclosed only on a need-to-know basis to individuals directly involved in the investigation and decision-making process.

6.8 The Management reserves the right to make any decision based on the findings of the investigation.

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### **7 PROCEDURE**

- 7.1 The receiver(s) will analyse and evaluate the report to determine the needs for investigation. CEO will be notified of the alleged report if he/she is not being implicated and/or not the recipient of the report.
- 7.2 The report is to be highlighted by the CEO/Chairperson of the Audit & Risk Management Committee to appropriate members of the Management or Board of Management to assist in the investigation on a need-to-know basis.
- 7.3 CEO/Chairperson of the Audit & Risk Management Committee/Board Members will appoint independent investigators, and the number of staff involved in the investigation will be kept to a minimum of 3 to a maximum of 5 to ensure that confidentiality of the case is maintained.
- 7.4 Appointed investigators will gather sufficient and relevant evidence to support the recommendations on the next course of actions to CEO/Chairperson of the Audit & Risk Management Committee/Board Members for approval.

### **8 MONITORING THE STATUS OF THE INVESTIGATION**

- 8.1 Whistle-blower will be kept informed of the progress of the investigation and if appropriate, of the final outcome.

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