

Procedure v.4.3 to ORG – 010 Speak-Up Policy

Business Operations

Speak-Up – Concerns / Complaints and Serious Untoward Incidents (SUIs) Handling Procedure

Global

Procedure Owner: Safeguarding Officer

1. PURPOSE

- 1.1 The Fred Hollows Foundation (**The Foundation**) is committed to implementing its [Speak-Up Policy](#). This Procedure outlines the steps to be taken by The Foundation in handling General Complaints and Whistleblowing Complaints pursuant to that Policy as well as reports of Serious Untoward Incidents (SUIs).
- 1.2 In implementing this Procedure, The Foundation will at all stages consider whether support may be required by a complainant / impacted individual including medical, social, legal, financial or language assistance. Where appropriate, The Foundation will provide such as assistance. Where The Foundation is unable to provide such assistance for legal, financial or on other reasonable grounds, The Foundation will seek to provide the complainant / impacted individual with referral to external support services.

2. DEFINITIONS

Unless otherwise referred to below defined terms have the meaning set out in the Speak-Up Policy.

Complaints mean General Complaints and Whistleblowing Complaints:

General Complaint means an expression of dissatisfaction about The Foundation's work, as set out in the Speak-Up Policy.

Whistleblowing Complaint means a complaint which relates to misconduct or any improper state of affairs or circumstances at The Foundation as set out in the Speak-Up Policy.

General Complaints and Whistleblowing Complaints do not include:

- (a) general enquiries about The Foundation's work;
- (b) requests for information;
- (c) initial requests to amend donor records;
- (d) requests to unsubscribe or be removed from The Foundation's database; or
- (e) work-related grievances (for these matters refer to People and Organisational Development's (POD's) separate Grievance and Conflict Resolution Procedure on FredNet).

References

Incident Investigation Team means the Safeguarding Officer, Whistleblower Protection Officer, and the General Counsel and include any other subject matter expert the Safeguarding Officer may deem appropriate. For example, the Audit and Investigation Manager / Financial Crime Officer should be involved for any matters relating to financial crime, the Child Protection & PSEAH Officer for child protection and PSEAH matters, Head of People & Development (POD) for any matters with a people element and the Clinical Safety Officer for SUI Reports. The Safeguarding Officer may include the CEO where appropriate given the nature or severity of the matter.

Safeguarding Officer means the Legal Governance Risk & Compliance Director or such other person who is designated by the CEO to perform the duties under this Policy from time to time.

Speak-Up Policy means ORG-010 Speak-Up Policy Complaints and Whistleblowing.

SUIs or Serious Untoward Incidents mean rare but important medical incidents, examples of which are set out in Annexure B. This includes a potential or suspected SUI.

SUI Report means awareness of an SUI as raised to personnel or a representative of The Foundation by primary stakeholder, a partner or any other person.

Whistleblower Protection Officer means the Compliance & Contracts Lead or such other person who is designated by the CEO to perform the duties of the Whistleblower Protection Officer from time to time.

3. General Complaints Handling Procedure

3.1 Receiving General Complaints

- 3.1.1 All General Complaints will be acknowledged by the contact person of each category as soon as possible but no later than within five working days.
- 3.1.2 Consideration will be given to the most appropriate medium (e.g. email, letter) and person for communicating with the complainant.
- 3.1.3 A list of standard responses to common complaints will be maintained by the appropriate team and updated as new issues arise.
- 3.1.4 All Whistleblower Complaints, including any complaint in which a person identifies themselves or another person as a whistleblower, **must** be dealt with in accordance with paragraph 4.

3.2 Referral Points

- 3.2.1 Complaints must be referred to the appropriate subject matter expert contact point for handling:

Category of Complaint	Contact
Child Protection or PSEAH (prevention of sexual exploitation abuse or harassment)	Francis Mahia (Child Protection & PSEAH Officer)
Donations	Annette Houston (Donations & Database Team Leader)
Financial Crime	Andrew Pilbeam (Audit and Internal Investigation Manager/ Financial Crime Officer)

References

Fundraising (including licensing and FIA)	Nicola Stewart (Public Affairs Executive Director)
Legal / Trade Marks	Katrin O’Sullivan (General Counsel)
Media & Social Media	Alison Hill (Brand & Communication Director)
Clinical Safety Officer	Dr Lila Raj Puri (Acting Medical Director)
POD and Health Safety Security & Wellbeing	Joanna Bakker (People & Organisational Development Director) or Melinda Bradford Head of People & Development
Privacy/ Data Protection	Luke Van Leeuwen (Technology and Business Services Director/ Privacy Officer)
Environmental Sustainability	Benjamin Murphy or Trisha Hopper (Co-chairs Environmental Sustainability Working Group)
Travel	Luke Van Leeuwen (Technology & Business Services Director)
Whistleblower Complaint	Trisha Hopper (Whistleblower Protection Officer)
Other	Penny Palmer (Legal, Governance, Risk & Compliance Director)

- 3.2.2 A complaint will be escalated to the Safeguarding Officer if the General Complaint is not resolved and/or when it is of a serious nature, for example if there has been or could be harm caused to a child or other vulnerable person, a breach of legal or regulatory compliance or a threat to The Foundation’s reputation.

3.3 Recording Complaints

- 3.3.1 We will record the complaint and its supporting information within five business days of the complaint being lodged.
- 3.3.2 In most cases General Complaints will be recorded in the database maintained by the Donations & Database team. The following may also apply:
- (a) where a General Complaint is of a sensitive nature it may be recorded instead on another database accessible only by the Safeguarding Officer, General Counsel and the Whistleblower Protection Officer, the Financial Crime Officer and the Child Protection & PSEAH Officer as appropriate;
 - (b) where a General Complaint relates to a significant privacy breach it will be recorded on the register maintained by the Privacy Officer for that purpose;
 - (c) where a General Complaint relates to a financial crime it will be recorded on the register maintained by the Financial Crime Officer for that purpose; and
 - (d) there may be other records maintained as the Safeguarding Officer or CEO considers appropriate in the circumstances, for example when one of the referral points in clause 3.2.1 are involved in the complaint.

References

3.3.3 The record of the complaint will document as appropriate:

- (a) subject to any requests of anonymity, contact information of the complainant and the date received (record may be de-identified on request by the complainant or survivor);
- (b) issues raised by the complainant and the outcome/s they want;
- (c) any other relevant information;
- (d) any additional support the complainant requires;
- (e) regular updates of any settlement and/or action taken to resolve the complaint; and
- (f) outcome of the complaint.

3.4 Assessment

3.4.1 After acknowledging receipt of the complaint, we will:

- (a) confirm whether the issue/s raised in the complaint is/are within our control
- (b) consider the outcome/s sought by the complainant; and
- (c) where there is more than one issue raised, determine whether each issue needs to be separately addressed.

3.4.2 When determining how a complaint will be managed, and having regard to the Foundation's Speak-Up Policy, the Australian Council for International Development (ACFID) Code of Conduct and any relevant legislation, we will consider:

- (a) how serious, complicated or urgent the complaint is;
- (b) whether the complaint raises concerns about people's health and safety;
- (c) how the complainant is being affected;
- (d) the risks involved if resolution of the complaint is delayed; and
- (e) whether a resolution requires the involvement of other organisations.

3.5 Investigating the General Complaint

3.5.1 After assessing the complaint, we will consider how to manage it and may:

- (a) gather information about the issue, person or area that the complaint is about;
- (b) investigate the claims made in the complaint;
- (c) escalate the complaint if it is of serious nature to the Safeguarding Officer or CEO; and
- (d) give the complainant information or an explanation where appropriate.

3.5.2 Where appropriate we will keep the person who has made the complaint up-to-date on our progress, particularly if there are any delays. The actions we decide to take will be tailored to each case and take into account any regulatory requirements.

3.6 Responding to General Complaints

3.6.1 All complainants will receive a response to their complaint as soon as possible and as a standard rule, at least within 30 working days from receipt (subject to regulatory requirements or guidance including the ACFID Code of Conduct).

References

3.6.2 If the matter is complex the complainant will be notified of the likely timeframe for resolution.

3.6.3 Following consideration of the complaint and any investigation into the issues raised, the response will inform the complainant:

- (a) the outcome of the complaint (where appropriate and subject to confidentiality restrictions);
- (b) the reason/s for our decision;
- (c) the remedy or resolution/s that we have proposed or put in place;
- (d) that The Foundation proposes to close the complaint; and
- (e) any options for review that may be available to the complainant, such as external review.

3.7 Document and analyse data

3.7.1 We will record in the relevant register at paragraph 3.3.2:

- (a) how we managed the complaint;
- (b) the outcome/s of the complaint (including whether it or any aspect of it was substantiated, any recommendations made to address problems identified and any decisions made on those recommendations); and
- (c) any outstanding actions to be followed up, including analysing any underlying or root causes.

3.8 Escalate / Report and learnings

3.8.1 The Safeguarding Officer will ensure:

- (a) that any General Complaints or investigations of a material nature, for example those escalated under paragraph 3.2.2 will be reported to senior management, Board or external stakeholders as appropriate; and
- (b) where patterns of complaints emerge, processes and systems are reviewed and amended to address to reduce the risk of future complaints.

4. Whistleblowing Complaints Handling Procedure

4.1 Receiving a Whistleblower Complaint

- 4.1.1 Any staff member who receives a Whistleblower Complaint needs to notify the Whistleblower Protection Officer as soon as possible but no later than 48 hours from receipt of the Whistleblower Complaint.
- 4.1.2 All complaints received by the Whistleblower Protection Officer will be acknowledged by the Whistleblower Protection Officer as soon as possible and no later than within 5 working days of the receipt of the complaint.
- 4.1.3 The Whistleblower Protection Officer will notify the Safeguarding Officer who will constitute an Incident Investigation Team.
- 4.1.4 If the complaint involves any undue psychological or physical infringement of an individual's rights including abuse, bullying, exploitation, harassment, unlawful discrimination,

References

victimisation or vilification, the Safeguarding Officer will inform the CEO and as appropriate Board and/or other stakeholders.

4.2 The Incident Investigation Team

- 4.2.1 The Incident Investigation Team is responsible for receiving Whistleblower disclosures of wrongdoing, assessing and investigating the complaint and overseeing resolution.
- 4.2.2 The Incident Investigation Team must have internal independence of line management in the area affected by the wrongdoing. Where a member of the Incident Investigation Team is directly connected to a complaint they will be replaced by a suitably qualified alternative as the Safeguarding Officer, or CEO if needed, deems appropriate.
- 4.2.3 The Incident Investigation Team must:
 - (a) enable the Whistleblower Protection Officer to provide support to the Whistleblower and protect them from detriment;
 - (b) be satisfied that each disclosure of wrongdoing they received was appropriately inquired into or investigated;
 - (c) be satisfied that action taken in response to the inquiry/investigation is appropriate to the circumstances; and
 - (d) provide governance oversight over any inquiry/investigation into retaliatory action taken against the Whistleblower (unless a conflict arises in which case the CEO will appoint an alternative).
- 4.2.4 The Foundation recognises that individuals against whom a report is made must also be supported during the handling and investigation of the wrongdoing report. The Incident Investigation Team will take reasonable steps to treat fairly any person who is the subject of a report, particularly during the assessment and investigation process.

4.3 Safeguarding Officer

- 4.3.1 The Safeguarding Officer will:
 - (a) oversee and arrange for an inquiry/investigation into the disclosures made by the Whistleblower;
 - (b) where appropriate, ensure with the CEO and other relevant roles that institutional donors/ government agencies are notified about Whistleblower Complaints as required;
 - (c) notify CEO and Board as the Safeguarding Officer deems appropriate;
 - (d) on advice of the General Counsel, notify local authorities as required (unless reporting poses a significant risk to the Whistleblower or raises another risk of material concern);
 - (e) arrange for maintenance of records as set out at paragraph 3.3.2 for trend analysis and to identify systemic issues requiring attention.

4.4 The Whistleblower Protection Officer

- 4.4.1 The Whistleblower Protection Officer:
 - (a) will provide support and protection to the Whistleblower in accordance with the Speak-Up Policy;

References

- (b) must be from an area of The Foundation that is independent of direct line management in the area that is the subject of the report of wrongdoing (or an appropriate alternative appointed by the Safeguarding Officer in that case); and
- (c) is responsible for keeping the Whistleblower informed of the progress and outcomes of the investigation subject to considerations of privacy and confidentiality of those against whom a disclosure has been made.

4.5 The General Counsel

4.5.1 The General Counsel will ensure that:

- (a) regulatory and statutory requirements are followed;
- (b) conflicts of interest are identified to the Incident Investigation Team and appropriately managed (this may include removal or substitution of Incident Investigation Team members);
- (c) external experts are appointed under privilege where appropriate; and
- (d) external authorities are notified as appropriate.

4.6 Recording a Whistleblower Complaint

4.6.1 All complaints will be recorded by the Whistleblower Protection Officer within 48 hours of receipt by the Whistleblower Protection Officer.

4.6.2 Whistleblower Complaints will be recorded as set out in paragraph 3.3.2(a) where access will be restricted to nominated users only to help protect privacy and confidentiality.

4.7 Assess and investigate

4.7.1 The Foundation will investigate all matters reported under the Speak-Up Policy.

4.7.2 The Safeguarding Officer will arrange and oversee the review of the Whistleblower Complaint by the Incident Investigation Team, where possible within a maximum 30 working days of receipt of complaint.

4.7.3 Steps may include:

- (a) assess and review the issue(s) of complaint;
- (b) where necessary, request additional information from the Whistleblower, internal or external experts;
- (c) where appropriate conduct a risk assessment of investigation, for example considering potential impacts to Whistleblower or other party;
- (d) review the response to internal and external stakeholders within required timeframes;
- (e) where appropriate, take steps to conciliate or mediate the matter;
- (f) dismiss the complaint;
- (g) report the complaint to relevant authorities at the advice of the General Counsel;
- (h) refer the complainant to a more appropriate body; or
- (i) appoint an external investigator to review the complaint further.

References

- 4.7.4 The investigation will be conducted in an objective and fair manner as is reasonable and appropriate having regard to the nature of the disclosure and the circumstances.
- 4.7.5 The Incident Investigation Team is not limited in their investigation to those issues nominated by the Whistleblower and may form their own view of any breaches that may have arisen from the circumstances of the complaint.
- 4.7.6 The Incident Investigation Team is not bound by the rules of evidence.
- 4.7.7 The Incident Investigation Team will jointly consider the nature of the alleged offence and decide on the next steps including any further action needed and calling in advice from relevant internal or external experts as required. Where the Team cannot agree the Safeguarding Officer will refer the matter to the CEO to determine or the CEO may, in his discretion, refer the matter to the Executive Leadership Team (ELT) or Board for decision.
- 4.7.8 Where a report is submitted anonymously The Foundation will:
 - (a) respect that request and not seek to identify the Whistleblower without their consent (unless required to do so by law, for example child protection criminal reporting requirements);
 - (b) conduct the investigation based on the information provided, noting anonymity may prevent The Foundation taking the issue further if it cannot obtain sufficient evidence; and
 - (c) ensure records are de-identified on request by the complainant or survivor (where practicable).

4.8 Determine outcome and provide reasons for decision

- 4.8.1 The Incident Investigation Team will make a determination on one or more of the following:
 - (a) dismiss the Whistleblower Complaint;
 - (b) refer the Whistleblower to a more appropriate body;
 - (c) find the alleged conduct constitutes breach of law or policy in whole or in part;
 - (d) recommend changes or process improvements;
 - (e) such other action as the Incident Investigation Team considers appropriate in the circumstances.
- 4.8.2 Where a breach is confirmed, The Foundation will consider the appropriate corrective and remedial action that will be taken.
- 4.8.3 If any allegations are made suggesting that The Foundation itself as an organisation has committed an offence under any laws, the General Counsel will advise the CEO and/or the Board as to appropriate next steps in the circumstances.
- 4.8.4 The Safeguarding Officer in consultation with the CEO and other internal stakeholders where relevant, will keep institutional donors apprised of developments as appropriate and will inform the relevant stakeholders of the result of the investigation promptly on conclusion of

References

the investigation.¹ This may include the Whistleblower and the person against whom the allegation was made if relevant and should note:

- (a) the outcome of the complaint, where appropriate and in accordance with confidentiality requirements;
- (b) the reason/s for any decision;
- (c) the remedy or resolution/s that have been proposed or put in place; and
- (d) any options for review that may be available to the complainant, such as an internal review, external review or appeal.

4.8.5 While The Foundation will use best endeavours to provide an outcome / results of an investigation there may be occasions where for reasons of confidentiality, either to an employee, a third party or commercial in confidence, it is not appropriate to do so. In such cases The Foundation will at a minimum provide a description of the process undertaken and confirm it has complied with the Speak-Up Policy.

4.9 Document and analyse data

4.9.1 We will record on a database accessible only by the Safeguarding Officer, General Counsel and the Whistleblower Protection Officer or in such other location as the Safeguarding Officer deems appropriate:

- (a) how we managed the Whistleblower Complaint;
- (b) the outcome/s of the Whistleblower Complaint (including whether it or any aspect of it was substantiated, any recommendations made to address problems identified, any evidence and any decisions made on those recommendations); and
- (c) any outstanding actions to be followed up, including analysing any underlying or root causes.

Head of People & Development to be included for matters with a people element.

4.10 Escalate / Report and learnings

4.10.1 The Safeguarding Officer will ensure that:

- (a) any Whistleblower Complaints of a material nature will be reported to senior management, Board or external stakeholders as appropriate; and
- (b) where patterns of complaints emerge, processes and systems are reviewed and amended to address to reduce the risk of future complaints.

5. External Review

5.1 If The Foundation does not resolve a Complaint, whether General or Whistleblower, to the complainant's satisfaction, escalation is available to the appropriate national industry bodies at no

¹ Institutional donor notification requirements should be checked case by case and followed strictly. An overview of donor requirements is available from the Head of Grant Development.

cost. The Foundation will direct complainants to the appropriate body upon request. Please note the following two bodies in particular:

- (a) The Foundation is a signatory organisation under the [ACFID Code of Conduct](#). Unresolved General Complaints against The Foundation can be made to the ACFID Code of Conduct Committee. Contact details are available on our website (<https://www.hollows.org/au/Complaints>) or ACFID's own website <https://acfid.asn.au/content/complaints>.
- (b) If the unresolved Complaint relates to fundraising it can be escalated to The Fundraising Institute of Australia (FIA). Contact details are available on our website above or FIA's own website <https://fia.org.au/fiacode/Complaints>.

6. External Consideration

- 6.1 If a Complaint is not able to be handled by The Foundation as it relates to a partner, government agency or other third party, The Foundation will use best endeavours to refer the complaint to the appropriate body for consideration, including providing support as appropriate.
- 6.2 Unless otherwise required by law, The Foundation will confirm the Complainant is comfortable with that the proposed referral and may request further required information before referring the complaint onwards.
- 6.3 On occasion, and after conferring with any relevant internal subject matter experts in 3.2, the Safeguarding Officer may opt for The Foundation to also conduct its own investigation in conjunction with or concurrent to the external party. Such investigation will follow the processes in this Procedure.

7. SUI Report Handling Procedure

7.1 Receiving an SUI Report

7.1.1 Any staff member or other representative of The Foundation who receives an SUI Report needs to notify:

- (a) the Safeguarding Officer, through speak-up@hollows.org / +61 418 814 609; and
- (b) the Clinical Safety Officer; and
- (c) their line manager,

as soon as possible and no later than 24 hours from receipt of the SUI Report.

7.1.2 The Safeguarding Officer will first work with the Clinical Safety Officer to ascertain whether urgent medical attention is required and if necessary arrange that attention promptly either directly or through relevant local teams².

7.1.3 The Safeguarding Officer will constitute an Incident Investigation Team.

² This will mostly be arranged by our local implementing partner. However, on occasion direct involvement of The Foundation may be required.

7.1.4 The Safeguarding Officer will inform the CEO and as appropriate Board and/or institutional donors and other stakeholders of the SUI Report³.

7.2 The Incident Investigation Team

7.2.1 The Incident Investigation Team is responsible for obtaining further information, assessing the SUI Report and overseeing resolution.

7.2.2 The Incident Investigation Team will only consider medical investigation of the underlying SUI upon the advice of the Clinical Safety Officer.

7.2.3 Where a member of the Incident Investigation Team is directly connected to an SUI Report they will be replaced by a suitably qualified alternative as the Safeguarding Officer, or CEO if needed, deems appropriate.

7.2.4 The Incident Investigation Team must:

- (a) be satisfied that each SUI Report they receive is appropriately inquired into or investigated by The Foundation, the relevant partner or an appropriate third party;
- (b) be satisfied that action taken in response to the inquiry/investigation is appropriate to the circumstances; and
- (c) ensure any lessons from the matter are conveyed to The Foundation's Medical Team.

7.2.5 The Foundation recognises that individuals against whom misconduct or material error may be alleged as part of an SUI Report must also be supported during the review, assessment and investigation of the SUI Report. The Incident Investigation Team will take reasonable steps to treat fairly any such person.

7.3 Safeguarding Officer

7.3.1 The Safeguarding Officer will:

- (a) oversee and arrange for an inquiry/investigation into the SUI Report;
- (b) where appropriate, ensure with the CEO and other relevant roles that institutional donors/ government agencies are notified about SUI Reports as required;
- (c) notify CEO and Board as the Safeguarding Officer deems appropriate; and
- (d) on advice of the Clinical Safety Officer or General Counsel, notify local authorities as required.

7.4 Clinical Safety Officer

7.4.1 The Clinical Safety Officer will:

- (e) provide advice to the Safeguarding Officer and Incident Investigation Team regarding appropriate clinical, investigatory and external reporting process given the nature of the SUI;

³ Institutional donor notification requirements should be checked case by case and followed strictly. An overview of donor requirements is available from the Head of Grant Development.

- (f) arrange for maintenance and dissemination of records to identify and address systemic issues requiring attention (this may not include personal medical records, which must only be received if deemed necessary by the Clinical Safety Officer and must be de-identified).

7.5 The General Counsel

7.5.1 The General Counsel will ensure that:

- (a) regulatory and statutory requirements are followed;
- (b) conflicts of interest are identified to the Incident Investigation Team and appropriately managed (this may include removal or substitution of Incident Investigation Team members);
- (c) external experts are appointed under privilege where appropriate; and
- (d) external authorities are notified as appropriate.

7.6 Assess and investigate

7.6.1 The Foundation will act on the advice of the Clinical Safety Officer in determining how to assess and investigate SUI Reports.

7.6.2 The Safeguarding Officer will arrange and oversee the review of the SUI Report by the Incident Investigation Team. Steps may include:

- (a) assess and review the issue(s) within the SUI Report;
- (b) where necessary, request additional information from internal or external experts;
- (c) where appropriate conduct a risk assessment of investigation, for example considering potential impacts to any impacted person or other party;
- (d) review the response to internal and external stakeholders within required timeframes;
- (e) notify the SUI Report to relevant authorities at the advice of the Clinical Safety Officer or General Counsel;
- (f) refer the SUI Report to a more appropriate body; or
- (g) appoint an external investigator to review the complaint further.

7.6.3 The investigation will be conducted in an objective and fair manner as is reasonable and appropriate having regard to the nature of the SUI Report and the circumstances.

7.6.4 The Incident Investigation Team is not limited in their investigation to those issues nominated in the SUI Report and may form their own view of any breaches that may have arisen from the circumstances.

7.6.5 The Incident Investigation Team is not bound by the rules of evidence.

7.6.6 The Incident Investigation Team will jointly consider the nature of the SUI and decide on the next steps including any further action needed and calling in advice from relevant internal or external experts as required.

7.6.7 Where the Team cannot agree, the Safeguarding Officer will refer the matter to the CEO to determine or the CEO may, in his discretion, refer the matter to the Executive Leadership Team (ELT) or Board for decision.

References

7.6.8 Where an SUI Report is submitted anonymously The Foundation will:

- (a) respect that request and not seek to identify the reporter without their consent (unless required to do so by law, for example criminal reporting requirements);
- (b) conduct the investigation based on the information provided, noting anonymity may prevent The Foundation taking the issue further if it cannot obtain sufficient evidence;
- (c) ensure records are de-identified on request (where practicable); and
- (d) if the SUI Report constitutes a Whistleblower Complaint, follow the process in section 4 of this Procedure as applicable.

7.7 Determine outcome and provide reasons for decision

7.7.1 The Incident Investigation Team may make a determination on one or more of the following:

- (a) appropriate management of the SUI Report;
- (b) refer to a more appropriate body;
- (c) find there is conduct that constitutes breach of law or policy in whole or in part;
- (d) recommend changes or process improvements; or
- (e) such other action as the Incident Investigation Team considers appropriate in the circumstances.

7.7.2 Where a breach is confirmed, the Foundation will consider the appropriate corrective and remedial action that will be taken.

7.7.3 If an SUI Report suggests that The Foundation itself as an organisation has committed an offence under any laws, the General Counsel will advise the CEO and/or the Board as to appropriate next steps in the circumstances.

7.7.4 The Safeguarding Officer in consultation with the CEO and other internal stakeholders where relevant, will keep institutional donors apprised of developments as appropriate and will inform the relevant stakeholders of the result of any investigation promptly.⁴

7.7.5 This reporting should note:

- (a) the circumstances of the SUI, where appropriate and in accordance with confidentiality requirements;
- (b) the reason/s for any decision of the Incident Investigation Team;
- (c) the remedy or resolution/s or next steps that have been proposed.

7.8 Document and analyse data

7.8.1 We will record on a database accessible only by the Safeguarding Officer, General Counsel and the Clinical Safety Officer or in such other location as the Safeguarding Officer deems appropriate:

⁴ Institutional donor notification requirements should be checked case by case and followed strictly. An overview of donor requirements is available from the Head of Grant Development.

- (a) how we managed the SUI Report;
- (b) the outcome/s of the SUI Report (including whether it or any aspect of it was substantiated, any recommendations made to address problems identified and any decisions made on those recommendations); and
- (c) any outstanding actions to be followed up, including analysing any underlying or root causes and dissemination of lessons learned.

8. Insurance

- 8.1 All Complaints, SUI Reports or other concerns raised with The Foundation need to be considered in light of insurance notification requirements and notified as soon as possible to The Foundation's insurers through the Technology & Business Services team.

9. Feedback

- 9.1 Feedback on the contents of or processes within this Procedure is welcome and can be provided to Katrin O'Sullivan as General Counsel, Penny Palmer as Safeguarding Officer or Dr Andy Cassels Brown as Clinical Safety Officer.

CONTROL OF DOCUMENTATION

Document Number	Procedure to ORG-010 Speak-Up Policy Complaints and Whistleblowing		
Document Name	Speak-Up – Concerns / Complaints and Serious Untoward Incidents (SUIs) Handling Procedure		
History	This Procedure replaces v.4.2 to update roles		
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Author(s)	General Counsel		
Master document location	FredNet		
Procedure owner(s)	Safeguarding Officer		
Division	Business Operations		
First Review	Legal Governance Risk & Compliance		
Second Review	Public Affairs and Medical		
Approval Body	Safeguarding Officer		
Version Date	8/05/2024	Version Number	4.3
Next review date	17/09/2026	Review Period	3 years
Related Policies	ORG-010 Speak-Up Policy; ORG 003 Safeguarding People Policy; ORG-001 Financial Crime Policy		

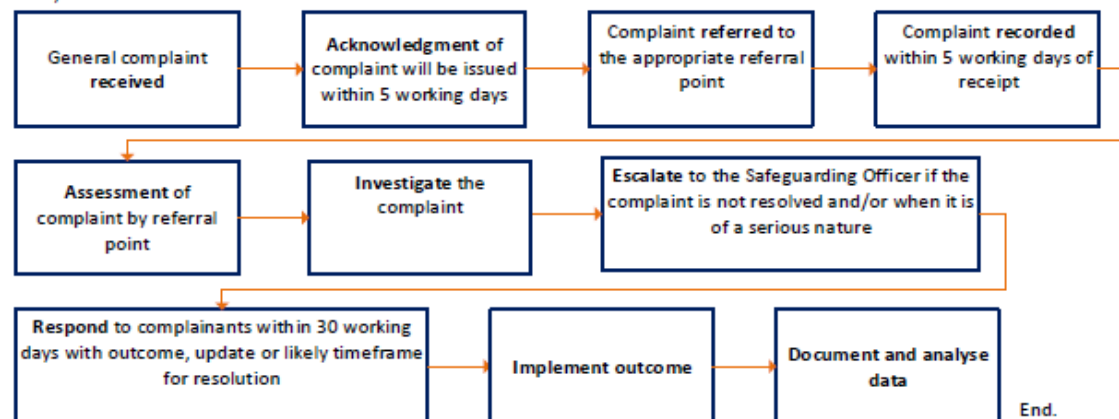
References

ANNEXURE A

Complaints Handling Procedure Process Flow

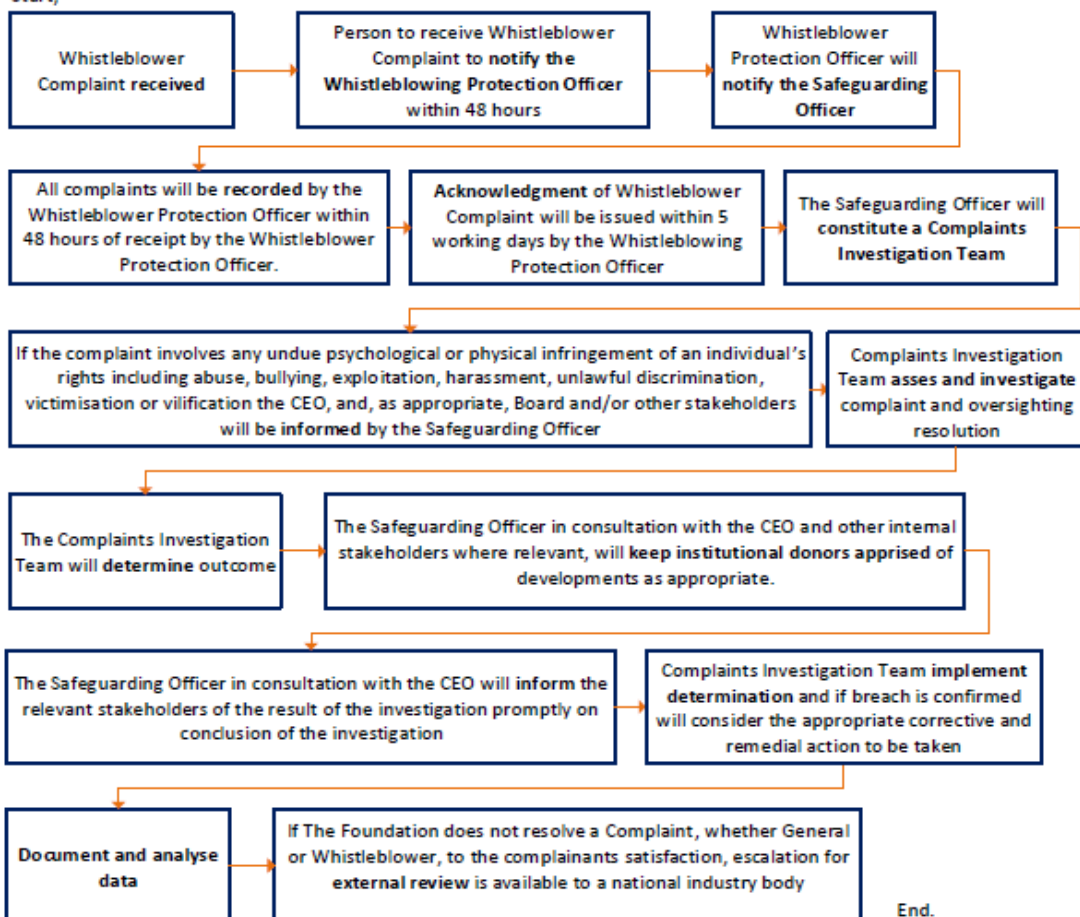
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Whistleblowing Complaints

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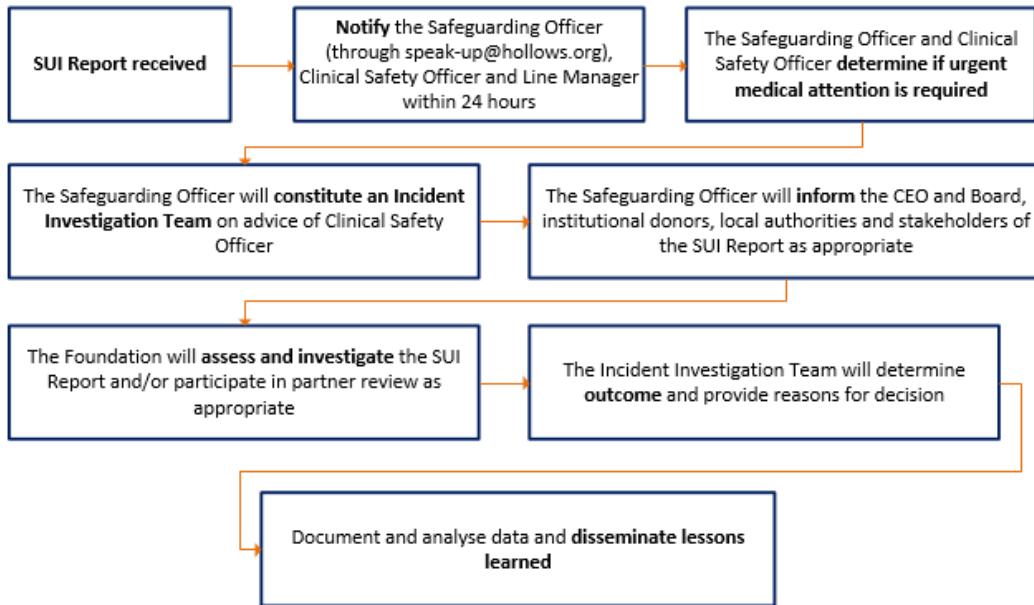


References

ANNEXURE A Cont.

Serious Untoward Incidents (SUI) Report handling procedure

Start;



References

ANNEXURE B – Serious Untoward Incidents

Foundation Australia/Country Team/Partner SUIs are defined and are to be reported within 24 hours to speakup@hollows.org:

- 1) An incident that results in serious illness or injury, loss of life, or threat to life, as a result of medical care and interventions.
- 2) Unexpected loss of sight (WHO definition blind <3/60) in one or both eyes as a result of medical care and interventions.
- 3) Any incident that may result in intervention or investigation by a Regulator.
- 4) Loss of sight to the level of WHO “Blind” Visual Acuity <3/60, in one or both previously seeing eyes (Visual Acuity >6/60) at 6-8 weeks postoperatively, directly as a result of eye health medical care but not including the surgical complications of retinal detachment, aphakia, or vitreous haemorrhage after cataract surgery.
- 5) Greater than 1 case of cataract post-operative endophthalmitis (intraocular infection) in an 8 week period, experienced at individual surgeon or surgical unit level in a 4 week period (endophthalmitis cases tend to cluster). Also report an SUI if individual surgeon or whole unit are experiencing more than 1 case of endophthalmitis per 500 consecutive cases.
- 6) Greater than 1 case of post intraocular intra-vitreous injection endophthalmitis in an 8 week period, experienced at individual injector or whole unit level. ALSO report an SUI if units are experiencing more than 1 case of endophthalmitis per 500 consecutive intravitreal injections.
- 7) Greater than 1 operation on the “wrong eye” per year or 500 consecutive cases, either at individual surgeon or whole unit level (preventable by WHO Correct Site Surgery protocol).
- 8) Greater than 7% Posterior Capsule Rupture (cataract surgical complication) during 100 consecutive cataract cases either at individual surgeon or cataract surgical unit level.
- 9) Greater than 2% “dropped cataract nucleus” cataract surgical complications in 100 consecutive cataract surgical cases either at individual surgeon or cataract surgical unit level.
- 10) Greater than 22% “Poor Surgical Outcomes” (VA <6/60 WHO Guidelines) at either discharge or 6-8 weeks following cataract surgery, as a proportion of 100 consecutive cataract surgical cases at individual surgeon or cataract surgical unit level.

References