

WHISTLEBLOWING POLICY

This Policy applies where an employee of Oceania Healthcare Limited or any of its subsidiaries (“**Oceania**”), a resident, a family member of a resident or any other stakeholder (each such individual being a “**Discloser**”) becomes aware of a serious wrongdoing within the organisation and wishes to disclose the information so that the serious wrongdoing can be investigated.

“**Serious wrongdoing**” is conduct of serious concern to the Discloser and includes (but is not limited to) actions or conduct which:

- Constitute a serious risk to resident or staff health and safety, or the environment;
- interferes with the investigation and detection of a criminal offence;
- is a criminal offence;
- is corrupt, fraudulent or unlawful; or
- is in breach of Oceania’s Code of Values and Conduct.

This Policy does not apply to other complaints that do not constitute serious wrongdoing.

There are two avenues open for Disclosers to disclose serious wrongdoing:

1. The independent whistleblower service, which is operated by an organisation independent of Oceania, its Board and management; or
2. The internal process.

1. INDEPENDENT WHISTLEBLOWER SERVICE

- (a) Oceania Healthcare Limited has introduced an independent whistleblower service for its staff as well as its residents, their families and other stakeholders. The service is intended to provide an avenue for their concerns to be raised or to provide feedback (on an anonymous basis if they wish) to an independent provider who will refer the matter to the Board or senior management to consider and investigate, if appropriate.
- (b) At any time, if a Discloser believes on reasonable grounds there is serious wrongdoing, he/she may raise their concern with the independent provider by phoning 0800-403-478, emailing dwsnz@deloitte-digital.com or online at <https://australia.deloitte-halo.com/OceaniaHealthcare>
- (c) A log of all contacts with the independent provider will be provided to the CEO and the Chair of the Audit Committee on a monthly basis.
- (d) Subject to paragraph (g) below, if suspected serious wrongdoing has been reported, the independent provider will notify the General Counsel & Company Secretary who will refer the matter to a committee comprised of Oceania’s senior managers for investigation. The composition of the committee will depend on the nature of the serious wrongdoing reported to the independent provider (for example, if the matter relates to fraud, the committee will comprise the CEO, the Chief Financial Officer and the Financial Controller, or if the matter relates to health and safety, the committee will comprise the General Manager Nursing & Risk and the National Health & Safety Manager).
- (e) The committee will consider the information provided, determine the type and scope of the investigation to be undertaken and undertake an investigation of the issues in question.
- (f) Once the investigation has been completed, the committee will prepare a formal report which will be provided to the CEO and the Chair of the Audit Committee prior to being sent back to the independent provider, who may provide the report to the Discloser (if the Discloser provided their contact details).
- (g) If suspected wrongdoing by the CEO is reported to the independent provider, the independent provider will notify the Chair of the Board or the Chair of the Audit Committee directly. The Chair



of the Board or the Chair of the Audit Committee may investigate the matter themselves, or may nominate an external audit firm to investigate the matter. A formal report will be prepared and sent back to the independent provider, who may provide the report to the Discloser (if the Discloser provided their contact details).

2. INTERNAL PROCESS

Alternatively, if a Discloser becomes aware of a serious wrongdoing within the organisation and does not wish to contact the independent whistleblower service but wishes to disclose the information so that the serious wrongdoing can be investigated and wants the disclosure to be protected, he/she has access to the protected disclosure process set out in the steps below.

Step 1 – Disclosure to Manager

The Discloser should, in the first instance, disclose any serious wrongdoing to his/her direct manager or the manager of the facility (as the case may be) to investigate. Such a disclosure should be in writing and should be as specific as possible including (where possible) relevant:

- names;
- dates;
- actions/ omissions; and
- any supporting information/ evidence.

Step 2 – Disclosure to Senior Executive

If either:

- (a) the Discloser believes on reasonable grounds that the manager may be involved in the serious wrongdoing; or
- (b) the manager has taken no action within a reasonable timeframe,

the Discloser may disclose the information instead directly to the CEO or HR Manager.

Step 3 – Disclosure to Board Director

If the Discloser believes on reasonable grounds that the CEO or a Director may be involved in the serious wrongdoing, the disclosure may be made to the Chairperson of the Board.

In such circumstances, the Discloser should contact the General Counsel & Company Secretary for assistance and information on how to make a disclosure to the Chairperson of the Board.

Step 4 – Disclosure to Independent Investigator

If the Discloser making the disclosure believes on reasonable grounds that the Board may be involved in the serious wrongdoing, he/she shall notify the Board of this concern and the Board will nominate the Managing Partner of an external audit firm or the Chairperson of the Audit Committee to investigate the matter.

A log of all disclosures made as part of the Internal Process will be provided to the CEO and the Chair of the Audit Committee on a monthly basis.

If suspected serious wrongdoing has been reported, the Manager, Executive, Director or Investigator (as the case may be, such person being the “**Investigator**” for the purposes of this Policy) will consider the information provided, determine the type and scope of the investigation to be undertaken and undertake an investigation of the issues in question. Depending on the nature of the serious wrongdoing, the Investigator may request assistance from other individuals within Oceania to undertake the investigation.

Once the investigation has been completed, the Investigator will prepare a formal report which will be provided to the CEO and the Chair of the Audit Committee prior to being provided to the complainant.



3. GENERAL

Protections

Protection under the Protected Disclosures Act 2000 may be claimed by the Discloser if the report relates to serious wrongdoing in or by Oceania and the Discloser:

- reports the concern to the appropriate Oceania person set out above or the independent whistleblower reporting service referred to above;
- believes that the information is true or likely to be true;
- wants that information investigated; and
- indicates that disclosure of that information is to be protected under the Protected Disclosures Act 2000.

Requirement to Act in Good Faith

The protections offered by the Protected Disclosures Act 2000 and this Policy do not apply where the Discloser makes a disclosure they know to be false or otherwise acts in bad faith. Allegations made by employees maliciously or in bad faith may result in disciplinary action.

Confidentiality

Oceania representatives to whom a protected disclosure is made or referred will use their best endeavours not to disclose information that might identify the Discloser who made the protected disclosure unless:

- that Discloser consents in writing to the disclosure of that information; or
- where identification of the Discloser:
 - (a) is essential to the investigation of the allegation; or
 - (b) is essential to prevent serious risk to public health or public safety; or
 - (c) is essential having regard to the principles of natural justice.

Oceania is committed to following up on all concerns of serious wrongdoing raised, whether they are made to an Oceania person or through the independent whistleblower service. Concerns will be escalated to senior managers, the CEO, the Board or Government authorities if and as appropriate.

Review

This Policy was reviewed by the Board in June 2019 and will be reviewed every 24 months.

