

INTERNAL ONLY
ISLHD POLICY
COVER SHEET



Health
Illawarra Shoalhaven
Local Health District

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SUMMARY	The Policy provides specific information and direction on reporting Conflicts of Interest and Gifts and Benefits in ISLHD.

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY

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**Management of Conflicts of Interest and Gifts
and Benefits in ISLHD**

ISLHD CORP PD 10**1. Policy Statement**

All Illawarra Shoalhaven Local Health District (ISLHD), Staff are required to report any actual, perceived, or potential conflicts of interest and any accepted, offered, or considered gifts and benefits in the [ISLHD Conflicts of Interest and Gifts and Benefits Online Register](#) (the Online Register).

All Staff are expected to avoid actual or perceived conflicts of interest and must not accept gifts or benefits of a non-token value.

This policy applies to all staff working in any permanent, temporary, casual, termed appointment or honorary capacity within ISLHD.

It is essential that all staff conduct themselves professionally, at all times, by demonstrating transparency and integrity while carrying out their public duties in a fair and unbiased way, discounting self-interest or personal gain.

2. Background

This Policy has been developed in line with the MoH Policy Directive - [PD2015_045 - Conflicts of Interest and Gifts and Benefits](#) and supports ISLHDs specific expectations in regard to managing conflicts of interest and gifts and benefits.

“A conflict of interest exists where a reasonable person might perceive that a public official’s personal interest(s) could be favoured over their public duties” (Source: Managing Conflicts of Interest in the NSW Public Sector, ICAC, April 2019).

A personal/private interest in this context refers to:-

- Family and associate relationships
- Professional relationships
- Public or private shareholdings held
- Public or private shareholdings held by your family and close associates
- Ownership or lease of land, building and property
- Positions in corporations or business associations
- These can be pecuniary (i.e. financial) or non-pecuniary.

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2.1. Definitions

Term	Definition
Authorised Officer	An individual or role assigned by the Principal Officer as having authority to Officer receive, advise on, and make decisions on matters involving conflicts of interest, and may manage a register of conflicts of interest and gifts and benefits. The Authorised Officer for ISLHD is the Director Corporate Governance and Risk.
Actual Conflict of Interest	Where a person’s duties as a member of staff (that is the principal goals of the profession or activity, the duties of public office, the protection of clients, the health of patients, or the integrity of research) may be unduly influenced by a secondary interest (such as a personal or competing professional interest, including secondary employment or office).
Benefit	Is a service or intangible item which is of value to the receiver. Examples include access to a private box at sporting events, a new job or promotion, preferential treatment (such as ‘queue jumping’), or access to confidential information.
Bequest	Property or money left to a person in a Will, and under this policy, refers to a bequest from a patient or client to a staff member.
Bribe	Is a gift or benefit offered to, or solicited by, a staff member to influence that person to act in a particular way.
Donations – ‘In-kind’	Donations from individuals, foundations, public and private organisations in support of funding a facility, service, equipment, activity or event. In-kind donations are items rather than cash or fundraising. An example is a donation of equipment such as a wheel chair.
Gift or Benefit	Any item, service, prize, hospitality or travel, offered or provided by a Benefit customer, client, applicant, supplier, potential supplier or external organisation, which has an intrinsic value and / or a value to the recipient, a member of their family, relation, friend or associate, and includes bequests.
Non-Pecuniary Interest	An interest which does not relate to money but which may relate to a non-financial gain or loss to a person or someone associated with them. Examples of non-pecuniary interests might include kinship, friendship, membership of an association, society or trade union or involvement (or interest) in an activity.

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Non-Token Value Gift or Benefit	A Gift or Benefit with a value greater than the nominal amount (\$75) that can be perceived as an inducement.
Perceived or Apparent Conflict of Interest	Where it could reasonably be perceived that the competing interests could improperly influence the performance of duties – whether or not this is in fact the case.
Potential Conflict of Interest	Where the competing interest has the potential to conflict with official duties in the future.
Pecuniary Interest	An interest associated with a reasonable likelihood or expectation of appreciable financial gain or loss to a person or to someone associated with them – e.g. relatives, friends, partners or work colleagues.
Principal Officer	The Principal Officer is the Chief Executive of ISLHD.
Token or Nominal Value Gift	Are inexpensive gifts of gratitude such as a bunch of flowers, of nominal value (under \$75).
Supplier	A company that is an actual or potential supplier to ISLHD.

3. Responsibilities**3.1. ISLHD Board Members will:**

- Lead by example to protect the integrity of ISLHD in regard to conflicts of interest and gifts and benefits as defined in this document.
- Disclose/Report any perceived, potential or actual Conflicts of interests on initial appointment to the Board, annually, and at any other time required.
- Collectively, approve a process for assessing declared conflicts of interest and determining a Management Plan.

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- Maintain a register for all ISLHD Board Member reported conflicts of interests which is registered in HPE Content Manager (TRIM).
- Ensure all individual Board Member reported conflicts of interests are registered in TRIM.
- Ensure all verbal conflicts of interest reports made before or during a Board Meeting (including Board Sub-Committee Meetings) is recorded in the official minutes, as well as the determined management plan (i.e. the Member left the meeting for the duration of the agenda item in which they identified a conflict of interest).
- As required, provide advice on suitable Management Plans for managing reported conflicts of interest.

3.2. ISLHD Chief Executive will:

- Work with the ISLHD Executive and Board to create a culture that supports disclosure and management of conflicts of interest to minimise and resolve adverse effects to the reputation of ISLHD.
- Determine the appropriate action for any contentious conflicts of interests if unable to be resolved by the 'Authorised Officer' and the Manager of the staff member who has the conflict of interest.
- Ensure ISLHD has robust systems in place to ensure compliance with the Ministry of Health (MoH) Policy - [PD2015_045 - Conflicts of Interest and Gifts and Benefits](#).
- Address the management of conflicts of interest and gifts and benefits and to ensure staff are aware of these issues and how to deal with them.
- Ensure a Conflict of Interest Register and Gifts and Benefits Register is in place and maintained in accordance with [PD2015_045 - Conflicts of Interest and Gifts and Benefits](#).

3.3. Authorised Officer:

The Authorised Officer for ISLHD is the Director Corporate Governance and Risk. The Authorised Officer must ensure:

- All conflicts of interest and gifts and benefits are managed effectively.
- This policy is brought to the attention of staff and published on the Intranet.
- Undertake assessments of conflicts of interests, provide advice and support to Managers relating to appropriate courses of action and robust management plans.
- Manage the registers for gifts and benefits and conflicts and provide regular reports to the Chief Executive, including trends and prevention strategies.

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- Appropriate processes are in place for managing and maintaining the Conflict of Interest Register and Gift and Benefits Register for the organisation.
- Ensure Information on conflict of interest and gifts and benefits is routinely disseminated to staff through, for example, through orientation programs and staff newsletters.

3.4. Internal Audit will:

- Monitor the conflicts of interest and gifts and benefits Registers to ensure ISLHD is compliant with MoH Policy - [PD2015_045 - Conflicts of Interest and Gifts and Benefits](#).
- Review the Conflicts of Interest and Gifts and Benefits Registers annually, to ensure all actions have been completed and identify any trends and/or issues of concern that require further action and reporting to the Audit and Risk Committee.

3.5. ISLHD Executive Directors (Tiers 2) will:

- Work with Managers in their areas of responsibility to create a culture that supports disclosure and management of conflicts of interests.
- Review and authorise management plans for conflicts of interests.
- Ensure that authorisation of reports are made in a timely manner (**within 7 days of receiving the report**).

3.6. Managers and Supervisors will:

- Make staff in their areas of responsibility, aware of this policy.
- Provide advice to and assist staff with appropriate ways to manage any potential or actual conflicts of interest or gift and benefits issue.
- Monitor the work of staff and the risks they are exposed to in relation to conflicts of interest or gift and benefits issues, and regularly discuss these issues with staff.
- Assist any staff member to complete the online reporting forms in the [Online Register](#). If a staff member does not hold an ISLHD email account, the Manager or Supervisor will enter their own email address on behalf of the staff member into the Online Register.
- Ensure a decision is made and communicated to the staff member **within 7 calendar days** of the report being made. Where it is not possible to make a determination within this timeframe, the staff member concerned is to be kept informed of progress on the matter, in writing (email or letter).

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- Ensure a review date is entered in the online form if a conflict of interest is likely to continue. The review date needs to be 12 months or less from the date of declaration (date submitted).
- Develop and implement a robust management plan to eliminate any adverse effects of the conflict.
- Identify risks specific to their business unit or work environment, and put measures in place to address these.
- Ensure the conflict of interest or report is provided to the relevant approving officer for review and approval by selecting the delegated approver while completing the required sections in the [Online Register](#).
- Ensure staff are aware of, and adhere to, this policy and provide the information and resources to comply with this directive. Many resources are available on the ISLHD Intranet pages for [Conflicts of Interests](#) and [Gifts and Benefits](#).

It is important to acknowledge to staff that having a conflict of interest is not necessarily a problem, it is how it is disclosed and managed that is important. This makes it easier for staff to talk about conflicts that do or might come up or address them with colleagues.

3.7. ISLHD Staff will:

- Identify and assess conflicts of interests relating to their employment.
- Where possible, avoid conflicts of interest and disclose and comply with management plans for those conflicts of interest that cannot be avoided. Declare immediately any conflict of interest or potential conflict of interest to their direct supervisor / manager or where appropriate the Authorised Officer.
- Not seek or accept any payment, gift or benefit outside of their employment agreement for themselves or a family member
- Never accept gifts of cash or items which can be turned into cash (i.e. gift cards, lottery tickets, gift coupons).
- **Not accept** gifts, rewards, travel or meals from **Suppliers**.
- **Not accept** gifts of Alcohol or Tobacco.
- Treat all persons equally and fairly and not show preference to any individual or organisation.
- Report as soon as possible to a manager or supervisor any offer or receipt of any gift or benefit.
- Report any perceived, potential or actual conflicts of interest and gifts and benefits to their Manager or Supervisor and report it in [Online Register](#).

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ISLHD CORP PD 10**4. Managing Conflicts of Interests in ISLHD**

A conflict of interest exists when it is likely that a staff member could be influenced, or perceived to be influenced, by a personal interest when carrying out their public duty. Conflicts of interest can be actual, perceived or potential.

As representatives of ISLHD, we need to demonstrate ethical conduct and transparency in the course of our duties. It is part of the 'Openness' that we talk about as part of our CORE values. If you think you, or one of your staff, might have an actual, perceived or potential conflict of interest, you must be open and transparent and declare it in the Online Register. Conflicts of interest that result in impaired decision making may constitute corrupt conduct or a breach of the [PD2015_049 - NSW Code of Conduct Policy](#).

Having a conflict of interest is not necessarily a problem, it is how it is dealt with that is important. However it should be noted that reporting a conflict of interest is a mandatory requirement as stated in [PD2015_045 - Conflicts of Interest and Gifts and Benefits](#).

Staff are responsible for identifying and declaring their own conflicts of interest, including actual, potential or perceived conflicts. The following questions may help in making such an assessment:

- Do I, a relative, friend or associate stand to gain or lose financially from a health organisation's decision or action on this matter?
- Do I, a relative, friend or associate stand to gain or lose in any way from the health organisation's decision or action?
- Am I in a position to influence decision making about a matter related to a potential private interest?
- Have I made any promises or commitments in relation to the matter outside my normal duties?
- Have I received a benefit or hospitality from someone who stands to lose or gain from the decision or action?
- Am I a member of an association, club or professional organisation, or do I have particular ties and affiliations with organisations or individuals, who stand to lose or gain from the health organisation's consideration of the matter?
- Could there be benefits for me in the future that could cast doubt on my objectivity?
- If I do participate in assessment or decision-making, would I be happy for my colleagues and the public to be aware of any association or connection?
- Would a fair and reasonable person perceive that I was influenced by personal interest in performing my public duty?
- Do I need to seek advice or discuss the matter with an objective party?
- Am I confident of my ability to act impartially and in the public interest?

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- Do I need to declare a matter to a senior officer?

If you answer yes to any of these questions then you should make a report in the [Online Register](#). It is in your interests to report a matter and have a management plan put into place, than not to and risk an investigation or official action if the matter is reported in another means later on.

It is also important to note that Internal Audit Unit conduct an annual audit on the ISLHD Conflicts of Interest Register to cross check if any matters known to them have been disclosed in the register.

4.1. The Online Conflicts of Interest Register

The [Online Reporting System](#) is accessible to all ISLHD staff with computer access within ISLHD.

Separate site or service Conflict of Interest Registers **should not be in place**. All ISLHD Conflicts of Interests should be reported in the ISLHD [Online Reporting System](#).

All ISLHD staff must report any actual, potential or perceived conflict of interest to their direct line manager, in the first instance and officially report the matter in the [Online Reporting System](#) as soon as possible.

Should the event require assessment and/or decision making, the staff member should exercise caution until a determination has been made or a resolution to the conflict is put in place.

The ISLHD Board (including Board Sub-Committee) records relating to Conflicts of Interests and Gifts and Benefits are to be maintained by the ISLHD Board Secretary and a register recorded in HPE Content Manager (TRIM).

4.2. Conflicts of Interest Approvals

The [Online Reporting System](#) allows easy access for staff to report Conflicts of Interests and the system provides automatic approval notifications to Line Managers and Executives. Once a report is made, and the automatic notifications are received, the following approval requirements should occur:

- Line Managers/Supervisors should:
 - Review the reported conflict of interest.
 - Determine if it should be approved or not approved.
 - If it is to be approved, then develop a Management Plan (refer to the Management Plan section for further advice on putting a plan in place).

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- Nominate the appropriate Tier 2 Executive Director who should approve the overall report.
- Executive Directors (Tier 2) should:
 - Review the conflict of interest report details.
 - Review the Line Manager/Supervisor's approval decision to ensure it is correct and is in line with policy requirements.
 - Review the Management Plan and ensure it is robust and will control the risks associated with the reported conflict of interest.
 - Make a final approval decision.

It is important to note that all conflicts of interest should be reviewed and a decision made **within 7 days**.

Staff may fail to disclose their conflicts of interest, whether intentionally or unintentionally, for many reasons. This is why we rely upon our Managers to prevent, detect and respond to fraud and corruption. This includes reporting and managing conflict of interest matters relating to staff in their areas of responsibility.

It is a Manager's obligation to make reasonable enquiries with any employee or contractor who may not be acting in the public interest, or when they become aware of any known, perceived or potential conflicts of interest.

4.3. Management Plans for Conflicts of Interest

******Don't be afraid of conflicts of interest – Manage them******

Staff who work in public service roles, can have particular interests or skills that greatly benefit both the organisation and the community. It is when a personal interest conflicts with public duty (whether actual, potential or perceived) that issues can arise. It is important to support staff to report any conflicts of interest and put suitable management plans in place to ensure the conflict of interest is controlled.

When a conflict of interest is recorded in the [Online Reporting System](#), an automatic approval email is sent to the nominated Manager. It is the Managers' responsibility to make a determination and to complete the mandatory 'Management Plan' section.

Management plans:

Every conflict of interest is different therefore, management plans will vary. Listed below is a guideline to formulating a suitable Management Plan.

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ISLHD CORP PD 10**Developing Robust Management Plans**

A Management Plan should ensure that the risks associated with the conflict of interest are managed and resolved in favour of the public interest rather than that of the employee and will be based on the following strategy (the Five R's):

- **REGISTER** - Some minor or perceived conflicts of interest may be eliminated by disclosure or effective supervision.
- **RESTRICT** - restrictions are placed on the employee's involvement in the conflict.
- **RECRUIT** - a disinterested third party is used to oversee part or all of the process that deals with the conflict.
- **REMOVE** - the employee removes themselves, or is removed, from the conflict.
- **RELINQUISH OR RESIGN** - the employee relinquishes the private interest that is creating the conflict. Where relinquishing the interest is not possible (e.g. relationship with family) and the conflict cannot be managed in the public interest, using one of the other options above, the employee may consider resigning.

If a Manager decides there is no conflict of interest, the staff member is authorised to continue the activity. The Manager and staff member must identify the circumstances in which conflict of interest could occur, and how it would be resolved. The challenge facing public sector organisations such as ISLHD, is to develop conflicts of interest policies and management strategies that strike a balance between the public and private interests of employees.

Getting the balance right means being able to identify risks and choose appropriate management strategies whilst satisfying probity requirements of the public sector.

An approach that is too strict or attempts to cage private interests too tightly may impinge upon the rights of the individual, or prove unworkable. There is also the risk that overly strict provisions will discourage employees from disclosing conflicts of interest, or deter people from working in public sector organisations such as ISLHD.

Regularly review the strategy or strategies you have chosen to manage a conflict of interest to ensure the strategy remains relevant. Make a record of any reassessment, decisions made and actions taken as a result of this process.

Don't forget - you must remove yourself from participating in any decision-making where a conflict of interest influences or may appear to influence that decision.

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ISLHD CORP PD 10**4.4. Reporting Conflicts of interests about Another Staff Member**

Staff members should raise concerns of conflict of interest, in the first instance, with the staff member concerned. If they are uncomfortable raising it with the individual concerned or, if after raising the issue the conflict has not been declared, they should raise the matter with their immediate supervisor or to the Director of Internal Audit. .

If the matter involves possible corrupt conduct, Staff must report the matter to the Authorised Officer or the external reporting systems available on ICACs website (refer - [PD2016_029 Corrupt Conduct – Reporting to ICAC](#)).

If the matter does involve possible corrupt conduct, maladministration and/or serious and substantial waste of public resources, employees should also be aware of protection provided in relation to public interest disclosures under the Public Interest Disclosures Act 1994 (NSW) (refer to [PD2016_027 Public Interest Disclosures](#) and refer to local procedures).

4.5. Conflicts of Interest and Secondary Employment

Secondary employment is not a right. Employers such as ISLHD have duties to protect the health and safety of all of their employees. Employees also have important obligations including to:

- Cooperate in managing safety.
- Fulfil their employment responsibilities.
- Act in the best interests of their employer, which includes avoiding conflicts of interest.

A potential conflict of interest exists where a staff member's private interests have or could conflict with their public duties in the future. An example of this could be;

- Secondary employment as a part-time employee – Physiotherapist working part-time at the hospital and also in their own business. This can become a conflict of interest if they are “poaching” clients.

Secondary employment challenges these duties and obligations. Reasonable discussions about secondary employment and managing ISLHD duties and obligations are necessary.

Staff must follow ISLHDs requirement to report and, where required, seek approval for any secondary employment before engaging in it. When your secondary employment has the potential to lead to a conflict of interest, you must disclose and report it as a conflict of interest.

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Staff must monitor and report any changes in the nature of such employment that might give rise to a conflict of interest. Any updated circumstances need to be reported as a new conflict of interest. It is important to note that all **conflicts of interest expire after 12 months (in the register)**. If secondary employment continues, a new conflict of interest must be declared every 12 months.

Reporting Conflicts of Interest and Secondary Employment:

It is important to inform staff to report any secondary employment and any conflicts of interest (actual, perceived, and potential). The following form is required – [ISLHD CORP F 14 – Secondary Employment Form](#) to report any secondary employment. If a conflict of interest exists that relates to secondary employment, it must be declared in the [Online Reporting System](#),

Medical Officers can apply for secondary employment (known as Outside Practice), by completing the online Outside Practice Form. Again, it is important to note that any conflicts of interest that relate to Outside Practice, mandates a conflict of interest report to be made in the [Online Reporting System](#).

For more information on secondary employment refer to the [NSW Health Code of Conduct](#) and ISLHDs [ISLHD CORP F 14 - Secondary Employment Request Form](#). For Medical Officer Secondary Employment – refer to the '[Outside Practice Agreement Application System](#)'.

4.6. Conflicts of Interest and Recruitment

A perceived conflict of interest exists when it appears a staff member's private interests improperly influence their decision making. For example: Being on an interview panel where you have a personal or professional relationship with the interviewee. You must declare your association to the panel, in the Recruitment and On-Boarding System (ROB) and **most importantly, by making a declaration** in [Online Reporting System](#).

Employees must consider, prior to involvement in recruitment or selection processes, whether they have conflicts of interest. Such conflicts may include:

- family or friendship relationships with an applicant
- close working relationship with an applicant
- financial interests (either in relation to an applicant or the outcome)
- an unfriendly relationship with any applicant.

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Recruitment planning decisions must be fair and transparent and comply with relevant legislation, codes or internal policy. Each selection panel member should declare if he or she has a conflict (rather than a general question) at the beginning of the process.

Employment decisions must be based on merit and allow a reasonable opportunity to eligible persons to apply for employment. Any person involved in the recruitment and selection process is to ensure that no individual applicant is offered preferential treatment. This includes such actions as coaching or specialist advice that is not provided to all applicants.

Putting together a Selection Panel:

- If you are on a selection panel, you must ensure that your decisions are fair, transparent and merit-based.
- If you are a selection panel convenor, you must canvas panel members prior to commencement of the selection process to determine if they have any personal interests in respect of any applicant.
- If you are on a selection panel, you must disclose any knowledge of, or association with, any applicant to the panel convenor, and if you are the Convenor you must disclose this conflict to the recruitment approver (Executive Director making the final approval decision).
- If you are a selection panel Convenor, you must review any disclosures and decide how conflicts should be managed. The Executive Director must review and decide the action to take in respect of any disclosures of conflict by the panel convenor.

Remember, all conflicts of interest relating to recruitment must be made in ROB and **most importantly**, in the [Online Reporting System](#).

[PD2017_040 - Recruitment and Selection of Staff to the NSW Health](#) advises:

“All panel members must declare any real or potential conflict of interest as soon as they become aware of it (eg close personal relationship or previous workplace conflict with an applicant). Any conflict of interest must be managed as necessary by the convenor and documented as part of the Recommendation Report (see Section 2.9.1). Options may include:

- *Adding an additional panel member as a safeguard eg two independents*
- *Limiting the contribution of the panel member eg contribute to discussion only as a subject expert, but not take part in decision-making.*

Where a panel member is a nominated referee for one of the applicants (eg they may be the applicant’s current supervisor), they should declare this relationship as soon as possible. In these instances, it is recommended that the panel seeks an

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additional relevant referee check, where possible. In addition, all other referee checks should be done by more than one panel member.

Note: If a panel member arranges for someone else to participate on the panel on their behalf, the original panel member is considered to have withdrawn from the panel and should take no further part in its proceedings. The newly delegated panel member takes over all the responsibilities and authority of a panel member”.

Each Panel member should note any Conflict of Interests into the ISLHD [Online Reporting System](#). The panel convenor should ensure this has occurred on being made aware a panel member has a conflict of interest to report.

5. Gifts & Benefits

A gift or benefit is an item, service, prize, hospitality or travel offered or provided by a customer, client, applicant, supplier, potential supplier or external organisation; which has an basic value and/or a value to the recipient, a member of their family, relation, friend or associate, and includes bequests. Under no circumstances should any staff member solicit any type of donation or gift for personal benefit from any person or business.

A gift or benefit offered to, or solicited by, a staff member to influence that person to act in a particular way is considered to be a bribe which constitutes a crime and corrupt conduct. Under the Independent Commission against Corruption Act 1998 the Principal Officer (CE) is required to report possible corrupt conduct to the ICAC and the police. This would include reporting incidents that constitute bribery.

As an ISLHD employee, you should never expect to get anything extra for doing what you are paid to do. You should not seek or accept any payment, gift or benefit however, it is acknowledged that, at times, grateful clients/patients want to show their appreciation for a service rendered and will offer or give a token value gift.

Receipt of any gift is not encouraged however, there are times when refusal may cause offence or distress to the person offering the gift. In this case, the most advisable action is to thank the person on behalf of ISLHD, declare the gift in the [Online Reporting System](#) and if possible, share the gift with other staff (in the case of a box of chocolates, bunch of flowers etc.) – refer to the campaign poster '[Thanks is Enough](#)'.

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ISLHD CORP PD 10**5.1. Reporting Gifts & Benefits**

The [Online Reporting System](#) is accessible to all ISLHD staff with computer access within ISLHD.

Separate site or service Conflict of Interest Registers should not be in place. All ISLHD Gifts and Benefits should be reported in the ISLHD [Online Reporting System](#).

All ISLHD staff must report any offered or received gifts or benefits to their direct line manager, in the first instance and officially report the matter in the [Online Reporting System](#) as soon as possible.

Should the event require assessment and/or decision making, the staff member should exercise caution until a determination has been made or a resolution to the conflict is put in place.

5.2. Approvals for Gifts & Benefits

Line Managers/Approving Officers should:

- Review the reported Gift or Benefit details.
- Provide a decision if the Gift or Benefit should be accepted and if so, how it will be treated’.
- Escalate the reported gift or benefit to ‘the Director of Internal Audit’ if corrupt conduct is suspected or known.
- Ensure all approvals are completed **within 7 days** of receiving the report.

5.3. Gifts and Benefits That Can be Accepted

Although all offers of gifts and benefits should, in the first instance, be politely refused, it is sometimes better to accept than cause offence. The only type of acceptable gift would be a “token” or a nominal value gift (\$75 or less), such as:

- A box of chocolates.
- A bunch of flowers.
- A small gift basket.
- A small hand-made item.

Where a gift is given to a staff member in a public forum, in appreciation for their work as an ISLHD employee, and refusal to accept the gift would cause embarrassment or affront

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(the issue of causing embarrassment or affront does not apply to gifts offered by suppliers), the staff member accepting the gift must clearly indicate that they are accepting the gift on behalf of ISLHD.

All gifts and benefits (received or offered) must be reported in the [Online Reporting System](#).

5.4. Gifts and Benefits That Cannot be Accepted

Non token gifts (over \$75) are not to be accepted as this could be perceived as an inducement or bribery or seen as an attempt to secure favour or influence.

Gifts strictly prohibited to be accepted are:

- Cash of any kind (including payment of travel expenses).
- Gift vouchers/Lottery tickets/Scratch tickets or anything that can be converted into cash.
- Alcohol or tobacco products (as this is contrary to the Health industry objectives).
- Bequests of any kind.
- Any gift or benefit from a Supplier to ISLHD.

If any strictly prohibited gifts are received, without the opportunity to politely refuse, and the person or organisation is known to the staff member, the item must be returned with a letter of polite refusal – see letter templates below:

- [ISLHD CORP F 189 - Gifts and Benefits - Letter Template - Return Item to Patient/Person](#)
- [ISLHD CORP F 190 - Gifts and Benefits - Letter Template - Return Item to Supplier/Business](#)

Staff members should not voluntarily enter competitions while working in an official capacity, e.g. at a conference by submitting business cards as an entry for a prize draw or signing up for further information about a product.

If in receipt of a prize or gift a staff member must declare the prize in accordance with this Policy. Decision making by management regarding a gift or prize that was received should ensure the prize becomes the property of ISLHD and not the individual.

Gifts that are not able to be returned, such as those from anonymous donors, should be reported to a Line Manager and reported in the [Online Reporting System](#). The Line Manager will document their decision and will propose a use or disposal option for the gift. The gift **must not** be retained by the staff member.

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An option for using a gift item which is not acceptable may be to donate it to the Hospital Auxiliary to use as a raffle item, which will raise money that will eventually benefit ISLHD and the Hospital or facility.

5.5. Sponsorship Gifts or Benefits

There are times when private sector organisations offer sponsorship to ISLHD staff in the form of attendance at seminars or conferences for the specific purpose of further education.

This could include sponsored education or travel which is issued to an individual employee rather than to the organisation. In this case it is necessary to report the sponsorship as a form of gift or benefit in the [Online Reporting System](#).

[PD2005_415 - Sponsorships Policy - NSW Health](#) outlines the District's responsibilities in relation to reporting and approval of sponsorship activities.

The following forms are also required to be completed for Sponsorship opportunities:

- [ISLHD OPS F 170 - Sponsorship Checklist](#)
- [ISLHD OPS F 171 - Sponsorship Approval Brief](#)
- [ISLHD CORP F 25 - Official Travel Application](#)

5.6. What Should NOT Be Reported in the Online Reporting System

Donations, in-kind or otherwise, or any fundraising activity are not to be reported in the Gifts and Benefits register. Donations from individuals, foundations, public and private organisations in support of funding a facility, service, equipment, activity or event is not an individual staff gift or benefit. It was donated to the organisation or service rather than to an individual. All donations should still be reported. For more information, refer to: [ISLHD Fundraising Guideline \(Staff\)](#) or email to: ISLHD-Communications@health.nsw.gov.au.

Personal gifts between staff members, e.g. birthdays and Christmas are not to be recorded in the Online Reporting System, as this constitutes a personal transaction and has nothing to do with the business of the Health District.

However, caution is to be taken in regard to regular or expensive gifts being offered from one staff member to another staff member, to avoid the perception of attempting to gain favour. Personal gifts from a staff member to a Manager should be reported if it is an

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individual gift (not a team organised gift giving exercise) because this can be perceived as trying to gain favour or that a manager may have given priority to that staff member.

6. Appealing Decisions – Conflicts of Interests and Gifts and Benefits

If a staff member disagrees with a decision, the matter is to be discussed between the staff member and the Manager who made the determination. If a resolution or agreement is unable to be reached then the staff member can appeal to the Authorised Officer to advise a determination. If an agreement is still unable to be reached then it should be escalated to the Principal Officer.

If, following this discussion, the matter remains unresolved, local grievance procedures are to be followed.

7. Documentation

- [ISLHD Conflicts of Interest and Gifts and Benefits online reporting system](#)
- ['Thanks is Enough' Intranet Pages](#)
- [ISLHD CORP F 189 - Gifts and Benefits - Letter Template - Return Item to Patient/Person](#)
- [ISLHD CORP F 190 - Gifts and Benefits - Letter Template - Return Item to Supplier/Business](#)
- [ISLHD OPS F 170 - Sponsorship Checklist](#)
- [ISLHD OPS F 171 - Sponsorship Approval Brief](#)
- [ISLHD CORP F 25 - Official Travel Application](#)

8. Audit

ISLHD Internal Audit will review and monitor all conflicts of interest and gifts and benefits reports to ensure ISLHD is compliant with MoH Policy - [PD2015_045 - Conflicts of Interest and Gifts and Benefits](#) and identify any trends and/or issues of concern that may require further action and reporting to the Audit and Risk Committee.

Internal Audit will also review the conflicts of interest and gifts and benefits registers on an annual basis.

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- [PD2015_045 - Conflicts of Interest and Gifts and Benefits](#)
- [PD2015_049 - NSW Code of Conduct Policy.](#)
- [PD2005_415 - Sponsorships Policy - NSW Health](#)
- [ISLHD Fundraising Guideline \(Staff\)](#)
- [PD2016_027 Public Interest Disclosures](#)
- [PD2016_029 Corrupt Conduct – Reporting to ICAC](#)

10. Revision and Approval History

Date	Revision No.	Author and Approval
April 2020	0	Senior Corporate Governance Co-ordinator Approval/Date: Corporate Policy Recommendation committee/ May 2020 Approval/Date: Executive Director Finance / June 2020