

16th December 2020

[REDACTED]

[REDACTED]

Dear [REDACTED]

Official Information Act Request for – Sensitive Expenditure

I write in response to your Official Information Act request received by us 2nd November 2020, you requested the following information:

Please provide information relating to your relevant government department or agency on the following areas of sensitive expenditure. For all the below categories I request breakdowns for each of the last two years (2018, 2019) and year to date.

- 1. Gifts (both given and received, including offered and turned down): Please provide information on the amounts spent, the gifts given or received, and the recipients.**
- 2. Koha, similar breakdown as above.**
- 3. Tips/gratuity: Please provide a breakdown of the amount spent both domestically and internationally, including details of how much was paid and to whom. Please include details of the single largest tip or gratuity payment.**
- 4. Hospitality/entertainment: Please provide a breakdown of how much was spent and on what. Please provide separate breakdowns for domestic and international.**
- 5. Alcohol: Please provide separate figures as per above.**
- 6. Air travel: Please provide a breakdown for both international and domestic, including for economy and business class air travel. Please include figures for both business travel and contributions or allowances towards personal travel.**
- 7. Accommodation: Please provide a breakdown for both international and domestic. Please include figures for both business travel accommodation and contributions or allowances towards personal accommodation.**
- 8. Taxis/corporate vehicles: Please provide a breakdown of taxi/corporate vehicle expenses for both domestic and international, including details of the single largest taxi bill.**
- 9. Rental cars: Please provide similar figures for rental cars.**
- 10. Moving expenses: Please provide a breakdown of how much was spent on personal moving expenses for relocating staff.**
- 11. Parking/traffic offences: Please provide a breakdown of both parking and traffic offence expenses, both domestic and international.**
- 12. Christmas functions: Please provide figures on expenses related to Christmas functions.**

13. **Social club: Please provide figures on expenses related to social clubs.**
14. **Correspondence: Please provide all correspondence for 2018, 2019 and 2020, both internal and external, including emails, letters, text messages, reports, advice etc, relating to concerns around sensitive expenditure. This should include all correspondence involving your relevant government department or agency and the Office of the Auditor General.**

Counties Manukau Health Response:

For context Counties Manukau Health (CM Health) employs over 8,500 staff and provides health and support services to people living in the Counties Manukau region (approx. 569,400 people). We see over 118,000 people in our Emergency Department each year, and over 2,000 visitors come through Middlemore Hospital daily.

Our services are delivered via hospital, outpatient, ambulatory and community-based models of care. We provide regional and supra-regional specialist services i.e. for orthopaedics, plastics, burns and spinal services. There are also several specialist services provided including tertiary surgical services, medical services, mental health and addiction services.

Please provide information relating to your relevant government department or agency on the following areas of sensitive expenditure. For all the below categories I request breakdowns for each of the last two years (2018, 2019) and year to date.

Please note that the information prepared in this response excludes costs that are paid as part of our Continuing Medical Education (CME) as this is a provision in employment contracts.

1. Gifts (both given and received, including offered and turned down): Please provide information on the amounts spent, the gifts given or received, and the recipients.

We do not centrally capture information on gifts given, to obtain this information would involve manually searching through each services records. The DHB provides gifts on a discretionary basis from time to time. Some examples of gifts given are as follows:

- Contributions to gifts for staff long service awards, retirement, farewell, Team and staff awards.
- Exceptional achievements
- Health Promotion events, prizes for cultural events such as Matariki.
- CM Health contribution towards Christmas celebrations.
- Flowers for staff in special circumstances such as, family bereavement or sickness
- Koha for visiting dignitaries presented as a token of appreciation and recognition for contributions made to DHB activities such as external speakers, presenters and trainers and Consumer Council members.
- Paid parking exit vouchers in extraordinary circumstances (e.g. care support of long stay patients).

As per the CM Health Conflict of Interest Policy, “any Hospitality that is offered or accepted that has a value of over \$100 must be recorded in the CMDHB Gifts Register for the relevant service”. Gifts and Hospitality received/offered that have been declared over \$100 are detailed in appendix 1.

CM Health, has a Donations, Gifts and Sponsorship policy (attached as appendix 2) that provides detailed guidance to staff on the appropriateness of specific interactions with third parties. The policy defines the DHB’s requirements when considering approving (or declining) offers of sponsorship, donations, gifts and corporate hospitality from external parties. The DHBs Conflict of Interest policy (attached as appendix 3) also provides guidance in this regard, including a gift register template.

2. **Koha, similar breakdown as above.**

Table 1 below reflects the amount we have spent on Koha.

Koha Costs	
Period	\$ 000
FY 2018/19	\$2
FY 2019/20	\$4
YTD Oct-20	\$2

Table 1: Data Source Corporate Finance 07.12.2020

3. **Tips/gratuity: Please provide a breakdown of the amount spent both domestically and internationally, including details of how much was paid and to whom. Please include details of the single largest tip or gratuity payment.**

As per the CM Health Travel Policy & Procedure (refer to the extract from this policy below in figure 1), we do not reimburse the cost of tipping. Therefore, under section 18(e) of the Official Information Act 1982 – the information requested does not exist.

Entertainment Expenses

Entertainment expenses are not reimbursable unless as part of genuine entertainment – refer to the Corporate Entertainment policy.

For example the following are not reimbursable:

- Minibar purchases.
- Costs of tipping.
- In-room movies or video rentals.
- Recreational activities, sightseeing, cinema tickets or private travel while on a business trip.
- Cost of ancillary/optional recreational activities associated with a conference, except where the cost is part of the overall conference program (for an example formal conference dinner).

Figure 1: Extract from CM Health Travel Policy & Procedure

4. **Hospitality/entertainment: Please provide a breakdown of how much was spent and on what. Please provide separate breakdowns for domestic and international.**

Table 2 below reflects the financial account code of “Reception and Catering”, this code is used for purchases related to hospitality. The reception and catering spend below does not reflect domestic or international hospitality, to provide this information would require manual search through many individual expense claims.

To provide further detail of individual expenses under the “Reception and Catering” account code will also involve manually searching through individual lines of many requests.

Reception & Catering	
Period	\$ 000
FY 2018/19	\$347
FY 2019/20	\$541
YTD Oct-20	\$54

Table 2: Data Source Corporate Finance 07.12.2020

The increase in the year 2019/20 includes Emergency Response related expenses to National and International extraordinary events where we had a number of essential teams working extensive hours on site in response to these events (e.g. Whakaari/White Island, Measles epidemic management and vaccination).

5. **Alcohol: Please provide separate figures as per above.**

As per extract below from our Corporate Expenditure policy (figure 2), we do not allow for alcohol purchases or reimbursement.

<p>Policy</p> <p>On occasion, it is beneficial for CMDHB to provide entertainment to external third parties.</p> <p>The cost, including food and drink (excluding alcohol), of entertaining external third parties is reimbursable when incurred for the purposes of:</p> <ul style="list-style-type: none"> • facilitating a business discussion • developing a business relationship, • furthering the goals of CMDHB in some other way. <p>The costs should not be extravagant and should be appropriate for the occasion.</p>

Figure 2: Extract from CM Health Corporate Expenditure Policy

6. Air travel: Please provide a breakdown for both international and domestic, including for economy and business class air travel. Please include figures for both business travel and contributions or allowances towards personal travel.

Table 3 below reflects international business travel.

Business Travel International	Economy Class	Business Class
<u>Period</u>	<u>\$ 000</u>	<u>\$ 000</u>
FY 2018/19	\$93	\$-
FY 2019/20	\$111	\$47
YTD Oct-20	(-\$3)	\$-

Table 3: Data Source Corporate Finance 07.12.2020

The negative value in YTD Oct-20 is due to late refunds for Covid-19 cancelled trips.

An extract below from the CM Health Travel Policy & Procedure states the following:

<p>10. Air Travel</p> <p>All air travel will be by economy class. The only exception to this will be rare occasions where the traveller is required to work immediately upon arrival at an overseas destination. In such a case, non-economy travel may be considered with the prior approval of the Chief Executive Officer.</p>
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Figure 3: Extract from CM Health Travel Policy & Procedure

An instance of this occurred in 2019/20 where specialist clinicians were required to travel urgently to assist in response to the Whakaari/White Island National Emergency.

Table 4 below reflects domestic business travel.

Business Travel Domestic	
<u>Period</u>	<u>\$ 000</u>
FY 2018/19	\$904
FY 2019/20	\$770
YTD Oct-20	\$265

Table 4: Data Source Corporate Finance 07.12.2020

As per the DHB Policy, Business Class travel is not permitted for domestic flights.

7. **Accommodation: Please provide a breakdown for both international and domestic. Please include figures for both business travel accommodation and contributions or allowances towards personal accommodation.**

Table 5 below reflects the financial account code of "Accommodation and Meals", this code is used for costs related to accommodation and meal charges.

Accommodation & Meals	
<u>Period</u>	<u>\$ 000</u>
FY 2018/19	\$134
FY 2019/20	\$118
YTD Oct-20	\$10

Table 5: Data Source Corporate Finance 07.12.2020

8. **Taxis/corporate vehicles: Please provide a breakdown of taxi/corporate vehicle expenses for both domestic and international, including details of the single largest taxi bill.**

We are unable to provide a breakdown of taxi expenses for staff without a time consuming and costly exercise that would require checking every taxi expense line to determine which trips relate exclusively to staff vs patient travel. Unfortunately, our database, whilst continuously improving, has a high count of patient taxi travel, taxi freight and patient support travel. Therefore, we are declining to answer under section 18(f) of the Official Information Act 1982 - the information requested cannot be made available without substantial collation or research.

The single largest taxi bill for an employee total was \$116.00, this was an urgent trip related to legal matters.

CM Health does not have any corporate vehicles assigned to any staff members.

9. **Rental cars: Please provide similar figures for rental cars.**

Table 6 below reflects owned and leased fleet rental cars. The information below includes the DHB lease fleet which employees can access via our car booking management system, in line with the CM Health Motor Vehicle Policy (attached as appendix 4).

The below amount does not include depreciation.

Rental cars (included owned and leased fleet)	
<u>Period</u>	<u>\$ 000</u>
FY 2018/19	\$2,232
FY 2019/20	\$2,245
YTD Oct-20	\$965

Table 6: Data Source Corporate Finance 07.12.2020

10. **Moving expenses: Please provide a breakdown of how much was spent on personal moving expenses for relocating staff.**

Table 7 below reflects costs coded to the "Relocation Costs" account code. Relocation costs are part of some negotiated recruitment packages.

Relocation Costs	
<u>Period</u>	<u>\$ 000</u>
FY 2018/19	\$194
FY 2019/20	\$171
YTD Oct-20	\$30

Table 7: Data Source Corporate Finance 07.12.2020

11. Parking/traffic offences: Please provide a breakdown of both parking and traffic offence expenses, both domestic and international.

Figure 4 below is an extract from the CM Health Motor Vehicle Policy and states the following:

<p>Fines</p> <p>Drivers must pay any fine incurred as a result of a breach of a Road Transport Act or relevant local by-laws while the vehicle is in their charge in a timely manner.</p> <p>Surcharges for late or non payment of fines are also payable by the driver</p>
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Figure 4: Extract from CM Health Motor Vehicle Policy

Figure 5 below is an extract from the CM Health Travel Policy & Procedure and states the following:

<p>Fines</p> <p>Fines are not reimbursable.</p> <ul style="list-style-type: none">• Fines for traffic (including speeding fines) and parking violations and towing fees.• Any illegal use of a motor vehicle.

Figure 5: Extract from CM Health Travel Policy & Procedure

12. Christmas functions: Please provide figures on expenses related to Christmas functions.

Any CM Health employees rostered to work on Christmas Day each year are provided with a Christmas meal on the day, funded by CM Health. This is prepared by the hospital kitchen, and served in the cafeteria. This is reflected below in table 8.

Christmas Day – Working Staff	
<u>Period</u>	<u>\$ 000</u>
FY 2018/19	\$21
FY 2019/20	\$30

Table 8: Data Source Corporate Finance 07.12.2020

In addition, CM Health provides a \$20.00 (GST incl) per staff member contribution to departmental Christmas celebrations each year. We believe this is a small token of appreciation to show our staff that we value their contribution to improving the health outcomes of our community. This can be used by services towards an activity that enables teams to celebrate together at the end of the year. This usually occurs via shared meal or a contribution to a team activity (not monetary vouchers). This arrangement applies for all staff at CM Health.

We acknowledge that the full amount allocated for this purpose is not claimed by all staff employed at the DHB, due to roster and cover arrangements in many services. Each department/ division holds a record of what is spent, manages costs and approvals through the normal channels, and within departmental budgets.

13. Social club: Please provide figures on expenses related to social clubs.

CM Health has no organisational social clubs.

14. Correspondence: Please provide all correspondence for 2018, 2019 and 2020, both internal and external, including emails, letters, text messages, reports, advice etc, relating to concerns around sensitive expenditure. This should include all correspondence involving your relevant government department or agency and the Office of the Auditor General.

Appendix 5 attached, is a review of sensitive expenditure completed in 2018. In addition to this report we would like to add that CM Health currently holds 4 credit cards. All credit card reconciliations are reviewed by the Deputy Chief Financial Officer Deputy CFO) Corporate. The majority of transactions are managed through the card held in the Chief Finance Office and each transaction is pre-approved by the Deputy CFO Corporate.

I trust this information answers your request. You are entitled to seek a review of the response by the Ombudsman under section 28(3) of the Official Information Act. Information about how to make a complaint is available at www.ombudsman.parliament.nz or Freephone 0800 802 602.

Please note that this response or an edited version of this may be published on the Counties Manukau Health website. If you consider there are good reasons why this response should not be made publicly available, we will be happy to consider this.

Yours sincerely



Fepulea'i Margie Apa
Chief Executive Officer
Counties Manukau Health

- Appendix 1 - Gifts received/offered register
- Appendix 2 - Donations, Gifts & Sponsorship Policy
- Appendix 3 - Conflict of Interest Policy
- Appendix 4 - CM Health Motor Vehicle Policy
- Appendix 5 - Sensitive Expenditure Review in 2018

Appendix 1 – Gifts

July 2018 to October 2020

Gift offered	Approximate value (where available)	Recipient	Accepted (Yes/No)
Flights, accommodation, meals & xfers to attend Australasian Neonatal Dieticians Network 3-4 May 2018, Melbourne	\$ 1,000	Dietician (Inpatient Paediatric), Acute Allied Health	Yes
Payment (honoraria) for attendance as a medical professional during the Expert Input Forum 23/3/18 Auckland – payment put into Services for Older People Research Fund	\$ 2,737	Clinical Head, Adult Rehab & Health of Older People	Yes
Flights to attend ACC pressure injury meeting in Wgtn 4/5/18	\$ 340	Clinical Nurse Specialist, Auckland Regional Spinal	Yes
Complimentary registration & conference dinners x 5 attendees for Hand Therapy conference 23-25 July 2018 Queenstown	\$ 3,225	Section Head, Acute Allied Health Hand Therapy	Yes
Flights & accommodation for Osteoporosis workshop 16 June 2018	\$ 783	Geriatrician, Allied Health of Older People	Yes
Complimentary registrations for Bobath courses (2) being hosted by Spinal Unit 29-30 June 2018 & 1-2 July 2018	\$ 850	Outpatient Team Leader, Auckland Regional Spinal Unit	Yes
Registration for Renal Supportive Care Symposium 5-6 July 2018 Sydney	\$ 169	Occupational Therapist Burns, Plastics & Paediatric, Acute Allied Health	Yes
Flights & accommodation for Osteoporosis workshop 16 June 2018 (22/8/18 offer of payment for talking at workshop declined)	\$ 783	Geriatrician, Allied Health of Older People	Yes
Flights & accommodation for TSANZ (Thoracic Society of Australia & NZ), Branch mtg 15-17 August 2018 Queenstown	\$ 750	Pulmonary Rehab Coordinator, Ward 7 Respiratory Unit	Yes
Flights and taxi transfers for AFRM meeting, 21/6/2018 Wgtn	\$ 750	Rehabilitation Specialist	Yes

Gift offered	Approximate value (where available)	Recipient	Accepted (Yes/No)
3 x power wheelchairs 6 x backrests 6 x cushions	\$ 42,450	Inpatient Team Leader, Auckland Regional Spinal	Yes
Flights and taxi xfers for AFRM meeting, 17/8/2018 Sydney	\$ 1,000	Rehabilitation Specialist	Yes
Registration for Physio NZ Conference 14-16 Sept 2018 Dunedin	\$ 750	Physiotherapist, Acute Allied Health	Yes
Flights and taxi xfers for AFRM (RACP) meeting, 12-13 Sept 2018 Wellington	\$ 600	Clinical Head –Spinal Rehabilitation	Yes
Registration for International Osteoporosis Foundation conference 30 Nov – 1 Dec 2018, Sydney	\$ 711	Physiotherapist	Yes
Meals, for attending Amgen Bone Forum 2018, Auckland	\$ 100	Geriatrician, Allied Health of Older People	Yes
Visit by Dr Susan Gallagher Nil for CMDHB but total for visiting 6 DHBs and additional speaking engagements is \$15,000 approx.	Value Unknown	Project Manager, Ko Awatea	Yes
Registration for DHB Dieticians Leadership Meeting 2-3 Nov 2018 Auckland	\$ 400	Section Head, Acute Allied Health Dietetics Outpatients Allied Health Team Leader Manukau	Yes
Registration, flights, accommodation, meals & transfers: AuSPEN conference 29 Nov – 1 Dec 2018	\$ 2,590	Advanced Clinician Dietician, Community Health Team	Yes
Registration for Diabetes Symposium 7/11/2018 Auckland \$300.00 total (\$150 each)	\$ 300	Dietician, Acute Allied Health Dietetics Outpatients	Yes
Registration & Flights to VPI seminar, 19-20 Nov 2018, Sydney (\$765AUD)	\$ 771	Speech & Language Therapist, Acute Allied Health Speech Language Therapy	Yes
Flights, accommodation, meals & transfers; ANDiN conference 15-16 March 2019, Brisbane	\$ 1,000	Dietician (Inpatient Paediatric), Acute Allied Health	Yes
Flights, accommodation, meals, xfers for attending Amgen Bone Forum 2019, Melbourne. Value approximate	\$ 2,249	Geriatrician, Allied Health of Older People	No

Gift offered	Approximate value (where available)	Recipient	Accepted (Yes/No)
Flights, airport xfers, for attending Physiotherapy Board of NZ, Board meeting 15/3/19 Wellington	\$ 494	Physiotherapist, Acute Allied Health OrthoPhysio / Cardio-Respiratory & AcuteNeuro	Yes
Return flights to Sydney, AFRM training committee meeting	\$ 900	Rehabilitation Specialist	Yes
Return flights to Wgtn and 1 night's accommodation, Stroke Nurse Specialist Symposium 2-3 May 2019	\$ 737	Clinical Nurse Specialist, Allied Health of Older People	Yes
\$100 Westfield voucher each received for contribution and work on updating the Dieticians New Zealand Diabetes Diet Sheets (resources). Ops Mgr. advised to remind teams not to accept such gifts in the future; this activity is part of their usual role. \$400.00 total (\$100 each)	\$ 400	Dietician, Acute Allied Health Dietetics Outpatients	Yes
Flights & meals for DHB Dieticians Leadership Meeting 17/5/2019 Wellington	\$ 350	Section Head, Acute Allied Health Dietetics Outpatients	Yes
75 % of total costs (course fees, flights, accommodation) to attd 2 x Tutor Training Modules 17-20 Aug & 21-24 Aug 2019 Buenos Aires Tutor Funding contribution	\$ 3,338	Section Head, Physiotherapist, AT&R	Yes
Registration fees \$650AUD + \$300 toward flights & accommodation, SMART Stroke Conference 8-9 August 2019 NSW	\$ 1,000	Rotational Occupational Therapist, Acute Allied Health Occupational Therapy	Yes
Flights for AFRM meeting, 16/8/2019 Sydney	\$ 900	Rehabilitation Specialist	Yes
Registration, flights, accommodation: AuSPEN conference 23 Nov – 25 Nov 2019, Adelaide	\$ 2,750	Advanced Clinician Dietician, Community Health Team	Yes
Gift from patient, bangle valued at \$149.00	\$ 149	Senior Occupational Therapist	Yes
Hospitality costs, DHB Dieticians Leadership Meeting 18-19 Oct 2019 Auckland	\$ 254	Section Head, Acute Allied Health Dietetics Outpatients	Yes

Gift offered	Approximate value (where available)	Recipient	Accepted (Yes/No)
Registration, flights, accommodation, transfers: AuSPEN conference 23 Nov – 25 Nov 2019, Adelaide	\$ 3,000	Dietician, Nutrition & Dietetics	Yes
Gift from patient, Farmers gift card	\$ 150	Hand Research coordinator, Plastic & Reconstructive Surgery	Yes
Gift from patient, 9ct gold ring. Value Unknown	Value Unknown	Physiotherapist	No
Christmas dinner, with education component. \$70.00 pp. approx. (total \$280.00)	\$ 280	Charge Nurse, Spinal Unit Clinical Nurse Specialist, Spinal Unit Clinical Nurse Specialist, Spinal Unit Registered Nurse, Spinal Unit	No
Flights & Accommodation, ANZBA burns rehab course 17/11/2019	\$ 1,800	Section Head, Acute Allied Health Burn Plastic Paed	Yes
Gift from patient family for nursing staff, small tubes of shower gel x 15 and chocolates/biscuits for ward	\$ 120	Charge Nurse Manager, Ward 23	Yes
Return flights to Sydney, AFRM training committee meeting	\$ 400	Rehabilitation Specialist	Yes
Flights, xfers, accommodation & meals, Maori Dieticians Wananga 28-29 Feb, Wellington	\$ 511	Outpatient Dietician, Acute Allied Health	Yes
Subsidised places on Bobath courses x 2	\$ 975	Physiotherapist, Auckland Spinal Rehab Unit (x2)	Yes
Return flights to Sydney, AFRM training committee meeting 17 April 2020 Value approximate	\$ 600	Rehabilitation Specialist	Yes
2x Tickets to Elton John Concert 18.2.2020 Tickets returned to Vodafone	\$ 250	Chief Executive Officer, Counties Manukau Health	No
Each my Lunch Food Box Consumed	\$ 150	Director, Human Resources	Yes
Dinner attended	\$ 100	Chief Information Officer	Yes
2019 Conference Registration Attended	\$ 450	Chief Allied Health, Technical & Scientific Professional	Yes

Gift offered	Approximate value (where available)	Recipient	Accepted (Yes/No)
Attitude Awards, Friday 22 November 2019 (4xTickets @ \$210 each) Attended	\$ 840	Chief Executive Officer, Counties Manukau Health Chief Allied Health, Technical & Scientific Professional Chief Nurse & Director of Patient/Whānau Experience	Yes
Corporate box tickets to Tonga & Fiji Pacific Challenge Rugby game 31.8.19 accepted Value Unknown	Value Unknown	Chief Executive Officer, Counties Manukau Health	Yes
FST Gov. Conference & Dinner 27-28 August 2019 accepted	\$ 720	Chief Information Officer	Yes
Dinner at conclusion of Chief Customer Officer NZ Conference accepted	\$ 100	Chief Nurse & Director of Patient/Whānau Experience	Yes
Dinner for NZ delegation accepted. Value unknown	Value Unknown	Director, Ko Awatea Director, Funding & Health Equity Director, Strategy & Infrastructure	Yes
Necklaces accepted	\$ 200	Director, Ko Awatea Director, Funding & Health Equity	Yes
Dinner at French Café attended	\$ 225	Chief Information Officer	Yes
Lunch at Auckland restaurant 14.3.2019 with 3 x attendees @ \$50 each	\$ 150	Chief Financial Officer, Corporate & Business Services	Yes
Attended ADHB awards evening 28.11.18 attended Value Unknown	Value Unknown	Director, Ko Awatea	Yes
2018 CEO Summit Conference attended	\$ 1,500	Chief Financial Officer, Corporate & Business Services	Yes
Wall Hanging on office wall	\$ 100	Chief Executive Officer, Counties Manukau Health	Yes
Fine Matt presented at CEO Pōwhiri 3 September To be hung in the hospital (Value unknown)	Value Unknown	Chief Executive Officer, Counties Manukau Health	Yes
Conference – flights, accommodation & dinner attended	\$ 720	Chief Information Officer	Yes

Gift offered	Approximate value (where available)	Recipient	Accepted (Yes/No)
Pharmacy Awards Dinner Tickets (x1) and accommodation (x1 night) attended	\$ 700	Chief Allied Health, Technical & Scientific Professional	Yes
Painting as farewell gift Hanging on office wall	\$ 180	Chief Allied Health, Technical & Scientific Professional	Yes
Cash Clinical Engineering x 28 FEAM x 50 1,500/78=\$19.23pp	\$ 1,500	Contracts Manager	Yes
Ham x 2 Shared amongst team	\$ 100	Senior Engineer, Projects & Buildings	Yes
Pizzas	\$ 220	Facilities, Engineering, Asset Management Team	Yes
Candle Set	\$ 100	Project F&E Manager	Yes
Countdown voucher	\$ 500	Clinical Charge Nurse Manager, MHSOP Community	Yes
Research funding – University of Auckland Value unknown	Value Unknown	Associate Professor, Orthopaedic Surgery	Yes
AO Trauma Foot & Ankle Expert Group	\$ 600	Orthopaedic Surgeon	Yes
Flights. Conference Fee, Accommodation	\$ 5,100	Clinical Psychologist, Dept. of Medicine	No
Travel Grant Award Travel Grant Professional Development Award	\$ 7,500	Social Worker, Cancer & Palliative Care	No
Meals, Venue, Parking - annual event with agreement for previous attendance as risk deemed low. All purchasing and procurement managed by hA and under contract	\$ 384	Cardiologist	No
Meals, Venue, Parking - annual event with agreement for previous attendance as risk deemed low. All purchasing and procurement managed by hA and under contract	\$ 384	Cardiologist	No
Accommodation & food & transport - NZ Respiratory Workshop - July 2019	\$ 1,000	Senior Medical Office, Respiratory Unit	No
Sponsorship to attend the American College of Rheumatology (ACR) Conference in Atlanta Georgia, USA - Nov 2019	\$ 15,000	Rheumatologist	No

Gift offered	Approximate value (where available)	Recipient	Accepted (Yes/No)
One Day conference at Wellington October 18, 2019	\$ 300	Rheumatologist	No
Travelling and accommodation support ASH 2018 Conference - December 1 - 4 2018 San Diego \$1500 - \$2000	\$ 2,000	Haematologist	No
H3 conference, Melbourne - Travel & accommodation May 25 & 26	\$ 1,000	Haematologist	No
Heart Rhythm Mtg	\$ 384	Cardiologist	No
Honorarium for Giving talk - Oct 18	\$ 750	Cardiologist	No
Honorarium for talk planned March 2020	\$ 750	Cardiologist	No
Payment in recognition of time spent to formulate talks - done in non DHB time Value unknown	Value Unknown	Cardiologist	No
Pacific Health Seminar koha for time 21 October 2019. Ko Awatea	\$ 375	Senior Medical Officer, Diabetes/Endocrinology Service	No
Auckland to Melbourne Return Economy flights to attend IBD Masterclass 2019 as an invited speaker 26-27/7/19 One night stay in Sofitel Melbourne on Collins 26/7/19. Value Unknown	Value Unknown	Gastroenterologist, Dept. of Medicine	No
Paid my airfares and accommodation as I was an invited speaker at their conference on Friday 18th October 2019 to speak about psychological factors in lung cancer. Total cost of airfare and accommodation approximately \$960.00	\$ 960	Clinical Director, Allied Health Scientific & Technical, Mental Health Services / Clinical Psychologist, Cancer & Palliative Care	No
IMID Conference Registration Speaker Honorarium Spa 4/7/2019 GP Seminar	\$ 1,150	Specialist, Rheumatology	No
Sponsors Annual meeting of ANZELF (Economy airfare and accommodation provided) Value unknown	Value Unknown	Clinical Lead, Ward 32N - Gastroenterology	No

Gift offered	Approximate value (where available)	Recipient	Accepted (Yes/No)
<p>Airfares, Registration & Accommodation. Requested to present findings of the NZ PR survey completed in 2010 at the South Island Respiratory Educators Forum 2020.</p> <p>Airfares \$320; Registration \$165; Accommodation unknown.</p>	<p>\$ 485</p>	<p>Pulmonary Rehab Coordinator, Ward 7 Respiratory Unit</p>	<p>No</p>
<p>Training Day in Melbourne, flights & 1 night accommodation. CMDHB purchased our dispensing robot from this company, and the company provides training every year for changes/updates, covering for travelling and 1 nights' accommodation</p> <p>Unknown value - offered in December for travelling April 2018</p>	<p>Value Unknown</p>	<p>Outpatient Pharmacy Manager, Pharmacy</p>	<p>No</p>
<p>1 nights' accommodation, 1 return airfare from Christchurch to attend "Educating the Educators Device training course"</p> <p>Flights: \$449 (Jetstar) & \$504 (Air NZ); 1 nights' accommodation \$449</p>	<p>\$ 1,402</p>	<p>Cardiac Physiologist</p>	<p>No</p>
<p>Meeting attendance as PI for multi-centre trial. 2 Day attendance in Singapore. Hotel, flights (business class) and food was paid for by GSK</p> <p>Value unknown</p>	<p>Value Unknown</p>	<p>Clinical Director, Medicine</p>	<p>No</p>
<p>Gratuities for preparation of an invited article publication in USA Journal; Annals of Paediatrics - this was done in the course of my University work and "spare time" (non - DHB time).</p>	<p>\$ 500</p>	<p>G.P. Liaison, Primary & Integrated Care</p>	<p>No</p>
<p>Full sponsorship to attend ACR (Rheumatology) Conference in San Diego, USA - Nov 2nd - 8th 2017 included business class airfares, accommodation and the registration fee.</p> <p>Value unknown</p>	<p>Value Unknown</p>	<p>Specialist, Rheumatology</p>	<p>No</p>

Gift offered	Approximate value (where available)	Recipient	Accepted (Yes/No)
Conference fees to speak at conference 10 - 12 October 2017 (AU\$2,000)	\$ 2,000	Chief Allied Health, Technical & Scientific Professional	No
Education Symposium in Sydney 24 - 25 February 2018 Airfares - \$572.09; Accommodation \$730.00; Meals \$388.00; Airport transfers \$80.00; Total: \$1770.09	\$ 1,770	Senior Medical Officer, Rheumatology	No
Stress Management/Resilience (3.5hrs) Session with Anaesthetist RMO's/Fellows	\$ 525	Clinical Director, Allied Health Scientific & Technical, Mental Health Services / Clinical Psychologist, Cancer & Palliative Care	No
Trip to Sydney for Respiratory workshop. Flights and food will be paid for by GSK. Value Unknown	Value Unknown	Senior Medical Officer, Respiratory Unit	No
Attendance and participation at the BLOOD 2018 Brisbane. Registration, flights and travel insurance paid for by Sanofi \$AU635 Reg Flights & insurance \$850	\$ 1,485	Clinical Nurse Specialist - Prescriber, Haematology	No
Free tickets to attend National RIMS Summit being held on 23rd September 2019	\$ 100	Risk & Privacy Manager	Yes
Nuka Conference held in July 2019 - Handmade canvass bag / cultural stone given as give for attending	\$ 100	Director, Strategy & Infrastructure	Yes
Small bowl Value unknown	Value Unknown	Innovation and Improv. Clinical Director, Ko Awatea	Yes
Two small candles Value unknown	Value Unknown	Innovation and Improv. Clinical Director, Ko Awatea	Yes
Set of coasters Value unknown	Value Unknown	Innovation and Improv. Clinical Director, Ko Awatea	Yes
2 coasters and 2 x pins Value unknown	Value Unknown	Innovation and Improv. Clinical Director, Ko Awatea	Yes
\$100 New World voucher	\$ 100	Portfolio Manager, Innovation & Improvement	Yes
2 x hand drawn pictures Value unknown	Value Unknown	Innovation and Improv. Clinical Director, Ko Awatea	Yes
Book -Patients for Life Value unknown	Value Unknown	Innovation and Improv. Clinical Director, Ko Awatea	Yes

Gift offered	Approximate value (where available)	Recipient	Accepted (Yes/No)
AO Course sponsorship 2018	\$ 800	Associate Charge Nurse Manager, Manukau Surgery Centre	Yes
AO Course sponsorship 2019	\$ 800	Associate Charge Nurse Manager, Manukau Surgery Centre	Yes
AO Course sponsorship 2019	\$ 800	Associate Charge Nurse Manager, Manukau Surgery Centre	Yes
Cost partially paid to attend ANZBA 2019 – 3 staff	\$ 9,000	Clinical Nurse Specialist, Theatre x 3	Yes
Colorectal Journal Club. Sponsored dinner meeting. 4 x per year. Value Unknown	Value Unknown	General Surgeon	Yes
Journal Club sponsorship - Value Unknown	Value Unknown	General Surgeon	Yes
Colorectal Journal Club dinner. Value Unknown	Value Unknown	General Surgeon	Yes
Provide sponsorship for CSSANZ approval colorectal journal club at restaurant four times a year. Value Unknown	Value Unknown	General Surgeon	Yes
Sponsorship of CSSANZ Journal Club x 4 per year. Value Unknown	Value Unknown	General Surgeon	Yes
Donation of 3 x Ipad pro for breast CNS's to use as Education tools. Value Unknown	Value Unknown	Breast Care Nurse, Surgical Services	Yes
Trip for two with accommodation to Rarotonga. Value Unknown	Value Unknown	Registered Nurse, Child Youth & Maternity	No
Complimentary tuition fees for TCAR, as part of a national assessment of education options funded by ACC. Value Unknown	Value Unknown	Clinical Nurse Specialist, General Surgery	Yes
Quarterly Travel to Wellington for ACC face to face meetings as per contract - flights will be covered by ACC, as per agreement. Value Unknown	Value Unknown	Clinical Nurse Specialist, General Surgery	Yes
1. Travelling Fellowship Grant 5000 Swiss Francs	\$ 790	Plastics Service SMO	Yes

Gift offered	Approximate value (where available)	Recipient	Accepted (Yes/No)
1. Flights & accommodation, meals paid for by ANZBA to attend 2 x ANZBA Board mtgs 2. Flights, accommodation, meals for Burn Rehab Course paid by ANZBA Value Unknown	Value Unknown	Service Coordinator, National Burn Centre	Yes
1. Free registration for Hand Surgery Society Meeting Queenstown 2018 Value Unknown	Value Unknown	Hand Research coordinator, Plastic & Reconstructive Surgery	Yes
1. Free registration for Hand Surgery Society Meeting Queenstown 2018 Value Unknown	Value Unknown	Research Coordinator, Plastic & Reconstructive Surgery	Yes
1. Flights & accommodation, meals paid for by ANZBA to attend 1. Melbourne ANZBA Board Meeting 2. ANZBA Nursing Seminar Sydney Value Unknown - 2018	Value Unknown	Clinical Nurse Specialist, National Burn Centre	Yes
1. Tahiti Hospital paid for Flights, accommodation & meals for the Tahiti Burn Clinic 2. Online Masters Burn Courses covered by Rotary Value unknown	Value Unknown	Clinical Nurse Specialist, National Burns Centre	Yes
1. NZ Health Research Council - Research Grant \$248,477.00 2. University of Auckland, Velocity Entrepreneurship Programme, Award Best Venture 2018 (\$5,000) 3. CM Health Research Office - Award Best Research Presentation from a medical or surgical session 2018 - airfare/travel support for CME Event	\$ 253,477	CD Cancer Services / Consultant Plastic Surgeon Red Team	Yes
1. Stakeholder in Middlemore Hand & Upper Limb Research Fund - Currently receiving donations from LMT	Value Unknown	Senior Medical Office, Plastic & Reconstructive Surgery	Yes
1. Travel for NZAPS meetings 2. Travel for NZ RACS meetings Value unknown	Value Unknown	Senior Medical Officer, Plastic & Reconstructive Surgery	Yes

Gift offered	Approximate value (where available)	Recipient	Accepted (Yes/No)
1. Flights & accommodation, meals paid for by ANZBA to attend 2x ANZBA Board mtgs 2. Flights, accommodation, meals for Burn Rehab Course paid by ANZBA 3. Flights, accommodation, meals paid by ANZBA for EMSB course	Value Unknown	Service Coordinator, National Burn Centre	Yes
1. ANZBA Board Meeting expenses - Melbourne May 2019 2. ANZBA ASM - Flights covered - Tasmania October 2019 3. ANZBA EMSB - Expenses - Hamilton, April 2019 and Wellington November 2019 Value Unknown	Value Unknown	Clinical Nurse Specialist, National Burn Centre	Yes
1. Sponsorship for tertiary education \$15,620	\$ 15,620	Clinical Nurse Specialist, National Burn Centre	Yes
1. Only paid for educational support given Value unknown	Value Unknown	Senior Medical Officer, Plastic & Reconstructive Surgery	Yes
1. American Society of Plastic Surgeons - offered free Registration to their conference as he is the President of NZAPS (US \$575)	\$ 885	Senior Medical Officer, Plastic & Reconstructive Surgery	No
1. \$250,000 Research Funding 2. \$1M Project Funding	\$ 1,250,000	Clinical Nurse Specialist, National Burn Centre	Yes
1. Flights, meals and accommodation for Board Meetings 2. Flights, meals and accommodation for BRC Courses Value unknown	Value Unknown	Service Coordinator, National Burn Centre	Yes
1. Flights, meals and accommodation - EMSB Course (Faculty) - Christchurch - August 2020 and Wellington - November 2020 Value Unknown	Value Unknown	Clinical Nurse Specialist, National Burn Centre	Yes

Gift offered	Approximate value (where available)	Recipient	Accepted (Yes/No)
1. Flights and accommodation to attend as EMSB Co-ordinator (Christchurch/Wellington) Value Unknown	Value Unknown	Clinical Nurse Specialist, National Burns Centre	Yes
Prezzy vouchers for national Smokefree campaign video	\$ 500	Practitioner, Population Health, Smokefree Department	Yes
Prezzy vouchers Pharmacy peer review presentation	\$ 100	Smokefree Advisor, Smokefree Department	Yes
4 food only vouchers	\$ 160	Smokefree Specialist, Smokefree Department	Yes
Property Council Awards	\$ 100	General Manager, Facilities, Engineering & Asset Management	Yes
Travel to Bangkok + Sponsorship for Anaesthetic Meeting Private Practice Anaesthetist + Anesthetise CMH patients on contract lists Value Unknown	Value Unknown	Consultant Anaesthetist	No
3 bottles of wine	\$ 150	Deputy Chief Financial Officer - Corporate	Yes
Christmas Lunch and small Blunt umbrella	\$ 150	Implementation Specialist	Yes
Pharmacy Awards Dinner Tickets (x1) plus \$250	\$ 350	Chief Allied Health, Technical & Scientific Professional	Yes
Tickets to sit in corporate box at Mens ASB Tennis Classic Jan 2020 – Hawkins 2017 Ltd	Value Unknown	Deputy Chief Financial Officer - Corporate	No

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Policy: Gifts, Donations and Sponsorship

Purpose

Donations and sponsorship may assist Counties Manukau District Health Board (CM Health) to enhance the services that it delivers for the CM Health community and achieve its Triple Aim of improving population health and reducing inequalities, improving patient experience and providing value for money.

In relation to the *receipt* of gifts, donations or sponsorship, the purpose of this policy is to ensure that any offer made by an external organisation or individual to:

- (a) supply goods or services at no financial cost to CM Health;
- (b) provide funding voluntarily to CM Health without expectation of receiving goods or services in return; or
- (c) sponsor CM Health activities

is carefully reviewed, and that any risks to CM Health in accepting the donation are minimised.

This will be particularly important where there is a potential for the commercial entity to gain public exposure as a result of the donation, potential for the public to perceive that the entity may gain some advantage from CM Health by providing the donation or potential for public concern regarding the donation.

In relation to the *provision* of gifts, donations or sponsorship by CM Health to an external organisation or individual, the purpose of this policy is to ensure that funds are only provided in this manner in appropriate circumstances and the application of funds in this way is in line with CM Health's objectives, functions and values.

Scope

This policy is applicable to all CM Health employees, contractors and Board members in relation to their CM Health activities or any activities that could be considered directly or indirectly relating to their CM Health duties. The policy does not apply to:

- (a) small donations or koha (<\$5,000) given by patients or their families for the comfort of patients or staff in the ward or outpatient setting;

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- (b) gifts offered by external parties or individuals to individual CM Health employees or groups of CM Health employees where these arrangements are adequately covered by the general CM Health Conflict of Interest, Gifts and Hospitality Policy.
- (c) in kind contributions negotiated as part of a service agreement in the normal course of business and in accordance with DHB probity and procurement processes.

While the terms “gift”, “donation” and “sponsorship” are predominantly used in this document, this Policy also covers any prizes, koha, gratuities and hospitality which is provided free of charge and with no expectation that goods or services will be delivered in return. This Policy also applies to sponsorships to attend conferences and/or undertake educational activities where those activities are proposed to be paid for by third parties.

For avoidance of doubt, this Policy applies to all areas of CM Health including Ko Awatea, Funding and Planning and Hospital and Community Services. The general policy directions contained in this document are also applicable to the activities of the Middlemore Foundation. However, it is acknowledged that the Middlemore Foundation has its own processes for ensuring that sponsorship arrangements are sought, assessed, negotiated and managed in line with the general policy requirements specified in this document. As such, the specific processes that will be followed by the Middlemore Foundation when seeking, implementing and managing sponsorship arrangements may be different to those specified for CM Health Staff.

Policy

Receiving donations, gifts and sponsorship

From time to time, CM Health may be offered donations, gifts or sponsorship. These can come from a number of sources including corporate entities, suppliers, trusts, patients and estates, which may be private or public entities, for-profit or not-for-profit. Donations are valuable as they may enable CM Health to expand service provision, enhance patient comfort and further develop health care services to meet community health needs and aspirations.

Prior to accepting any donation, CM Health must be satisfied that:

- (a) there has been a transparent and open process leading up to the offer of the donation;

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- (b) any risks associated with accepting the donation have been carefully considered and minimised;
- (c) no donor or sponsor (or individual employed by or associated with a donor or sponsor) shall benefit directly, or gain advantage over others, in respect of services provided by CM Health as a result of the donation, gift or sponsorship;
- (d) the donation, gift or sponsorship complies with any sector or industry codes and guidelines relevant to the proposed donation;
- (e) any conditions attached to the sponsorship or donation are acceptable and can be met by CM Health;
- (f) the donation, gift or sponsorship does not impact on CM Health's ability to deliver health services safely and in a manner that is acceptable to CM Health in all respects; and
- (g) appropriate and transparent processes are in place to manage the receipt and subsequent use of the donation.

Risks to be considered include:

- (a) probity risks (for example, risks that the donation may, or may be perceived to: affect CM Health's impartiality; place CM Health under an obligation to the donating party; or have a commercial influence over CM Health purchasing decisions);
- (b) reputational risks (for example, risks which may be seen to affect CM Health's integrity);
- (c) risks that the proposed donation does not align with CM Health's Triple Aim objectives of improving population health and reducing inequalities, improving patient experience and providing value for money;
- (d) risks that the donation will impact on CM Health's ability to achieve its objectives or perform its functions as set out in the New Zealand Public Health and Disability Act 2000 (the Act);
- (e) risks that accepting the donation would give rise to adverse publicity or public concern;
- (f) risks relating to any conditions imposed by the donating party on the donation.

In considering the above, CM Health shall have regard to:

- (a) the reasons for the gift being offered;
- (b) whether the gift displays an organisation logo or branding;

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- (c) whether the party making/offering the gift, donation or sponsorship has or appears to have values, practices, products or branding which are in conflict with the stated vision, objectives or policies of CM Health¹
- (d) any conditions attached to the donation;
- (e) specific wishes of the donor or sponsor;
- (f) how the donation may look to the public;
- (g) whether the donation might be construed as providing access for marketing by the donor (e.g. via branding) to the CM Health population
- (h) any services provided by the donating party or CM Health contracts held by the party; and
- (i) The benefits to CM Health
- (j) The benefits to the external organisation
- (k) the value or importance of the gift or donation to CM Health.

Process:

The following process is to be followed by staff members who are considering receiving a donation, gift or sponsorship:

Step 1: The appropriate General Manager will document a risk analysis for acceptance of the proposed donation, gift or sponsorship with consideration given to the above factors. The General Manager may seek advice from clinicians, legal, public health, community and finance staff.

Step 2: The ELT subcommittee associated with the service area/Directorate will review the risk analysis at its next meeting and where that committee considers that there are significant risks associated with it, and/or the proposal relates to a gift/donation/sponsorship over the value of \$500, the proposal is to be considered by the Executive Leadership Team, who shall recommend to the Chief Executive Officer the actions to be taken with respect to the proposal.

¹ This is likely to include (but is not limited to) situations where the proposed sponsor or associated party, product or service is strongly linked to:

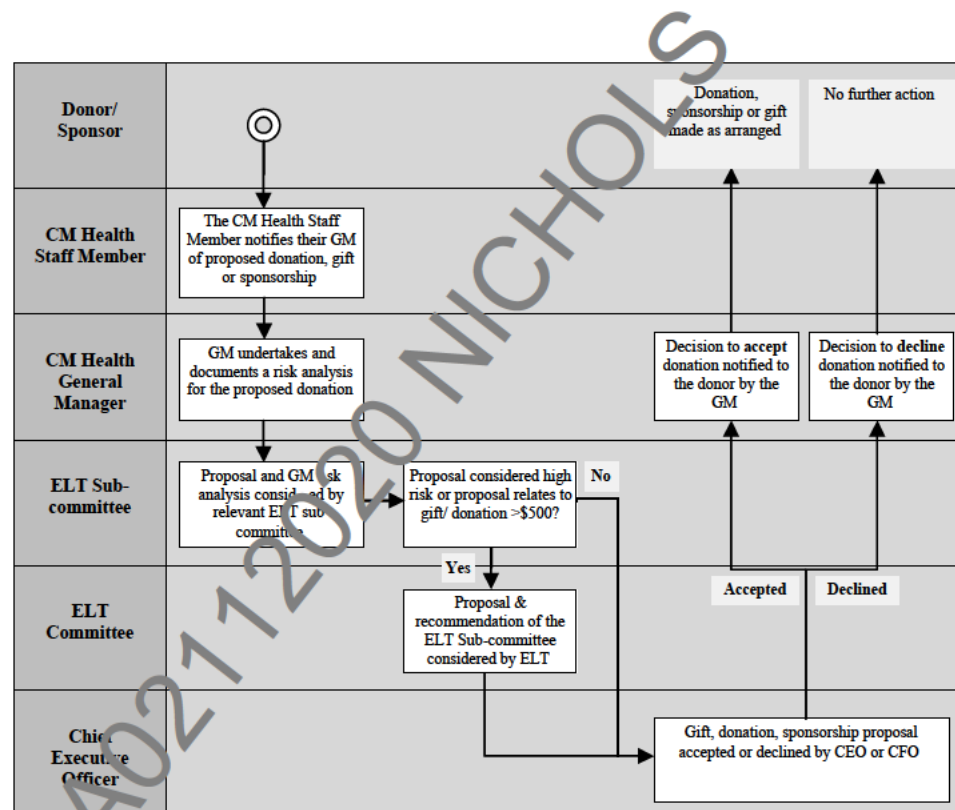
- the production, sale or promotion of tobacco or alcohol
- the gambling industry
- the production, sale or promotion of food or beverages where the overall or specific approach is in conflict with nutrition messages promoted by CM Health
- health products whose use is not endorsed by CM Health (e.g. unresearched medicines or devices).

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Step 3: If the ELT subcommittee is of the view that there are no significant risks associated with accepting the proposal, the committee shall promptly advise the relevant General Manager of this decision in writing.

Step 4: As a general rule, acceptance of the donation, sponsorship or gift is to be notified to the donor in writing. Any terms of acceptance should be specified in writing to ensure that there are no subsequent misunderstandings between the donor and CM Health.

Figure 1 below provides a summary of the gift, donation, sponsorship approval process described above.



Soliciting Donations or Sponsorship:

CM Health may also wish to solicit donations and sponsorship from external parties in order to support organisation objectives that are not already funded under normal revenue streams or contracts.

No staff member may solicit for donations or sponsorship without the express approval of the CEO or CFO, who may set limits on that

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approval. Consideration should be given before solicitation about whether the donation or sponsorship contributes to CM Health's achievement of the Triple Aim and whether it could pose any risks to the DHB as described in this policy. These issues should be discussed with the CEO or CFO when approval to solicit is sought.

Staff members who have received approval to solicit donations must ensure that all potential donors and sponsors are aware that final decisions regarding acceptance of the donation can only be made by the CEO or CFO (in accordance with the requirements specified above), in consultation with the Executive Leadership Team.

Managing donations:

If CM Health accepts a donation, gift or sponsorship, CM Health shall subsequently ensure that:

- (a) Donations and sponsorships received do not distract staff energies or divert CM Health operating funds from planned objectives and contractual responsibilities;
- (b) Any conditions attached to the donation or sponsorship (which CM Health has accepted) are recorded in writing and notified to the staff members who will be responsible for managing the donation;
- (c) Specific wishes of the donor or sponsor in relation to the donation, gift or sponsorship are met wherever possible, provided that the requests are reasonable;
- (d) Gifted assets (money and/or services) are managed appropriately and in accordance with any agreed conditions;
- (e) Donated or gifted monies that are not directly or immediately spent on products or services are held in trust by CM Health in a specific account separate from CM Health's operating monies;
- (f) Expenditure of any sort from accounts holding donated or gifted money is approved by a CM Health staff member with the relevant level of delegated authority; and
- (g) Expenditure related from accounts holding donated or gifted funds is recorded and reported as part of standard CM Health financial reporting processes.

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Providing donations, gifts and sponsorship

In exceptional circumstances, CM Health may choose to provide donations, gifts or sponsorship to external organisations or individuals. In these situations, CM Health must be satisfied that:

- (a) any donations are consistent with CM Health's objectives and functions as set out in the Act and relevant planning documents;
- (b) the size of any gift, donation or sponsorship is appropriate for the circumstances;
- (c) benefits to CM Health in making the donation are clear and can be justified;
- (d) the donation does not impact CM Health's impartiality or integrity, or give rise to public perception that impartiality or integrity has been compromised;
- (e) in the case of koha, that the koha reflects the occasion and will not be confused with any other payments made to the entity;
- (f) in the case of gifts, that the nature and the value of the gift is appropriate for the particular occasion;
- (g) any donation is non-political;
- (h) any donation is lawful in all respects;

Any donation, gift or sponsorship for an external organisation or individual must be pre-approved by the CEO or CFO who shall seek advice on the risks associated with providing the donation from the CM Health Executive Leadership Team prior to offering any donation.

If the CEO or CFO approves the donation,

- (a) the monetary donation is recorded through normal CM Health financial expenditure systems;
- (b) any conditions attached to the donation are documented in writing and clearly articulated to the recipient; and
- (c) the name of donation recipient and purpose of the donation is documented.

Middlemore Foundation

CM Health has a special relationship with the Middlemore Foundation in the fundraising area. As such, and because the Middlemore Foundation has considerable expertise in negotiating and managing sponsorship arrangements, it is **strongly** recommended that they assist in the design,

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negotiation and management of any high value or complex sponsorship agreements.

CM Health acknowledges that the Middlemore Foundation has its own processes in place to consider the matters specified above. As part of this process, selected CM Health ELT members participate in assessments of sponsorship opportunities managed by the Middlemore Foundation and are able to request that a sponsorship arrangement be reviewed or considered by all ELT members in appropriate circumstances.

It is also acknowledged that the Middlemore Foundation makes it clear to donors and/or potential donors, that donations can only be accepted by the CM Health CEO or CFO.

References

Medicines New Zealand Code of Practice: www.medicinesnz.co.nz

Definitions

Terms and abbreviations used in this document are described below:

Term/Abbreviation	Description
Donation	A payment (either in money or by way of goods or services) made voluntarily and without expectation that goods or services will be provided in return but usually with an expectation that the donation will be put directly towards the purposes of the recipient.
Gift	Money, service, product or tangible item given generally in recognition of something provided by the recipient. Could also be in the form of free hospitality or privileged access to goods or services.

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Koha	<p>A gift, token or contribution given on appropriate occasions, often as a cultural courtesy.</p> <p>Could be considered a 'gift' or 'donation' depending on the circumstances and purpose of the koha.</p>
Sponsorship	<p>Money, service or product given to support an organisational activity with, or without, a requirement on the part of the sponsor to publically acknowledge the sponsorship. Could also be in the form of free hospitality or privileged access to goods or services.</p>
Supply of goods or services	<p>Includes patient education resources/packs (as goods); for example contributions to newborn packs given to women birthing in CMDHB facilities</p>
Prize	<p>A gift, token or contribution given generally in recognition of something achieved by the recipient. Could also be in the form of free hospitality or privileged access to goods or services.</p> <p>A prize could be considered a 'gift', 'donation' or form of 'sponsorship' depending on the circumstances in which the prize is given.</p>

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Associated Documents

Other documents relevant to this policy are listed below:

NZ Legislation	New Zealand Public Health and Disability Act 2000
CM Health Policies	Conflicts, of Interest Gifts and Hospitality Policy Delegated Authority Policy Corporate Relationships Policy
NZ Standards	None
Organisational Procedures	
Other related documents	Office of the Auditor General <i>Controlling Sensitive Expenditure: Guidance for Public Entities</i> (2007). Office of the Auditor General <i>Public Sector Purchases, Grants and Gifts: Managing Funding arrangements with external parties</i> (2008).

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Policy: Conflict of Interest

Purpose

The purpose of this policy is to provide guidance on the identification, disclosure and management of conflicts of interest within CMDHB. A secondary purpose of this policy is to protect the integrity of the DHB and its employees by helping to ensure that employees perform their duties in a fair and unbiased manner and that decisions are made unaffected by private interests or personal gain.

Scope

This policy is applicable to all CMDHB employees, (full-time, part-time and casual (temporary) including contractors, visiting health professionals and students working in any CMDHB facility.

The activities covered by this policy include commercial transactions and recruitment of employees as well as clinical research and related activities such as funding and research grants.

Policy Statements

Where an employee has an interest (or potential interest) in a transaction - financial, professional or personal - which may potentially conflict with their obligations to the DHB, they must immediately declare that interest to the appropriate Manager or Clinical Head.

Where an interest, including an actual or potential conflict of interest, is identified the relevant employee's Manager/Clinical Head must:

- decide whether any change to the employee's activities is required to mitigate any conflict; and
- determine what other steps are necessary to appropriately deal with the interest.

Such decisions will be made in conjunction with the appropriate General Manager and Legal Adviser where appropriate.

Where an employee has a conflict of interest and has knowingly withheld this information and/or acted to their own advantage, the employee may be subject to disciplinary action including dismissal.

The meaning of "conflict of interest"

A conflict of interest exists when it is likely that an employee could be influenced or could be perceived to be influenced by a personal or private interest *in any transaction* whilst carrying out their responsibilities for the DHB.

Transaction means:

- (a) the exercise or performance of a function, duty, or power of the DHB; or
- (b) an arrangement, agreement, or contract to which the DHB is a party; or

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- (c) a proposal that the DHB enter into an arrangement, agreement, or contract; or
- (d) the development of a strategy or policy that will guide future decision making on service provision, purchasing, contracting or staff employment.

The functions the relevant individual performs, and delegated authorities that employee holds at the DHB, will need to be considered to determine how a conflict of interest may arise.

A personal or private interest is an interest that can bring benefit or disadvantage to an employee as an individual, or to others whom the employee may wish to benefit or disadvantage.

An Interest in a Transaction that can lead to a conflict of interest may exist where an employee:

- will derive financial, professional or personal benefit from the transaction
- has financial interest in another party to a transaction
- is a director, officer or trustee of another party to the transaction, or is a person who will or may derive a material financial benefit from the transaction
- is a shareholder of another party to the transaction
- has an interest in another party tendering for work which the DHB is contesting
- is the parent, child, spouse, sibling, partner or close friend of another party to the transaction, or a person who will or may derive a financial benefit from the transaction.

Identifying a conflict of interest

Whether an actual or perceived conflict of interest exists must be actively considered by:

- a) all employees on an on-going basis, and
- b) employees with decision making responsibilities whenever business or human resources decisions are made.

Although not all staff are responsible for making business decisions or managing other staff, they may have an ability to indirectly influence decisions that are made or may make other types of decisions which could be affected by a conflict of interest.

It can often be difficult to determine whether an actual or perceived conflict of interest exists.

If an employee answers yes to any of the following questions it indicates that conflict of interest may exist and further advice should be sought.

- Would a fair and reasonable person perceive that I was influenced by personal interest in performing my public duty?

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Conflict of Interest Policy

- Do I, a relative, friend or associate stand to gain/lose financially from the DHB's decision or action on this matter?
- Do I, a relative, friend or associate stand to gain/lose in any way from the DHB's decision/action?
- Am I in a position to influence decision making about a matter related to a potential personal or professional interest?
- Have I made any promises or commitments in relation to this matter?
- Have I received a benefit or hospitality from someone who stands to lose or gain from the DHB's decision/action?
- Am I a member of an association, club or professional organisation, or do I have particular ties or affiliations with organisations or individuals, who stand to lose or gain from the DHB's consideration of the matter?
- Could there be benefits for me in the future that could cast doubt on my objectivity?
- Might I be perceived as favouring a particular person or firm because of a personal friendship or long-standing association?
- Am I in a position to influence development of a particular strategy or policy that will guide future decisions from which I may benefit personally?
- Do I need to seek advice or discuss the matter with an objective party?
- Am I concerned about my ability to act impartially and in the public interest?
- Do I need to declare the matter to my manager or to the relevant decision making group?

Answering "No" to any of the following questions should be a signal to an employee to disclose their interest:

- 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?
- When I am making a presentation or recommendation to the Board or to another decision making group, are they aware of my interests (including private practice commitments) which might be perceived as influencing the advice I am giving?

Actual, Perceived and Potential Conflicts of Interest

Conflicts of interest can be actual, perceived or potential.

An **actual** conflict of interest involves a direct conflict between an employee's current duties and responsibilities and existing private interests.

A **perceived** or **apparent** conflict of interest can exist where it could be perceived, or appears, that an employee's private interests could improperly influence the performance of their duties, whether or not this is the case.

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A **potential** conflict of interest arises where an employee has private interests that could conflict with other official duties in the future.

For advice, please contact the head of the decision making group to which you belong or your relevant manager or Clinical Head.

Competing Interests or Conflict of Duties

Conflicts of interest can also arise where an individual has official roles in more than one public organisation. In these situations, it may be difficult for a public official to keep the roles separate and this can lead to poor performance of one of the roles, at least, and unlawful or improper decision making at worst, or improper use of information to give advantage to the second organisation etc. These types of conflict are not always recognised because no private interest is involved or apparent. These situations are usually described as one of competing interests or a conflict of duty, and are best managed on the same basis as conflict of interest.

Employment of or promotion of relatives

There are situations under Section 32 (exception in Relation to Family Status) of the Human Rights Act 1993 which allow an employer to impose restrictions on the employment of any people who are married to, or living in a relationship in the nature of marriage with, or who are related to other employees.

Managers recruiting staff must ascertain whether the appointment of a person may create an actual, potential or perceived conflict of interest. Employees should inform their manager in the event that, subsequent to commencing employment, they enter into a relationship that causes an actual or potential conflict of interest or a perception thereof.

Managers should refer to the [Recruitment Policy](#) for further information.

Dealing with Conflicts of Interest

Disclosure of Conflict of Interest

After determining that a conflict of interest may exist in a particular situation, the individual employee must disclose any actual or potential interest they have (whether pecuniary or non-pecuniary).

The employee should disclose to their manager, or Clinical Head, and any relevant decision making group, or the responsible decision making person, his or her conflict of interest at the first available opportunity, for a decision as to what action should be taken to avoid or deal with the conflict. Disclosures are to be treated as confidential if appropriate. The employee must disclose not just the existence of a conflict or potential

Document ID:	A5702	CMH Revision No:	4.0
Service :	Legal and Privacy Services	Last Review Date :	10/04/2019
Document Owner:	Chief legal advisor	Next Review Date:	10/04/2022
Approved by:	Chief Executive Officer (CEO)	Date First Issued:	23/04/2009
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conflict, but sufficient details about the nature of the situation to allow appropriate decisions to be made about management of the conflict.

Documentation of Conflict of Interest

The existence of a conflict of interest by a member of staff must be documented in an Interests Register. This documentation should note:

- the name of the employee
- the nature of their interest in the transaction, and
- what role they had in the transaction e.g. no role, only involved in the discussion but not the decision, full involvement.

In circumstances where issues have been discussed and it has been decided that there is no conflict of interest then there is no need to declare this, unless this is the expressed wish of the employee involved.

It is best practice for the DHB to acknowledge that interests have been declared and recorded appropriately.

Interests and Gift Registers

Interest Registers will be maintained to record all interests (actual or potential). The required template for Interest Register is attached at Appendix 3. The required template for Gift Registers is attached at Appendix 4. Registers are to incorporate as a minimum the following information:

- name of the person declaring the interest
- name of the person the interest was declared to
- date of declaration
- organisation or individual involved
- brief description of matter
- action taken/comments.

For Executive Leadership Team members the Interests and Gifts Register will be held by the Director of Strategic Development. For all other service areas, the relevant General Manager (or equivalent e.g. CMO, DON, DAH) will maintain an Interest and Gifts register for their service. Each General Manager is responsible for ensuring that:

- any staff within their area of responsibility who are required to complete an interests/gifts declaration do so.
- a copy of each completed form is maintained in a central folder.
- any interests that are declared are recorded, along with a description of what will be done to manage the interest (for example, arranging another staff member to take over responsibilities relevant to the interest, ensuring the staff member is not part of specific procurement processes)

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- a register is maintained of all gifts that are declared.
- advice is sought from the Legal Adviser and/or HR department as required in relation to specific issues that may arise in relation to conflicts.
- the above registers and documentation are available for inspection by internal audit, legal services etc as required.

Interest and Gift Declarations

The following staff will be required to complete an annual Declaration of Interests, Gifts and Hospitality Form as attached at Appendix 2, or confirm in writing to their manager or Clinical Head that they have no interests, gifts or hospitality to declare:

- Executive Leadership Team members
- General Managers
- Service Managers
- Programme Mangers
- Clinical Directors
- Clinical Nurse Directors
- Any employees or contractors involved in the purchase of major goods or services or in a position to influence significant purchasing decisions.

In situations where an interest or potential conflict is identified in relation to an employee not listed above, it is expected that a Declaration of Interest, Gifts and Hospitality form will be provided to the individual for completion and that this will be included in the Conflicts and/or Gifts register along with other required documentation about the nature and extent of the interest and actions taken.

Assessing the seriousness of a conflict of interest

Assessing the seriousness of a conflict of interest is important for a number of reasons. It may be necessary for determining whether an interest exists (e.g. an interest may be so remote or insignificant that it could not reasonably be regarded as influencing the employee). The seriousness of the conflict can also be important in determining the appropriate manner in which to manage the interest (for example, whether the employees should be excluded from activities relating to the subject of the conflict or potential conflict.

The Office of the Auditor General has identified the following factors that should be weighed when assessing the seriousness of the conflict:

- The type or size of the employee's other interest
- The nature or significance of the particular decision or activity being carried out by the DHB

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Conflict of Interest Policy

- The extent to which the employee's other interest could specifically affect, or be affected by, the DHB decision or activity
- The nature or extent of the employee's current or intended involvement in the DHB's decision or activity.

Seriousness is a question of degree. It involves a spectrum of directness and significance. "Directness" is how closely the two interests concern each other, and "significance" is the magnitude of the potential effect of one interest on the other.

Options for Dealing with a Conflict of Interest

Generally, if a pecuniary interest is disclosed, the individual with the interest must not be involved in consideration or discussion of the matter in which he or she has the interest and must not vote on any question relating to the matter.

In rare situations this may not be possible or desirable. For example, if a conflict of interest is identified at or near the conclusion of a process. Appointing an independent person to be involved in decision-making would minimize the actual or perceived influence or involvement of the person with the actual or reasonably perceived conflict. Another example is an employee with an interest may also have particular and unique expertise in the matter under discussion. If that expertise is not readily available from another source it may be to the DHB's benefit to allow the employee to contribute their expertise despite their interest in the matter. Such situations should be handled with caution. There should be documentation of the reasons for allowing the employee's participation and the steps taken to ensure the decision on the matter is unbiased.

However, a broader range of options exists for dealing with conflicts of interest that do not have a pecuniary component. Choosing the right option to deal with the situation will depend on the circumstances and an objective assessment of it. Options can include:

- take no action because the conflict is assessed as being minor in nature or is eliminated by disclosure or effective supervision
- allow limited involvement (e.g. participate in discussion, but not in decision making)
- prohibit any involvement
- request the individual concerned relinquish or divest the personal interest which create the conflict
- appoint an independent person to manage the process to provide assurances of fairness and equity in the matter.

Appeals Process

If an employee and their manager/Clinical Head disagree with respect to any Conflict of Interest issue, an appeal may be made for a review to the General Manager Human Resources, or the Chief Medical Officer Hospital Services, or through other options available to the employee.

Gifts and Hospitality

Document ID:	A5702	CMH Revision No:	4.0
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Accepting gifts, hospitality or other benefits (such as sponsorship) can in some circumstances cast doubt on the integrity and impartiality of CMDHB and the decisions that the Board makes. Employees must ensure that they comply with the CMDHB *“Donations, Gifts and Sponsorship”* Policy and that appropriate disclosures are made about any hospitality that is offered or received. All offers of hospitality must be discussed with the relevant manager or Clinical Head to determine whether acceptance is appropriate. Any hospitality that is offered or accepted that has a value of over \$100 must be recorded in the CMDHB Gifts Register for the relevant service. The required Gift Register Template is attached at Appendix 4.

Employees should be particularly aware that acceptance of any gifts or hospitality during, or in close proximity to, any procurement or tendering process could undermine the probity requirements in relation to purchasing transactions, particularly if the provider of the gift or hospitality has any relationship, or potential relationship with a supplier of goods or services to the DHB.

Employees should be aware that these requirements apply to any gifts or hospitality offered or received where they may relate to DHB business, even if offered to an individual in a capacity other than his/her capacity as an employee of the DHB.

OIA02112020 NICHOLS

Document ID:	A5702	CMH Revision No:	4.0
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Definitions

Term/Abbreviation	Description
Conflict of interest	In the context of the public sector there is a conflict of interest where: <i>"A member's or official's duties or responsibilities to a public entity could be affected by some other interest or duty that the member or official may have".</i>
Relationship	A personal level of connection, association, interaction or interdependence with any other person who may or may not be a life partner, intimate other, blood relative or member of the same household
Relative	For the purposes of this policy, a relative means any other person who: a) is related by blood, marriage (whether legal or de facto), affinity, or adoption; or b) is wholly or mainly dependent upon the employee; or c) is a member of the employee's household. s.2(1)(c) Human Rights Act 1993

Associated Documents

Other documents relevant to this policy are listed below:

NZ Legislation	Crown Entities Act 2004 NZ Public Health and Disability Act 2000
NZ Standards	None
CMDHB Policies / Procedures	Code of Conduct Delegated Authority Additional / secondary Employment Discipline and Dismissal Donations, Gifts and Sponsorship Conflicts of Interest, Gifts and Hospitality – Board Members Workplace Relationship Policy
Other related documents	"Good Practice Guide: Managing conflicts of interest: Guidance for public entities" Office of the Controller and Auditor-General (2007) "Good Practice Guide: Procurement guidance for public entities" Office of the Controller and Auditor-General (2008)

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Appendix 1: Conflict of Interest Examples and Recommended Actions

Listed below, under various classifications, are situations where conflicts of interest may potentially occur and a recommended action to avoid or deal with the conflict.

Gifts/benefits or hospitality from Suppliers

Situation	Recommended Action
<p>Accepting gifts or benefits from suppliers, or other individuals, involved in the provision of goods and/or services could present a conflict of interest or obligation. Gifts and benefits can take many forms e.g. lucky door prizes, raffles, travel, meals. It also includes opportunities to attend educational conferences or meetings and attendance at or participation in sports events.</p> <p>(Note: Sponsorship/benefits for the use of a particular Unit or Service, rather than for an individual, may be solicited from suppliers with the prior approval of a General Manager or the Chief Executive. The Executive Director of the South Auckland Health Foundation should be advised of the intention to approach a supplier.)</p>	<p>Refer to your policy on gifts and gratuities. Best practice is to accept the gift on behalf of the unit for which you work. If the gift is expressly for you, report that you received the gift to your manager/clinical head to record the details appropriately.</p> <p>Note that there are limits placed on the value of gifts that can be received.</p> <p>Offers of sponsorship to attend clinical conferences should be discussed with the clinician's Clinical Director before acceptance. Offers accepted must be reported to the clinician's General Manager.</p>

Purchasing of Goods and Services or Letting of Contracts

Situation	Recommended Action
<p>Selection of Tenders: Preferring tenderer or prospective contractor with whom there is a private relationship (family relationship or close friendship).</p>	<p>Where there is a private interest with any tenderer or contractor, the employee must withdraw from the selection or appointment process.</p>

Presentations to the Board or other decision-makers

Situation	Recommended Action
<p>Making a written or oral presentation to the Board (or to another CMDHB decision making body) about equipment, facilities or services when the presenter has, or is contemplating, private sector involvement in a similar service.</p>	<p>At the start of the written or oral presentation the presenter is expected to explicitly declare their private practice involvement. The Board or other decision making body then has an opportunity to ask questions about this interest.</p>

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	When arrangements are being made for a staff member to make a presentation to the Board, the staff member will be reminded of the expectation to declare private practice commitments.
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Recruitment

Situation	Recommended Action
Sitting as a member on selection panels where applicants for the position are known to the member personally, as family, friend or close associate, to an extent that could be considered to be a conflict of interest.	Declare the interest and withdraw from any part of the recruitment process is the preferred option; however in some situations it may be necessary to include the person with the conflict on the panel (for example in cases where they have specific expertise that is required). In these cases it may be an option to involve an independent person in the recruitment process.
Being in a position to influence the selection, or non-selection, of an applicant for a position where the applicant is known personally and involvement could be perceived to be a conflict of interest.	Declare the interest. Other actions as noted above.

Staff administration

Situation	Recommended Action
Having a close personal and/or family relationship with another employee over whom control is exercised. See Definitions for definition of 'relationship' and 'relative'.	All employees are to be treated equally and fairly and any relationships that could be perceived to be of possible concern should be brought to the attention of the appropriate senior employee. If it appears that employees are being given preferential treatment, these concerns should be addressed through the disciplinary process.

Improper actions in relation to staff administration

Improper actions in the context of staff management include:

- promoting friends or relatives when other employees are more deserving

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- Preferentially rostering staff to the advantage of particular individuals due to personal association with those persons. This can have financial (penalty rates etc) advantage to the favoured individuals to the disadvantage of other employees.
- Regular allocation of overtime to particular individuals, to the disadvantage of other persons equally entitled and equally efficient.
- Assessment and/or inappropriate recommendation of particular individuals over others because of personal associations, for such things as:
 - training courses;
 - attending conferences;
 - job or advancement opportunities.
- Recommending incremental progression, or non-progression, of particular individuals due to personal interests, or attitudes, that are not aligned to the work situation.
- Giving preference for the taking of leave by individuals to the detriment of others due to personal association.
- Not applying the same rules equally to all employees because of personal association e.g. failure to address issues of late attendance, non-performance, etc.

Election to public office

Situation	Recommended Action
Employees may offer themselves for appointment or election to any public office, but they should be aware that the duties of the office may conflict with the due and proper discharge of their duties with Counties Manukau DHB.	Employees should notify the Chief Executive immediately they offer themselves for appointment or election to public office (or, preferably, before they offer themselves).

Client/Patient Relationship and Referrals to Private Practice

Situation	Recommended Action
Providing information or making recommendations to patients about service providers where one of the service providers is a close friend/relative, etc.	<p>Staff are not to give preferential treatment to personal associates at the expense of others.</p> <p>Clinicians have an ethical duty to provide patients with all the information necessary for them to make decisions about treatment options. When a patient requests information about private sector treatment, the clinician should ensure that they make known to the patient all the options that might reasonably be considered. Care is especially needed if the clinician is a potential private provider. It is advisable to recommend that the patient discuss the referral with their GP.</p>

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Situation	Recommended Action
	If a staff member is found to have received a financial return for recommending one service provider, or firm, disciplinary action taken may include dismissal.

Participation in Political Activities

Situation	Recommended Action
Employees serving in executive positions within any political party or politically sensitive organisation are open to allegations of bias in favour of that organisation to the detriment of Counties Manukau DHB.	Employees should advise the Chief Executive in writing, with a copy to the GM Human Resources, upon being appointed to executive positions within any political party or politically sensitive organisation.

Working in Clinical Teams

Situation	Recommended Action
Temporary reporting relationships between relatives/partners	Manager discretion (in consultation with their manager) to implement a different reporting line if deemed necessary in the particular circumstances.
Agree to and review processes to assess how the professional relationships between family members/partners are working.	Discuss with the employees involved about how this might best occur.

All staff, including Clinicians and Other Health Professionals

Health professionals encounter a variety of circumstances in their day-to-day work which could give rise to potential conflicts of interest.

Situation	Recommended Action
Establishing a relationship with a pharmaceutical company or medical equipment supplier where it could be perceived that preference was given to that particular company during a procurement / tendering process.	Declare any potential conflict of interest to the Chief Executive Officer (CEO) or authorised delegate[s] e.g. your Manager or Clinical Head.
Accepting travel and accommodation fees to present research findings.	Obtain approval from CEO or authorised delegate[s] for accepting travel and

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Situation	Recommended Action
<p>Accepting payment of fees and/or honorariums for sitting on committees.</p> <p>Participating on professional boards, committees, societies, etc. which could constitute a conflict of interest with position held in the DHB.</p> <p>Having directorships and share holdings in private companies, associations, etc which deal with the DHB.</p> <p>Evaluating new products/drugs where decisions may be influenced by personal associations/offers of samples or equipment whether to the individual or the organisation.</p> <p>Evaluating new products/techniques/ devices developed by employees also involved in clinical trials of same; or when a company licensed to use an employee's invention is sponsoring trial to be undertaken with the DHB.</p> <p>Appointment to a paid position as a medical or technical advisor to a supplier (e.g. a pharmaceutical company or medical supplies company) is likely to create a conflict of interest.</p> <p>Publicly endorsing a product or service and including the health professional's position at the DHB, is not to take place unless authorised by the employee's Manager or Clinical Director.</p>	<p>accommodation fees and releasing of possible confidential information.</p> <p>If a fee-for-service is received and the service is provided during working hours, then the income must be declared and provided to the organisation. (Also refer to Secondary/Additional Employment Policy)</p> <p>Obtain approval from CEO or authorised delegate[s] to participate in external boards etc where there is any or could be a perception of a conflict with the duties or functions performed in the DHB.</p> <p>Declare the interest to the CEO or authorised delegate[s] who would then decide whether a conflict of interest existed and possibly restrict the person's involvement in the DHB's processes or request resignation from external involvement.</p> <p>Declare any potential conflict of interest to the CEO or authorised delegate[s].</p> <p>This must be approved by the Clinical Review Board and the Research Review Committee, who will decide on how to manage the conflict and legal responsibilities.</p> <p>The offer of appointment should be discussed by the employee with his or her General Manager or Clinical Director before accepting.</p> <p>DHB employees must not allow their names and positions at the DHB to be used in product or service endorsements in material sent by suppliers to potential customers. Employees may, subject to the approval of their Manager or Clinical Director, agree to give advice about the adequacy of the product or service to another prospective</p>

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Situation	Recommended Action
	purchaser e.g. another DHB.

Other Activities that are likely to cause conflicts of interest

Situation	Recommended Action
Having a significant financial interest in an organisation that receives funding from the DHB or is a supplier to the DHB.	Such interests must be disclosed.
Receiving gifts, loans or other special privileges from an organisation that receives funding from the DHB or is a supplier to the DHB.	As a general rule such benefits should not be accepted. The offer of them should be disclosed (see section on Gifts/Benefits or Hospitality above for limited exceptions and further guidance).
Payment or receipt, by individual employees, of rebates or bribes or other forms of compensation to induce funding or obtain favourable contract terms.	Such activities are prohibited. (Rebates for the DHB itself may be negotiated in some instances as part of normal contractual arrangements).
Use of the DHB's funds to reimburse employees or others in ways that would violate CMDHB's policies.	Such activities are prohibited.
Holding unrecorded cash funds.	This is prohibited. All funds due to the DHB must be paid into a DHB bank account.
Holding outside employment or being a director of another healthcare provider.	Such activity must be disclosed to Counties Manukau DHB. Refer also to the Additional Employment Policy.

OIA02172020 MCHS

Document ID:	A5702	CMH Revision No:	4.0
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Approved by:	Chief Executive Officer (CEO)	Date First Issued:	23/04/2009
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Appendix 2- Declaration of Interests Form

Declaration of Interests, Gifts and Hospitality

This form must be completed by all DHB staff who:

- are involved, or may be involved, in the purchase of any goods and/or services or who are in a position to make or influence a significant purchasing decision.
- are required to complete the declaration in accordance with the CMDHB Conflict of Interest Policy
- who have, or may have, an interest or conflict relevant to DHB activities

PART A: DECLARATION OF INTERESTS

Please declare any interest you may have which may cause, or may be perceived as causing, a conflict with your duties and responsibilities as a CMDHB employee. This includes financial interests you may have in other agencies that the DHB does or may contract with or has relationships with; secondary employment with such other organisations; private clinical practice commitments you may have; and close family relationships with other individuals who may be in any of the above categories (e.g. parent, partner). Please ensure that you provide full details of the nature of the interest you are declaring. If you have no interest to declare please write "NIL".

DESCRIPTION OF INTEREST

PART B: DECLARATION OF GIFTS, GRATUITIES, HOSPITALITY AND SPONSORSHIP

Please include below details of any offers, gifts, gratuities, hospitality and/or "sponsorship" with value greater than \$100 that have been offered and/or received during the past 12 months from any company or organisation that CMDHB does or may contract with for the provision of goods or services.

COMPANY OR ORGANISATION	DESCRIPTION OF OFFER	ACCEPTED/DECLINED

PART C:
I confirm that at the date of signing, the above is true and complete.

I agree that I will declare any interests, conflict, offers, gifts, gratuities, hospitality, sponsorship and/or interest on an ongoing basis throughout the year in accordance with the CMDHB "Conflict of Interest" and "Gifts, Donations, and Sponsorship" policies.

Signature _____
 Print Name _____
 Date: _____

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Appendix 3 – Template Conflict of Interest Register

INTERESTS REGISTER for recording all interests declared for
service/department

Interest declared by:	Date declared	Full description of the nature of the interest.	Actions to be taken to appropriately manage any conflict or potential conflict.	Signature of GM, CMO, DON, DAH or equivalent

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Approved by:	Chief Executive Officer (CEO)	Date First Issued:	23/04/2009
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Appendix 4 – Template Gifts and Hospitality Register

GIFTS REGISTER for recording gifts, donations and hospitality over the value of \$100 forservice/department

Gift declared by	Description of Gift, Hospitality or Benefit	Donor	Approx value	Accepted /declined	Date declared

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Policy: Motor Vehicle

Purpose

The purpose of this policy is to

- To outline the operating principles of the CMDHB motor vehicle fleet.
- To inform staff and service managers of responsibilities when using a CMDHB vehicle.



Note: This policy must be read in conjunction with Safe Driving Policy and Following a Motor Vehicle Accident Procedure.

Scope

This policy is applicable to all CMDHB employees, including contractors, visiting health professionals and students needing to use a CMDHB vehicle to carry out CMDHB business.

Policy

Introduction

The CMDHB fleet is available, for the use of CMDHB staff and approved contractor staff in the carpools at CMDHB locations

Conditions of use

The use of a CMDHB vehicle is conditional upon the driver accepting the responsibilities outlined in this policy and other CMDHB vehicle policies and procedure.

Vehicles are for CMDHB business only, including the transport of patients and passengers.

Availability to contractor staff

Where contractor staff is authorized by CMDHB staff to drive CMDHB vehicles, the CMDHB manager is responsible for ensuring the drivers have completed a driver registration form and are aware of their responsibilities as a driver of a CMDHB vehicle.

Carpool vehicles

When a vehicle is not being utilized it must be parked at its "base" location and must be readily available for CMDHB purposes.

The Manager Food Service and Fleet is to be advised of changes in the location of any vehicle.

Document ID:	A5681	CMH Revision No:	5.0
Service :	Fleet Management	Last Review Date :	21/06/2017
Document Owner:	Manager - Food Service and Fleet	Next Review Date:	21/06/2020
Approved by:	Manager - Food Service and Fleet	Date First Issued:	30/06/2004
Counties Manukau Health			

Driver registration

All staff must complete a CMDHB Driver Registration form and be registered on AutoCentral prior to first driving a company vehicle.

Insurance

CMDHB fleet is fully insured, provided the vehicle is being used on CMDHB business.

Log book

A Motor Vehicle Running Sheet is to be kept in every vehicle and fully completed for each journey. End of journey mileage is to be recorded in AutoCentral.

Out of hours

The Out of hours form must be completed and authorized for each journey where a CMDHB vehicle is not returned to its vehicle base overnight. All out of hours forms are to be forwarded to the Fleet Administrator, Middlemore Hospital

Private Vehicle Use

CMDHB does not endorse nor advocate the use of private vehicles to conduct CMDHB business.

Private vehicles used on CMDHB business are not covered by CMDHB insurance policies, they must be privately insured.

Requirement for additional vehicles

Additional vehicles require the standard Summary Business Case template to be completed, approved by the General Manager for the service and forwarded to the Manager Food Service and Fleet.

Safety Equipment

CMDHB vehicles are fitted with fire extinguishers and first aid kits

The team is responsible for ensuring that these are present and first aid kit contents replaced as required.

Fire extinguishers are checked and replaced if necessary when vehicles are serviced.

Smoke Free

In line with CMDHB Smoke Free Policy smoking is not allowed in CMDHB vehicles. This applies to all drivers and passengers.

Legal Requirements**Driving**

All employees must comply with regulations outlined in The Official New Zealand Road Code for Car Drivers, 2012 edition and the Land Transport Act 1998

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Fringe benefit tax

All motor vehicles garaged at an employee's home address overnight are liable for Fringe Benefit Tax. This means an out of hours form must be completed and approved by the team manager then forwarded to the Fleet Administrator, Middlemore Hospital.

Road user charges

All diesel vehicles must display a current distance road user licence (RUC) label. The driver and the team manager are responsible for ensuring the road user licence is current.

Vehicle WOF/ Registration

Vehicle Registration labels and Warrant of Fitness reminders are supplied directly to teams by the Fleet Management Company.

Team managers are responsible for ensuring these have been obtained in a timely manner and that current labels are displayed in the vehicles.

Individual drivers have the final responsibility to check the vehicle they are driving complies with the legislative requirements of displaying current registration and WOF labels before commencing a journey. Individual drivers are liable for fines incurred for driving a vehicle that does not meet requirements.

Driver Responsibilities

Accidents

An accident information and procedure pack is in the glovebox of each vehicle. This outlines the procedures to be followed in the case of an accident.

The driver is responsible to report accidents or damages to the Fleet Management Company without delay.

The driver is responsible to report an injury accident to the police within 24 hours.

Breakdowns

Drivers are responsible for resolving a breakdown by phoning the Fleet Management Company and undertaking the action requested. The driver will need to make their own arrangements for safe return to work.

Confidential health information and valuables

Confidential health information in vehicles should where practical, be removed from the vehicle or kept out of sight from passers-by when the vehicle is parked.

Valuables (e.g.: personal belongings and obvious nursing equipment) should be stored in the boot and not be on display

Fines

Drivers must pay any fine incurred as a result of a breach of a Road Transport Act or relevant local by-laws while the vehicle is in their charge in a timely manner.

Surcharges for late or non payment of fines are also payable by the driver

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Fuel

Vehicles are to be returned from use with at least half a tank of fuel.

The current and correct odometer reading must always be given to the service station when a vehicle is refuelled.

Drivers must ensure that oil and water coolant are above the minimum levels.

Suspected vehicle faults

The driver is responsible for the condition of the vehicle while it is in their use and must report any suspected faults to the Fleet Management Company within 24 hours and follow up on the advice received

Theft

Theft of a vehicle must be reported to the Manager of Food Service and Fleet at Middlemore, and the nearest Police station immediately.

After normal business hours report incident to Security at Middlemore Hospital and the nearest Police Station.

Vehicle Maintenance**Cleanliness**

All CMDHB vehicles must be kept in a clean and tidy condition, both inside and out. Vehicle cleaning costs are the responsibility of the RC the vehicle is allocated to.

The fuel card may be used to put the car through a BP car wash, where there is not another system in place.

Team managers are responsible for ensuring their staff, keep both the inside and outside of the vehicles clean and tidy.

Servicing

CMDHB vehicles are serviced every 15000km, or 12monthly, whichever comes first.

The Fleet Management Company distributes Service reminders. However drivers are responsible for making arrangements for servicing if a reminder has not been received.

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Definitions

Terms and abbreviations used in this document are described below:

Term/Abbreviation	Description
Fleet Management Company	Fleetsmart (contact number available on Fleet Management website via SouthNet)
None	None

Associated Documents

Other documents relevant to this policy are listed below:

NZ Legislation	<ul style="list-style-type: none"> • Land Transport Act 1998 • Transport (Vehicle and Driver Registration and Licensing) Act 1986 • Health and Safety in Employment Act 1992 • Injury Prevention, Rehabilitation and Compensation Act 2001
CMDHB Clinical Board Policies	<ul style="list-style-type: none"> • Safe Driving Policy • Following a Motor Vehicle Accident Procedure
NZ Standards	<ul style="list-style-type: none"> • The Official New Zealand Road Code (Car) 2012
Organisational Procedures	<ul style="list-style-type: none"> • Drivers Registration Form • Safe Driving & Driver Responsibility Leaflet • New Drivers Information Pamphlet • Blood Body Fluid Exposure (BBFE) Management & Reporting
Other related documents	<ul style="list-style-type: none"> • Log Book Cover Page • Lumley Accident Claim Form • Your Safe Driving Policy – NZ Transport Agency.

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Confidential – Information Paper
Counties Manukau District Health Board
Audit Risk & Finance Committee
Sensitive Expenditure Review

Recommendation

It is recommended that the Audit Risk and Finance Committee:

Receive the Sensitive Expenditure Review.

Notes the issues and Management responses.

Submitted by: Ramon Manzano, General Manager - Regional Internal Audit on 10 April 2018.

Purpose

The paper's purpose is to inform the Audit Risk and Finance Committee (ARFC) of the results of Regional Internal Audit's (RIA) review of Sensitive Expenditure

Background

ARFC requested RIA to conduct a review on sensitive expenditure to give independent assurance that Management has identified all the issues and has implemented effective controls.

The scope of the review included the following:

- Whether internal controls are adequately designed.
- The effectiveness of the internal controls.
- Sampling sensitive expenditure incurred by the Executive Leadership Team for the period 1 July 2017 to 31 January 2018.
- Cross-referenced fuel card transactions to Payroll leave data.

Findings

1. *No policies and guidelines for fuel cards.*
 Fuel cards were issued to Executive Leaders, Executive Management and to DHB fleet vehicles. However, we were unable to locate any procedures, guidance or policies on the use of fuel cards.

CEO Comments:

Fuel cards are already being phased out.

2. *Fuel cards used for personal travel¹.*
 During the analysis of fuel card transactions for the seven-month period, we found a number of transactions that could be considered personal (*refer appendix 1*). No FBT² was paid on any of the individual fuel card transaction.

CEO Comments:

'Fuel cards have already been cancelled for all except one ELT member, FBT obligations have been calculated and are being addressed, the card is about to be cancelled for one other direct

¹ See Appendix One for details.

² Fringe Benefit Tax

report to me once related contractual issues are agreed and the review is underway for the only remaining three other staff members with fuel cards who all report to the DHS³.

Ongoing review and monitoring is already in place now with monthly reports on usage for any remaining cards coming to me and quarterly reports to ARF, which will continue until all cards are gone.'

3. *Consolidated FCM⁴ travel invoices lack appropriate review and approval prior to payment.*
The consolidated FCM invoices for travel for the period totaled \$368,000 with an average monthly cost of \$60,000

We noted the following with FCM invoice approval process.

- Pre-approval of travel is based on *estimated* costs.
- Reliance on whether the travel is correct and appropriate is by exception reporting only. A blanket approval is given by the Financial Accountant if nothing is raised.
- It lacks positive confirmation from the Finance Managers that the travel information and the DFA are correct.

CFO Comments:

The key control point for approval of travel in CM Health is approval of the SO12 (including quote from FCM Travel. This will often be an estimate). When the consolidated invoice is received by the Financial Accountant, their role is to ensure that the summary invoice agrees to the relevant detail, all RC coding is correct and that every individual charge has a related SO12. Once this check is complete, healthAlliance is notified to approve the invoice for payment.

The Financial Accountant then analyses the invoices into the various RCs which is then published for the Business Managers to review and refer to with regards to spending. We are told by Business Managers that they do use this information as required. Business Managers are not required to provide a positive confirmation that the travel information is correct in terms of the DFA, this is the role of the travel booker at the time of approval of the SO12.

We concur that there is a risk that the cost of the travel may be higher than the approved SO12. We are therefore looking at the option of moving to an online approval system through the FCM Travel booker login profile, which will address the control issues regarding

4. *Performance bonus payment was not adequately supported.*
A one off payment of \$50,000 was paid to one of the Executive Leadership Team members based on achievement of performance targets. However, we have been unable to locate any supporting documentation showing the targets or that they were met.

CEO Comment:

'There are now no ELT members at all with performance bonuses. The entitlement was cancelled for the one who did and the role has now been disestablished.'

5. *The Hospital Services credit card that has a \$90,000 limit is insufficiently monitored and managed.*

We noted the following in our review of ELT credit card expenses:

- Credit card statements were not approved for payment in accordance with the policy.
- 2 out of 12 transactions lacked supporting documentation.
- Approval of travel was given retrospectively.
- 3 out of 12 ELT expenses did not have one-up approval.

³ Director of Hospital Services.

⁴ Travel Office used by CM Health.

CFO Comments:

'Noting the Policy requirement for DCFO approval of credit card reimbursements, the DCFO Provider Services, will be asked to authorise the Hospital Services Credit Card, with immediate effect.'

6. *Sensitive expenditure related policies and guidelines are not current.*

RIA noted that several of the sensitive expenditure related policies and guidelines on the DHB internet were found to be over the standard three-year review period. RIA recommended creation of a regional sensitive expenditure policy.

CEO Response:

'I expect that these policies will be progressively reviewed / updated. I support development of a Regional Policy for sensitive expenditure.'

Conclusion

During our review, we observed some internal control issues on sensitive expenditure. We acknowledge the recent actions taken by Management to address these issues. However, to further strengthen internal controls, more work is required in the area of credit cards and the FCM review and approval process.

Payments through credit cards can circumvent normal purchasing and delegated authority controls. We noted 174 of sensitive expenditure related costs such as associated travel expenses and gift vouchers purchased through a credit card. Therefore, more scrutiny in this area is required to ensure the appropriate amount and type of expenditure is being paid.

For the FCM travel, the actual cost maybe higher than the estimated cost therefore it is essential that travel is reviewed before payment of the credit card statement. After reviewing the travel, an email confirmation from relevant Finance Managers will strengthen the review and approval process.

We appreciate that the new Executive Leadership Team have made and are making efforts to have more control on sensitive expenditure. We consider the initiative of the current ELT is moving in the right direction to meet public expectations.