

## Byford Health Hub Program Conflict of Interest Procedure

Site	Operational Area	Applicable to
EMHS / Byford Health Hub Project	EMHS / AKG	WA Health staff members involved in Byford Health Hub service delivery <sup>1</sup>

### 1. Purpose

All staff employed by the WA health system must abide by the terms set out in the Managing Conflicts of Interest Policy, from which there are very established guidelines for how staff members of East Metropolitan Health Service are to apply these in their work practices. This procedure compiles the relevant conflicts of interest guides and policies within the context of the Byford Health Hub project (BHH) and how this is to be managed, given the intersection of public and private providers working together and high-risk environment for conflicts of interest to arise as a result.

While obligations and processes to be followed for the BHH are the same as all WA Health staff members<sup>2</sup>, they are specified in this procedure to clarify the process of steps to follow to fulfill obligations and sustain a culture of openness and transparency. While non-WA Health staff members are not governed by these internal policies, they are required to disclose instances of any Conflicts of Interest as part of the terms of their membership on committees, groups, panels, or any other involvement in the BHH to staff members that are then required to follow this procedure. This procedure is not a replacement to the existing policy but the application of it to a specific set of work practices involved in the BHH that are atypical of other working areas within EMHS at present and therefore require clarification for all involved parties.

A conflict of interest (COI) is defined as:

a situation arising from conflict between the performance of public duty and private or personal interests. Conflicts of interest may be actual, or be perceived to exist, or potentially exist at some time in the future.<sup>3</sup>

More information for Managers and staff about all matters relating to conflicts of interest can be found on the [EMHS Information Hub](#), which is managed by the Integrity and Ethics unit and contains the core [Managing Conflicts of Interest Information](#) document containing all supplemental information needed for all staff members looking to understand their obligations.

### 2. Conflict of Interest Registry

The [Conflict of Interest Registry](#) (COIR) assists staff to record all actual, perceived, and potential conflicts of interest relating to any WA Health staff members. All health service providers are required to follow the same protocol to complete. It is where all conflicts arising in this procedure are to be reported as a first step. There is a [COIR User Guide](#) that can be helpful for what should be entered into each field. Items entered on this register relating to the BHH will be forwarded to the EMHS Integrity and Ethics unit and to the nominated approver. This procedure articulates how items should first be reported to the register, then what procedure to follow and who is responsible. This procedure is also informed and guided

<sup>1</sup> While this is an EMHS procedure, it is designed to support all WA Health staff members involved in delivering services at the BHH. Noting that processes across sites may vary, for matters relating to the BHH there is an expectation that non-EMHS WA Health employees will align with this procedure.

<sup>2</sup> WA Health consists of Department of Health, Health Service Providers and Health Support Services.

<sup>3</sup> 'Conflicts of Interests Guidelines for the Western Australia Public Sector', The Integrity Coordinating Group (a group consisting of the Auditor General, the Public Sector Commissioner, the Corruption and Crime Commissioner, the Information Commissioner and the Western Australian Ombudsman), published 2011. Available: [Conflicts of Interest Guide \(www.wa.gov.au\)](http://www.wa.gov.au)

by the Managing Conflicts of interest Guide<sup>4</sup> and steps out a procedure for which the BHH can comply with all obligations relating to conflicts of interest and build a culture that prioritises integrity. It also deals with what to do when an actual, potential, or perceived COI relates to a non-WA Health staff member (third parties). The [Code of Conduct Policy](#) asks that all instances of COI are recorded. An BHH Internal COI Register will allow its WA Health staff to comply with the Code of Conduct Policy, specifically Section 2.5.

### 2.5 Disclose any personal or professional matters that may lead to actual or perceived conflicts of interest.

Source: [Code of Conduct Policy](#)

This is important to maintain the integrity of the process of securing lessors to the Hub and ensuring that all known conflicts of interests are recorded per the stipulations of running any tendering process in Western Australia.

## 3. Roles

For the purposes of this procedure, the roles and responsibilities relating to the BHH are in tables below. Note that this procedure relates to the program involved with establishing the BHH and consideration will need to be given for the positions once the site is commissioned.

**Table 1. COI Procedure Roles and BHH positions**

COI Procedure Role	Byford Health Hub Position
Manager	Director Clinical Services Planning
Delegate	BHH Program Manager or an equivalent position at Level 10 or above employed by EMHS and selected by Manager.
Supervisor*	Executive Director Clinical Services Strategy & Population Health

\* Overall authority for the BHH would be the Chief Executive for EMHS

**Table 2. Responsibilities of Key Stakeholders**

<p><b>Manager:</b> Key contact point to channel all conflict-of-interest questions, enquiries, and reports to in the first instance, and the person delegated to receive notifications of BHH items registered. Authority to review the register and responsible for management plans in place.</p> <p><b>Delegate:</b> In the instance of the manager being on leave or unavailable, the delegate is a person with authority to review the register and with the authority to amend or enact strategies for arising conflicts of interest.</p> <p><b>Supervisor:</b> In the instance of the manager being the subject of a COI or neither the manager nor delegate being available, this role is able to view the register and have input into the management plans of existing and new conflicts of interest.</p> <p><b>WA Health staff members:</b> any person employed by WA Health in any capacity whether BHH is their usual place of employment or not. This includes Department of Health, Health Service Providers and PathWest.</p> <p><b>Non-WA Health staff members* (third parties):</b> any person who is not a WA Health staff member but who wishes to raise a COI query or complaint, or have an issue raised about them in their involvement in the BHH. They may be a provider or a member of the public and may have no direct association with BHH.</p>	<p><b>Responsible</b> for BHH Conflict of Interest Internal register and management plans</p>	<p><b>Access to</b> BHH Conflict of Interest Internal register and management plans</p>	<p><b>Able to make</b> a COIR in their own right and are aware of COI obligations</p>	<p><b>Trust</b> in the integrity of the BHH and aware of how to escalate concerns</p>
--	---	---	---	---

\* Note these people are not governed by this procedure but are key stakeholders that this procedure aims to reach, and WA Health staff members are bound by the Code of Conduct Policy to record any instances where they might identify a third party has a COI.

<sup>4</sup> [Managing Conflicts of Interest Information \(health.wa.gov.au\)](#)

### 3. Procedure *Applicable to all WA Health staff members involved in BHH service delivery.*

#### Conflict of Interest Management Procedure

For EMHS Staff at Byford Health Hub

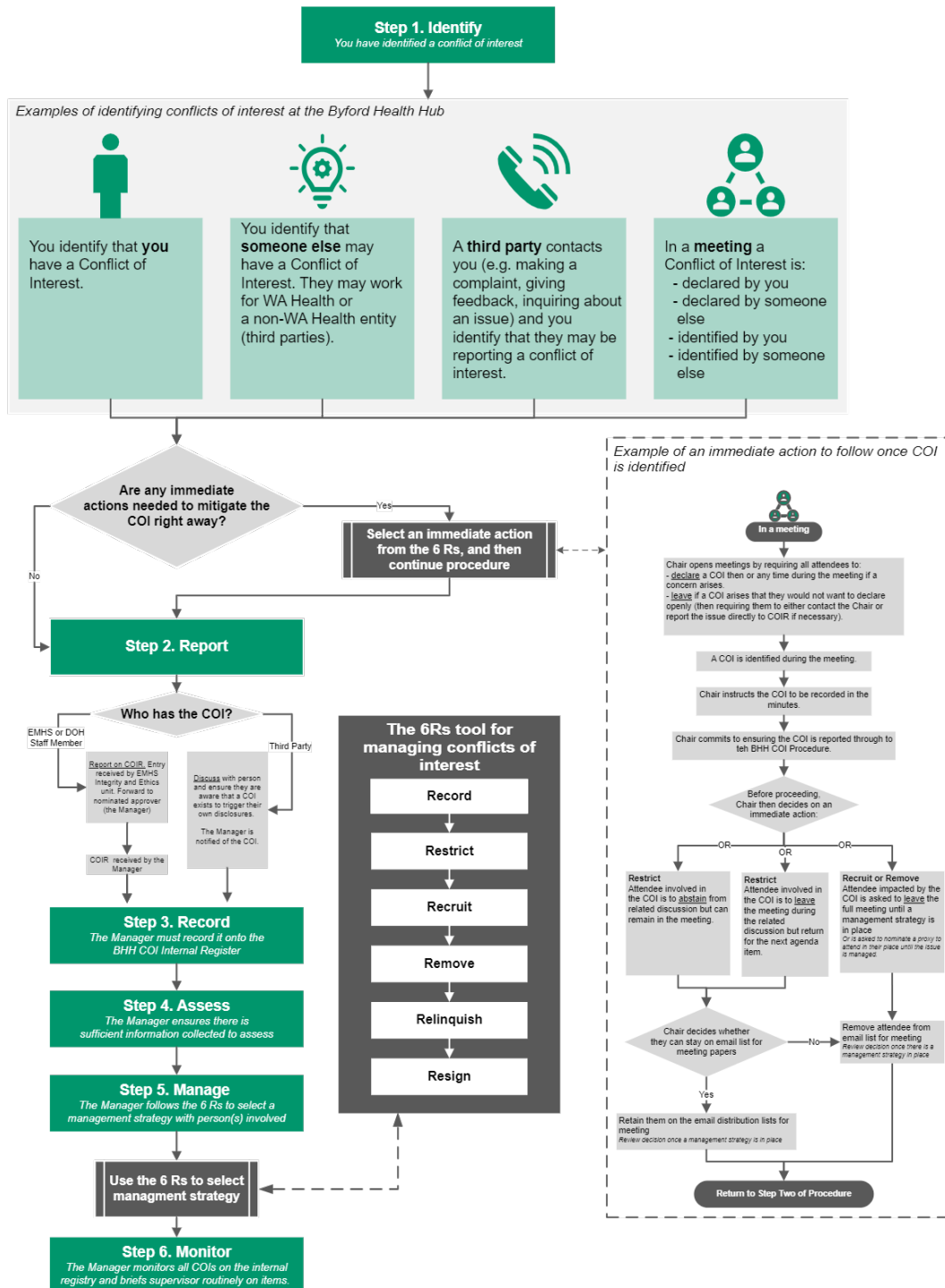
September 2024

##### Your responsibilities

You have completed the Accountable and Ethical Decision Making WA mandatory training and have familiarised yourself with the EMHS Managing COI Guide and requirements under the DOH COI Policy & Code of Conduct Policy, are aware of how to identify Conflicts of Interest, act with integrity, and promote a culture of openly discussing any issues arising with colleagues without repercussions.

You ensure that there is contact information on the BHH website and information about how to raise complaints, feedback, and enquiries

You ensure all meetings begin with an opportunity to declare conflicts of interest and an avenue to report outside of meeting if needed e.g. issue may be confidential and not appropriate for plenary discussion



## Step 1. Identify

The COI may be identified in many ways and by anyone, including members of the public. Information on how to identify conflicts of interest are detailed thoroughly in the [Managing Conflicts of Interest Information](#) guide. It is important that opportunities are created where a supportive environment is given for everyone to be able to freely identify conflicts of interest by building into meeting agendas, displaying information visually on how to report concerns, discussing at staff meetings, and by promoting pathways for raising issues on the BHH website. Once identified by any person, it is brought to the attention of a WA Health employee in the following ways and may need to have an immediate action plan in place to address the issue at hand.

### In meetings

At the beginning of meetings for the BHH project, the meeting Chair is to ask for any Conflicts of Interest to be declared either at that time, during the point where the item comes up in the discussion. Wording to be used for agendas:

Confirmation that attendees have read all documents in the meeting pack and can confirm that there are no personal or professional matters that may lead to an actual, potential or perceived conflict of interest with their public duty.

The Chair is to also request that if the matter involves confidential information that cannot be declared openly at a meeting then the attendee should leave the meeting and then contact the Chair later to report the issue appropriately. No attendee is to identify a COI and decline to raise or declare it. A COI may be identified by anyone throughout the discussion and must be declared once observed by a WA Health staff member.

From the EMHS [Managing Conflicts of Interest Information](#) guide:

If a Department of Health employee or a Health Service Provider staff member, including the Chair of a meeting, identifies a conflict of interest during a meeting, the Department of Health employee or Health Service Provider staff member should verbally declare the interest (either to the Chair, or if the Chair is making the declaration, to the meeting). A strategy for dealing with the declaration should be put into place immediately. In deciding on a strategy the full range of options for dealing with a declared interest should be considered. For example, automatically removing the declarer from the meeting should not be the only strategy considered, nor may it be the most appropriate one.

A COI identified in a BHH meeting could lead to one of the following strategies to manage the risk and is a decision made by the Manager (if in attendance), their Delegate, or the meeting Chair. First, the Chair instructs that the COI is recorded in the meeting minutes and commits to the other meeting attendees that the issue will be reported to the COIR following the meeting. Before proceeding further in the meeting, the Chair then decides on an immediate action (or Manager / Delegate if in attendance):

- **Restrict:** Attendee involved in the COI is to:
  - abstain from discussion but remain in the meeting
  - leave the room for the discussion where the conflict has been identified and return afterwards for the next agenda item
- **Recruit or Remove:** Attendee involved in the COI is asked to leave the full meeting until a management strategy can be put in place.

The Chair then decides whether to retain the attendee on the email list for meeting papers (it may not be appropriate for them to have access to the minutes), and whether to invite them to future meetings until a management strategy can be in place. Note that once these immediate actions are taken, the Chair must ensure outside of the meeting that the issue is reported onto the COIR. From there, the process is followed by the Manager to ensure that the COI can have a strategy in place and the ongoing attendance of the person at future meetings can be decided.

### **Through personal observation**

If any WA Health staff members identify an actual, perceived, or potential COI they then have obligation to report this through to the next step. To maintain the integrity of the BHH, staff members who do not work for WA Health should report any COI identified to the Manager identified in this procedure. The person identifying the information should provide as much information as possible to make the report and, where possible and appropriate, this should be done transparently and openly with any other person who may be involved. They may need to consider if any immediate actions are required in the moment of identifying the action and should speak to their line manager for guidance as appropriate.

### **Disclosure of third party to a WA Health employee**

Disclosure of a COI can be made in person, writing, email, or by phone from any non-WA Health third party. BHH is to promote this through communicating openly on its website, in person and through posters the opportunity to raise an issue about any aspect of the hub and that it will be dealt with appropriately. All issues, including complaints made in any format (verbally, in writing, email) are to be escalated to the Manager with all being reviewed for conflicts of interest and registered as appropriate before progressing further. Where appropriate, it is the Manager's position and name that are given as the contact person for any COI concerns.

Issues and complaints should be acknowledged and managed with the third party and be compliant with appropriate other policy areas, such as:

- [Resolving Concerns or Complaints](#) – for staff members (grievances, misconduct, work related concerns)
- Complaints Management Policy (MP 0130/20) – for patients, third party providers, community members, and complaints not relating to a person's employment.

### **Scanning the environment for undeclared conflicts of interest**

It is the Manager's duty to be scanning the environment for undeclared conflicts of interest and escalating these to Step Two, along with encouraging other staff to do the same through education, awareness, and a culture of integrity.

## **Step 2. Report**

### **WA Health staff member COIs**

Once a conflict has been identified, the COI must be recorded on the COIR if it relates to a WA Health staff member. It does not need to be entered on by a Manager or escalated to them to make the report, but the Manager must ensure that this step has been completed if they are aware of the issue. All WA Health staff members have access to the COIR. Non-WA Health third parties should be directed to make queries to the Manager via email, BHH website or phone. It is important to identify the BHH in the report as appropriate to ensure that it can follow the appropriate procedure.

### **Non-WA Health staff member (third party) COIs**

If the conflict relates to a third party it does not need to be entered onto the COIR but must still be recorded on the BHH COI Internal Register as per the next step. This is necessary to uphold the Code of Conduct Policy and maintain the integrity of any tendering processes involved in commissioning the BHH. There may not be any action that can be undertaken as third parties are not bound by either the Conflict of Interest Policy or Code of Conduct Policy, but WA Health staff members are and must comply with this procedure.

There is also the broader question of perceived COIs in terms of how third party COIs are managed. The non-reporting of these types of COIs might create a perception that the WA Health staff members themselves are not acting with integrity.

#### *Example of a third party COI*

You become aware that a Department of Finance or Shire employee on a committee is in a close personal relationship with a potential lessor. There is a perception there may be a COI in terms of an advantage being given to that applicant over others due to being privy to information that other applicants may not have. It would be a Code of Conduct issue if an WA Health staff member knew about this connection but did not record it / consider mitigation plans that might be needed throughout the process of commissioning the BHH. As a minimum it needs to be recorded on the BHH Internal COI Register along with the management strategy taken in case this later becomes an issue. A required action would also be to talk to the Department of Finance employee about it and then their manager to ensure that this COI was disclosed through their own internal process. The existence of the COI itself is not an issue, but it is the disclosure of it that we must ensure has happened. Recording it alone may be enough of a management strategy but is at least the minimum required.

## **Step 3. Record**

### **WA Health staff member COIs**

Once the COIR has been made this is received by the EMHS Integrity and Ethics unit, and nominated approver, who should be the Director Clinical Services Planning (the Manager). The Manager then adds it to the BHH Conflicts of Interest Internal Register – an internal document that is secured and only accessible for review by the Manager, Delegate and Supervisor. This is not appropriate for viewing of the broader BHH staff members.

#### **Importance of the COIR first**

The BHH Conflicts of Interest Internal Register itself will include a warning on it saying that the only items that can be recorded on the register are those that have been previously entered into the COIR. It is not appropriate for this to become the first avenue for recording conflicts of interest as the obligation to comply with DOH policy is that they are centrally recorded. The reason for them to be recorded locally is so that the management plans can be recorded and easily communicated to the three key positions for action.

### **Non-WA Health staff member COIs**

Any and all identified actual, perceived and potential COIs relating to third parties must be discussed with the Director Clinical Services Planning (the Manager) and entered on the BHH Conflicts of Interest Internal Register. The Manager can initially be notified of the potential COI by submitting a [Byford Health Hub Conflict of Interest Notification Form](#). The Manager will then have the opportunity to contact the third party to discuss the COI and provide them with a BHH Conflict of Interest Assessment Form (non-WA Health) to collect details of the COI.



## Step 4. Assess

Once recorded on the BHH Conflicts of Interest Internal Register, the Manager should check that sufficient information has been collected for it to be assessed and that there is contact information collected in the report to follow up if a third party has been involved in the disclosure. Once sufficient information has been obtained, the process moves on to Step 5.

## Step 5. Manage

In considering what options there are available for a management plan, the [Managing Conflicts of Interest Information](#) advises following strategies that involve moving through the following options in succession.

**Figure 2. The 6 Rs from the WA Integrity Group – Guidelines for the WA Public sector**

The first step is **recording and registering** the COI, and then considering whether to:

**Restrict:** refrain from taking part or involvement in the matter (e.g. do not accept gifts). If the situation is still ongoing, then consider whether to:

**Recruit:** if the matter cannot be restricted then select an alternate officer or independent third party. If this is not feasible or appropriate, then:

**Remove:** remove involvement in the matter altogether. If this still cannot manage the issue, then consider whether to:

**Relinquish:** give up the personal or private interest which prompted the concerns.

**Resign:** the last option, but appropriate if the COI cannot be resolved any other way.

WA Health staff members must participate in the development of the management plan to manage or resolve conflicts of interest. Once a strategy has been identified the details should be agreed between the staff member who has the conflict and the Manager. The management strategy selected should be recorded on the COIR and on the BHH Conflicts of Interest Internal Register, and the Manager should share this decision with the Supervisor.

While third parties need to participate in the development of management plans, if they do not engage in the process of managing the conflict of interest then this would need to be escalated for discussion with the Supervisor.

## Step 6. Monitor

The Manager and Supervisor are responsible for the ongoing monitoring of the COI along with the escalation to the next rung of the management strategy if required.

## 5. Responsibilities

This procedure should be provided to all program members on joining and then annual refreshment of COI awareness training to be part of the membership responsibilities for committees, groups, meetings, and teams and for COI issues to be integrated into all sourcing procedures.

Any agreement made on behalf of the BHH with third parties should be worded to obligate them to disclose any current, ongoing, or emerging COIs at any time throughout the course of their involvement.

### Manager

And Delegate when Manager is unavailable or on leave

- **Policies** – obligations for COI are to be made known to all public sector staff members working at or with the BHH and as part of induction.
- **Meetings** – the declaration of conflicts of interests is to be given at the beginning of all meetings involving planning and operating duties of the BHH with a link to the COIR and how to report a concern (if internal) or who to report to (if external).  
Note: if it relates to a matter being discussed then the chair of the meeting must decide whether to restrict the person from speaking on that agenda item, removing them from the meeting while the discussion is underway, or asking them to resign membership from the meeting if it cannot be managed (e.g. access to Minutes, input needed from a quorum).
- **Education** – annual learning session refresh about COI for public sector staff members using work related scenarios. Up to date with completing the Accountable and Ethical Decision Making WA mandatory training.
- **Posters** – offering a contact person for further information for members of the public, private providers, public sector staff members
- **Website** – information about conflicts of interest and how to report any concern is listed on the BHH page for public sector staff members and third parties.
- **Performance reviews** - Embed open and regular discussion about conflicts of interest in performance discussions. Consider breaches of this procedure as a potential breach of discipline as per the Discipline policy.
- **Culture** – support a culture in which discussions are held openly
- **Manage** - monitor higher risk functions, activities and changes in work practices that could be red flags for the potential for conflicts of interest to arise.
- **Personal conduct** – Act with integrity and uphold the principles of COI in conducting daily duties.
- **Record keeping** – Records must be maintained in accordance with the [EMHS Recordkeeping Plan](#).

### Supervisor

- **Escalation** – where escalation of a COI is required, or where the manager or delegate is subject to the conflict, the Supervisor is to take on the obligation of developing an appropriate management plan.
- **Review** – supervisor is to have access to the register and be aware of management plans in place.
- **Support** – allowing time for training and development opportunities as needed for staff at the BHH for all integrity related issues.



## **WA Health staff members**

- **Knowledge** of what constitutes a COI
- **Awareness** of policies and procedures to follow when a COI has been identified by them or reported to them by another person.
- **Education** up to date with completing the Accountable and Ethical Decision Making WA mandatory training.
- **Compliance** with the policies and procedures in place
- **Culture** that they support to maintain and sustain a culture of disclosure and discussion of potential of conflicts of interest that may arise
- **Personal conduct** upholds the principles of integrity and ethics

## **Non- WA Health staff members (Third parties)**

- **Knowledge** of how they can raise questions and concerns about conflicts of interest or any other complaints they may have about the BHH
- **Awareness** of who can help them with their concerns

## **6. Supporting information and related policies for procedure**

- Managing Conflicts of interest Policy
- Managing Conflicts of interest Guide
- Record Keeping Plan
- MP 0124/19 Code of Conduct Policy
- MP 0136/20 Gifts, Benefits and Hospitality Policy
- MP 0161/21 Procurement and Contract Management Policy
- MP 0127/20 Discipline Policy