

## Managing Conflict of Interests Policy (2)

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*Think of the environment...Do you have to print this out this document? You can always view the most up to date version electronically on the Trust intranet.*

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## 1. Policy Summary

Adhering to this policy will help to ensure that we use NHS money wisely, providing best value for taxpayers and accountability to our patients for the decisions we take.

As a member of staff you should...	As a Trust we will...
<ul style="list-style-type: none"> <li>• Familiarise yourself with this policy and follow it. Refer to the guidance for the rationale behind this policy <a href="https://www.england.nhs.uk/wp-content/uploads/2017/02/guidance-managing-conflicts-of-interest-nhs.pdf">https://www.england.nhs.uk/wp-content/uploads/2017/02/guidance-managing-conflicts-of-interest-nhs.pdf</a></li> <li>• Use your common sense and judgement to consider whether the interests you have could affect the way taxpayers' money is spent.</li> <li>• Regularly consider what interests you have and declare these as they arise. If in doubt, declare.</li> <li>• <b>NOT</b> misuse your position to further your own interests or those close to you.</li> <li>• <b>NOT</b> be influenced, or give the impression that you have been influenced by outside interests.</li> <li>• <b>NOT</b> allow outside interests you have to inappropriately affect the decisions you make when using taxpayers' money.</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure that this policy and supporting processes are clear and help staff understand what they need to do.</li> <li>• Identify a team or individual with responsibility for:               <ul style="list-style-type: none"> <li>○ Keeping this policy under review to ensure they are in line with the guidance.</li> <li>○ Providing advice, training and support for staff on how interests should be managed.</li> <li>○ Maintaining register(s) of interests.</li> </ul> </li> <li>• Auditing this policy and its associated processes and procedures at least once every three years.</li> <li>• <b>NOT</b> avoid managing conflicts of interest.</li> <li>• <b>NOT</b> interpret this policy in a way which stifles collaboration and innovation with our partners.</li> </ul>

## 2. Introduction

- 2.1. The Walton Centre NHS Foundation Trust (the 'Trust'), and the people who work with and for us, collaborate closely with other organisations, delivering high quality care for our patients. These partnerships have many benefits and should help ensure that public money is spent efficiently and wisely. But there is a risk that conflicts of interest may arise.
- 2.2. Providing best value for taxpayers and ensuring that decisions are taken transparently and clearly, are both key principles in the NHS Constitution. We are committed to maximising our resources for the benefit of the whole community. As a Trust and as individuals, we have a duty to ensure that all our dealings are conducted to the highest standards of integrity and that NHS monies are used wisely so that we are using our finite resources in the best interests of patients.

## 3. Purpose

- 3.1. This policy will help our staff manage conflicts of interest risks effectively. It:
  - Introduces consistent principles and rules;

- Provides simple advice about what to do in common situations;
  - Supports good judgement about how to approach and manage interests.
- 3.2. Potential conflicts of interest are unavoidable in any complex system through which money flows and are often inherent in the way in which health care services are arranged and delivered. The Trust seeks to ensure that all staff are protected from any appearance of impropriety through the appropriate management of interests and encouraging the right behaviours whilst also enabling staff and the Trust to identify and manage any inappropriate behaviours. The Trust requires that all staff act honestly and with integrity and safeguard the public resources for which they are responsible.
- 3.3. This policy links to other Trust policies and procedures as detailed at section 15.

## **4. Key Terms**

### **4.1. Conflict of Interest**

A 'conflict of interest' is:

"A set of circumstances by which a reasonable person would consider that an individual's ability to apply judgement or act, in the context of delivering, commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold."

### **4.2. A conflict of interest may be:**

- Actual - there is a material conflict between one or more interests
- Potential – there is the possibility of a material conflict between one or more interests in the future

4.3. Staff may hold interests for which they cannot see potential conflict. However, caution is always advisable because others may see it differently and perceived conflicts of interest can be damaging. All interests should be declared where there is a risk of perceived improper conduct.

## **5. Categories of Interests**

### **5.1. Interests fall into the following categories:**

(a) Financial interests:

Where an individual may get direct financial benefit from the consequences of a decision they are involved in making.

(b) Non-financial professional interests:

Where an individual may obtain a non-financial professional benefit from the consequences of a decision they are involved in making, such as increasing their professional reputation or promoting their professional career.

(c) Non-financial personal interests:

Where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit, because of decisions they are involved in making in their professional career.

(d) Indirect interests:

Where an individual has a close association with another individual who has a financial interest, a non-financial professional interest or a non-financial personal interest and could stand to benefit from a decision they are involved in making.

## **6. Staff Covered by the Policy**

At The Walton Centre NHS Foundation Trust, we use the skills of many different people, all of whom are vital to our work. This includes people on differing employment terms, who for the purposes of this policy we refer to as 'staff' and are listed below:

- All Directors, including Executive and Non-Executive Directors
- All Governors
- Trust Managers
- All Trust staff, including seconded staff, trainees and those on work experience
- Contractors and External Consultants (including agency staff)
- Patients and Carers acting on behalf of the Trust
- Volunteers acting on behalf of the Trust

## **7. Decision Making Staff**

Some staff are more likely than others to have a decision making influence on the use of taxpayers' money, because of the requirements of their role. For the purposes of this guidance these people are referred to as 'decision making staff.'

Decision making staff in The Walton Centre are:

- (a) Members of the Board of Directors, who have decision making roles which involve the spending of taxpayers' money;
- (b) Those at Agenda for Change band 8a and above; plus any staff working in the procurement team, on the basis that:
  - the majority of these administrative and clinical staff are involved in decision making concerning the commissioning of services, purchasing of goods, medicines and medical devices or equipment
  - some of these administrative and clinical staff have the delegated authority to enter into contracts on behalf of their organisation;
- (c) All Medical staff i.e. Consultants and Doctors.

## **8. Identification, Declaration and Review of Interests**

### **8.1. Identification & declaration of interests (including gifts and hospitality)**

8.1.1 All staff should identify and declare material interests at the earliest opportunity (and in any event within 28 days). If staff are in any doubt as to whether an interest is material then they should declare it, so that it can be considered.

8.1.2 Declarations should be made:

- (a) On appointment with the Trust.
- (b) When staff move to a new role or their responsibilities change significantly.
- (c) At the beginning of a new project/piece of work.
- (d) As soon as circumstances change and new interests arise (for instance, in a meeting when interests staff hold are relevant to the matters in discussion).

8.1.3 The Trust uses a web-based software system called Civica Declare to allow staff to properly declare the information required in this policy. This includes electronic forms to make these declarations. Declarations should be made via this electronic system and will include the following information:

- (a) the returnee's name and their role with the organisation;
- (b) a description of the interest declared;
- (c) relevant dates relating to the interest;
- (d) field for comments (e.g. actions taken to mitigate conflict).

8.1.4 If you have any queries or require information then in the first instance you should discuss the situation with your line manager. If you require further information then contact a member of the Corporate Governance Team who will coordinate the provision of further advice:

Katharine Dowson - Corporate Secretary

Email: [Katharine.dowson@nhs.net](mailto:Katharine.dowson@nhs.net)

Nicola Troy – Corporate Governance Officer

Email: [Nicola.troy@nhs.net](mailto:Nicola.troy@nhs.net)

The agendas for Board of Directors meetings, Committee meetings, Management Group meetings and Project Board / Group meetings will include a standing item for declarations of interests.

8.1.5 After expiry, an interest will remain on the public register(s) for a minimum of 6 months and a private record of historic interests will be retained for a minimum of 6 years.

## 8.2. Proactive Review of Interests

8.2.1 We will prompt decision making staff to review declarations on an annual basis and, as appropriate, update them or make a nil return. The annual review process will be coordinated by the Corporate Secretary with progress and outcomes reported to the Executive Team and the Audit Committee.

8.2.2 The annual appraisal for staff at Agenda for Change Band 8A and above should include a discussion on the need to proactively declare any relevant interests as they arise and comply with the requirement for annual declarations.

## 9. Records and Publication

### 9.1. Maintenance

The Trust will maintain registers of interests using the Civica Declare web-based software system.

### 9.2. Publication

9.2.1 Access to the Civica Declare portal is available for members of the public to view the register of interests via the Trust's website. In addition, the Board of Directors and the Council of Governors will formally review their respective register of interests on an annual basis with details made available in the relevant meeting papers. In the event of any difficulties accessing relevant information, please contact the Corporate Governance team (see paragraph 8.1.4 above).

9.2.2 Please note that in some cases it might not be appropriate to publish information about the interests of some decision making staff, or their personal information might need to be redacted.

9.2.3 If decision making staff have substantial grounds for believing that publication of their interests should not take place, then they should contact the Corporate Secretary to explain why. In exceptional circumstances, for instance where publication of information might put a member of staff at risk of harm, information may be withheld or redacted on public registers. However, this would be the exception and information will not be withheld or redacted merely because of a personal preference.

### 9.3. **Wider Transparency Initiatives**

9.3.1 The Walton Centre NHS Foundation Trust fully supports wider transparency initiatives in healthcare, and we encourage staff to engage actively with these.

9.3.2 Relevant staff are strongly encouraged to give their consent for payments they receive from the pharmaceutical industry to be disclosed as part of the Association of British Pharmaceutical Industry (ABPI) Disclosure UK initiative. These “transfers of value” include payments relating to:

- Speaking at and chairing meetings
- Training services
- Advisory board meetings
- Fees and expenses paid to healthcare professionals
- Sponsorship of attendance at meetings, which includes registration fees and the costs of accommodation and travel, both inside and outside the UK
- Donations, grants and benefits in kind provided to healthcare organisations.

Further information about the scheme can be found on the ABPI website:

<http://www.abpi.org.uk/our-work/disclosure/about/Pages/default.aspx>

## 10. **Management of Interests - General**

10.1. If an interest is declared but there is no risk of a conflict arising then no action is warranted. However, if a material interest is declared then the general management actions that could be applied include:

- restricting staff involvement in associated discussions and excluding them from decision making
- removing staff from the whole decision making process
- removing staff responsibility for an entire area of work
- removing staff from their role altogether if they are unable to operate effectively in it because the conflict is so significant

10.2. Each case will be different and context-specific, and the Trust will always clarify the circumstances and issues with the individuals involved. Staff should maintain a written audit trail of information considered and actions taken.

10.3. Staff who declare material interests should make their line manager, or the person(s) they are working to, aware of their existence.

## 11. **Management of Interests - Common Situations**

11.1. This section sets out the principles and rules to be adopted by staff in common situations, and what information should be declared.

### 11.2. **Gifts**

Staff should not accept gifts that may affect, or be seen to affect, their professional judgement.

Gifts from suppliers or contractors:

- a. Gifts from suppliers or contractors doing business (or likely to do business) with the Trust should be declined, whatever their value.
- b. Low cost branded promotional aids such as pens or post-it notes may, however, be accepted where they are under the value of £6 in total, and need not be declared.

11.2.1 Gifts from other sources (e.g. patients, families, service users):

- Gifts of cash and vouchers to individuals should always be declined.
- Staff should not ask for any gifts.
- Gifts valued at over £50 should be treated with caution and only be accepted on behalf of the Trust and not in a personal capacity, e.g. a donation to the Trust's charity. Any such donations should be declared to line management by staff.
- Modest gifts accepted under a value of £50 do not need to be declared.
- A common sense approach should be applied to the valuing of gifts (using an actual amount, if known, or an estimate that a reasonable person would make as to its value).
- Multiple gifts from the same source over a 12 month period should be treated in the same way as single gifts over £50 where the cumulative value exceeds £50.

11.2.2 **What should be declared** - the Civica Declare system will require you to declare the following information:

- Staff name and their role with the Trust.
- A description of the nature and value of the gift, including its source.
- Date of receipt.
- Any other relevant information (e.g. circumstances surrounding the gift, action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

11.2.3 **Exceptional Cases**

It is recognised that there are exceptional cases where refusal of a gift will clearly offend the giver, cause embarrassment, appear discourteous or has been offered to recognise exceptional commitment to patient care by an individual employee or group of employees. In these cases:

- Medical staff must gain approval for acceptance of the gift from the Trust's Medical Director;
- All other individuals must gain approval for acceptance of the gift from the Trust's Director of Finance.

The Medical Director and the Director of Finance & IT will consult with the Corporate Secretary and ensure registration of acceptance of the gift in the appropriate Trust register.

11.3. **Hospitality – including meals, refreshments, travel and accommodation**

In respect of offers of hospitality:

- (a) you should not ask for or accept hospitality that may affect, or be seen to affect, your professional judgement;
- (b) hospitality must only be accepted when there is a legitimate business reason and it is proportionate to the nature and purpose of the event;
- (c) particular caution should be exercised when hospitality is offered by actual or potential suppliers or contractors. This can be accepted, and must be declared, if modest and reasonable. Senior management approval must be obtained



### 11.3.1 Meals and Refreshments

- Under a value of £25 - may be accepted and need not be declared.
- Of a value between £25 and £75<sup>1</sup> - may be accepted and must be declared.
- Over a value of £75 - should be refused unless (in exceptional circumstances) senior approval is given. A clear reason should be recorded on the Trust's register(s) of interest as to why it was permissible to accept.
- A common sense approach should be applied to the valuing of meals and refreshments (using an actual amount, if known, or a reasonable estimate).

### 11.3.2 Travel and Accommodation

- Modest offers to pay some or all of the travel and accommodation costs related to attendance at events may be accepted and must be declared.
- Offers which go beyond modest, or are of a type that the Trust itself might not usually offer, need approval by senior staff, should only be accepted in exceptional circumstances, and must be declared. A clear reason should be recorded on the Trust's register(s) of interest as to why it was permissible to accept travel and accommodation of this type. A non-exhaustive list of examples includes:
  - offers of business class or first class travel and accommodation (including domestic travel)
  - offers of foreign travel and accommodation.

### 11.3.3 What should be declared

- Staff name and their role with the Trust.
- The nature and value of the hospitality including the circumstances.
- Date of receipt.
- Any other relevant information (e.g. action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

## 11.4. Outside Employment

- Staff should declare any existing outside employment on appointment and any new outside employment when it arises, in order for the Trust to comply with Working Time Regulations, and ensure that this is not in conflict with their employment. Staff should not undertake any work or business activities which would conflict with their Trust duties and responsibilities. Staff are reminded that it may be considered a fraud to continue to work at your secondary employment whilst signed off sick from the Trust. If absent due to sickness, you must refrain from all work, either paid or unpaid, unless expressly authorised by your GP and in agreement with the Trust.
- Where a risk of conflict of interest arises, the general management actions outlined in this policy should be considered and applied to mitigate risks.
- Where contracts of employment or terms and conditions of engagement permit, staff may be required to seek prior approval from the Trust to engage in outside employment.

### 11.4.1 What should be declared

- Staff name and their role with the Trust.
- The nature of the outside employment (e.g. who it is with, a description of duties, time commitment).

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<sup>1</sup> The £75 value has been selected with reference to existing industry guidance issued by the ABPI  
<http://www.pmcpa.org.uk/thecode/Pages/default.aspx>

- Relevant dates.
- Other relevant information (e.g. action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

## 11.5. Shareholdings and other ownership issues

- Staff should declare, as a minimum, any shareholdings and other ownership interests in any publicly listed, private or not-for-profit company, business, partnership or consultancy which is doing, or might be reasonably expected to do, business with the Trust.
- Where shareholdings or other ownership interests are declared and give rise to risk of conflicts of interest then the general management actions outlined in this policy should be considered and applied to mitigate risks.
- There is no need to declare shares or securities held in collective investment or pension funds or units of authorised unit trusts.

### 11.5.1 What should be declared

- Staff name and their role with the Trust.
- Nature of the shareholdings/other ownership interest.
- Relevant dates.
- Other relevant information (e.g. action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

## 11.6. Patents

- Staff should declare patents and other intellectual property rights they hold (either individually, or by virtue of their association with a commercial or other Trust), including where applications to protect have started or are ongoing, which are, or might be reasonably expected to be, related to items to be procured or used by the Trust.
- Staff should seek prior permission from the Trust before entering into any agreement with bodies regarding product development, research, work on pathways etc, where this impacts on the Trust's own time, or uses its equipment, resources or intellectual property.
- Where holding of patents and other intellectual property rights give rise to a conflict of interest then the general management actions outlined in this policy should be considered and applied to mitigate risks.

### 11.6.1 What should be declared

- Staff name and their role with the Trust.
- A description of the patent.
- Relevant dates.
- Other relevant information (e.g. action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy)

## 11.7. Loyalty Interests

Loyalty interests should be declared by staff involved in decision making where they:

- Hold a position of authority in another NHS Trust or commercial, charity, voluntary, professional, statutory or other body which could be seen to influence decisions they take in their NHS role.
- Sit on advisory groups or other paid or unpaid decision making forums that can influence how a Trust spends taxpayers' money.
- Are, or could be, involved in the recruitment or management of close family members and relatives, close friends and associates, and business partners.

- Are aware that their Trust does business with an organisation in which close family members and relatives, close friends and associates, and business partners have decision making responsibilities.

#### 11.7.1 What should be declared

- Staff name and their role with the Trust.
- Nature of the loyalty interest.
- Relevant dates.
- Other relevant information (e.g. action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

### 11.8. Donations

- Donations made by suppliers or bodies seeking to do business with the Trust should be treated with caution and not routinely accepted. In exceptional circumstances they may be accepted but should always be declared. A clear reason should be recorded as to why it was deemed acceptable, alongside the actual or estimated value.
- Staff should not actively solicit charitable donations unless this is a prescribed or expected part of their duties for the Trust, or is being pursued on behalf of the Trust's own registered charity or other charitable body and is not for their own personal gain.
- Staff must obtain permission from the Trust if in their professional role they intend to undertake fundraising activities on behalf of a pre-approved charitable campaign for a charity other than the Trust's own.
- Donations, when received, should be made to a specific charitable fund (never to an individual) and a receipt should be issued.
- Staff wishing to make a donation to a charitable fund in lieu of receiving a professional fee may do so, subject to ensuring that they take personal responsibility for ensuring that any tax liabilities related to such donations are properly discharged and accounted for.

#### 11.8.1 What should be declared

- The Trust will maintain records in line with the above principles and rules and relevant obligations under charity law.

### 11.9. Sponsored events

- Sponsorship of events by appropriate external bodies will only be approved if a reasonable person would conclude that the event will result in clear benefit to the Trust and the NHS.
- During dealings with sponsors there must be no breach of patient or individual confidentiality or data protection rules and legislation.
- No information should be supplied to the sponsor from whom they could gain a commercial advantage, and information which is not in the public domain should not normally be supplied.
- At the Trust's discretion, sponsors or their representatives may attend or take part in the event but they should not have a dominant influence over the content or the main purpose of the event.
- The involvement of a sponsor in an event should always be clearly identified.
- Staff within the Trust involved in securing sponsorship of events should make it clear that sponsorship does not equate to endorsement of a company or its products and this should be made visibly clear on any promotional or other materials relating to the event.

- Staff arranging sponsored events must declare this to the Trust.

#### 11.9.1 What should be declared:

- The Trust will maintain records regarding sponsored events in line with the above principles and rules.

#### 11.10. **Sponsored research**

- Funding sources for research purposes must be transparent.
- Any proposed research must go through the relevant health research authority or other approvals process.
- There must be a written protocol and written contract between staff, the Trust, and/or institutes at which the study will take place and the sponsoring Trust, which specifies the nature of the services to be provided and the payment for those services.
- The study must not constitute an inducement to prescribe, supply, administer, recommend, buy or sell any medicine, medical device, equipment or service.
- Staff should declare involvement with sponsored research to the Trust.

##### 11.10.1 What should be declared:

- The Trust will retain written records of sponsorship of research, in line with the above principles and rules.
- Staff should declare:
  - their name and their role with the Trust.
  - Nature of their involvement in the sponsored research.
  - relevant dates.
  - Other relevant information (e.g. what, if any, benefit the sponsor derives from the sponsorship, action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

#### 11.11. **Sponsored posts**

- External sponsorship of a post requires prior approval from the Trust.
- Rolling sponsorship of posts should be avoided unless appropriate checkpoints are put in place to review and withdraw if appropriate.
- Sponsorship of a post should only happen where there is written confirmation that the arrangements will have no effect on purchasing decisions or prescribing and dispensing habits. This should be audited for the duration of the sponsorship. Written agreements should detail the circumstances under which Trusts have the ability to exit sponsorship arrangements if conflicts of interest which cannot be managed arise.
- Sponsored post holders must not promote or favour the sponsor's products, and information about alternative products and suppliers should be provided.
- Sponsors should not have any undue influence over the duties of the post or have any preferential access to services, materials or intellectual property relating to or developed in connection with the sponsored posts.

##### 11.11.1 What should be declared:

- The Trust will retain written records of sponsorship of posts, in line with the above principles and rules.
- Staff should declare any other interests arising as a result of their association with the sponsor, in line with the content in the rest of this policy.

## 11.12. Clinical private practice

Clinical staff should declare all private practice on appointment, and/or any new private practice when it arises<sup>2</sup> including:

- Where they practise (name of private facility).
- What they practise (specialty, major procedures).
- When they practise (identified sessions/time commitment).

Clinical staff should (unless existing contractual provisions require otherwise or unless emergency treatment for private patients is needed):

- Seek prior approval of their Trust before taking up private practice.
- Ensure that, where there would otherwise be a conflict or potential conflict of interest, NHS commitments take precedence over private work.<sup>3</sup>
- Not accept direct or indirect financial incentives from private providers other than those allowed by Competition and Markets Authority guidelines:  
[https://assets.publishing.service.gov.uk/media/542c1543e5274a1314000c56/Non-Divestment\\_Order\\_amended.pdf](https://assets.publishing.service.gov.uk/media/542c1543e5274a1314000c56/Non-Divestment_Order_amended.pdf)

Hospital Consultants should not initiate discussions about providing their Private Professional Services for NHS patients, nor should they ask other staff to initiate such discussions on their behalf.

### 11.12.1 What should be declared

- Staff name and their role with the Trust.
- A description of the nature of the private practice (e.g. what, where and when staff practise, sessional activity, etc).
- Relevant dates.
- Any other relevant information (e.g. action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

## 12. Management of interests – advice in specific contexts

### 12.1. Strategic decision making groups

In common with other NHS bodies, the Trust uses a variety of different groups to make key strategic decisions about things such as:

- Entering into (or renewing) large scale contracts.
- Awarding grants.
- Making procurement decisions.
- Selection of medicines, equipment, and devices.

Trust wide product changes on nationally available contracts are agreed with individual service managers/clinicians, are only changed with a signed off quality impact assessment and are discussed at the Trust's Clinical Procurement Group.

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<sup>2</sup> Hospital Consultants are already required to provide their employer with this information by virtue of Para.3 Sch. 9 of the Terms and Conditions – Consultants (England) 2003: [https://www.bma.org.uk/-/media/files/pdfs/practical\\_advice\\_at\\_work/contracts/consultanttermsandconditions.pdf](https://www.bma.org.uk/-/media/files/pdfs/practical_advice_at_work/contracts/consultanttermsandconditions.pdf)

<sup>3</sup> These provisions already apply to Hospital Consultants by virtue of Paras.5 and 20, Sch. 9 of the Terms and Conditions – Consultants (England) 2003: [https://www.bma.org.uk/-/media/files/pdfs/practical\\_advice\\_at\\_work/contracts/consultanttermsandconditions.pdf](https://www.bma.org.uk/-/media/files/pdfs/practical_advice_at_work/contracts/consultanttermsandconditions.pdf)

Medicines and grants will need Pharmacy input and research department input.

In terms of procurement decisions for awarding/renewing contracts for the purchase of goods, services and medical devices these decisions should be made in line with the financial values as set out in the SFIs:

- Executive Team;
- Capital Management Group;
- Business Performance Committee;
- Board of Directors.

These groups should adopt the following principles:

- Chairs should consider any known interests of members in advance, and begin each meeting by asking for declaration of relevant material interests.
- Members should take personal responsibility for declaring material interests at the beginning of each meeting and as they arise.
- Any new interests identified should be added to the Trust's register(s).
- The vice chair (or other non-conflicted member) should chair all or part of the meeting if the chair has an interest that may prejudice their judgement.

If a member has an actual or potential interest the chair should consider the following approaches and ensure that the reason for the chosen action is documented in minutes or records:

- Requiring the member to not attend the meeting.
- Excluding the member from receiving meeting papers relating to their interest.
- Excluding the member from all or part of the relevant discussion and decision.
- Noting the nature and extent of the interest, but judging it appropriate to allow the member to remain and participate.
- Removing the member from the group or process altogether.

The default response should not always be to exclude members with interests, as this may have a detrimental effect on the quality of the decision being made. Good judgement is required to ensure proportionate management of risk.

## 12.2. Procurement

Procurement should be managed in an open and transparent manner, compliant with procurement and other relevant law, to ensure there is no discrimination against or in favour of any provider. Procurement processes should be conducted in a manner that does not constitute anti-competitive behaviour - which is against the interest of patients and the public.

Those involved in procurement exercises for and on behalf of the Trust should keep records that show a clear audit trail of how conflicts of interest have been identified and managed as part of procurement processes. At every stage of procurement steps should be taken to identify and manage conflicts of interest to ensure and to protect the integrity of the process.

Any staff involved in a procurement exercise must declare any interest (declaration of interest form) at the start of the procurement process to ensure transparency. If a member of staff circumstances change during a tendering exercise this must also be declared immediately. This also applies If an individual is responsible for managing the contractual performance or service of a supplier/provider any interests must be declared immediately to the procurement team for transparency.

The Trust's procurement and tendering policy offers further advice and guidance however procurement advice can be sought from the senior procurement team (Head of Procurement or Deputy Head of Procurement).

### **13. Dealing with breaches**

There will be situations when interests will not be identified, declared or managed appropriately and effectively. This may happen innocently, accidentally, or because of the deliberate actions of staff or other Trusts. For the purposes of this policy these situations are referred to as 'breaches'.

#### **13.1. Identifying and reporting breaches**

Staff who are aware about actual breaches of this policy, or who are concerned that there has been, or may be, a breach, should report these concerns to the Corporate Secretary or the Freedom to Speak Up Guardian.

To ensure that interests are effectively managed staff are encouraged to speak up about actual or suspected breaches. Every individual has a responsibility to do this. Further information about how concerns should be raised is available in the Trust's Raising Concerns (Whistleblowing) Policy.

The Trust will investigate each reported breach according to its own specific facts and merits, and give relevant parties the opportunity to explain and clarify any relevant circumstances.

Following investigation the Trust will:

- Decide if there has been or is potential for a breach and, if so, what severity of the breach is.
- Assess whether further action is required in response; this is likely to involve any staff member involved and their line manager, as a minimum.
- Consider who else inside and outside the Trust should be made aware
- Take appropriate action as set out in the next section.

#### **13.2. Taking action in response to breaches**

Action taken in response to breaches of this policy will be in accordance with the disciplinary procedures of the Trust and could involve Trust leads for staff support (e.g. Human Resources), anti-fraud (e.g. Local Anti-Fraud Specialist), members of the management or executive teams and Trust auditors.

Breaches could require action in one or more of the following ways:

- Clarification or strengthening of existing policy, process and procedures.
- Consideration as to whether HR/employment law/contractual action should be taken against staff or others.
- Consideration being given to escalation to external parties. This might include referral of matters to external auditors, NHS Counter Fraud Authority, the Police, statutory health bodies (such as NHS England, NHS Improvement or the CQC), and/or health professional regulatory bodies.

Inappropriate or ineffective management of interests can have serious implications for the Trust and staff. There will be occasions where it is necessary to consider the imposition of sanctions for breaches.

Sanctions should not be considered until the circumstances surrounding breaches have been properly investigated. However, if such investigations establish wrong-doing or fault then the Trust can and will consider the range of possible sanctions that are available, in a manner which is proportionate to the breach. This includes:

- Employment law action against staff, which might include:
  - Informal action (such as reprimand, or signposting to training and/or guidance).
  - Formal disciplinary action (such as formal warning, the requirement for additional training, re-arrangement of duties, re-deployment, demotion, or dismissal).
- Reporting incidents to the external parties described above for them to consider what further investigations or sanctions might be.
- Contractual action, such as exercise of remedies or sanctions against the body or staff which caused the breach.
- Legal action, such as a criminal investigation and prosecution under fraud, bribery or corruption legislation.

### **13.3. Learning and transparency concerning breaches**

Reports on breaches, detailing the impact of such breaches and actions taken will be considered by the Audit Committee.

To ensure that lessons are learnt and management of interests can continually improve, anonymised information on breaches, the impact of these, and action taken will be prepared and published as appropriate, or made available for inspection by the public upon request.

## **14. Review**

This policy will be reviewed in July 2024 unless regulatory changes necessitate an earlier review. The review will be led by the Corporate Secretary.

## **15. Associated documentation**

- Raising Concerns (Whistleblowing) Policy
- Anti-Fraud, Bribery & Corruption Policy
- Standing Financial Instructions
- Freedom of Information Act 2000
- ABPI: The Code of Practice for the Pharmaceutical Industry (2014)
- ABHI Code of Business Practice
- NHS Code of Conduct and Accountability (July 2004)
- NHS England has published some frequently asked questions for specific staff groups on the issues posed and how the guidance applies to them. This resource can be found via the following link: [www.england.nhs.uk/ourwork/coi](http://www.england.nhs.uk/ourwork/coi)



## Appendix 1 - Equality Impact Assessment (EIA) Form

This section must be completed at the development stage i.e. before ratification or approval. For further support please refer to the EIA Guidance on the Equality and Diversity section of the Intranet.

### Part 1

1. Person(s) Responsible for Assessment: Paul Buckingham

2. Contact Number: 0151 556 3477

3. Department(s): Executive Offices

4. Date of Assessment: 05/07/21

5. Name of the policy/procedure being assessed: Managing Conflict of Interests Policy

6. Is the policy new or existing?

New

Existing

7. Who will be affected by the policy (*please tick all that apply*)?

Staff

Patients

Visitors

Public

8. How will these groups/key stakeholders be consulted with?

Staff feedback based on policy implementation and operational performance will be incorporated.

9. What is the main purpose of the policy?

- Introduces common principles and rules for managing conflicts of interest
- Provides simple advice to staff and organisations about what to do in common situations
- Supports good judgement about how interests should be approached and managed.

10. What are the benefits of the policy and how will these be measured?

Consistent guidance on conflict of interests requirements. Annual declaration in respect of decision making staff with annual reporting to the Audit Committee.

11. Is the policy associated with any other policies, procedures, guidelines, projects or services? Yes:

- Raising Concerns Policy (Whistleblowing)
- Anti-Fraud, Bribery & Corruption Policy

12. What is the potential for discrimination or disproportionate treatment of any of the protected characteristics? None.

Protected Characteristic	Positive Impact (benefit)	Negative (disadvantage or potential disadvantage)	No Impact	Reasons to support your decision and evidence sought	Mitigation/adjustments already put in place
Age			X		
Sex			X		
Race			X		
Religion or Belief			X		
Disability			X		
Sexual Orientation			X		
Pregnancy/maternity			X		
Gender Reassignment			X		
Marriage & Civil Partnership			X		
Other			X		

If you have identified no negative impact for all please explain how you reached that decision and provide reference to any evidence (e.g. reviews undertaken, surveys, feedback, patient data etc.)

13. Does the policy raise any issues in relation to Human Rights as set out in the Human Rights Act 1998? See Guidance for more details (NB if an absolute right is removed or affected the policy will need to be changed. If a limited or qualified right is removed or affected the decision needs to be proportional and legal).

**No**

If you have identified negative impact for any of the above characteristics, and have not been able to identify any mitigation, you **MUST** complete Part 2, please see the full EIA document on the Equality and Diversity section of the Intranet and speak to the HR ED&I Lead for further support.

Action	Lead	Timescales	Review Date

**Declaration**

I am satisfied this document/activity has been satisfactorily equality impact assessed and the outcome is:

**No major change needed** – EIA has not identified any potential for discrimination/adverse impact, or where it has this can be mitigated & all opportunities to promote equality have been taken



**Adjust the policy** – EIA has identified a need amend the policy in order to remove barriers or to better promote equality  
*You must ensure the policy has been amended before it can be ratified.*



**Adverse impact but continue with policy** – EIA has identified an adverse impact but it is felt the policy cannot be amended.  
*You must complete Part 2 of the EIA before this policy can be ratified.*



**Stop and remove the policy** – EIA has shown actual or potential unlawful discrimination and the policy has been removed



Name: P Buckingham                      Date: 5 July 2021

Signed: or/Sent from work email account

## Appendix 2 - Policy approval checklist

The Managing Conflicts of Interests Policy is presented to Audit Committee for Approval.

**In order for this policy to be approved, the reviewing group must confirm in table 1 below that the following criteria is included within the policy. Any policy which does not meet these criterion should not be submitted to an approving group/committee, the policy author must be asked to make the necessary changes prior to resubmission.**

### Policy review stage

Table 1

<b>The reviewing group should ensure the following has been undertaken:</b>	<b>Approved?</b>
The author has consulted relevant people as necessary including relevant service users and stakeholders.	Yes
The objectives and reasons for developing the documents are clearly stated in the minutes and have been considered by the reviewing group.	Yes
Duties and responsibilities are clearly defined and can be fulfilled within the relevant divisions and teams.	Yes
The policy fits within the wider Trust context and does not duplicate other documents.	Yes
An Equality Impact Assessment has been completed and approved by the HR Team.	Yes
A Training Needs Analysis has been undertaken (as applicable) and T&D have been consulted and support the implementation	Yes
The document clearly details how compliance will be monitored, by who and how often.	Yes
The timescale for reviewing the policy has been set and are realistic.	Yes
The reviewing group has signed off that the policy has met the requirements above.	Yes
<b>Reviewing group chairs name:</b>	<b>Date:</b>

### Policy approval stage

<input type="checkbox"/> <b>The approving committee/group approves this policy.</b> <input type="checkbox"/> <b>The approving committee/group does not approve the policy.</b>	
<b>Actions to be taken by the policy author:</b>	
<b>Approving committee/group chairs name: S. Rai</b>	<b>Date: July 2021</b>



## Translation Service

If you require this leaflet in any other language or format, please contact the Patient Experience Team on 0151 556 3091 or 3093, or email [patientexperienceteam@thewaltoncentre.nhs.uk](mailto:patientexperienceteam@thewaltoncentre.nhs.uk) stating the leaflet name, code and format you require.

Arabic	إذا كنت بحاجة إلى هذه النشرة بأي لغة أو تنسيق آخر، فيرجى الاتصال بفريق متابعة تجارب المرضى على الرقم 0151 556 3091 أو 3093، أو إرسال بريد إلكتروني إلى <a href="mailto:patientexperienceteam@thewaltoncentre.nhs.uk">patientexperienceteam@thewaltoncentre.nhs.uk</a> موضحاً اسم النشرة، والرمز، والشكل الذي تطلبه.
Chinese	如果你想索取本传单的任何其他语言或格式版本，请致电0151 556 3091或3093联络「病人经历组」，或发电邮至 <a href="mailto:patientexperienceteam@thewaltoncentre.nhs.uk">patientexperienceteam@thewaltoncentre.nhs.uk</a> ，说明所需要的传单名称、代码和格式。
Farsi	در صورت نیاز به این بروشور به هر فرم یا زبان دیگری، لطفاً با تیم تجربه بیمار با شماره ۰۱۵۱۵۵۶۳۰۹۱ یا با ایمیل زیر تماس بگیرید <a href="mailto:patientexperienceteam@thewaltoncentre.nhs.uk">patientexperienceteam@thewaltoncentre.nhs.uk</a> با ذکر نام بروشور، کد و قالب مورد نیاز خود
French	Si vous avez besoin de ce dépliant dans une autre langue ou un autre format, veuillez contacter Patient Experience Team (équipe de l'expérience des patients) au 0151 556 3091 ou 3093, ou envoyez un e-mail à <a href="mailto:patientexperienceteam@thewaltoncentre.nhs.uk">patientexperienceteam@thewaltoncentre.nhs.uk</a> en indiquant le nom du dépliant, le code et le format que vous désirez.
Polish	Jeśli niniejsza ulotka potrzebna jest w innym języku lub formacie, należy skontaktować się z zespołem ds. opieki nad pacjentem (Patient Experience Team) pod numerem telefonu 0151 556 3091 lub 3093, lub wysłać wiadomość e-mail na adres <a href="mailto:patientexperienceteam@thewaltoncentre.nhs.uk">patientexperienceteam@thewaltoncentre.nhs.uk</a> , podając nazwę ulotki, jej kod i wymagany format.
Punjabi	ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਕਿਤਾਬਚਾ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਜਾਂ ਫਾਰਮੈਟ ਵਿੱਚ ਚਾਹੀਦਾ ਹੈ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਪੇਸ਼ੇਂਟ ਐਕਸਪੀਰੀਅੰਸ ਟੀਮ ਨਾਲ 0151 556 3091 ਜਾਂ 3093 'ਤੇ ਸੰਪਰਕ ਕਰੋ, ਜਾਂ <a href="mailto:patientexperienceteam@thewaltoncentre.nhs.uk">patientexperienceteam@thewaltoncentre.nhs.uk</a> 'ਤੇ ਈਮੇਲ ਕਰੋ ਅਤੇ ਪਰਚੇ ਦਾ ਨਾਮ, ਕੋਡ ਅਤੇ ਆਪਣਾ ਲੋੜੀਂਦਾ ਫਾਰਮੈਟ ਦੱਸੋ।
Somali	Haddii aad u baahan tahay buug-yarahan oo luqad kale ku qoran ama isaga oo qaab kale ah, fadlan Kooxda Waayo-arragnimada Bukaanka kala soo xiriir 0151 556 3091 ama 3093, ama email-ka <a href="mailto:patientexperienceteam@thewaltoncentre.nhs.uk">patientexperienceteam@thewaltoncentre.nhs.uk</a> oo sheeg magaca iyo summadda buug-yaraha iyo qaabka aad u rabtid.
Urdu	اگر آپ کو یہ کتابچہ کسی دیگر زبان یا شکل میں درکار ہو تو، براہ کرم پیشنٹ ایکسپیریئنس ٹیم سے 0151 556 3091 یا 3093 پر رابطہ کریں، یا کتابچے کا نام، کوڈ اور اپنی مطلوبہ شکل کا ذکر کرتے ہوئے <a href="mailto:patientexperienceteam@thewaltoncentre.nhs.uk">patientexperienceteam@thewaltoncentre.nhs.uk</a> پر ای میل کریں۔
Welsh	Pe byddech angen y daflen hon mewn unrhyw iaith neu fformat arall, byddwch cystal â chysylltu gyda'r Tîm Profiadau Cleifion ar 0151 556 3091 neu 3093, neu ebostiwch <a href="mailto:patientexperienceteam@thewaltoncentre.nhs.uk">patientexperienceteam@thewaltoncentre.nhs.uk</a> gan nodi enw'r daflen, y cod a'r fformat sydd ei angen arnoch.