

**STANDARDS OF BUSINESS CONDUCT  
AND  
MANAGING CONFLICTS OF INTEREST POLICY  
Corporate 121**

Target Audience				
Who should read this policy:	Planned Care CBU	Urgent Care CBU	Specialist Services CBU	Corporate
All employees of SOHT NHS	x	x	x	x

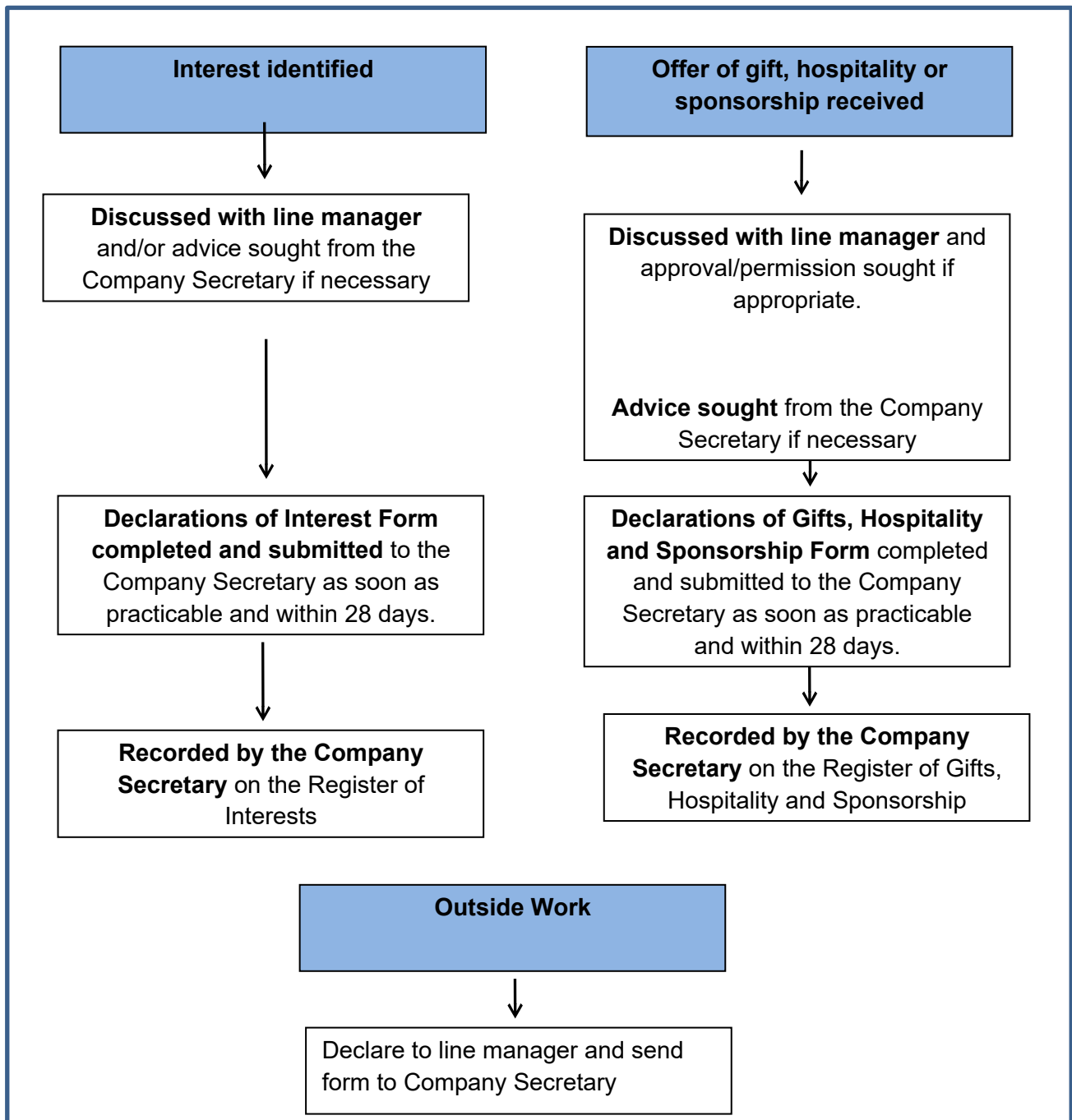


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## Flowchart for the Creation and Review of Procedural Documents



## 1. INTRODUCTION

As a public sector organisation The Trust has a duty to ensure its resources are utilised effectively and money is spent well, free from undue influence.

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 an organisation 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.

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.

All declared interests that are material will be promptly transferred to the appropriate register and maintained by the Company Secretary and such Registers would normally be published on the Trust's website

## PURPOSE

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. It does so by helping our staff manage risks related to conflicts of interest effectively by:

- Introducing consistent principles and rules;
- Providing simple advice about what to do in common situations; and
- Supporting good judgement about how to approach and manage interests.

This policy should be used in conjunction with the Trust's organisational policies:

- Corporate Governance Handbook (which incorporates the Standing Financial Instructions, Standing Orders, Scheme of Reservation and Delegation and Terms of Reference of all statutory and assurance committees)
- Raising Concerns (Whistleblowing) Policy
- Anti-Fraud, Bribery and Corruption Policy

## OBJECTIVES

The objectives of this policy are to:

- Ensure that no member of staff abuses their position to further their own interests or the interests of close associates;
- Ensure that no member of staff is influenced, or gives the impression of being influenced, by outside interests; and
- Ensure that outside interests do not influence decisions any member of staff makes when using taxpayers money.

## INTERESTS

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.'

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.

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. The golden rule should be: **If in doubt declare it**. All interests should be declared where there is a risk of perceived improper conduct.

Interests can fall into the following categories:

- **Financial interests** – where an individual may get direct financial benefit from the consequences of a decision they are involved in making.
- **Non-financial professional interests** – where an individual may obtain a non-professional benefit from the consequences of a decision they are involved in making, such as increasing their professional reputation or promoting their professional career.
- **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.
- **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.

## Staff

The Trust uses 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 salaried employees;
- All prospective employees – who are partway through recruitment;
- Contractors and sub-contractors;
- Agency staff; and
- Committee, sub-committee and advisory group members (who may not be directly employed or engaged by the organisation)

## Decision Makers

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 makers in this organisation are:

- Executive and Non-Executive Directors

- Members of committees and advisory groups which contribute to direct or delegated decision making on the commissioning or provision of taxpayer funded services.
- Agenda for Change 8a and above.
- Administrative and clinical staff who have the power to enter into contracts on behalf of the Trust.
- Administrative and clinical staff involved in decision making concerning the commissioning of services, purchasing of goods, medicines, medical devices or equipment, and formulary decisions.

## **PROCESS FOR THE IDENTIFICATION, DECLARATION AND REVIEW OF INTERESTS**

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

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

- On appointment with the Trust;
- When staff move to a new role or their responsibilities change significantly;
- At the beginning of a new project/piece of work;
- At the outset of meetings and
- 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).

The Company Secretary is responsible for implementing the guidance, including:

- Reviewing current policies and bringing them in line with the national guidance 'Managing Conflicts of Interest in the NHS' February 2017;
- Providing advice, training and support for staff on how interests should be managed;
- Maintaining the registers of interests; gifts and hospitality and commercial sponsorships
- Auditing policy, process and procedures relating to this guidance at least every three years.

**Declarations must be made to the Company Secretary.** A declaration of interest(s) Form is available at **Appendix A** or from the Company Secretary.

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

### **Proactive review of interests**

We will prompt decision making staff annually to review declarations they have made and, as appropriate, update them or make a nil return.

## **RECORDS AND PUBLICATION**

### **Maintenance**

The Trust will maintain the following registers which will be updated to reflect changes in staff circumstances:

- Register of Interests for Board of Directors-Non-Executive and Executive Directors

- Register of Interests for Decision Making Staff-example procurement staff
- Register of Interests for Staff above Agenda for Change Band 8a
- Register of Outside Work including Private Practice by Clinicians
- Register of Loyalty Declarations
- Register of Gifts and Hospitality and Commercial Sponsorship

All declared interests that are material will be promptly transferred to the Registers by the Company Secretary.

## **Publication**

We will:

- Publish the interests declared by decision making staff in the Register of Interests and Register of Gifts, Hospitality and Sponsorship;
- Refresh this information annually; and
- Make this information available on the Trust's website.

If decision making staff have substantial grounds for believing that publication of their interests should not take place then they should contact the Company 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 professional preference.

## **Wider transparency initiatives**

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

Relevant staff members must disclose payments they receive from the pharmaceutical industry to be disclosed as part of the Association for British Pharmaceutical Industry (ABPI) Disclose UK Initiative. This policy takes precedence over the APBI 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; and
- 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>

## **Management of interests – general**

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; or
- Removing staff from their role altogether if they are unable to operate effectively in it because the conflict is so significant.

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, action taken and the reasons for it.

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

The Company Secretary will advise on possible disputes about the most appropriate management action.

## **MANAGEMENT OF INTERESTS – COMMON SITUATIONS**

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

### **Gifts**

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

Gifts from suppliers or contractors:

- Gifts from suppliers or contractors doing business (or likely to do business) with the organisation should be declined, whatever their value.
- 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.

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

- Gifts of cash and vouchers to individuals should always be declined.
- Gifts such as alcohol and cartons of cigarettes must not be accepted.
- Staff should not ask for any gifts.
- Gifts valued at over £25 should be treated with caution and only accepted on behalf of the Trust's Charitable Funds and not in a personal capacity. These should be declared by staff.
- Modest gifts accepted under a value of £25 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 £25 where the cumulative value exceeds £25. These should be declared.

### **What should be declared?**

- Staff name and role within 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).

### **Hospitality**

- Staff should not ask for or accept hospitality that may affect, or be seen to affect, their professional judgement.
- Hospitality must only be accepted when there is a legitimate business reason and it is proportionate to the nature and purpose of the event.
- Particular caution should be exercised when hospitality is offered by actual or potential suppliers or contractors. This can be accepted if modest and reasonable (not exceeding £100) but must be declared. Senior approval must be obtained.

### **Meals and refreshments:**

- Under a value of £25 – may be accepted and need not be declared.
- Of a value between £25 and £75 - may be accepted and must be declared.
- Over a value of £75 – should be refused unless (in exceptional circumstances) senior approval is given in advance. A clear reason should be recorded on the Trust's register of gifts and hospitality 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).

### **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 (preferably in advance), should only be accepted in exceptional circumstances, and must be declared. A clear reason should be permissible to accept travel and accommodation of this type. A non-exhaustive list of examples includes:
  - o Offers of business class or first class travel and accommodation (including domestic travel)
  - o Offers of foreign travel and accommodation.

### **What should be declared?**

- Staff name and their role within the Trust.
- The nature and value of the hospitality including the circumstances, the purpose of the business activity to which the hospitality relates and also the name of the organisation (and contact) that is paying for that hospitality..
- 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).

### **Outside Employment including Private Practice by Clinicians**

- Staff should declare any existing outside employment on appointment and any new outside employment when it arises.
- 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 organisation to engage in outside employment.

The organisation may also have legitimate reasons within employment law for knowing about outside employment of staff, even when this does not give rise to risk of a conflict. Further advice can be sought from the Associate Director of Human Resources.

### **Clinical private practice**

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

- Where they practice (name of private facility).
- What they practice (specialty, major procedures).
- When they practice (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 the 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.
- Not accept direct or indirect financial incentives from private providers other than those allowed by Competition and Markets Authority guidelines: [Assets: how they work - Assets | GOV.UK Developer Documentation](#)

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.

### **What should be declared?**

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

### **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.

## What should be declared?

- Staff name and their role in 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).

## Patents and Intellectual Property Rights

- Staff should declare patents and other intellectual property rights they hold (either individually, or by virtue of their association with a commercial or other organisation), 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.
- Intellectual property or copyright created by employees in the course of their employment belongs to the Trust and cannot be used for financial gain. (Please refer to the Standing Operating Procedures for Research: Intellectual Property arising from Research Activity) and The DoH Framework and Guidance on the Management of Intellectual Property in the NHS.
- Where an invention that is a patentable object, device, process or procedure capable of commercial exploitation, is produced by a Trust employee, the invention is the property of the Trust to the extent that it was produced by the employee in the course of Trust employment, or arises by virtue of the employee's conditions of employment or from the opportunities afforded by Trust employment.
- In the event of an employee coming to believe that an invention may arise or has arisen from their endeavour, there is an absolute and immediate requirement for complete secrecy. This is to ensure that the patent rights that may apply to the Trust or employee are not jeopardised by inadvertent creation of prior art. The employee must immediately report the invention to the Company Secretary, who will provide further guidance, and to no-one else.
- Where an invention is commercially exploited, the Trust regards the employee as having the right to a fair, proportionate and negotiated share of any profit.
- Any work commissioned from third parties or work carried out by employees in the course of their Trust employment, belongs to the Trust, including any rewards or benefits (such as royalties). Where this involves publishing a book or article of which s/he is the author or a contributor, or delivering a lecture or speech or making a broadcast, all employees will be expected to consult with their manager first. Appropriate specifications and provisions will be included in contract arrangements before work is commissioned or begins.
- Should an employee be rewarded for work carried out as part of Trust business (for example, giving certain presentations), or to outside parties but wholly within Trust time, then the sum involved shall be registered and paid into the Trust's accounts. The employee concerned shall be reimbursed an appropriate proportion of the fee if some of her/his own time was spent on the task.
- Appropriate arrangements will be agreed regarding the receipt of rewards for Trust related collaborative work with manufacturers and for any rewards to be shared with employees, where their participation involved additional work outside

that paid for by the Trust under normal contractual arrangements. These arrangements must be agreed with the Trust before the work involved is undertaken.

### **What should be declared?**

- Staff name and their role in 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).

## **LOYALTY INTERESTS**

Loyalty interests can be defined as a director or officer reneging on his responsibility to avoid possible conflicts of interest, thereby precluding him from self-dealing or taking advantage of a corporate opportunity for personal gain or the gain of someone with whom he has a close relationship. Loyalty interests should be declared by staff involved in decision making where they:

- Hold a position of authority in another NHS organisation 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 an organisation 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 the Trust does business with an organisation in which close family members and relatives, close friends and associates, and business partners have decision making responsibilities.

### **What should be declared?**

- Staff name and their role in 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).

## **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 charitable fund.
- Donations, when received, should be made to the Trust's 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.

#### **What should be declared?**

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

### **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 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 sponsorship events must declare this to the Trust.

#### **What should be declared?**

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

### **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 organisation, 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.

#### **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 role in the Trust

- Nature of their involvement in the sponsored research.
- Relevant dates.
- Nature of the sponsored research
- 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).

### **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 organisations 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.

### **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 of the rest of this policy.

## **MANAGEMENT OF INTERESTS – ADVICE IN SPECIFIC CONTEXTS**

### **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.

The interests of those who are involved in these groups should be well known so that they can be managed effectively. For this Trust these groups include but are not limited to the:

- Board of Directors
- Board Committees
- Drugs and Therapeutics Committee

These groups should adopt the following principles:

- The Board, Committees and Groups should have a list of declared interests of all members. These must be updated as soon as a change of circumstances arises.

- 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 of Interests.
- 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 the 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.

## **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.

Further advice can be sought from the Procurement and Commercial Services Manager (or equivalent) or Company Secretary.

## **Bribery Act 2010**

There are circumstances when a conflict of interest has the potential to also be a possible offence under the Bribery Act. Under the Bribery Act 2010 any money, gift or hospitality received by an employee from a person or company seeking a contract within the Trust may be deemed to have been received as a bribe.

Reference should be made to the Trust's Anti-Fraud, Bribery and Corruption Policy for clarification and, as a consequence, if any employee feels that they have been offered an incentive or bribe in the course of their professional duties, this should also be declared in writing and immediately notified to the Local Counter Fraud Specialist. For further information refer to the Trust's Anti-Fraud, Bribery and Corruption Policy.



## **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 organisations. For the purposes of this policy these situations are referred to as 'breaches'.

## **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 Company Secretary, Director of Finance, Speak Up Guardian or the local Counter Fraud Specialist who can be contacted at:

Company Secretary: Audley Charles: a.charles1@nhs.net  
Tel: 01704 704 769 x 4679  
M: 07741 293 757

Director of Finance: Steve Shanahan: steve.shanahan@nhs.net  
Tel: 01704 704 825 x 4825  
M: 07813 695 775

Speak Up Guardian: Rev Martin Abrams: martin.abrams@nhs.net  
Tel: 01704 704 639 x 4639  
M: 07467 374 824 OR 07917 658 722

Local Counter Fraud: Paul Bell: paul.bell@miaa.nhs.uk  
Specialist Tel: 0151 285 4523  
M: 07837 747 333

To ensure that interests are effectively managed staff members are encouraged to speak up about actual or suspected breaches. Every individual has a responsibility to do this. For further information about how concerns should be raised refer to the Trust's Whistleblowing Policy or Anti-Fraud, Bribery and Corruption 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:

- Assess whether further action is required in response – this is likely to involve the member of staff involved and their line manager as a minimum.
- Consider who else inside and outside of the Trust should be made aware.
- Take appropriate action as set out in the next section.

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

Action taken in response to breaches of this policy will be as follows:

• A brief fact finding investigation to determine the circumstances and reasons in accordance with the disciplinary procedures of the Trust and could involve Trust leads for Human Resources, Fraud and members of the management and executive team and Trust's 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.
- Consideration being given to escalation to external parties. This might include referral of matters to external auditors, NHS Protect, the Police, statutory health bodies (such as NHS England, NHS Improvement of 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 and civil legal actions, such as exercise of remedies or sanctions against the body or staff which caused the breach.
- Criminal legal action, including but not limited to legislation relating to offences including fraud and bribery; such as investigation and prosecution under fraud, bribery and corruption legislation.

## **Learning and transparency concerning breaches**

Anonymised reports on breaches, the impact of these, and action taken will be considered by the Audit Committee at least annually.

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 on the Trust website as appropriate or made available for inspection by the public upon request.

## **LINKS TO RELEVANT LEGISLATION**

This policy is underpinned by the following relevant legislation:

- Freedom of Information Act 2000
- Bribery Act 2010-see PB's comments
- The Fraud Act 2006
- The Data Protection Act 1998
- The Public Interest Disclosure Act 1998

## **Links to Relevant National Standards**

This policy is underpinned by the following national guidance:

- ABPI: The Code of Practice for the Pharmaceutical Industry (2014)
- ABHI Code of Business Practice
- NHS Code of Conduct and Accountability (2004)
- NHS England Managing Conflicts of Interest in the NHS (2017)
- NHS Code of Conduct for Managers
- Code of Practice on Openness in the NHS

## **Links to other key policies**

This policy links to the following Trust policies:

- Freedom to Speak Up (Whistleblowing) Policy
- Anti-Fraud, Bribery and Corruption Policy
- Corporate Governance Manual (incorporating the Standing Orders, Standing Financial Instructions and Scheme of Reservation and Delegation)
- Disciplinary Policy

## **References**

This policy has been aligned to NHS England's Managing Conflicts of Interest in the NHS – model policy content for organisations.



## ROLES AND RESPONSIBILITIES FOR THIS POLICY

Title	Role	Responsibilities
<b>All Staff</b>	To comply with the policy	Have a responsibility to: <ul style="list-style-type: none"> <li>• Use common sense and judgement to consider whether the interests held could affect the way taxpayers' money is spent</li> <li>• Regularly consider interests held and declare these as they arise.</li> <li>• Not misuse their position to further their own interests or those of close associations</li> <li>• Not be influenced, or give the impression of being influenced by outside interests</li> <li>• Not allow outside interests to inappropriately affect the decisions being made using taxpayers' money</li> </ul>
<b>Company Secretary</b>	Policy Lead	Responsible for: <ul style="list-style-type: none"> <li>• The review of the policy every 3 years or as and when required to reflect any change in relevant legislation or guidance.</li> <li>• The dissemination of the policy and provision of advice, training and support for staff on how interests should be managed.</li> <li>• Maintaining the register of interests and register of gifts, hospitality and sponsorship.</li> <li>• Auditing this policy and its associated processes and procedures at least once every three years.</li> </ul>
<b>Chief Executive</b>	Executive Lead	Overall Responsibility for: <ul style="list-style-type: none"> <li>• Ensuring that the Trust conducts its business in accordance with standards of good business and employment law and practice, and for ensuring compliance with the Trust's Standing Orders.</li> </ul>

## TRAINING

What aspect(s) of this policy will require staff training?	Which staff groups require this training?	Is this training covered in the Trust's Mandatory and Risk Management Training Needs Analysis document?	If no, how will the training be delivered?	Who will deliver the Training?	How often will staff require Training	Who will ensure and monitor that staff have this Training
Sections 7, 9, 10 &11	All staff	No	Policy will be available on the Intranet. New Starters are provided with the Code of Conduct for all staff. Regular electronic prompts to remind all staff to declare interests, acceptance of gifts, hospitality and sponsorship. Electronic reminders to decision making staff	The Company Secretary, the Speak Up Guardian and the Local Counter Fraud Specialist	Annually	The Company Secretary

## **EQUALITY ANALYSIS ASSESSMENT**

Southport & Ormskirk Hospital NHS Trust is committed to ensuring that the way we provide services and the way we recruit and treat staff reflects individual needs, promotes equality and does not discriminate unfairly against any particular individual or group. The Equality Impact Assessment for this policy has been completed and is readily available on the Intranet. If you require this policy in a different format e.g. larger print, Braille, different languages or audio tape, please contact the Corporate Governance Team.

## **DATA PROTECTION AND FREEDOM OF INFORMATION**

All staff members have a responsibility to ensure that they do not disclose information about the Trust's activities in respect of service users in its care to unauthorised individuals. This responsibility applies whether you are currently employed or after your employment ends and in certain aspects of your personal life e.g. use of social networking sites etc. The Trust seeks to ensure a high level of transparency in all its business activities but reserves the right not to disclose information where relevant legislation applies.

## **PRIVACY IMPACT ASSESSMENT**

No Impact

## MONITORING THIS POLICY IS WORKING IN PRACTICE

Using the table below identify how the Trust will ensure that the policy is working effectively in practice

Monitoring this policy is working in practice What key elements will be monitored? (measurable policy objectives)	Where described in the policy?	How will they be monitored? (method + sample size)	Who will undertake this monitoring?	How Frequently ?	Group/Committee that will receive and review results	Group/Committee to ensure actions are completed	Evidence this has happened
All decision making staff (8a and above) must complete an annual Declaration of Interests, (DOI) Fit and Proper Persons' Test and Code of Conduct	Sections 6 and 7	Review of Register of Interests	The Company Secretary	Annually	Board and Audit Committee	Board and Audit Committee	Minutes of Board and Audit Committee DOI FORM Completed FPPT and Code of Conduct
All relevant gifts, hospitality and sponsorships	Sections 6 and 7	Quarterly Report on Corporate Registers to Audit Committee/ Annual Fit & Proper Persons	The Company Secretary	As and when required	Board and Audit Committee	Board and Audit Committee	Minutes of Board and Audit Committee



must be declared		Requirement and Code of Conduct					Register
All new Staff including NEDs	Sections 6 and 7	Item on Corporate Induction Agenda and Declaration of Interest Form Filled in and Signed at Induction	The Company Secretary	Commencement of Employment	Board and Audit Committee and Workforce and OD Committee	Board and Audit Committee and Workforce and OD Committee	Induction Agenda and Programme

## APPENDICES

APPENDIX 1 Declaration of Gifts, Hospitality and Sponsorship Form

APPENDIX 2 Declaration of Outside Work Including Private Practice by Clinicians

APPENDIX 3 Declaration of Interests Form

**APPENDIX 1 Declaration of Gifts, Hospitality and Sponsorship Form**

Name	Role	Description of Gift, Hospitality or Sponsorship (including organisation and value)	Relevant Dates		Comments
			From	To	

*Please see below information on how to populate the above boxes.*

The information submitted will be held by Southport & Ormskirk Hospitals NHS Trust to comply with the Trust’s policies. This information may be held in both manual and electronic format in accordance with the Data Protection Act 1998. Information may be disclosed to third parties in accordance with the Freedom of Information Act 2000 and published in registers that the Trust holds.

I confirm that the information provided above is complete and correct. I acknowledge that any changes in these declarations must be notified to Southport & Ormskirk Hospitals NHS Trust as soon as practicable but no later than 28 days after the offer of gift, hospitality and sponsorship arises. I am aware that if I do not make full, accurate and timely declarations then civil, criminal, internal disciplinary or professional regulatory action may result.

I **do / do not** (delete as appropriate) give my consent for this information to be published on the Trust’s register of gifts, hospitality and sponsorship.

**Signed:** \_\_\_\_\_

**Date:**

If consent is not given then please state the reason here:

\_\_\_\_\_

Please return to the Company Secretary, Corporate Management Office, Southport Hospital as soon as possible or within 28 days of the gift, hospitality and sponsorship being offered.

### **Guidance notes for completing the Declaration of Gifts, Hospitality and Sponsorship form.**

**Name and Role** [Insert your name and job title in relation to the Trust.]

**Description** Provide a brief description of the gift, hospitality or sponsorship being declared including the value if known or estimate of the value. This should contain enough information to be meaningful (e.g. detailing the supplier of any gifts, hospitality, sponsorship, etc.). That is, the information provided should enable a reasonable person with no prior knowledge to read this and understand the nature of the offer.

This would include but is not limited to:

- gifts
- hospitality in the form of meals and refreshments, travel and accommodation
- sponsored events
- sponsored research
- sponsored posts

**Relevant Dates** Detail here when the offer was made arose and, if relevant, when it ceased.

**Comments** This field should describe the approval or permission sought to accept the gift, hospitality or sponsorship (including who gave such approval/permission and when).

## APPENDIX 2 Declaration of Outside Work Including Private Practice by Clinicians

Should you undertake any outside work during your employment with SOHT, you must declare the details to your line manager and complete this form, a copy of which must be sent to the Company Secretary. *You do not need to declare as outside work part-time hours accrued across more than one NHS organisation provided that the aggregate hours do not exceed the maximum number of hours (48) per week you are allowed to work.*

Section 1	
In addition to your work with SOHT, do you undertake any work outside of the Trust? (for example private, paid or voluntary work)	Yes No
Details of Outside Work	
Name	
Job Title	
Band	
Service / Department	
Contact Telephone Number	
Normal Working Hours Per Week at SDGH	
Other Employer's Name	
Nature of Business	
Outline of work pattern in other employment (e.g. days worked / shift patterns)	
No. of hours worked per week in other employment	
Will you be working more than 48 hours per week in total or more than 12 hours in any one 24 hour period as a result of your combined employment?	Yes No
Any other relevant information that you wish to disclose	
Section 2 – Declaration and Authorisation	
To be completed by the Employee	
Name:	
Signature:	
Date:	
To be completed by the Line Manager	
Do you envisage a conflict of interest between the above 'outside work and the employee's employment with SOHT?	
Name:	
Signature:	
Date:	
Please return the completed Form to: The Trust Company Secretary, Trust Corporate Office, Southport & Ormskirk Hospital	

### APPENDIX 3 Declaration of Interests Form

<b>Name:</b>		
<b>Position / Role:</b>		
<b>Signature:</b>		
<b>Date:</b>		
<b>Directorship, including non-executive directorship held in private companies or Public Limited Companies (PLCs)</b> (with the exception of those dormant companies) <i>[PLCs are companies floated on the stock exchange]</i>		
<b>Ownership, or part ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS</b> <i>[These include companies limited by guarantee or shares. If you work through and are paid via these means you must declare such information]</i>		
<b>Majority holding or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS</b> <i>[Where you hold more than 50% of the shares in this organisation]</i>		
<b>A position of authority in a charity or voluntary body in the field of health and social care</b>		
<b>Any connection with a voluntary or other body contracting for NHS services</b> <i>[This may be a Charity or independent organisation like Social Housing]</i>		
<b>Other</b> <i>[Any other interest that falls outside of the other categories, for example: Governor of a local school]</i>		
<b>Related to anybody that works for the Trust</b> <i>[This could be a partner or relative]</i>		
<b>Loyalty</b> <i>[Conflict can arise when decision-making is influenced subjectively through association with colleagues or organisations out of loyalty to the relationship you may have, rather than through an objective process. The scope of loyalty is potentially huge so use your judgement in making declarations]</i>		

Date of entry on register or amendment		
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## Policy Implementation Plan

An Implementation template document for policy leads to use is available in a Word document on the intranet

<b>Policy Title</b>	Policy for Managing Conflicts of Interest
<b>Is this New or revision of an existing policy</b>	Revision of existing policies Corp 05 and Corp78
<b>Name and role of Policy Lead</b>	Company Secretary
<b>Give a Brief Overview of the Policy</b>	
<p>The policy sets out the Trust's arrangements for business conduct and managing conflicts of interest, including outside work, private practice, acceptance of gifts, hospitality and sponsorship.</p>	
<b>What are the main changes in practice that should be seen from the policy?</b>	
<p>The policy has been updated to align to the latest national guidance issued in 7 February 2017 and in effect from 1 June 2017. The policy should provide further clarification on the declarations staff need to make in relation to interests, gifts, hospitality and sponsorship</p>	
<b>Who is affected directly or indirectly by this policy?</b>	
<p>The policy applies to all staff including Non-Executive Directors.</p>	

## Implications

<b>Implications</b>	
<b>Will staff require specific training to implement this policy and if yes, which staff groups will need training?</b>	
<b>Explain the issues?</b>  Decision making staff (defined within the policy) will need to be made aware of the updates made to this policy. This can be done via face-to-face or in some cases, via email.	<b>Explain how this has been resolved</b>  N/A
<b>Are other resources required to enable the implementation of the policy e.g. increased staffing, new documentation?</b>	
<b>Explain the issues?</b>  The declarations of interest and gifts and hospitality forms on the intranet will need to be updated	<b>Explain how this has been resolved</b>  N/A
<b>Implications cont'd/...</b>	
<b>Have the financial impacts of any changes been established?</b> There are no financial impacts.	
<b>Explain the issues?</b>	<b>Explain how this has been resolved</b>



N/A	N/A
<b>Any other considerations</b>	
<b>Explain the issues?</b> N/A	<b>Explain how this has been resolved</b>  N/A

<b>Approval of Implementation Plan</b>
<p><b>Enter Name and Title of Policy Lead whose portfolio this policy will come under</b> Audley Charles, Interim Company Secretary</p> <p><b>Signature</b></p> <p><b>Date Approved</b> January 2018</p>

## Policy Details

<b>Title of Policy</b>	<b>Policy for Standards of Business Conduct and Managing Conflicts of Interest</b>
<b>Unique Identifier</b> for this policy is	SOHNHST-Corp-POL-1.0.0
State if policy is <b>New</b> or <b>Revised</b>	Revised and Updated
<b>Previous Policy Title</b> where applicable	Declarations of Interest Policy Policy for the Acceptance of Gifts and Hospitality
<b>Policy Category</b>  Clinical, HR, H&S, Infection Control, Finance etc.	Corporate
<b>Executive Director</b>  <i>whose portfolio this policy comes under</i>	Chief Executive
<b>Policy Lead/Author</b>  <i>Job titles only</i>	Company Secretary
<b>Committee/Group responsible for the approval of this policy</b>	Board of Directors, Audit Committee, Executive Team
<b>Consultation with</b>	Executive Team, Leadership Executive Team and Counter Fraud Specialist at Internal Audit
<b>Privacy Impact Assessment</b>	November 2017
<b>Month/year consultation process completed</b>	November 2017
<b>Month/year policy approved</b>	December 2017
<b>Month/year policy ratified and issued</b>	December 2017
<b>Next review date</b>	December 2020
<b>Implementation Plan completed</b>	YES
<b>Equality Impact Assessment completed</b>	YES
<b>Previous version(s) archived</b>	N/A
<b>Disclosure status</b>	FULLY

<b>Key words</b> for this policy	Business Conduct/Conflicts of Interests/ Gifts and Hospitality/ Sponsorships/ Bribery and Corruption

For more information on the consultation process, implementation plan, equality impact assessment, or archiving arrangements, please contact Corporate Integrated Governance.

**Review and Amendment History**

<b>Versio n</b>	<b>Date</b>	<b>Details of Change</b>
1.0.0	February 2018	New policy