

# Managing Conflicts of Interest in the NHS

## V1

**Additionally refer to:**

- Policy for Whistleblowing (HR05)
- Disciplinary Policy for Doctors and Dentists (HR07)
- Managing Attendance and Employee Wellbeing Policy Document (HR31)
- Disciplinary Policy (HR36)
- Intellectual Property (HR56)
- Anti-bribery and Fraud Policy (HR58)
- Policy for the Introduction and Approval of Clinical and Non Clinical Products, and the Management of Supplier Representatives
- Trust Standing Orders
- Trust Standing Financial Instructions

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## 1 Policy on a Page

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 an organisation 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>• 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>• The Governance Team will :               <ul style="list-style-type: none"> <li>○ Keep this policy under review to ensure it is in line with the guidance.</li> <li>○ Provide advice, training and support for staff on how interests should be managed.</li> <li>○ Maintain registers of interests.</li> <li>○ Audit this policy and its associated processes and procedures at least once every three years.</li> </ul> </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**

The Shrewsbury and Telford Hospital NHS Trust (SaTH), 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.

Providing best value for taxpayers and ensuring that decisions are taken openly and transparently, 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.

## **3 Purpose**

This policy has been formulated in order to implement the national guidance on managing conflicts of interests in the NHS.

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

## **4 Key terms**

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. All interests should be declared where there is a risk of perceived improper conduct.

## **5 Interests**

Interests fall into the following categories:

- **Financial interests:**  
Where an individual may get direct financial benefit<sup>†</sup> from the consequences of a decision they are involved in making.
- **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.

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\* Managing Conflicts of Interest in the NHS Guidance for staff and organisations NHS England 2017

† This may be a financial gain, or avoidance of a loss.

- **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.

## **6 Staff**

At SaTH 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 salaried employees
- All prospective employees – who are part-way 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)

This policy applies to all staff. Further information including frequently asked questions for specific staff groups on the issues posed and how the guidance applies to them is available at [www.england.nhs.uk/ourwork/coi](http://www.england.nhs.uk/ourwork/coi)

## **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 this organisation are:

- Executive and non-executive directors who have decision making roles which involve the spending of taxpayers' money
- Members of advisory groups which contribute to direct or delegated decision making on the commissioning or provision of taxpayer funded services
- Those at Agenda for Change band 8d and above
- Administrative and clinical staff who have the power to enter into contracts on behalf of their organisation
- Administrative and clinical staff involved in decision making concerning the commissioning of services, purchasing of good, medicines, medical devices or equipment, and formulary decisions

A list of the groups of decision making staff is given at Appendix A

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\* A common sense approach should be applied to the term 'close association'. Such an association might arise, depending on the circumstances, through relationships with close family members and relatives, close friends and associates, and business partners.

## **8 Identification, declaration and review of interests**

### **8.1 Identification & 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 are in any doubt as to whether an interest is material then they should declare it, so that it can be considered. Declarations should be made:

- On appointment with the organisation.
- When staff move to a new role or their responsibilities change significantly.
- At the beginning of a new project/piece of work.
- 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 following groups of staff are required to make an annual declaration of interests (or nil return) in line with this policy:

- Decision making staff (see section 7)
- All permanent Medical staff
- Those at Agenda for Change band 8a and above
- Specialist Nurses and other specialist practitioners as they may be offered sponsorship as part of their role.
- Staff in sponsored posts (where all or part of their salary is paid from a private funding)

Declarations should be made using the on-line system Insight4GRC. This is available at <https://SaTH.insight4grc.com> and via an 'app' on the intranet home page. All declarations will be held in this central register administered by the Governance Team. Please ensure that you complete all the required fields:

- The returnee's name and their role with the organisation
- A description of the interest declared (reflecting the content of Section 5 of the guidance for common situations)
- Relevant dates relating to the interest
- Space for comments (e.g. action taken to mitigate conflict – the governance team will make recommendations for mitigation if needed)

The Director of Corporate Governance and Head of Assurance and their team are responsible for implementing this guidance including:

- Reviewing current policies and bringing them in line with this guidance.
- Providing advice, training and support for staff on how interests should be managed.
- Maintaining the register of interests and gifts and hospitality
- Auditing policy, process and procedures relating to this guidance at least every three years

For further information please contact the Head of Assurance on ext 1118. See also appendix B for a guide to entering declarations on the Insight system.

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.

### **8.2 Proactive review of interests**

The Governance Team will prompt staff annually to review declarations they have made and, as appropriate, update them or make a nil return. This will be done via the Insight4GRC system.



## **9 Records and publication**

### **9.1 Maintenance**

The organisation will maintain a Register of Interests and a Register of Gifts and Hospitality (including sponsorship).

All declared interests that are material will be promptly transferred to the registers by the Governance team.

### **9.2 Publication**

We will:

- Publish the interests declared by decision making staff in the Trust Register of Interests and the Trust Gifts and Hospitality Register
- Refresh this information annually
- Make this information available on the Trust website: <https://www.SaTH.nhs.uk/>

If decision making staff have substantial grounds for believing that publication of their interests should not take place then they should contact the Governance Team 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**

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

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**

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

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

Staff who declare material interests should make their line manager or the person(s) they are working to aware of their existence and a copy should be kept on their personal file. The Governance Team will send copies of declarations made to the line managers of the individuals concerned.

The Director of Corporate Governance or Head of Assurance should be contacted for advice on any possible disputes about the most appropriate management action.

## **11 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.

### **11.1 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.
- Staff should not ask for any gifts.
- Gifts valued at over £50 should be treated with caution and only be accepted on behalf of SaTH and not in a personal capacity. These should be declared by staff on the Insight4GRC system using the Gifts and Hospitality module.
- Modest non-monetary 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.

See appendix C for a flowchart.

#### **11.1.1 What should be declared**

- Staff name and their role with the organisation.
- 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 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, and must be declared, if modest and reasonable. Senior approval must be obtained.

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\* The £6 value has been selected with reference to existing industry guidance issued by the ABPI:  
<http://www.pmcpa.org.uk/thecode/Pages/default.aspx>

### **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. A clear reason should be recorded on the organisation'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).

### **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 organisation 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 organisation'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.

See appendix D for a flowchart.

#### **11.2.1 What should be declared**

- Staff name and their role with the organisation.
- 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).

### **11.3 Outside Employment**

Outside employment means employment and other engagements, outside of formal employment arrangements. This can include directorships, non-executive roles, self-employment, consultancy work, charitable trustee roles, political roles and roles within not-for-profit organisations, paid advisory positions and paid honorariums which relate to bodies likely to do business with an organisation. (Clinical private practice is considered in a separate section).

- 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 has legitimate reasons within employment law for knowing about outside employment of staff, even when this does not give rise to risk of a conflict.

- Employees who hold or intend to hold any other paid or unpaid appointments outside the Trust, including self-employment, must obtain written approval for this from their line manager and a copy must be held on the individual's personal file. The other employment must in no way diminish the contribution the employee is able to make to the Trust. The total weekly average

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\* 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>

hours of work should not normally exceed the limit under the Working Time Regulations. Any additional posts will need to be discussed with the manager and where the manager assesses these to be inappropriate or where the Trust's confidentiality requirements are jeopardised, the employee will be required to give up the other employment; their employment with the Trust may be terminated should they refuse to do so.

- Staff should not undertake work outside of their contracted hours where such work would be in breach of Working Times Regulations, although they are entitled to opt out of this if they so wish. This needs to be formally agreed with their manager in writing.

See appendix E for a flowchart.

#### **11.3.1 What should be declared**

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

#### **11.4 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 organisation.
- 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.

See appendix F for a flowchart.

#### **11.4.1 What should be declared**

- Staff name and their role with the organisation.
- 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).

#### **11.5 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 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 organisation.
- Staff should seek prior permission from the organisation before entering into any agreement with bodies regarding product development, research, work on pathways etc, where this impacts on the organisation'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.

See appendix F for a flowchart.

### **11.5.1 What should be declared**

- Staff name and their role with the organisation.
- 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)

### **11.6 Loyalty interests**

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

See appendix G for a flowchart.

#### **11.6.1 What should be declared**

- Staff name and their role with the organisation.
- 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).

### **11.7 Donations**

- Donations made by suppliers or bodies seeking to do business with the organisation 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 organisation, or is being pursued on behalf of the organisation's own registered charity or other charitable body and is not for their own personal gain.
- Staff must obtain permission from the organisation 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 organisation'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.

#### **11.7.1 What should be declared**

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

### **11.8 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 the organisations 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 organisation'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 organisation 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 organisation.

See appendix H for a flowchart.

#### **11.8.1 What should be declared**

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

### **11.9 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 organisation, 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 organisation.

See appendix H for a flowchart.

#### **11.9.1 What should be declared**

- The organisation 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 organisation.
  - 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).

### **11.10 Sponsored posts**

- External sponsorship of a post requires prior approval from the organisation.
- 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.

See appendix H for a flowchart.

#### **11.10.1 What should be declared**

- The organisation 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.

#### **11.11 Clinical private practice**

Clinical staff should declare all private practice on appointment, and/or any new private practice when it arises\* 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 organisation 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:  
[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.

See appendix E for a flowchart.

#### **11.11.1 What should be declared**

- Staff name and their role with the organisation.
- 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).

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\* 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)

† 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)

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

### **12.1 Strategic decision making groups**

In common with other NHS bodies SaTH 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 organisation these groups are:

- Trust Board
- Capital Planning Group
- Drugs and Therapeutics Committee
- Devices, Products and Gases Committee

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 organisation'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 organisation 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.

The Trust Policy for the Introduction and Approval of Clinical and Non Clinical Products, and the Management of Supplier Representatives must be followed and advice sought as necessary from the Procurement Team.

## **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 organisations. 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 Director of Corporate Governance, Finance Director or the Trust Local Counter Fraud team.

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. For further information about how concerns should be raised please refer to the Trust Policy for Whistleblowing (HR02).

The organisation 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 organisation will:

- Decide if there has been, or is potential for a breach, and if so, the severity of the breach.
- 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 organisation 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 Trust Disciplinary procedures and could involve organisational leads for staff support (e.g. Human Resources), fraud (e.g. Local Counter Fraud Specialists), members of the management or executive teams and organisational 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 (NHSCFA), 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 organisation 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 organisation 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 investigation and prosecution under fraud, bribery and corruption legislation.

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

Reports on breaches, the impact of these, and action taken will be considered by the Audit Committee at least annually. These reports will include the impact of the breaches and actions which should be considered. Anonymised reports of breaches will be reported to Trust Board as part of the annual reporting cycle.

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 in the Trust Board papers (<https://www.sath.nhs.uk/about-us/trust-information/trustboard-papers/>) as appropriate, or made available for inspection by the public upon request.

## **14 Training**

There is no mandatory training associated with this guidance. If staff have queries about its operation, they should contact their line manager in the first instance.

## **15 Equality Impact Assessment**

This document has been subject to an Equality Impact Assessment and applies to all staff equally. It does not discriminate positively or negatively between protected characteristics.

## **16 Process for monitoring compliance with the effectiveness of this policy**

All reports of fraud, corruption or bribery will be reported to the Trust Board in the private session.

Aspect of compliance or effectiveness being monitored	Monitoring method	Responsibility for monitoring (job title)	Frequency of monitoring	Group or Committee that will review the findings and monitor completion of any resulting action plan
Audit of declarations of interests and gifts and/or hospitality	Review of compliance to submit annual declarations and comparison with Disclosure UK information	Head of Assurance	Annual	Audit Committee

**17 Review arrangements**

This document will be reviewed in 5 years of approval date, or sooner if required. This will be led by the Director of Corporate Governance. The document will be reviewed in light of feedback and learning from any breaches of policy. In order that this document remains current, any of the appendices to the policy can be amended and approved during the lifetime of the policy without the document having to return to the ratifying committee.

**18 Associated documentation**

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)

**Appendix A List of decision making staff**

- Executive Directors
- Non-Executive Directors
- Non-voting Board Members
- Staff on Agenda for Change Band 8D or 9
- Members of Drugs and Therapeutics Committee:

<b>Core Members (May 17)</b>	<b>Member</b>
Chair – Medical Director	Edwin Borman
Consultant	Jeff Butterworth
Consultant	Anirban Chatterjee
Consultant	Stephanie Damoa-Siakwan
Consultant	Steve Davies
Consultant	Lakshika Perera
Consultant	Prasad Rao
Consultant	Martyn Rees
Consultant	Hany Shawkat
Consultant	Martyn Underwood
Chief Pharmacist	Bruce McElroy
Pharmacist	Victoria Jefferson
Pharmacist	Pete McGinness
Associate Director of Nursing	Graeme Mitchell

- Members of Devices, Products & Gases Committee (DPGC)

<b>Core Members (May 17)</b>	<b>Member</b>	<b>Nominated Deputy</b>
Chair – Medical Director	Edwin Borman	
Vice Chair – Assoc. DoNursing	Helen Jenkinson	
Care Group Lead Nurses	UCG: Nonny Stockdale, SCG: Louise Gill, W&C CG: Lynn Atkin	Ruth Smith, Gary Caton, Annette Barton
Medical Engineering	Nigel Watkinson	Marion Tench
Finance Representative	Jill Price	Angela Parkinson Tricia Penney
Procurement Lead	Will Savage Sara Chadwick Andy Raybould	
Infection Prevention & Control	Janette Pritchard	Deb Wharton
Health & Safety	Kath Titley	Jill Johnson
Tissue Viability	Jessica Bates	
Clinical Practice Educators	Gill Johns	Karen Cassidy
Theatres representatives	RSH: Kevin Lloyd PRH: Mark Rickers	Alan Campbell Simon Hay
Critical Care representative	Steph Young	Debbie Chidlow
Emergency representative	Duncan Davies	Clare Walsgrove
<b>Representation Required as agenda dictates:</b>		
Corporate Nursing lead	Julie Lloyd Graeme Mitchell	Sam Carling
Pharmacy link	Hayley Pearson	Matt Brown Victoria Jefferson
IT Manager	Nigel Appleton	Giles Madin Angela Lewis
Pathology	Sheila Fryer	Tammy Davies
Radiology	Glen Whitehouse	Sharon Garcia Julia Thomas
Therapies	Dianne Lloyd	Jill Dale Lorraine Eades Amanda Walshaw Karen Jackman
Estates	Martin Foster	David Chan
Facilities'	Joanne Yale	
Resus Team	Helen Venn	
Moving & Handling	Hilary Morton	

## Appendix B Using Insight4GRC to make declarations

### How to register Interests or Gifts and Hospitality received or declined using Insight 4GRC

- 1 logon to Insight via the Intranet app



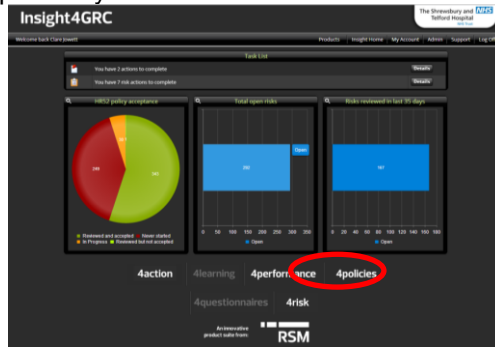
Or via the login page at <https://sath.insight4grc.com/>

**Your user name is your SATH email address.** Your password will have been emailed to you. If you have forgotten your password, please use the "forgotten password?" link

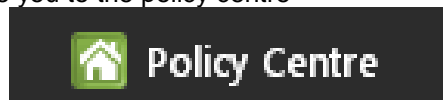


**Please note: Your password MUST be at least 8 characters, and contain at least one letter, one number and one non-alphanumeric character (eg \* or % or £ etc)**

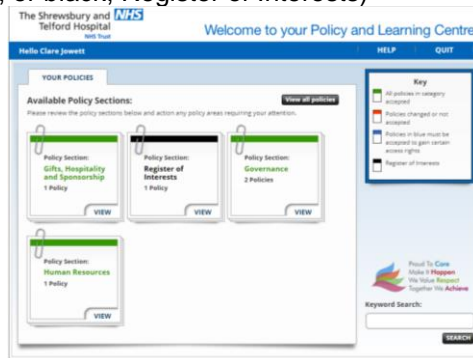
- 2 After log in, you will see the welcome screen. This shows a task list which will detail any outstanding tasks. Click on the task to update if you wish.



- 3 To go direct to the Gifts and Hospitality register, please click on the 4policies icon towards the bottom of the screen – this should take you to the policy centre

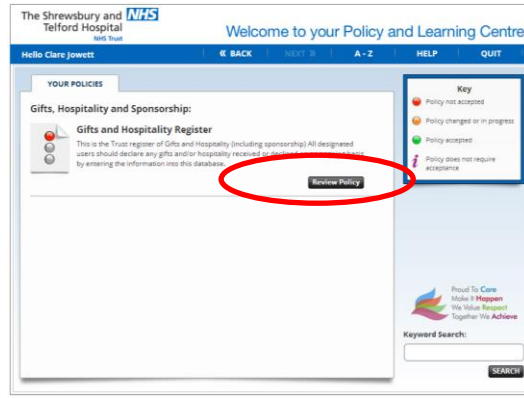


- 4 Click on the Gifts, Hospitality and Sponsorship box or the Register of Interests box. (Before you do this the first time, the bar at the top of the box will be red, once you have used the register, the bar will be green (Gifts and Hospitality, or black, Register of Interests)

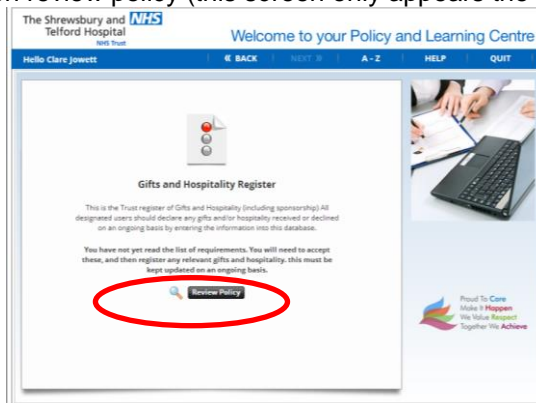


## Managing Conflicts of Interest in the NHS

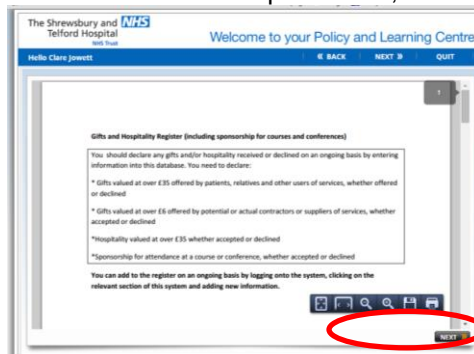
- 5 Click on review policy



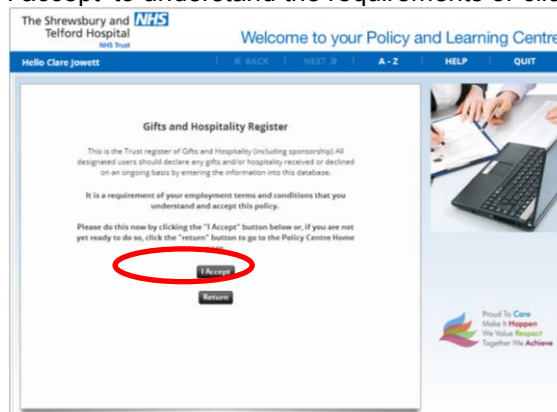
- 6 Read through and click on review policy (this screen only appears the first time you enter the register)



- 7 The next screen displays a short version of the requirements, read through and click next



- 8 Read through and click 'I accept' to understand the requirements or click Return if you do not



- 9 Click on the box to register a new gift or hospitality. Any previous declarations will be listed and can be updated

## Managing Conflicts of Interest in the NHS

The Shrewsbury and Telford Hospital NHS Trust

Welcome to your Policy and Learning Centre

Hello Clare Jowett

« BACK | NEXT » | A - Z | HELP | QUIT

### Gifts and Hospitality Register

If you have any new gifts or hospitality items (including sponsorship for courses and conferences) to register please click on the 'Register a new gift or hospitality' button below or simply click 'continue'.

**Register a new gift or hospitality (including sponsorship)**

Whom offered	Description	Value	Date	Accepted!
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- 10 Complete the form, entering as much information as possible. If you require further advice, please click the box and we will get back to you. It is important that you put in a value, or approximate value of the gift/hospitality and the date offered

The Shrewsbury and Telford Hospital NHS Trust

Welcome to your Policy and Learning Centre

Hello Clare Jowett

« BACK | NEXT » | A - Z | HELP | QUIT

### Gifts and Hospitality Register

Name of company who offered this:  The type of benefit is:

Name, address and your relationship of the person/company:

Give a brief description of the gift or hospitality offered:

Estimated value of the offer (£'s)   Unsure of the value Date the offer was made:

Status of the gift or hospitality:  Accepted  Declined  I require advice

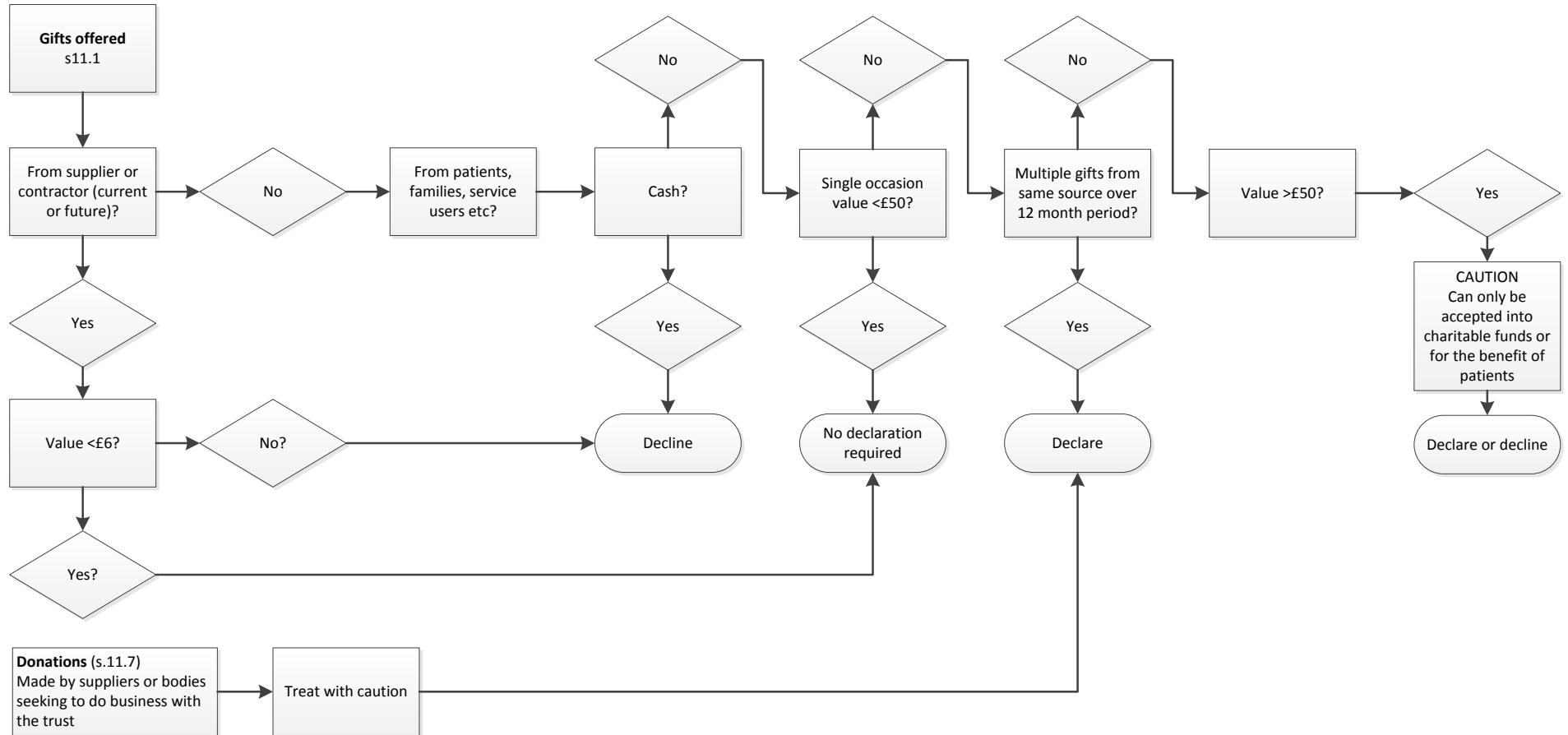
Reason for accepting/declining the offer (and note if the gift has been returned)

**SUBMIT**

Proud To Care  
Make It Happen  
We Value Respect  
Together We Achieve

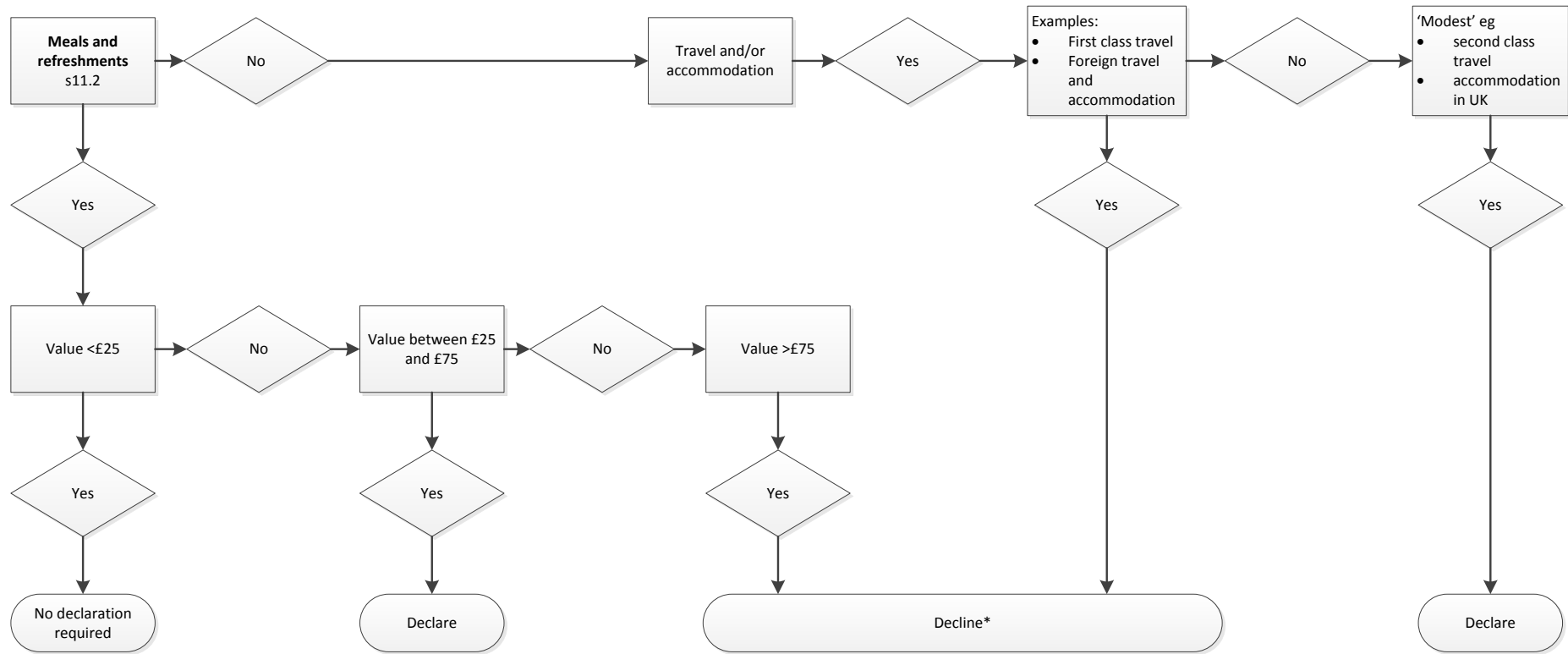
- 11 Click submit!
- 12 Process complete – you can go back to this list to add further gifts and hospitality as required by policy
- 13 A similar process is used to enter items on the Register of Interests

## Appendix C Gifts flowchart





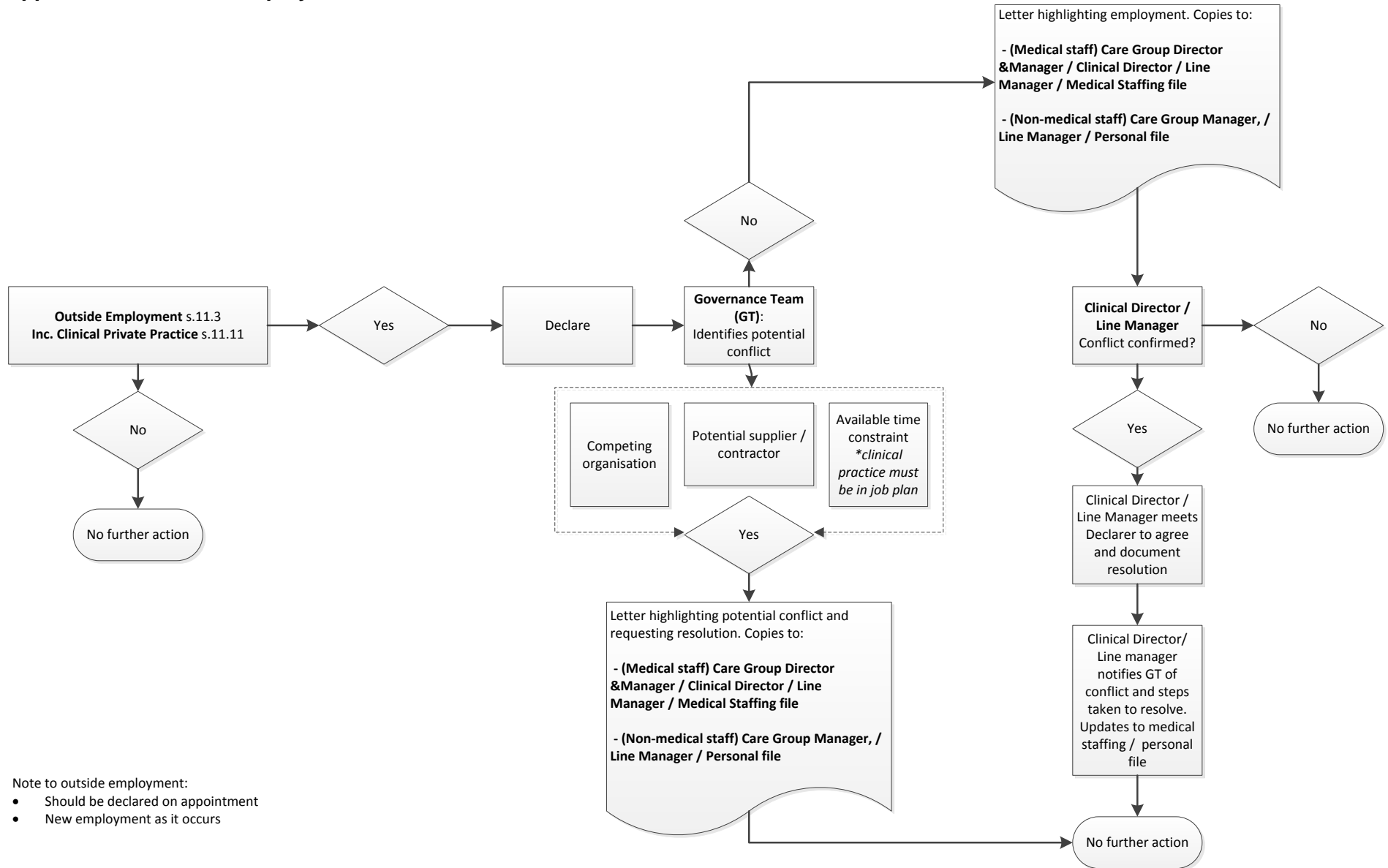
Appendix D Hospitality flowchart



- Notes to accepting hospitality:
- Should not be seen to affect professional judgement
  - Must be a legitimate business reason
  - Must be proportionate

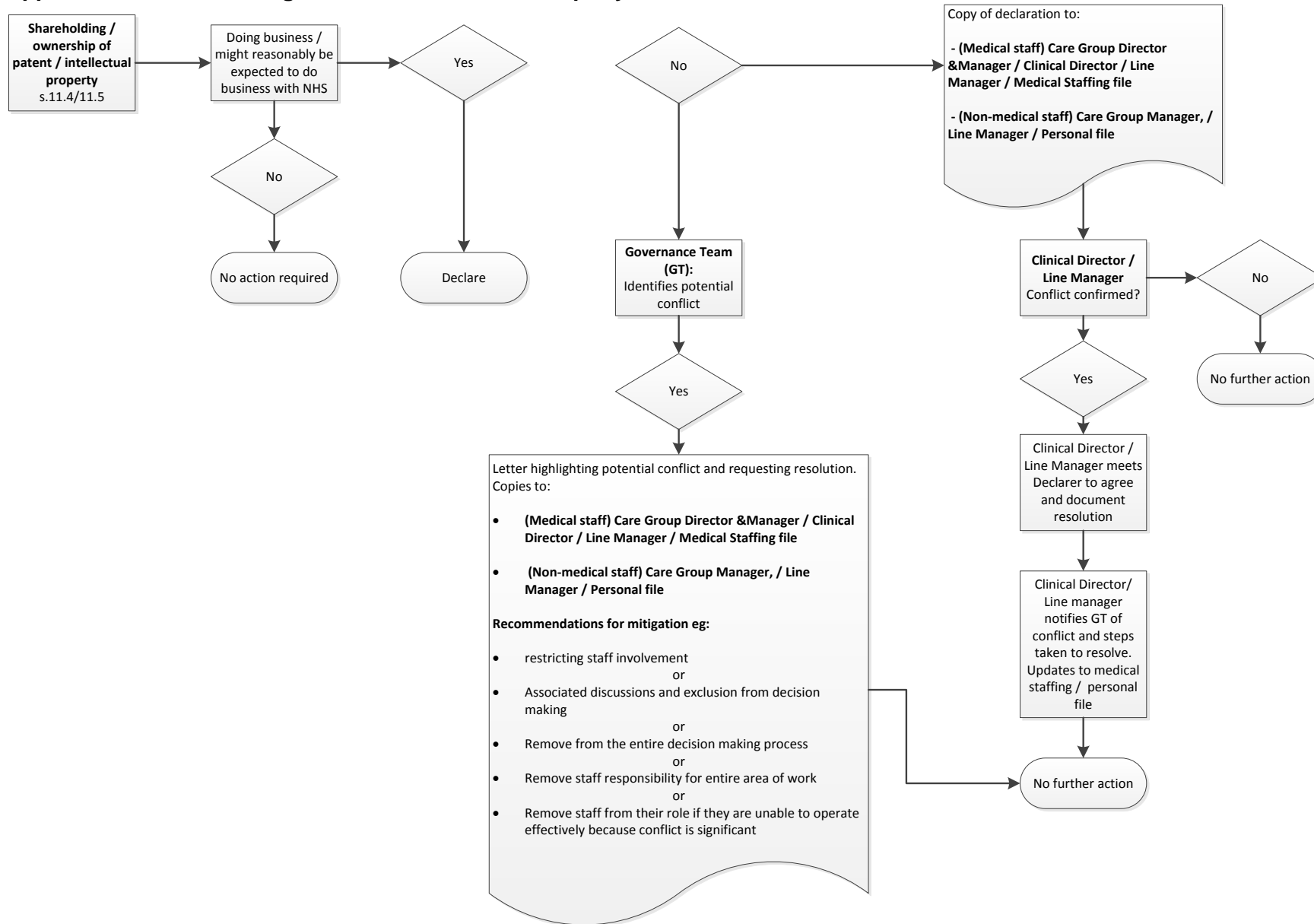
- \*Can be accepted in exceptional circumstances:
- Requires Director approval
  - Rationale for acceptance must be clear and fully recorded on G&H register by the member of staff to whom it refers

Appendix E Outside Employment and Clinical Private Practice flowchart

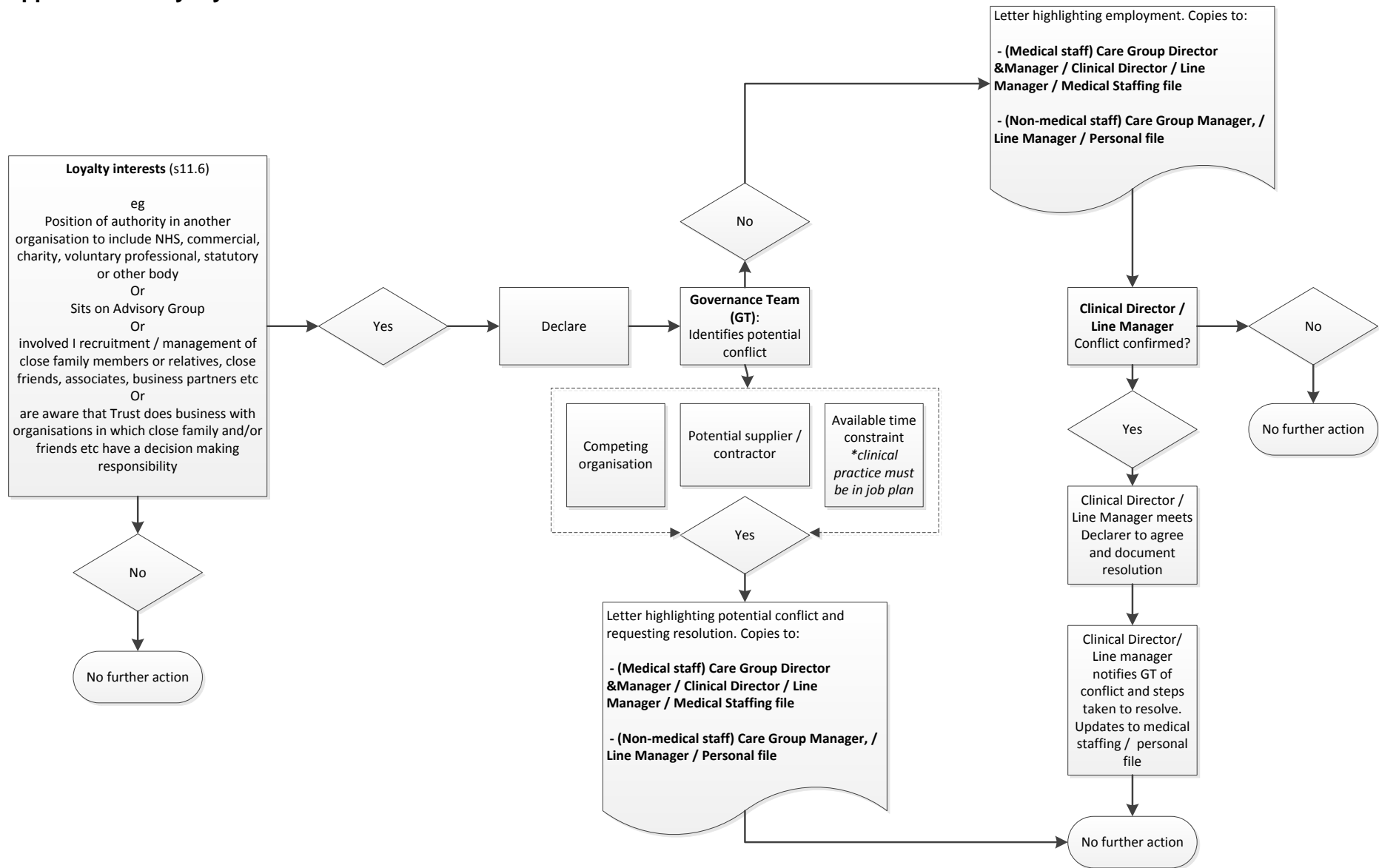


- Note to outside employment:
- Should be declared on appointment
  - New employment as it occurs

Appendix F Shareholding / Patents / Intellectual Property flowchart



Appendix G Loyalty Interests flowchart



Appendix H Sponsorship flowchart

