

## Board of Directors' Meeting

### 13 October 2022

Agenda item	190/22			
Report	Conflicts of Interest Policy			
Executive Lead	Anna Milanec, Director of Governance & Communications			
Author	Deborah Bryce, Interim Corporate Governance Consultant			
	Link to strategic pillar:		Link to CQC domain:	
	Our patients and community		Safe	
	Our people		Effective	
	Our service delivery		Caring	
	Our partners		Responsive	
	Our governance	√	Well Led	√
	Report recommendations:		Link to BAF / risk:	
	For assurance		BAF8	
	For decision / approval	√	Link to risk register:	
	For review / discussion		N/A	
	For noting			
	For information			
	For consent			
Presented to:	JLNC - 7 September 2022 Audit Risk & Assurance Committee - 5 October 2022			
Dependent upon (if applicable):	N/A			
Executive summary:	<p>A review of the Trust's Conflicts of Interest Policy has been undertaken against the <i>NHS England Managing Conflicts of Interest in the NHS</i> guidance (2017) and practice elsewhere.</p> <p>When reviewing the policy, the recommendations from MIAA's 2020/21 <i>Managing Conflicts of Interest – Joint Audit/Anti-Fraud Review</i> have been taken account of.</p> <p>The updated policy was considered and agreed by the Audit &amp; Risk Assurance Committee (ARAC) on 5 October 2022. ARAC also reviewed the updated register of interests and register of gifts and hospitality which are now in a compliant format and have a significantly increased number of declarations contained within them.</p> <p><b>Recommendation:</b> The Board is asked to ratify the updated Conflicts of Interest Policy, as per the Trust's Scheme of Delegation.</p>			
Appendices	Appendix A: Conflicts of Interest Policy			
				

## **1.0 Introduction**

- 1.1 The trust's Conflicts of Interest Policy has been reviewed against the *NHS England Managing Conflicts of Interest in the NHS* guidance (2017) and current practice elsewhere.
- 1.2 In 2020/21 MIAA provided several recommendations within their *Managing Conflicts of Interest – Joint Audit/Anti-Fraud Review* report. These recommendations have also been taken account of when refreshing the policy.
- 1.3 A new standard declaration form is proposed within the updated policy.
- 1.4 Work has been undertaken to significantly validate the register of interests and register of gifts and hospitality. Ongoing maintenance of the registers will continue.

## **2.0 General progress with declarations of interest**

- 2.1 The number of interests declared by staff within the Trust has historically been low, with only 19 available in 2020/21 when the MIAA review was conducted. Recent trust-wide communications in early 2022 has seen the number of declaration entries on the registers increase to over 700 and these have recently been validated.
- 2.2 Work has been completed to review the current system and processes for declaring interests within the Trust. It is intended to cease the option to declare interests within the Trust's Insight system as this has been historically underutilised. Instead, the electronic/paper declaration form will be used and, in due course, it is intended to utilise the facility to declare interests within the NHS Electronic Staff Record (ESR).
- 2.3 An update on the progress of establishing declarations of interest within ESR will be provided to ARAC in November 2022.
- 2.4 It is planned that the updated Conflicts of Interest Policy and declaration form will be communicated across the Trust and made available on the intranet for all staff to access.
- 2.5 Following the introduction of compliant register formats and a validation exercise, ARAC reviewed the register of interests and register of gifts and hospitality (including sponsorship) on 5 October 2022. It is intended to publish these registers on the Trust's website.

## **3.0 Main updates to the Conflicts of Interest Policy**

- 3.1 The proposed updated Conflicts of Interest policy can be found within **Appendix A**, which indicates the significant changes to the policy.
- 3.2 Within section 7, the 'decision making staff' definition has been updated to band 8a and above, from band 8d and above. This reflects the previous communications within the organisation requesting those at band 8a and above to declare interests annually and section 8.1 of the original policy. It makes clear that the organisation considers those at band 8a and above to be decision makers. The Board should note that the band 8a decision making category differs to that within the NHS England model policy, which refers to band 8d and above. However, several trusts include a

lower band of decision maker within their policy and the model policy indicates that trusts can adopt their appropriate definition.

- 3.3 In addition, the decision making staff definition within section 7 of the policy has been enhanced, based on the previous content of section 8.1 of the policy, practice elsewhere and local discussion. The decision making staff definition now includes: tier 2 and 3 medical staff; all procurement staff; pharmacy staff at band 5 and above; staff in sponsored posts; matrons; and members of key decision making groups/committees.
- 3.4 The contact details of the Local Counter Fraud Specialist and the NHS Fraud & Corruption reporting line have been added within section 13.1 to supplement the detail of the policy on identifying and reporting breaches. This will close the recommendation from MIAA within their 2020/21 review.
- 3.5 The recently established conflicts of interest trust generic email account address (SATH.declarations@nhs.net) has been added throughout the policy to make it easier for staff to submit declarations and to seek any advice required prior to making a declaration. This email address is overseen within the governance team.
- 3.6 References to the 'Head of Assurance' within the policy have been replaced by 'Director of Governance & Communications', as the Head of Assurance role is no longer in place.
- 3.7 Following consultation on the revised policy with Joint Local Negotiating Committee (JLNC) members and relevant HR business partner in July to September 2022, the narrative within section 11.11 of the policy has been updated to reflect clinical private practice 'regular commitment' requirements, along with a definition of private practice for medical staff. In addition, the narrative within section 13.2 of the policy has been amended to reflect a 'just and learning' culture.
- 3.8 The strategic decision making groups referenced in section 12.2 have been updated to include committees of the Board and Senior Leadership Committee.
- 3.9 The original Appendix A of the policy has been deleted as it refers to decision makers and group members by name, which will continue to become out of date over time as staff change. A proposed new Appendix A – declaration form - is recommended instead which will cover the declaration of general interests, along with gifts and hospitality. This form includes a section for line manager review, as line manager review of declarations is referenced within the 2020/21 MIAA review report recommendations.
- 3.10 The new proposed declaration form at Appendix A makes clear that interests will be published on the trust's website, as per the policy, unless there is a risk to the member of staff (which should be detailed to the Director of Governance to be considered as a potential exception to publication). The detail on publication within the declaration form and the policy has been approved by the Trust's Head of Data Protection and Information Governance.
- 3.11 Detail within the flowcharts of the appendices has been added to the narrative within the relevant sections of the policy.

#### **4.0 Risks and actions**

- 4.1 The Trust is currently non-compliant with publishing its full register(s) of interests on its website, as noted in MIAA's 2020/21 review. Now that the registers have been refreshed, it is intended to publish them.
- 4.2 Declarations made within the Trust would benefit from further improvement in compliance from decision making staff. It is intended that communication with staff on the subject will continue throughout the year.

#### **5.0 Conclusion**

- 5.1 Significant progress has been made during the year to review the Conflicts of Interest Policy, seek declarations and to follow up internal audit recommendations. Work will now be required to maintain the registers of interests and continue raising awareness of the policy with staff.

#### **6.0 Recommendation**

The Board is asked to ratify the updated Conflicts of Interest Policy, as per the Trust's Scheme of Delegation.

**5 October 2022**

# Managing Conflicts of Interest Policy

## V1.3

**Additionally refer to:**

- Freedom to Speak Up: Raising Concerns (Whistleblowing)(HR05)
- Handling Concerns for Doctor's and Dentists' Conduct and Capability (W31)
- Managing Attendance and Employee Wellbeing Policy Document (HR31a and HR31b)
- Disciplinary Policy (W7) 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
- Private Patient Policy

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Target audience:	All staff, managers, directors

## Version Control Sheet

Author/Contact:	Anna Milanec, Director of Governance & Communications
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Date Equality Impact Assessment completed	August 2017
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Distribution	Please refer to the intranet version for the latest version of this policy. Any printed copies may not necessarily be the most up to date.
Key words	Bribery, Corruption, Fraud, declaration of interest, Counter Fraud,
Dissemination	all staff.

## Version History

Version	Date	Author	Status	Comment
1	July 2017	Clare Jowett	Draft	New national guidance issued with model policy – new policy updated to mirror national policy (replacing elements of previous policy HR52)
1.1	Sept 2017	Clare Jowett	Final	Minor amendments following TNCC policy group
1.2	Oct 2017	Clare Jowett	Final	Two small typos corrected
1.3	Sept 2022			Insertion of Anti-Fraud Officer contact details, refresh of decision making staff definitions within section 7, removal of use of Insight system to declare interests, new format declaration form added within appendix A.

## Contents

<b>1</b>	<b>Policy on a Page</b>	<b>5</b>
<b>2</b>	<b>Introduction</b>	<b>6</b>
<b>3</b>	<b>Purpose</b>	<b>6</b>
<b>4</b>	<b>Key terms</b>	<b>6</b>
<b>5</b>	<b>Interests</b>	<b>7</b>
<b>6</b>	<b>Staff</b>	<b>7</b>
<b>7</b>	<b>Decision Making Staff</b>	<b>8</b>
<b>8</b>	<b>Identification, declaration and review of interests</b>	<b>8</b>
8.1	<i>Identification &amp; declaration of interests (including gifts and hospitality)</i>	8
8.2	<i>Proactive review of interests</i>	9
<b>9</b>	<b>Records and publication</b>	<b>10</b>
9.1	<i>Maintenance</i>	10
9.2	<i>Publication</i>	10
9.3	<i>Wider transparency initiatives</i>	10
<b>10</b>	<b>Management of interests – general</b>	<b>10</b>
<b>11</b>	<b>Management of interests – common situations</b>	<b>11</b>
11.1	<i>Gifts</i>	11
11.2	<i>Hospitality</i>	11
11.3	<i>Outside Employment</i>	12
11.4	<i>Shareholdings and other ownership issues</i>	13
11.5	<i>Patents</i>	14
11.6	<i>Loyalty interests</i>	14
11.7	<i>Donations</i>	15
11.8	<i>Sponsored events</i>	15
11.9	<i>Sponsored research</i>	15
11.10	<i>Sponsored posts</i>	16
11.11	<i>Clinical private practice</i>	16
<b>12</b>	<b>Management of interests – advice in specific contexts</b>	<b>17</b>
12.1	<i>Strategic decision making groups</i>	17
12.2	<i>Procurement</i>	18
<b>13</b>	<b>Dealing with breaches</b>	<b>18</b>
13.1	<i>Identifying and reporting breaches</i>	18
13.2	<i>Responding to concerns in response to breaches</i>	19
13.3	<i>Learning and transparency concerning breaches</i>	20
<b>14</b>	<b>Training</b>	<b>20</b>
<b>15</b>	<b>Equality Impact Assessment</b>	<b>20</b>
<b>16</b>	<b>Process for monitoring compliance with the effectiveness of this policy</b>	<b>20</b>
<b>17</b>	<b>Review arrangements</b>	<b>20</b>
<b>18</b>	<b>Associated documentation</b>	<b>20</b>

**Appendix A Declaration of interest form (including gifts and hospitality)**

**Appendix B - *not currently in use***

**Appendix C Gifts flowchart**

**Appendix D Hospitality flowchart**

**Appendix E Outside Employment and Clinical Private Practice flowchart**

**Appendix F Shareholding / Patents / Intellectual Property flowchart**

**Appendix G Loyalty Interests flowchart**

**Appendix H Sponsorship flowchart**



## 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><u>NOT</u></b> misuse your position to further your own interests or those close to you</li> <li><b><u>NOT</u></b> be influenced, or give the impression that you have been influenced by outside interests</li> <li><b><u>NOT</u></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><u>NOT</u></b> avoid managing conflicts of interest.</li> <li><b><u>NOT</u></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

This policy should be considered alongside these other organisational policies:

- Freedom to Speak Up: Raising Concerns (Whistleblowing) (HR05)
- Handling Concerns about Doctor's and Dentists' Conduct and Capability (W31)
- Managing Attendance and Employee Wellbeing Policy Document (HR31a and HR31b)
- Disciplinary Policy (W7)
- 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
- Trust private practice policy

## **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.
- **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<sup>\*</sup> 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.

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

<sup>†</sup> This may be a financial gain, or avoidance of a loss.

## 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 medical, clinical and provider manager 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 .
- 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 8a and above
- Medical staff working at Tier 3 level (for example, Consultants, Associate Specialists and Specialist Doctors) and Tier 2 level (for example, Specialist Registrars, Staff Grade Specialist Doctors and Clinical Fellows)
- Matrons
- Staff in sponsored posts (where all or part of their salary is paid from private funding)
- Administrative and clinical staff who have the power to enter into contracts on behalf of the organisation
- Administrative and clinical staff involved in decision making concerning the commissioning of services, purchasing of goods, medicines, medical devices or equipment, and formulary decisions. This includes:
  - All Procurement staff;
  - Pharmacy staff at band 5 and above;
  - Members of the Drugs and Therapeutics Committee;
  - Members of the Devices, Products and Gases Committee; and
  - Members of the Capital Planning Group.

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 decision making staff, as outlined within section 7, are required to make an annual declaration of interests (or nil return), in line with this policy.

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Declarations should be made using the declaration form within **Appendix A**, signed and submitted via email to [SATH.declarations@nhs.net](mailto:SATH.declarations@nhs.net) or by post to: Governance Team, Executive Office, Shrewsbury Hospital. All declarations will be held in the 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, or a 'nil' return)

### *Managing Conflicts of Interest Policy*

- Relevant dates relating to the interest
- The action to be taken to mitigate the conflict, as agreed or discussed with the line manager (to be included within the 'comments' section)

The Director of Governance & Communications and their team are responsible for implementing this guidance including:

- Reviewing current policies and guidance and bringing them in line with this policy.
- 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 policy at least every three years

For further information, or to discuss a potential conflict prior to declaring it, please contact the Director of Governance & Communications via email: [SATH.declarations@nhs.net](mailto:SATH.declarations@nhs.net) or via ext 3223

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 declaration form in **Appendix A** which can be completed electronically, signed and emailed to [SATH.declarations@nhs.net](mailto:SATH.declarations@nhs.net) or posted to the Governance Team, Executive Office, Shrewsbury Hospital.

## 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

SaTH will:

- Publish the interests declared by decision making staff in the Trust Register of Interests and the Trust Gifts and Hospitality (including sponsorship) 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 via email: [SATH.declarations@nhs.net](mailto:SATH.declarations@nhs.net) 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, along with making declarations to the trust, in line with this policy. 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, along with agreeing any mitigating actions, if required. A copy should be kept on their personal file.

The Director of Governance & Communications should be contacted for advice on any possible disputes about the most appropriate management action via email: [SATH.declarations@nhs.net](mailto:SATH.declarations@nhs.net).

## **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 via the declaration form in **Appendix A**.
- Modest non-monetary gifts accepted under a value of £50 from patients, families or service users 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).

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

### **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/or 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 of this policy).

- 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 (e.g. competing organisation, potential supplier/contractor, available time constraint) and is identified by the line manager/Clinical Director/Divisional Director/Governance Team, the general management actions outlined in this policy should be considered and applied to mitigate risks. This will include the relevant manager meeting with the declarer to agree and document resolution and notify the Governance Team (who oversee the register of interests) of next steps taken to resolve the conflict.
- 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/medical staffing file. The other employment must in no way diminish the contribution the employee is able to make to the Trust. The total weekly average

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 Time 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 as identified by the line manager/Clinical Director/Divisional Director/Governance Team then the general management actions outlined in this policy should be considered and applied to mitigate risks. This will include the relevant manager meeting with the declarer to agree and document resolution, record in personal file, and notify the Governance Team (who oversee the register of interests) of next steps taken to resolve the conflict.

- 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 as identified by the line manager/Clinical Director/Divisional Director/Governance Team then the general management actions outlined in this policy should be considered and applied to mitigate risks. This will include the relevant manager meeting with the declarer to agree and document resolution, record in personal file, and notify the Governance Team (who oversee the register of interests) of next steps taken to resolve the conflict.

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.
- Where loyalty interests give rise to a conflict of interest as identified by the line manager/Clinical Director/Divisional Director/Governance Team then the general management actions outlined in this policy should be considered and applied to mitigate risks. This will include the relevant manager meeting with the declarer to agree and document resolution, record in personal file, and notify the Governance Team (who oversee the register of interests) of next steps taken to resolve the conflict.

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 (for example, relevant investment committee/Divisional Director/Executive, subject to Standing Financial Instructions).
- 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 (For medical staff, the requirement includes that regular private commitments and/or any new regular private commitments should be declared and must also be agreed within the job plan\*).

Private practice is anything outside of SaTH employment that requires having a medical qualification, for example, classic private practice, legal reporting, event medicine and sports medicine) 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 (for medical staff private practice must be discussed as part of job planning and as part of appraisal process).
- 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:

Where a risk of conflict of interest arises and is identified by the line manager/Clinical Director/Divisional Director/Governance Team, the general management actions outlined in this policy should be considered and applied to mitigate risks. This will include the relevant manager meeting with the declarer to agree and document resolution, record in personal file, and notify the Governance Team (who oversee the register of interests) of next steps taken to resolve the conflict.

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 undertaken (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/pay-and-contracts/contracts/consultant-contract/consultant-contract-in-england>

† 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/pay-and-contracts/contracts/consultant-contract/consultant-contract-in-england>

## **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 and its committees (i.e. Finance & Performance Assurance Committee, Quality & Safety Assurance Committee, Audit & Risk Assurance Committee, Remuneration Committee, Charitable Funds Committee)
- Capital Planning Group
- Drugs and Therapeutics Committee
- Devices, Products and Gases Committee
- Senior Leadership 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 Governance ([SATH.declarations@nhs.net](mailto:SATH.declarations@nhs.net) or [anna.milanec@nhs.net](mailto:anna.milanec@nhs.net)), Finance Director ([helen.troalen@nhs.net](mailto:helen.troalen@nhs.net)) or the Trust Local Counter Fraud team.

The Local Counter Fraud Specialists can be contacted at:

Ruth Barker

Tel – 0151 285 4500 / 07584 774 763

Email – [Ruth.Barker@miaa.nhs.uk](mailto:Ruth.Barker@miaa.nhs.uk)

Darrell Davies

Tel – 0151 285 4500 / 07584 774 763

Email – [Darrell.Davies@miaa.nhs.uk](mailto:Darrell.Davies@miaa.nhs.uk)

The NHS also has a national Fraud & Corruption Reporting Line:  
Tel – 0800 028 40 60

NHS Fraud & Corruption Reporting Form (online)  
<http://www.reportnhsfraud.nhs.uk/>

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 *Freedom to Speak Up: Raising Concerns* (Whistleblowing) (HR05).

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 Responding to concerns in response to breaches**

Responding to concerns in response to breaches of this policy will initially be explored through discussion with relevant line managers. Where appropriate, in exceptional circumstances where an informal resolution has not been achieved, action may be considered 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.

Unresolved 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 further action is required under Trust policies .
- 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:

- Measures taken may 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 & Risk Assurance 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, and then the Director of Governance & Communication (via email: [SATH.declarations@nhs.net](mailto:SATH.declarations@nhs.net)).

## 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	Director of Governance & Communications	Annual	Audit & Risk Assurance Committee

## 17 Review arrangements

This document will be reviewed at least every three years, or sooner if required. This will be led by the Director of Governance & Communications. 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)

(also see the internal policies referred to within section 3 of this policy)



***(To be replaced by Appendix A – Declaration of Interest form (including gifts and hospitality) Appendix B – intentionally blank (–***

*(the previous procedure for declaring interests on the Insight system has been deleted. In future the procedure for declaring interests within the Electronic Staff Record will be included here)*

Please see the information below for further guidance prior to populating this form

Appendix A - Conflict of Interests Declaration Form, including gifts & hospitality.

1. NAME (insert):		ROLE HELD (insert):			
2. Category/type of Interest (see below for category details)	3. Description of Interest	4. Estimated value (if gift, sponsorship, hospitality)	5. Relevant Dates		6. Comments including actions agreed to mitigate risks and any approvals to adopt a certain course of action
			From	To	
<i>Example: Financial Interest - Hospitality</i>	<i>Example (delete): Hospitality received - from Organization Y to pay for train travel to speak at NHS cancer conference on 10/05/22</i>	e.g. £80	10/05/2022	10/05/2022	Approval to attend and accept the hospitality was given by Dr David Jones, Clinical Director on 05/09/22
<i>Example: Financial Interest – clinical private practice</i>	<i>Example (delete): I undertake clinical private practice at the Shrewsbury Nuffield hospital on Wednesday mornings.</i>	N/A	01/01/2022	current	No action required. Agreed as part of my job plan.

The information that you have provided will be processed in accordance with data protection principles as set out in the Data Protection Act and the General Data Protection Regulation. It will be published in accordance with the NHS England guidance and the Trust's Conflicts of Interest policy. Information may also be disclosed to third parties in accordance with the Freedom of Information Act 2000.\*

I confirm that the information provided above is complete and correct. I acknowledge that any changes in these declarations must be notified to the Shrewsbury & Telford Hospital NHS Trust as soon as practicable and no later than 28 days after the interest 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.

Signed:.....

Date:.....

Line Manager review (signature): .....

Date:.....

## GUIDANCE NOTES FOR COMPLETION OF INTERESTS DECLARATION FORM

**1. Name and Role:** Insert your name and your position/role in relation to the organisation you are making the return to.

### **2. Category/type of interest:**

**(a) Financial interests** - This is where an individual may get direct financial benefits from the consequences of a decision they are involved in making. This could include:

- A director (including a non-executive director) or senior employee in another organisation which is doing, or is likely to do business with an organisation in receipt of NHS funding
- A shareholder, partner or owner of an organisation which is doing, or is likely to do business with an organisation in receipt of NHS funding
- Someone in outside employment
- Someone in receipt of secondary income.
- Someone in receipt of a grant.
- Someone in receipt of other payments (e.g. honoraria, day allowances, travel or subsistence).
- Someone in receipt of sponsored research.

**Sub categories of interests within 'financial interests' which should be recorded include:**

- |                             |  |                       |
|-----------------------------|--|-----------------------|
| - Clinical private practice | - Donations                                    | - Gifts               |
| - Hospitality               | - Loyalty interests                            | - Outside employment  |
| - Patents                   | - Sponsored posts                              | - Sponsored research. |
| - Sponsored events          | - Shareholdings and other ownership interests. |                       |

**(b) Non-financial professional interests** - This is 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 status or promoting their professional career. This could include situations where the individual is:

- An advocate for a particular group of patients.
- A clinician with a special interest.
- An active member of a particular specialist body.
- An advisor for the Care Quality Commission or National Institute of Health and Care Excellence.
- A research role.

**(c) Non-financial personal interests** - This is 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. This could include, for example, where the individual is:

- A member of a voluntary sector board or has a position of authority within a voluntary sector organisation.
- A member of a lobbying or pressure group with an interest in health and care.

**(d) Indirect interests** - This is 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 who would stand to benefit from a decision they are involved in making. This would include\*\*\*:

- Close family members and relatives.
- Close friends and associates.
- Business partners.

**(e) I have no interests to declare** – This is for those decision makers completing a 'nil' return. Please write 'nil' on the form.

Note:

\*\*A benefit may arise from the making of gain or avoiding a loss.

\*\*\*A common sense approach should be applied to these terms. It would be unrealistic to expect staff to know of all the interests that people in these classes might hold. However, if staff do know of material interests (or could be reasonably expected to know about these) then these should be declared.

**3. Description of Interest:**

Provide a description of the interest that is being declared. 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 be able to read this and understand the nature of the interest.

**4. Estimated value:** Include here the estimated value of a gift/hospitality/sponsorship (See the values/limits guidance within the Conflicts of Interest Policy before accepting any gifts/hospitality. Cash or vouchers should never be accepted by individuals).

**5. Relevant Dates:** Detail here when the interest arose and, if relevant, when it ceased. Or date of the gift or hospitality.

**6. Comments including any actions agreed to mitigate risks:** This field should detail any action taken to manage an actual or potential conflict of interest. It might also detail any approvals or permissions to adopt certain course of action, and include details of any previous repeat acceptance.

**Publication of information**

\*If you have substantial grounds for believing that publication of your interests should not take place you should contact the Director of Governance to explain why via email : [SATH.declarations@nhs.net](mailto:SATH.declarations@nhs.net) . In exceptional circumstance, such as publication 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 personal preference.**

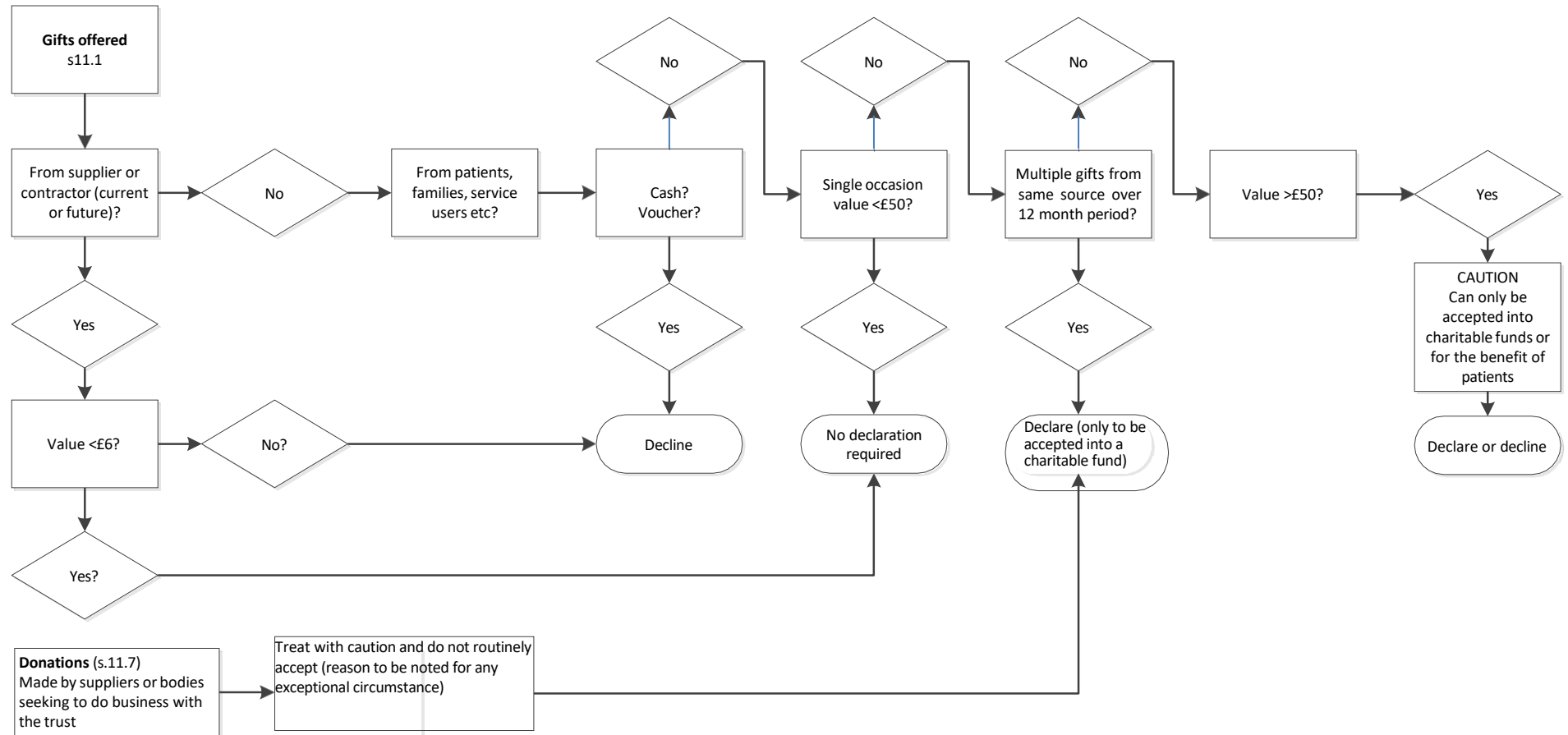
**Further advice**

If in doubt of any issues regarding declarations, you should declare your interests. **Please see the Conflicts of Interest Policy on the intranet for further guidance.**

If you wish to seek any clarification with regard to the Conflicts of Interest Policy before declaring any interests, please contact the Director of Governance & Communications via email: [SATH.declarations@nhs.net](mailto:SATH.declarations@nhs.net)

**Completed forms should be emailed to: [SATH.declarations@nhs.net](mailto:SATH.declarations@nhs.net)**

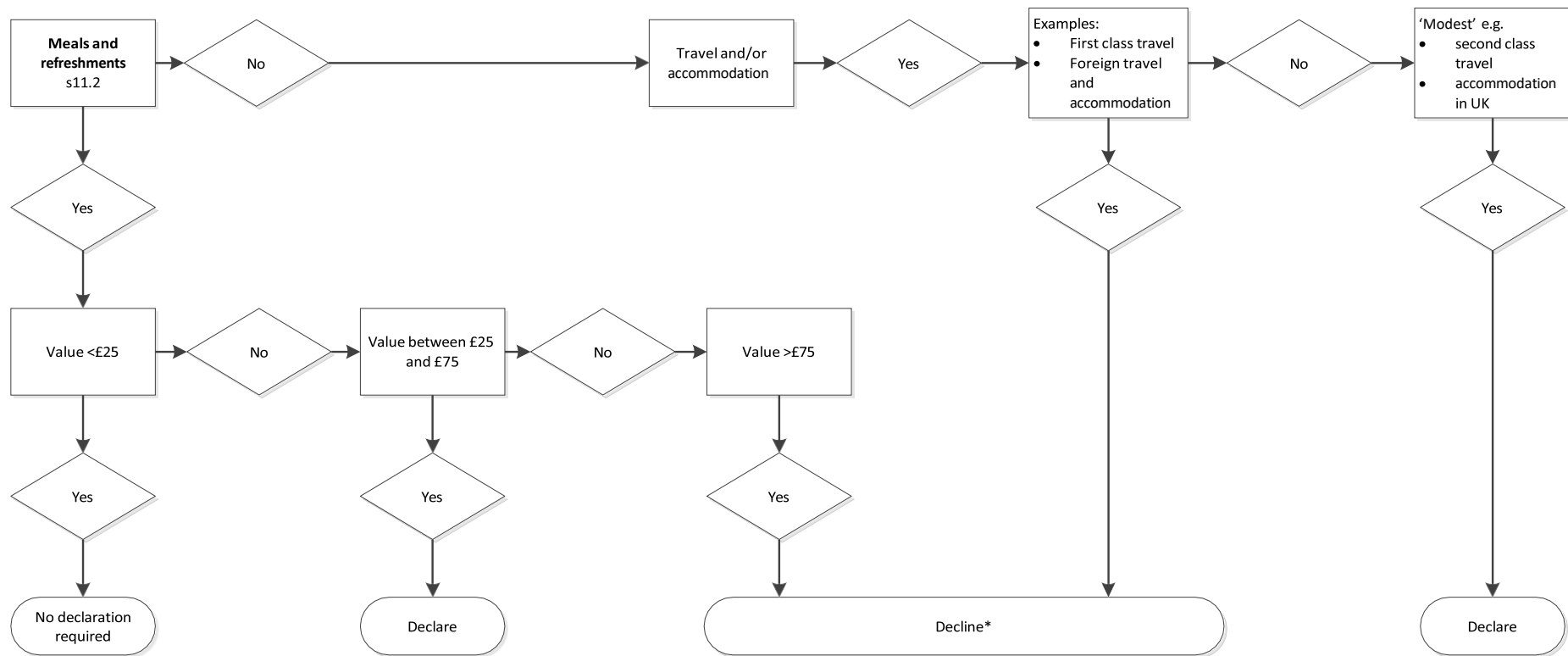
## Appendix C Gifts flowchart



### Notes to accepting gifts:

- Should not be seen to affect professional judgement
- Discuss acceptance of gifts with your line manager
- Contact [SATH.declarations@nhs.net](mailto:SATH.declarations@nhs.net) if you require further advice

## Appendix D Hospitality flowchart



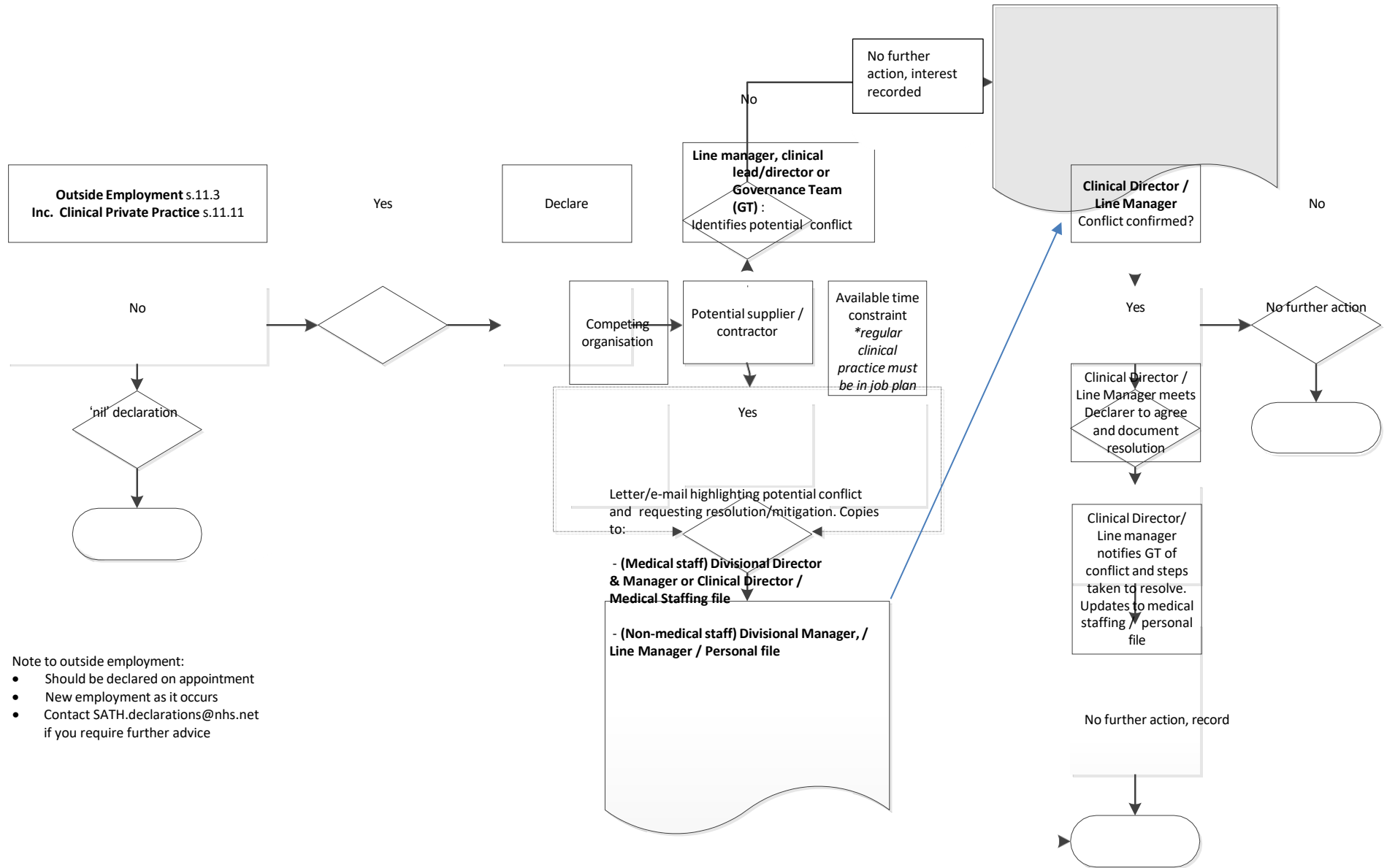
### Notes to accepting hospitality:

- Should not be seen to affect professional judgement
- Must be a legitimate business reason
- Must be proportionate
- Discuss offers of hospitality with your line manager
- Contact [SATH.declarations@nhs.net](mailto:SATH.declarations@nhs.net) if you require further advice

### \*Can be accepted in exceptional circumstances:

- Requires Director approval
- Rationale for acceptance must be clear and fully recorded on Gifts & Hospitality register by the member of staff to whom it refers

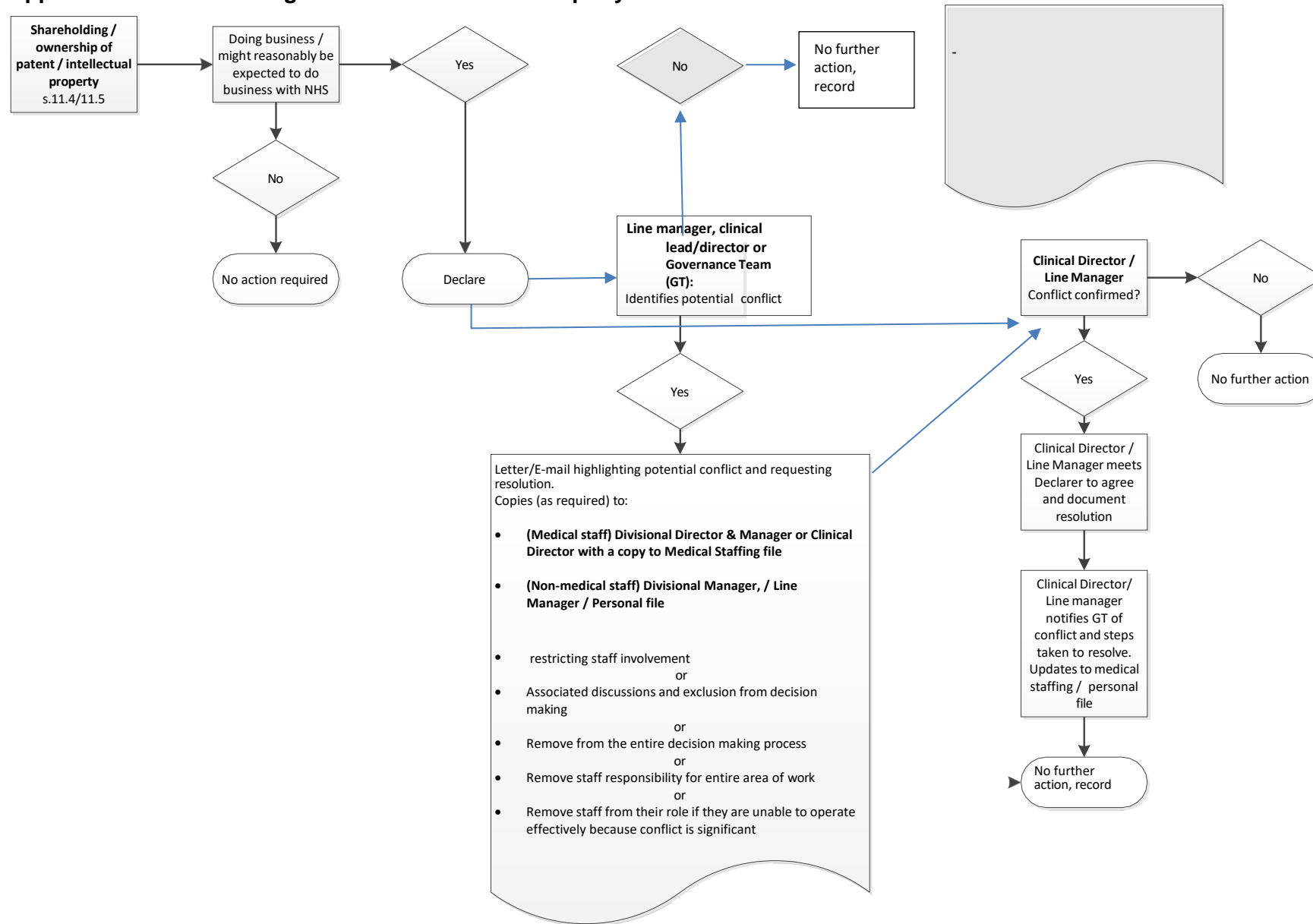
## Appendix E Outside Employment and Clinical Private Practice flowchart



Note to outside employment:

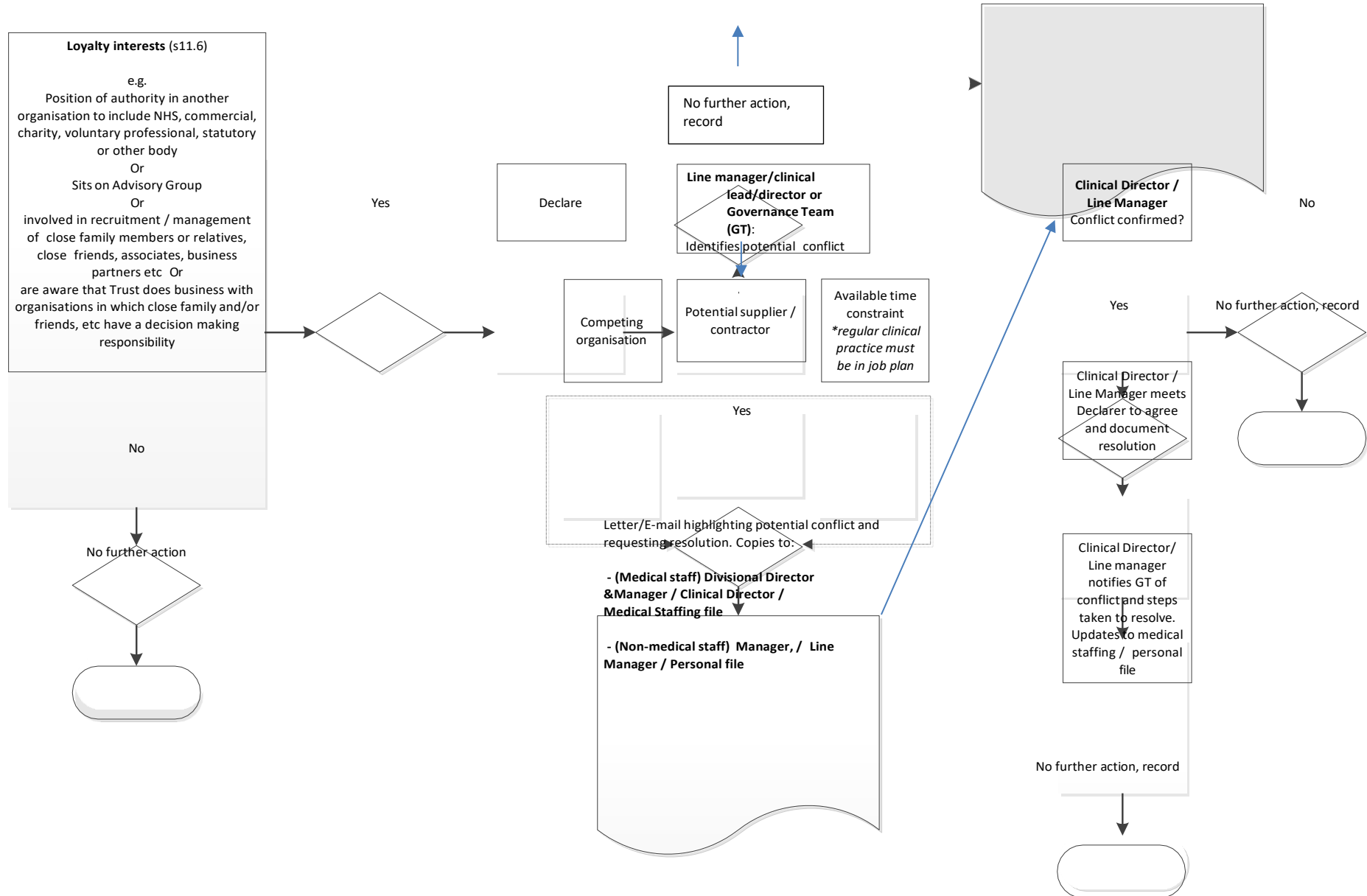
- Should be declared on appointment
- New employment as it occurs
- Contact [SATH.declarations@nhs.net](mailto:SATH.declarations@nhs.net) if you require further advice

## Appendix F Shareholding / Patents / Intellectual Property flowchart





## Appendix G Loyalty Interests flowchart



## Appendix H Sponsorship flowchart

