

Managing Conflicts of Interest (including Gifts & Hospitality) in the NHS Policy

Policy Number	Corp/Pol/008
Target Audience	All staff including Agency Workers, Volunteers, Contractors, Bank Staff, Governors and Learners in Practice
Approving Committee	Corporate Clinical Policy Group
Date First Approved	October 2017
Last Full Review Date	May 2020
Next Full Review Date	May 2023
Policy Author	Trust Secretary
Version Number	2.7

Applicable Statutory, Legal or National Best Practice Requirements	NHS England mandated policy for all Trusts to adopt Bribery Act (2010)
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The Trust is committed to an environment that promotes equality, embraces diversity, and respects human rights both within our workforce and in service delivery. This document should be implemented with due regard to this commitment.

This document can only be considered valid when viewed via the Trust's intranet. If this document is printed into hard copy or saved to another location, you must check that the version number on your copy matches that of the one online.

Version Control Sheet

Version	Date	Reviewed By	Comment
1.0	Oct 2017	Policy Approval Group	Approved
1.1	Dec 2019	Jan McCartney	Updated to include MIAA audit recommendations and harmonise with WHHFT
1.2	Jan 2020	Chair of Audit Committee	Reviewed and suggested updates.
1.3	April 2020	Jan McCartney	Updated following comments
1.4	May 2020	Mary Corkery	Comments/suggestions made
1.5	May 2020	Jan McCartney	Updated following comments
1.6	May 2020	S. Arkwright	Approved by chair action
1.7	May 2020	J. McCartney	Next full review date updated to May 23
2.0	May 2020	S. Arkwright	Approved by chair action
2.1	December 20	J. McCartney	Target audience updated to include Governors and Learners in Practice
2.2	Dec 20	S. Arkwright	Approved by chair action
2.3	April 2021	J. McCartney	Amendments made to sections 5.6, 8,.9 & 15
2.4	April 2021	J. McCartney	Amendments approved by Audit Committee 8 April 2021
2.5	June 2021	S. Arkwright	Approved by chair action.
2.6	January 22	J. McCartney	Section 2 and 12.3 updated following review by Phillip Leong (MIAA)
2.7	January 22	Jeanette Hogan	Approved by chair action

Does this policy impact/potentially impact on: <ul style="list-style-type: none"> • Staff • Patients • Family Members • Carers • Communities 	Yes	Please contact the Trust's Equality & Inclusion Manager at: Email: ruth.besford@nhs.net
	No	Please sign and date below: Name: Jan McCartney Email Address: jan.mccartney@nhs.net Date: 28 April 2020

Education & Professional Development Question

In order to ensure that any training requirements are discussed, and resources planned and allocated to meet the needs of the service, you must consider whether this document has additional training requirements.

Please answer the following question by entering a cross in the box below:

	Yes	No
Does this document have any additional training requirements or implications?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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- Appendix 1 [Registers of Interest Template](#)
- Appendix 2 [Declaration of Interest Template](#)
- Appendix 3 [Gifts and Hospitality Declaration](#)

1 Introduction

Bridgewater Community Healthcare NHS Foundation Trust (the 'organisation'), 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 transparently and clearly, are both key principles in the NHS Constitution and the Trust 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.

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.

This policy should be considered in conjunction with the [Standing Financial Instructions and Scheme of Reservation and Delegation](#).

1.1 Objective

This policy will help our staff manage conflicts (including the receipt of gifts and hospitality) 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.

1.2 Scope

This policy applies to all Trust staff including Agency Workers, Volunteers, Contractors, Bank Staff, Governors and Learners in Practice.

2 Definitions

The definitions applicable to this document are as follows:

Conflict of interest - "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."

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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.

Under the **Bribery Act 2010**, it is a criminal offence for employees to give promise or offer a bribe, and to request, or receive any bribes, gifts, or consideration as an inducement or reward.

Bribery is offering an incentive to someone to do something which they wouldn't normally do. For example, someone advertising a job might be offered tickets to an event by one of the candidates or someone linked to them in an attempt to influence a decision.

All staff have a personal responsibility to ensure they are not placed in a position which risks, or appears to risk, a conflict between their private interests and their NHS duty.

Examples of conflicts of interest, or receiving gifts or hospitality, may include:

- Gift from a patient
- Sponsored research
- Close family member works as provider/supplier/commissioner of NHS services
- Sponsored training by an external provider
- Secondary employment which includes all types of employment or self-employment, paid or unpaid, in the public, private or voluntary sectors
- Gift from actual or potential supplier
- Tickets/hospitality for an event.

3 Abbreviations

The abbreviations applicable to this document are as follows:

NHS National Health Service

FPPT Fit and Proper Persons Test Policy

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CQC	Care Quality Commission
ABPI	Association of British Pharmaceutical Industry
HR	Human Resources

4 Other Relevant Procedural Documents

This document should be read in conjunction with the following documents:

Employee Code of Conduct

Disciplinary Policy & Procedure

Working Time Policy

Research and Development Policy

Freedom to Speak Up, Raising Concerns Policy

Anti-Fraud, Bribery and Corruption Policy

Conduct, Capability and Ill Health and Appeals Policy for Medical and Dental Staff

Compliments, Comments, Concerns & Complaints Handling of Policy and Procedure

Fit and Proper Persons Test Policy "FPPT"

Procurement Policy

Incident Reporting Policy

Risk Management Framework

[Standing Financial Instructions and Scheme of Reservation and Delegation](#)

5 Roles and Responsibilities

5.1 Board of Directors

It is the responsibility of the Board of Directors to ensure systems and processes are in place to monitor and implement this policy.

5.2 Delegated Executive Lead

The Director of Finance has been delegated to take the Executive Ownership for this policy, with the support of the Trust Secretary.

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5.3 Trust Secretary

The Trust Secretary will manage this process on a day-to-day basis, providing advice and support to staff and managers in the implementation of this policy. The Trust Secretary will manage the register of interests (appendix 1) and its publication on the Trust's website.

5.4 Chair of Audit Committee

The Chair of Audit Committee holds the position of the Trust's Conflicts of Interests Guardian.

5.5 Audit Committee

The Audit Committee is responsible for monitoring this policy for compliance and effectiveness within the Trust. It will review all declarations before they are published on the Trust's website.

5.6 Decision Making Staff

For the purposes of this policy, Decision Making Staff include:

- Executive and non-executive directors (or equivalent roles) 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
- Band 7 staff with budget responsibility only and all Band 8a and over
- All registered doctors and dentists
- 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
- Governors of the Trust.

5.7 Head of Procurement

The Head of Procurement is responsible for advising on all matters relating to the procurement process and will ensure it complies with this policy.

5.8 Trust Staff

All staff are expected to report conflicts of interest or offers of gifts or hospitality in accordance with this document and assist in any investigations as required.

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All staff must be aware of this document by way of existing training programmes, corporate and/or local induction, team meeting, or by ad hoc update by their respective manager.

6 Equipment

Not applicable.

7 Interests

Interests fall into the following categories:

➤ **Financial interests:**

- Where an individual may get direct financial benefit¹ 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 association² 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.

8 Staff

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

¹ This may be a financial gain, or avoidance of a loss.

² 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.

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

It is a requirement that chairs, and all board directors should declare any conflict of interest that arises in the course of conducting NHS business.

All NHS organisations maintain a register of member’s interests to avoid any danger of board directors being influenced, or appearing to be influenced, by their private interests in the exercise of their public duties. All board members are therefore expected to declare any personal or business interest which may influence, or may be perceived to influence, their judgement. **This should include, as a minimum, personal direct and indirect financial interests, and should normally also include such interests of close family members.**

Indirect financial interests arise from connections with bodies which have a direct financial interest, or from being a business partner of, or being employed by, a person with such an interest.

9 Identification, declaration and review of interests

As a member of staff you should...	As an organisation we will...
<ul style="list-style-type: none"> • Familiarise yourself with this policy and follow it. Refer to the guidance for the rationale behind this policy https://www.england.nhs.uk/wp-content/uploads/2017/02/guidance-managing-conflicts-of-interest-nhs.pdf • Use your common sense and judgement to consider whether the interests you have could affect the way taxpayers’ money is spent • Regularly consider what interests you have and declare these as they arise. If in doubt, declare, even if you are not in a decision making position. • NOT misuse your position to further your own interests or those close to you. 	<ul style="list-style-type: none"> • Ensure that this policy and supporting processes are clear and help staff understand what they need to do. • Identify a team or individual with responsibility for: <ul style="list-style-type: none"> ○ Keeping this policy under review to ensure they are in line with the guidance ○ Providing advice, training and support for staff on how interests should be managed ○ Maintaining register(s) of interests.

As a member of staff you should...	As an organisation we will...
<ul style="list-style-type: none"> • NOT be influenced, or give the impression that you have been influenced by outside interests • NOT allow outside interests you have to inappropriately affect the decisions you make when using taxpayers' money. 	<ul style="list-style-type: none"> ○ Auditing this policy and its associated processes and procedures at least once every three years. • NOT avoid managing conflicts of interest. • NOT interpret this policy in a way which stifles collaboration and innovation with our partners.

9.1 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).

A declaration of interest(s) form is available at appendix 2 and in the corporate governance section of the Trust's Intranet.

Declarations should be made to the Trust Secretary. This can be done via the on-line form on the intranet, via email or on paper.

Declarations must always be made at decision making meetings when a conflict may arise during the course of the meeting, even if previously declared on the Trust register.

The Chairs of the following meetings must ensure that on each agenda is an opportunity for members to declare an interest; the Trust Board, Finance & Performance Committee, Audit Committee, Quality & Safety Committee and Workforce and OD Committee

Advice on whether an interest is material is available from the Trust Secretary.

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

9.2 Proactive review of interests

We will prompt decision making staff on an annual basis to review declarations they have made and, as appropriate, update them or make a nil return. However, any changes should be notified to the Trust Secretary as they occur, by means of the form held on the intranet

10 Records and Publication

10.1 Maintenance

The organisation will maintain a Register of Interests and a Register of Gifts and Hospitality.

All declared interests that are material will be promptly transferred to the registers by the Trust Secretary and published immediately following agreement at the Audit Committee.

10.2 Publication

We will:

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

If decision making staff have substantial grounds for believing that publication of their interests should not take place then they should contact the Trust Secretary to explain why.

In exceptional circumstances, for instance where publication of information might put a member of staff at risk of harm, information may be withheld or redacted on public registers. However, this would be the exception and information will not be withheld or redacted merely because of a personal preference.

10.3 Wider Transparency Initiatives

Bridgewater Community Healthcare NHS Foundation Trust fully supports wider transparency initiatives in healthcare, and we encourage staff to engage actively with these.

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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>

11 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 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 the Trust will always clarify the circumstances and issues with the individuals involved. Staff should maintain a written audit trail of information considered and actions taken.

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

The Trust Secretary will provide advice to line managers on the appropriate course of action should this be unclear.

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12 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 – see appendix 3.

12.1 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 £6³ 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
- Exceptionally, gifts of cash, for example where a legacy gift is made from the will of a deceased patient, may be accepted but should be paid into charitable funds. These should only be accepted on behalf of the Trust not in a personal capacity. These should be declared by staff
- Modest gifts may be accepted under a value of £50 and 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
- Gifts valued at over £50 must be treated with caution and only be accepted on behalf of the Trust, not in a personal capacity. These must be declared by staff.

³ 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>

12.1.1 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).

12.2 Hospitality

- Staff must 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.

12.2.1 Meals and refreshments:

- Under a value of £25 - may be accepted and need not be declared
- Of a value between £25 and £75⁴ - may be accepted and must be declared
- Over a value of £75 - should be refused unless (in exceptional circumstances) director approval is given. A clear reason should be recorded on the organisation's register 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).

12.2.2 Travel and accommodation:

- Modest offers to pay some or all of the travel and accommodation costs related to attendance at events may be accepted and must be declared
- Offers which go beyond modest or are of a type that the 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.

⁴ 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>

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.

12.2.3 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).

12.3 Outside Employment

- Staff must declare any existing outside employment on appointment and any new outside employment when it arises (as set out in section nine of the Working Time policy).
- Where a risk of conflict of interest arises, the 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.
- Outside employment includes all work, paid or unpaid, employed or self-employed, in either the public, private or voluntary sectors. Examples of outside employment include:
 - A person working on a casual basis as an agency worker for another NHS organisation
 - A person working part-time for a private company outside of the NHS
 - A person working self-employed running their own business
 - A person working unpaid on a voluntary basis for a health charity

This list is not exhaustive. ALL outside employment MUST be declared regardless of relevant factors such as type of work, remuneration and number of working hours.

The organisation may also have legitimate reasons within employment law for knowing about outside employment of staff, even when this does not give rise to risk of a conflict, for example, as set out in the Working Time policy.

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12.3.1 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).

12.4 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.

12.4.1 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).

12.5 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.

12.5.1 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).

12.6 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.

12.6.1 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).

12.7 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.

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- 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.

12.7.1 What should be declared

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

12.8 Sponsored events

- Sponsorship of events by appropriate external bodies will only be approved (by the relevant director) if a reasonable person would conclude that the event will result in clear benefit to 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.

12.8.1 What should be declared

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

12.9 Sponsored research

The Trust's approach to research and development, including sponsorship, is set out in detail in the research and development policy. For the purposes of this Managing Conflicts of Interest policy, the following principles apply:

- 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.

12.9.1 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).

12.10 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.

12.10.1 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.

12.11 Clinical private practice

Clinical staff must declare all private practice on appointment, and/or any new private practice when it arises⁵ including:

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

Clinical staff must (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 work⁶

⁵ 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

⁶ 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

- 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/542c1543e5274a131400c56/Non-Divestment_Order_amended.pdf

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.

12.11.1 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).

13 Management of Interests – Advice in Specific Contexts

13.1 Strategic decision making groups

In common with other NHS bodies Bridgewater Community Healthcare NHS Foundation Trust uses a variety of different groups to make key strategic decisions about things such as:

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

The interests of those who are involved in these groups should be well known so that they can be managed effectively. For this organisation these groups are: the Trust Board and the Committees of the Board.

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

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- 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.

13.2 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.

Advice on procurement can be sought from the Trust's Senior Procurement Partner.

14 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'.

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14.1 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 Trust Secretary in the first instance. Where this is felt to be inappropriate, the local counter fraud manager should be contacted.

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 to the Trust's Freedom to Speak Up Guardian, Deputy Chief Nurse.

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. The investigations will be reported to the next Audit Committee.

Following investigation the organisation will:

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

14.2 Taking action in response to breaches

Action taken in response to breaches of this policy will be in accordance with the disciplinary procedures of the organisation and could involve organisational leads for staff support (e.g. Human Resources (HR), 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 Protect, the Police, statutory health bodies (such as NHS England, NHS Improvement or the CQC), and/or health professional regulatory bodies.

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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 wrongdoing 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.

14.3 Learning and transparency concerning breaches

Reports on breaches, the impact of these, and action taken will be considered by the Audit Committee at least every six months.

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 via the Trust's intranet as appropriate, or made available for inspection by the public upon request.

15 Consultation

Key individuals/groups involved in the development of the document to ensure it is fit for purpose once approved.

Name	Designation
Rachel Hall	Head of Research and Development
Paula Woods	Assistant Director of HR

Name	Designation
Corporate Partnership Forum	
Philip Leong	MIAA
Stephen Edwards	Librarian
Mark Duffy	Head of Procurement
Sharan Arkwright	Deputy Chief Nurse
Jan McCartney	Trust Secretary
Mary Corkery	Policy Officer
Audit Committee	

16 Dissemination and Implementation

16.1 Dissemination

The Trust Secretary is responsible for disseminating this policy to via the Trust bulletin and Intranet site.

16.2 Implementation

Managers are expected to actively communicate the contents to their staff using the most appropriate mechanism(s) available; including management meetings, and recording this in their minutes or meeting notes.

The staff bulletin and anti-fraud updates will include reference to the policy.

17 Process for Monitoring Compliance and Effectiveness

The registers of conflicts of interest and gifts and hospitality will be published on the Trust's website and will be monitored by the Audit Committee on a quarterly basis.

18 Standards/Key Performance Indicators

Decision making staff are expected to make an annual declaration to summarise their interests in order that any conflicts can be managed in line with this policy.

The Trust is expected to publish its registers at least annually. Any new conflict of interest or offer of gifts or hospitality should be declared within 28 days.

19 Review

This policy will be reviewed in three years unless an earlier review is required. This will be led by the Trust Secretary.

20 References

Association of the British Pharmaceutical Industry (ABPI) (2016) Code of practice for the pharmaceutical industry [online]. Available at:

<http://www.pmcpa.org.uk/thecode/Pages/default.aspx>

Association of British Healthcare Industries (ABHI) (2017) Code of ethical business practice [online]. Available at:

<http://www.abhicodeofpractice.org.uk/cobp-documents.aspx>

Bribery Act 2010 c. 23 [online]. Available at:

<http://www.legislation.gov.uk/ukpga/2010/23/contents>

Freedom of Information Act 2000, c. 36 [online]. Available at:

<http://www.legislation.gov.uk/ukpga/2000/36/contents>

NHS Appointments Commission and the Department of Health (2004) Code of conduct: code of accountability in the NHS. 2nd revised edition [online]. Available at:

http://webarchive.nationalarchives.gov.uk/20090218062750/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4116281

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Appendix 1 COI Policy

Register of Interests

YEAR/ MONTH/ Date on DOI	Name of the person submitting the declaration of interest	Position/Role in Bridgewater	Date Added to Register	Description of Interest (including value if applicable)				Relevant Dates	Accepted or declined (if applicable)	Date when Audit Comm reviewed	Comments/ Action to be taken to mitigate risk (to be agreed with line manager)	Consent to publish YES/NO
				Financial	Non-financial personal interests	Non-financial indirect interests	Description of Interest					

Register of Gifts & Hospitality

YEAR/ MONTH/ Date on DOI	Name of the person submitting the declaration of interest	Position/Role in Bridgewater	Date Added to Register	Date of Offer	Details of Gifts/Hospitality	Estimated Value	Accepted or declined	Supplier/Offer or Name and Nature of Business	Reason For Accepting or Declining	Date when Audit Comm reviewed	Comments/ Action to be taken to mitigate risk	Consent to publish YES/NO

Appendices 2 and 3 can be accessed electronically by clicking on the clicks below:

Appendix 2 [Declaration of Interest Template](#)

Appendix 3 [Gifts and Hospitality Declaration](#)