

## CONFLICT OF INTEREST POLICY

Lead executive	Chief Executive		
Author's details	John Culshaw, Company Secretary		
Type of document	Policy		
Target audience	All staff Band 8a and above, including Consultants, Medical and Dental, Executives and Non-Executive Directors		
Document purpose	To support the effective management of conflicts of interest		
Ratification meeting	Policy Review Group		
Approval meeting	Audit Committee		
Implementation date	Monday, 01 May 2023	Review date	01 May 2025
WHH Documents to be read in conjunction with			
	<ul style="list-style-type: none"> <li>• Recruitment and Selection Policy</li> <li>• Disciplinary Policy</li> <li>• Whistleblowing (Raising Concerns) Policy</li> <li>• Anti-Fraud, Bribery and Corruption Policy</li> </ul>		
Document change history			
Version	4.0		
What is different?	<p>Trust Secretary role now Company Secretary  Updated so that individuals <b>and groups</b> of staff should always decline gift vouchers or cash.  Addition of the role of Corporate Governance &amp; Membership Manager  Updated link to Extranet guidance for Raising Concerns  Updated email address to report  Increasing the lowest banding of staff required to complete a Declaration of Interest from Band 7 to Band 8a (plus other identified decision-making staff)</p>		
Appendices/electronic forms	Civica Declare Site: <a href="http://mydeclarations.co.uk">Login (mydeclarations.co.uk)</a>		
What is the impact of change?	Updated and more robust information for staff.		
Training requirements	Mandatory training		
Keywords	Gifts, Hospitality, Declaration, Conflict, Interest, Register		
Taxonomy	<b>Type</b>	<b>Policy Category Non-Clinical</b>	<b>Policy Category Clinical</b>
	Non-Clinical	Corporate Governance	Choose an item.



Contents

1. Executive Summary.....4

2. Purpose & Scope .....5

3. Duties & Responsibilities .....7

4. Policy Details .....8

5. Document monitoring.....9

    5.3 WIDER TRANSPARENCY INITIATIVES .....9

        5.5.1 Gifts .....10

            What should be declared .....11

        5.5.2 Hospitality.....11

            What should be declared .....12

        5.5.3 Outside Employment.....12

            What should be declared .....12

        5.5.4 Shareholdings and other ownership issues.....13

            What should be declared .....13

        5.5.5 Patents.....13

            What should be declared .....13

        5.5.6 Loyalty interests.....14

            What should be declared .....14

        5.5.7 Donations.....14

            What should be declared .....15

        5.5.8 Sponsored events .....15

            What should be declared .....15

        5.5.9 Sponsored research .....15

            What should be declared .....15

        5.5.10 Sponsored posts .....16

            What should be declared .....16

        5.5.11 Clinical private practice .....16



What should be declared .....17

5.6 MANAGEMENT OF INTERESTS – ADVICE IN SPECIFIC STRATEGIC DECISION MAKING GROUPS .....17

Procurement .....18

5.7.1 Identifying and reporting breaches .....18

5.7.2 Taking action in response to breaches .....19

5.7.3 Learning and transparency concerning breaches .....20

6. Glossary of Terms.....20

7. Associated Documents.....20

8. Sources/References .....20

9. Training Needs Analysis .....20

## 1. Executive Summary

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

Warrington and Halton Teaching Hospitals NHS Foundation Trust (the 'Trust'), and the people who work with and for us, collaborate closely with other Trusts, 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. We are committed to maximising our resources for the benefit of the whole community. As a Trust and as individuals, we have a duty to ensure that all our dealings are conducted to the highest standards of integrity and that NHS monies are used wisely so that we are using our finite resources in the best interests of patients.

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 is intended to provide a framework that is user-friendly, as automated as possible, and is accepted by staff across the Trust as part of business as usual. To facilitate this, an electronic system for the declaration of interests, gifts and hospitality was introduced on 1st April 2020. As such, paper declaration forms are no longer required, or accepted. The electronic system will hereafter be referred to as “the Declarations System”.

## 2. Purpose & Scope

**2.1** This Policy will help our staff manage conflicts of interest risks effectively. It:

- Introduces consistent principles and rules
- Provides simple advice about what to do in common situations.
- Supports good judgement about how to approach and manage interests.

**2.2** This Policy should be considered alongside these other Trust policies

- Recruitment and Selection Policy
- Disciplinary Policy
- Whistleblowing (Raising Concerns) Policy
- Anti-Fraud, Bribery and Corruption Policy

**2.3** 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.”

**2.4** 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

**2.5** 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.

**2.6** Interests fall into the following categories:

- **Financial interests:**  
Where an individual may get direct financial benefit<sup>1</sup> from the consequences of a decision they are involved in making.
- **Non-financial professional interests:**

---

<sup>1</sup> This may be a financial gain, or avoidance of a loss.

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>2</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.

## 2.7 Staff

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 Trust)

## 2.8 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
- Medical and Dental staff
- Staff at Agenda for Change band 8a and above
- Administrative and Clinical staff who have the power to enter into contracts on behalf of their Trust
- Administrative and clinical staff involved in decision making concerning the commissioning of services, purchasing of good, medicines, medical devices or equipment, and formulary decisions

---

<sup>2</sup> 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.

### 3. Duties & Responsibilities

Role	Responsibilities
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 procedural document.
Audit Committee	The Audit Committee is responsible for reviewing this policy and recommending its adoption by the Trust Board. The Committee monitors compliance with the policy to provide the Board with assurance that standards of probity and propriety are being maintained. This will be done through annual review of the registers of interest and of gifts and hospitality, alongside any other reports brought to the Committee on an exception basis.
Company Secretary	The Company Secretary is operationally responsible for the conflicts of interest (including gifts and hospitality) process. This postholder will ensure that all staff are reminded regularly of the requirements of this policy and that a reminder is issued to decision making staff in April each year of the need to refresh or reconfirm that their declarations remain accurate. The Company Secretary will maintain the Registers of Interest and of gifts and hospitality and will ensure they are presented to the Audit Committee annually for assurance.
Corporate Governance Manager	Maintaining the conflicts of interest (including gifts and hospitality) process and reminding staff regularly of the requirements of this policy and circulating reminders to decision making staff in April each year of the need to refresh or reconfirm that their declarations remain accurate.
All employees	All staff (as defined in section 3) should identify and declare gifts, hospitality and other interests set out in the policy 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: <ul style="list-style-type: none"> <li>• On appointment with the Trust.</li> <li>• When staff move to a new role or their responsibilities change significantly.</li> <li>• At the beginning of a new project/piece of work.</li> <li>• 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).</li> </ul>

Decision Making Staff	In view of their influence in the spending of taxpayers' money, decision making staff are required to update their declarations of interest or make a nil return at least annually. Decision-making staff are defined in section 6.
Local Counter Fraud Specialist (LCFS)	<p>The LCFS is responsible for taking forward all anti-fraud and bribery work locally in accordance with national NHS Counter Fraud Authority standards and reports directly to the Chief Finance Officer.</p> <p>The LCFS works with key colleagues and stakeholders were concerns or suspicions in relation to actions potentially constituting an offence under the Bribery Act and effectively respond to system weaknesses and investigate allegations of Bribery.</p> <p>The LCFS's role is to ensure that all cases of actual or suspected fraud and bribery are notified and reported accordingly.</p> <p>The LCFS will regularly report on the progress of the investigation and when/if referral to the police is required.</p>

### 3. Policy Details

#### DOCUMENTED PROCESS/PROCEDURE TO BE FOLLOWED

#### IDENTIFICATION AND DECLARATION OF INTERESTS (INCLUDING GIFTS AND HOSPITALITY)

All staff should identify and declare material interests at the earliest opportunity (and in any event within 28 days). If staff 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).
- Refreshed or re-confirmed every 12 months in any event.

All interests declared will be considered current at the moment of receipt and applicable prospectively going forward unless and until notification is received by the Company Secretary from the staff member that they are no longer active and relevant.

Staff required to make a Declaration, will receive a monthly email prompt from Civica. Staff will also receive a quarterly email prompt and an annual email prompt from CIVICA to review declarations they have made and, as appropriate, update them or make a NIL return. Whilst the Trust will issue 1 reminders to each individual, each staff member is responsible for ensuring that his or her declaration remains up-to-date.

Declarations should be made on the declarations system: <https://whhft.mydeclarations.co.uk/>



After expiry, an interest will remain on register(s) for a minimum of 6 months.

Advice and support is available via the Foundation Trust Office, ext 2139, John Culshaw, Company Secretary [john.culshaw@nhs.net](mailto:john.culshaw@nhs.net) or Emily Kelso, Corporate Governance & Membership Manager [emily.kelso1@nhs.net](mailto:emily.kelso1@nhs.net)

## 5. Document monitoring

### 5.1 MAINTENANCE

The Trust will maintain a single register entitled WHHNSHT Register of Interests (financial year)

The information contained within the registers will be utilised for the purposes of ensuring transparency, openness, and the effective management of conflicts of interest and the prevention of fraud. This includes sharing the register for the purposes of managing potential conflicts during procurement processes, sharing with internal audit, external audit and the Local Counter Fraud Specialist (LCFS) and other purposes where sharing the data is legitimate, proportionate and in line with legislation.

### 5.2 PUBLICATION

The Trust will:

- Publish the interests declared by decision making staff in the interests register and gifts and hospitality register;
- Refresh this information annually; and
- Make this information available on the Trust's website. Live Declaration of Interest Register is available at <https://whh.nhs.uk/about-us/corporate-publications-and-statutory-information/statutory-information>

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

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

### 5.3 WIDER TRANSPARENCY INITIATIVES

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



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

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

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

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

#### **5.4 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 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.

#### **5.5 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.

##### **5.5.1 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 Trust 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<sup>3</sup> in total and need not be declared.

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

- Gifts of cash and vouchers to groups of staff or individuals **should always be declined**.
- Staff should not ask for any gifts.
- Gifts valued at over £50 should be treated with caution and only be accepted on behalf of the Trusts and not in a personal capacity. These should be declared by staff and all such gifts delivered to WHH Charity to be registered as 'gifts in kind' and which will be used for the benefit of patients.
- Modest gifts accepted under a value of £50 do not need to be declared.
- A common sense approach should be applied to the valuing of gifts (using an actual amount, if known, or an estimate that a reasonable person would make as to its value).
- Multiple gifts from the same source over a 12 month period should be treated in the same way as single gifts over £50 where the cumulative value exceeds £50.

#### What should be declared

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

#### **5.5.2 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.

#### Meals and refreshments:

- Under a value of £25 - may be accepted and need not be declared.

---

<sup>3</sup> 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>

- Of a value between £25 and £75<sup>4</sup> - may be accepted and must be declared.
- Over a value of £75 - should be refused unless (in exceptional circumstances) senior approval is given. A clear reason should be recorded on the Trust's register(s) of interest as to why it was permissible to accept.
- A common sense approach should be applied to the valuing of meals and refreshments (using an actual amount, if known, or a reasonable estimate).

#### Travel and accommodation:

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

#### What should be declared

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

### **5.5.3 Outside Employment**

- Staff should declare any existing outside employment on appointment and any new outside employment when it arises.
- Where a risk of conflict of interest arises, the general management actions outlined in this policy should be considered and applied to mitigate risks.
- Where contracts of employment or terms and conditions of engagement permit, staff may be required to seek prior approval from the Trust to engage in outside employment.

The Trust 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.

#### What should be declared

- Staff name and their role with the Trust.

---

<sup>4</sup> The £75 value has been selected with reference to existing industry guidance issued by the ABPI <http://www.pmcpa.org.uk/thecode/Pages/default.aspx>

- The nature of the outside employment (e.g. who it is with, a description of duties, time commitment).
- Relevant dates - commencement date and end date (if it was time limited) and if on-going at the time of the declaration.
- 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).

#### **5.5.4 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 Trust.
- Where shareholdings or other ownership interests are declared and give rise to risk of conflicts of interest then the general management actions outlined in this policy should be considered and applied to mitigate risks.
- There is no need to declare shares or securities held in collective investment or pension funds or units of authorised unit trusts.

#### What should be declared?

- Staff name and their role with the Trust.
- Nature of the shareholdings/other ownership interest.
- Relevant dates - commencement date and end date (if it was time limited) and if on-going at the time of the declaration.
- 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).

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

#### What should be declared?

- Staff name and their role with the Trust.
- A description of the patent.
- Relevant dates.

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

### 5.5.6 Loyalty interests

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

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

#### What should be declared

- Staff name and their role with the Trust.
- Nature of the loyalty interest.
- Relevant dates - commencement date and end date (if it was time limited) and if on-going at the time of the declaration.
- 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).

### 5.5.7 Donations

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

### What should be declared?

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

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

### What should be declared

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

### **5.5.9 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 Trust, and/or institutes at which the study will take place and the sponsoring Trust, which specifies the nature of the services to be provided and the payment for those services.
- The study must not constitute an inducement to prescribe, supply, administer, recommend, buy or sell any medicine, medical device, equipment or service.
- Staff should declare involvement with sponsored research to the Trust.

### What should be declared?

- The Trust will retain written records of sponsorship of research, in line with the above principles and rules.
- Staff should declare:
  - their name and their role with the Trust.
  - Nature of their involvement in the sponsored research.

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

#### 5.5.10 Sponsored posts

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

#### What should be declared?

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

#### 5.5.11 Clinical private practice

Clinical staff should declare all private practice on appointment, and/or any new private practice when it arises<sup>5</sup> including:

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

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

- Seek prior approval of their Trust before taking up private practice.

---

<sup>5</sup> Hospital Consultants are already required to provide their employer with this information by virtue of Para.3 Sch. 9 of the Terms and Conditions – Consultants (England) 2003: [https://www.bma.org.uk/-/media/files/pdfs/practical\\_advice\\_at\\_work/contracts/consultanttermsandconditions.pdf](https://www.bma.org.uk/-/media/files/pdfs/practical_advice_at_work/contracts/consultanttermsandconditions.pdf)

- Ensure that, where there would otherwise be a conflict or potential conflict of interest, NHS commitments take precedence over private work.<sup>6</sup>
- Not accept direct or indirect financial incentives from private providers other than those allowed by Competition and Markets Authority

[https://assets.publishing.service.gov.uk/media/542c1543e5274a1314000c56/Non-Divestment\\_Order\\_amended.pdf](https://assets.publishing.service.gov.uk/media/542c1543e5274a1314000c56/Non-Divestment_Order_amended.pdf)

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

#### What should be declared?

- Staff name and their role with the Trust.
- A description of the nature of the private practice (e.g. what, where and when staff practise, sessional activity, etc.)
- Relevant dates - commencement date and end date (if it was time limited) and if on-going at the time of the declaration.
- 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).

## **5.6 MANAGEMENT OF INTERESTS – ADVICE IN SPECIFIC STRATEGIC DECISION MAKING GROUPS**

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

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

These groups should adopt the following principles:

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

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

---

<sup>6</sup> These provisions already apply to Hospital Consultants by virtue of Paras.5 and 20, Sch. 9 of the Terms and Conditions – Consultants (England) 2003: [https://www.bma.org.uk/-/media/files/pdfs/practical\\_advice\\_at\\_work/contracts/consultanttermsandconditions.pdf](https://www.bma.org.uk/-/media/files/pdfs/practical_advice_at_work/contracts/consultanttermsandconditions.pdf)

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

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

### **Procurement**

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

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

## **5.7 DEALING WITH BREACHES**

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

### **5.7.1 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 Foundation Trust Office [whh.foundation@nhs.net](mailto:whh.foundation@nhs.net) or directly to John Culshaw, Company Secretary, [john.culshaw@nhs.net](mailto:john.culshaw@nhs.net)

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 Jane Hurst [jane.hurst@nhs.net](mailto:jane.hurst@nhs.net) or via other national initiatives, see the guidance available on the Trust Extranet: [Warrington and Halton Hospitals: Support and Raising Concerns \(whh.nhs.uk\)](http://warringtonandhaltonhospitals.nhs.uk/support-and-raising-concerns)

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

Following investigation the Trust will:

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

### 5.7.2 Taking action in response to breaches

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

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

- Clarification or strengthening of existing policy, process, and procedures.
- Consideration as to whether HR/employment law/contractual action should be taken 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.

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

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

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

### 5.7.3 Learning and transparency concerning breaches

Reports on breaches, the impact of these, and action taken will be considered by the Trust’s Audit Committee as appropriate.

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 received as appropriate by the Audit committee or made available to the public upon request.

## 6. Glossary of Terms

- NICE - The National Institute for Health and Care Excellence

## 7. Associated Documents

- Trust Procedural Document Control Policy
- 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)
- The Trust’s Disciplinary Policy
- The Trust’s Recruitment and Selection Policy
- The Trust’s Whistleblowing (raising concerns) Policy
- The Trust’s Anti-Fraud, Bribery and Corruption Policy

## 8. Sources/References

NHS England Managing Conflicts of Interest Policy Version number: 1.4, First published: April 2017, Prepared by: Commissioning Strategy Directorate

<https://www.england.nhs.uk/ourwork/coi/>

<https://www.england.nhs.uk/commissioning/pc-co-comms/coi/>

## 9. Training Needs Analysis

Staff Role	Training Requirement	Frequency	Training Delivery Method
Band 8a and above	Local Induction – Managers to inform of Declaration of Interest requirement for all 8a and above staff.	Annual	Local Induction

If training is required, please consider the following: who needs the training (and how often); who will deliver it and how will they do this (e.g. duration/ location); what are the objectives it will meet and how will you assess learner competence; how quickly do staff need to be trained and do we have the resources to deliver this; are there any funding implications; where will completion of this training be recorded (and who will do this).

Please refer to Trust Procedural Document Control Policy for support on how to complete this section and who to contact.

[../Policies/Trust%20Procedural%20Document%20Control%20Policy%20V3.docx](http://Policies/Trust%20Procedural%20Document%20Control%20Policy%20V3.docx)

### Equality Impact Assessment

- 1. This section asks you to consider a few questions relating to your policy, process, procedure or decision.**

Initial Screening	Yes	No
<b>1.1.</b> Does your policy affect people (Patients/Workforce/Public)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>1.2.</b> Does the policy affect one or more group of people in a different way to another?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>1.3.</b> Does the policy offer opportunity to promote equality?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

- 1.4. Does your policy impact positively, negatively or neutrally on any of the below characteristics/groups?**

If yes, please indicate how and which type (positive or negative) in the 'Barriers/Impact' section:  
Neutral impact is where there will be no change in actual/potential impact on this protected group.

Initial Assessment	Scale	Barriers/Impact
▪ Age	Neutral	
▪ Disability - learning disabilities/difficulties, physical/hidden disability, sensory impairment and mental health problems	Neutral	
▪ Gender reassignment	Neutral	
▪ Race	Neutral	
▪ Religion or belief	Neutral	
▪ Sex	Neutral	
▪ Sexual orientation including lesbian, gay and bisexual people	Neutral	
▪ Marriage and civil partnership – including same sex relationships	Neutral	
▪ Pregnancy and maternity/paternity	Neutral	
▪ Carers	Neutral	

<ul style="list-style-type: none"> <li>Social factors - deprivation, homelessness, education etc.</li> </ul>	Neutral	
<ul style="list-style-type: none"> <li>Armed Forces and Military Veterans</li> </ul>	Neutral	

1.5. Is the impact of the policy likely to be negative?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
---	------------------------------	--

1.6. If yes, please summarise if the impact can be avoided or are there any alternatives?	
---	--

1.7. Does your policy support positive action for underrepresented groups.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
--	---

If you have answered no and neutral to all of the questions in section 1 then a full Equality Impact Assessment is not required. Where you have answered yes, please move to section 3.

**2. Does your policy support the general aims of the Public Sector Equality Duty (Equality Act 2010)?**

<p>Yes <input checked="" type="checkbox"/></p> <p>No <input type="checkbox"/></p>	<ol style="list-style-type: none"> <li>Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by or under the Equality Act 2010</li> <li>Advance equality of opportunity and remove disadvantages between those who share a protected characteristic and those who do not</li> <li>Foster good relations between people who share a protected characteristic and those who do not</li> </ol>
---	--

**3. Please assess your proposals analysis equality reference scale:**

<input type="checkbox"/>	<b>High</b> – This policy shows a <b>high degree of negative or positive</b> impact to one or more protected characteristics or one or more general aims of the Equality Act 2010 or Armed Forces Act 2021 (where rationale cannot be justified)
<input type="checkbox"/>	<b>Medium</b> – This policy shows a <b>medium degree of impact</b> (positive or negative) to one or more protected characteristic.
<input checked="" type="checkbox"/>	<b>Low</b> – This policy <b>does not have any impact to any protected characteristic</b> or general aim of the Equality Act 2010 or Armed Forces Act 2021.

If your analysis has scored **high**, then a full Equality Impact Assessment should be completed (Stage 2). [This can be found here](#). If your analysis has scored **low or medium** when considering the evidence detailed above, then a full Equality Impact Assessment may not be required.

If you require any support, please contact the Equality, Diversity and Inclusion Team at [whh.equalityimpactassessments@nhs.net](mailto:whh.equalityimpactassessments@nhs.net)