

**POLICY FOR MANAGING CONFLICTS OF INTEREST**

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# 1 VERSION CONTROL SHEET

Date	Contact	Version	Page	Details of change
June 2017	Trust Secretary	v1.0		New policy adopted from NHS England model policy

## 2 POLICY SUMMARY

Adhering to this policy will help to ensure that we use NHS money wisely, providing best value for taxpayers and accountability to our patients for the decisions we take.

As a member of staff you should...	As an organisation we will...
<ul style="list-style-type: none"> <li>• Familiarise yourself with this policy and follow it. Refer to the guidance for the rationale behind this policy <a href="https://www.england.nhs.uk/wp-content/uploads/2017/02/guidance-managing-conflicts-of-interest-nhs.pdf">https://www.england.nhs.uk/wp-content/uploads/2017/02/guidance-managing-conflicts-of-interest-nhs.pdf</a></li> <li>• 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>

## 3 INTRODUCTION

The Trust collaborates closely with other organisations in delivering high quality care for 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 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.

## 4 PURPOSE

This policy clarifies the obligations on staff in relation to the declarations of interests, acceptance of gifts, hospitality and cash donations and sets out the procedure to be followed by all staff. The policy will ensure that strict ethical standards in the conduct of NHS business are maintained,

### **Fraud, Bribery and Corruption**

The Trust is committed to tackling all forms of fraud, bribery and corruption and encourages all employees with concerns or reasonably held suspicions about potentially fraudulent activity to report these appropriately.

The Fraud Act 2006 defines the criminal offence of fraud as a dishonest act (or omission) made with the intention of making a financial gain or causing a financial loss (or risk of a loss). The Trust may report criminal acts of fraud, bribery and corruption to the Local Counter Fraud Specialist and/or the Police for investigation.

The Bribery Act 2010 came into effect on 1 July 2011; the Act introduced four new offences:

- Bribing, or offering to bribe, another person,
- Requesting, agreeing to receive, or accepting a bribe,
- Bribing, or offering to bribe, a foreign public official,
- Failing to prevent bribery.

The maximum penalty for bribery is ten years imprisonment, with an unlimited fine. All Trust employees are required to be aware of, and comply with, the requirements of the Bribery Act 2010.

All employees should be aware that proven acts of fraud, bribery or corruption are considered to be gross misconduct as outlined in the Trust's **Disciplinary Policy**.

Detailed guidance relating to fraud, bribery, and corruption can be found in the Trust's **Anti-fraud, Bribery and Corruption Policy**.

The policy will help our staff manage conflicts of interest risks effectively. It:

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

This policy should be considered alongside these other organisational policies:

- Policy on Staff's Relationships with Pharmaceutical Companies
- Standing Financial Instructions
- Standing Orders

## 5 KEY TERMS

A 'conflict of interest' is:

"A set of circumstances by which a reasonable person would consider that an individual's ability to apply judgement or act, in the context of delivering, commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold."

A conflict of interest may be:

- Actual - there is a material conflict between one or more interests
- Potential – there is the possibility of a material conflict between one or more interests in the future

Staff may hold interests for which they cannot see potential conflict. However, caution is always advisable because others may see it differently and perceived conflicts of interest can be damaging. All interests should be declared where there is a risk of perceived improper conduct.

## 6 INTERESTS

Interests fall into the following categories:

- **Financial interests:**  
Where an individual may get direct financial benefit\* from the consequences of a decision they are involved in making.
- **Non-financial professional interests:**  
Where an individual may obtain a non-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:**

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

Where an individual has a close association with another individual who has a financial interest, a non-financial professional interest or a non-financial personal interest and could stand to benefit from a decision they are involved in making.

## **7 DUTIES**

### **7.1 Chief Executive**

7.1.1 The Chief Executive is the Trust's delegated 'Accounting Officer' and has overall responsibility for ensuring the Trust operates efficiently, economically and with probity.

### **7.2 Directors / Line Managers**

7.2.1 Directors are responsible for assisting staff in complying with this policy by:

- Ensuring the policy is brought to the attention of their staff
- Ensuring that staff are aware of its implications for their work
- Ensuring that staff have a thorough understanding of the declaration arrangements.

### **7.3 All Staff**

7.3.1 All staff are expected to be aware of this policy and the Trust's expectations of their conduct and behaviour. Staff are also responsible for compliance with their own professional Codes of Conduct.

For the purposes of this policy, 'staff' refers to,

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

### **7.4 Trust Secretary**

7.4.1 The Trust Secretary is the lead officer for this policy and is responsible for its communication and implementation, including:

- Reviewing current policies and bringing them in line with NHS England guidance.
- Providing advice and support for staff.
- Maintaining the register(s)
- Auditing the policy, process and procedures at least every three years.

## **8 DECISION MAKING STAFF**

Some staff are more likely than others to have a decision making influence on the use of taxpayers' money, because of the requirements of their role. The



following staff groups are considered to be decision making staff for the purposes of this policy ,

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

## **9 IDENTIFICATION, DECLARATION AND REVIEW OF INTERESTS**

### **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.

All declarations of interest and any offer of a gift or hospitality must be registered using the Declarations of interest and Gift and Hospitality Declaration forms shown in Appendix 1 and 2. The details will then be added to the register and reviewed periodically. The Declarations of interest and Gift and Hospitality Declaration forms are available on the intranet and 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.

### **Annual review of interests**

All declarations of interest, including nil returns must be made on an annual basis

## **10 RECORDS AND PUBLICATION**

### **Maintenance**

Central registers will be held at Sentinel House, by the Trust Secretary and will be available for inspection on request.

## Publication

The Trust will:

- Publish the interests declared by decision making staff
- Refresh this information annually.
- Make this information available on the 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 and 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.

## Wider transparency initiatives

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

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

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

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

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

## 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 actions that will be applied will 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 aware of their existence.

## **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.

### **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 in total, and need not be declared.

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

- Gifts of cash and vouchers to individuals should always be declined.
- Staff should not ask for any gifts.
- Gifts valued at over £50 should be treated with caution and only be accepted on behalf of Dorset HealthCare University NHS Foundation Trust Charitable funds. These have to be paid to the Charitable Funds Accountant, and cannot be accepted in a personal capacity and should be declared .
- 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.

#### **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).

### **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.
- Of a value between £25 and £75 - may be accepted and must be declared.
- Over a value of £75 - should be refused unless (in exceptional circumstances) senior approval is given. A clear reason should be recorded on the Trust 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).

#### 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 organisation's register(s) of interest as to why it was permissible to accept travel and accommodation of this type. Examples include:
  - offers of business class or first class travel and accommodation (including domestic travel)
  - Offers of foreign travel and accommodation.

#### **12.1.2 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).

#### **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 organisation 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.

#### **12.1.3 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).

## **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.

### **12.1.4 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).

## **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 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.

### **12.1.5 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)

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

#### **12.1.6 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).

### **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 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.

#### **12.1.7 What should be declared**

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

### **Sponsored events**

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

#### **12.1.8 What should be declared**

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

### **Sponsored research**

- Funding sources for research purposes must be transparent.
- Any proposed research must go through the relevant health research authority or other approvals process.
- There must be a written protocol and written contract between staff, the Trust, and/or institutes at which the study will take place and the sponsoring organisation, which specifies the nature of the services to be provided and the payment for those services.
- The study must not constitute an inducement to prescribe, supply, administer, recommend, buy or sell any medicine, medical device, equipment or service.
- Staff should declare involvement with sponsored research to the organisation.

#### **12.1.9 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 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).

### **Sponsored posts**

- External sponsorship of a post requires prior approval from the Trust .
- Rolling sponsorship of posts should be avoided unless appropriate checkpoints are put in place to review and withdraw if appropriate.

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

#### **12.1.10 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.

### **Clinical private practice**

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

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

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

- Seek prior approval of their organisation before taking up private practice.
- Ensure that, where there would otherwise be a conflict or potential conflict of interest, NHS commitments take precedence over private work.
- Not accept direct or indirect financial incentives from private providers other than those allowed by Competition and Markets Authority guidelines: [https://assets.publishing.service.gov.uk/media/542c1543e5274a1314000c56/Non-Divestment\\_Order\\_amended.pdf](https://assets.publishing.service.gov.uk/media/542c1543e5274a1314000c56/Non-Divestment_Order_amended.pdf)

#### **12.1.11 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).

The form for declaring private practice is shown in Appendix 3



## 13 MANAGEMENT OF INTERESTS – ADVICE IN SPECIFIC CONTEXTS

### Strategic decision making groups

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

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

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

- The Trust Board
- Mental Health Legislation Assurance Committee
- Audit Committee
- Quality Governance Assurance Committee
- Charitable Funds Committee
- Executive Quality and Clinical Risk Group
- Executive Performance and Corporate Risk Group
- Appointment and Remuneration Committee

These groups will adopt the following principles:

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

If a member has an actual or potential interest the chair will 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.

## **Procurement**

Procurement must 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.

The Director of Finance and Strategic Development and the Trust Secretary are able to offer advice if required.

## **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'.

### **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 or the Trust Counter Fraud Specialist.

To ensure that interests are effectively managed staff are encouraged to speak up about actual or suspected breaches. Every individual has a responsibility to do this. For further information about how concerns should be raised, please refer to the Whistleblowing policy

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

7.4. Following investigation the Trust will:

- Decide if there has been or is potential for a breach and if so the 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 organisation should be made aware
- Take appropriate action as set out in the next section.

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

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

However, if wrong-doing or fault is established, then the Trust 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.

## **Learning and transparency concerning breaches**

Reports on breaches, the impact of these, and action taken will be considered by the Audit Committee.

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 made available for inspection by the public upon request.

# **15 DISSEMINATION AND IMPLEMENTATION**

## **Dissemination**

This policy will be disseminated to all staff including Board members via 'Trust email' system and will be available via the intranet.

## **Implementation**

All procedural documents should be discussed by Line Managers / Team Leaders within their teams at the point of initial dissemination.

# **16 MONITORING COMPLIANCE**

This policy will be monitored for effectiveness via the Executive Performance and Corporate Risk Group.

## **17 REVIEW**

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

## **18 ASSOCIATED DOCUMENTATION**

- Freedom of Information Act 2000
- ABPI: The Code of Practice for the Pharmaceutical Industry (2014)
- ABHI Code of Business Practice
- NHS Code of Conduct and Accountability (July 2004)
- Standing Financial Instructions
- The Trust Constitution
- The Trust Standing Orders
- Policy on Staff's Relationships with Pharmaceutical Companies

# 19 APPENDIX 1

DORSET HEALTHCARE UNIVERSITY  
NHS FOUNDATION TRUST

## REGISTER OF INTERESTS FORM

I, .....

Job Title .....

Declare, under the appropriate headings, any interests held by me or my immediate family members. I have indicated "none" where I have no such interests under any headings.

Directorships, including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies)

.....

Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS

.....

Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS

.....

A position of authority in a charity, voluntary organisation, local authority or public body in the field of health and social care

.....

Any connections (or that of family, friends and business associates) with a voluntary or other organisation contracting for NHS services

.....

I have read and understood the Conflicts of Interest Policy. I consent to the disclosure of information on this form to and by the Trust and NHS Protect for the purpose of verification of this declaration and for the investigation, prevention detection and prosecution of fraud. I understand that this information will be published on the Trust website and if there are any changes to the interests declared, I will report the changes to the Trust Secretary as soon as possible

Signed.....Date.....

## 20 APPENDIX 2

### DORSET HEALTHCARE UNIVERSITY NHS FOUNDATION TRUST

#### FORM FOR DECLARING ACCEPTANCE OF GIFTS AND HOSPITALITY

<i>Name and job title of recipient</i>	<i>Date gift/hospitality accepted</i>	<i>Nature of gift/hospitality</i>	<i>Name of firm/individual making donation</i>	<i>Estimated value</i>

**Signed:**

**Send this form to the Trust Secretary in Corporate Office, Sentinel House.**

**21 APPENDIX 3**

**Declaration of Clinical Activity form**

I,.....

Job title.....

Declare that I undertake private practice as shown below.

Name of private facility	Specialty/interventions offered	Hours per week	During contracted NHS time?	Dates

I understand that it is my responsibility to

- Only undertake private practice in accord with local policy
- Ensure that, where there would otherwise be a conflict or potential conflict of interest, NHS commitments take precedence over private work.
- Not accept direct or indirect financial incentives from private providers other than those allowed by Competition and Markets Authority guidelines:

Signature .....

Date .....

## 21 APPENDIX 4

### Equality Impact Assessment (Stage One) – Screening

1. Policy/Service		Directorate	New or existing?		Date of Assessment
Policy for managing conflicts of interest		Corporate	Existing		June 2017
2. Briefly describe the purpose of the Policy/Service:					
This policy clarifies the obligations on staff in relation to declaration of interests and the acceptance of gifts, hospitality and cash donations, and sets out the procedure to be followed by all staff.					
3. Legislation Check					
Equality Area	Key Equalities Legislation	Is the policy/service relevant to this equality area? Yes/No	Assessment of Potential Impact:		Required Actions
			High/ Medium/ Low/ Not Known		
			Positive (+)	Negative (-)	
Gender	Sex Discrimination Act 1975 Equal Pay Act 1970 Equalities Act 2006 Gender Recognition Act 2004	Yes			No required action. Policy ensures Department of Health Circular HSG (93)5 "Standards of Business Conduct for NHS Staff is followed
Race	Race Relations Act 1976 Race Relations (Amendment) Act 2000	Yes			No required action. Policy ensures Department of Health Circular HSG (93)5 "Standards of Business Conduct for NHS Staff is followed
Disability	Disability Discrimination Act 1995 & 2005	Yes			No required action. Policy ensures Department of Health Circular HSG (93)5 "Standards of Business Conduct for NHS Staff is followed
Age	Age Regulations 2006	Yes			No required action. Policy ensures Department of Health Circular HSG (93)5 "Standards of Business



					Conduct for NHS Staff is followed
Equality Area	Key Equalities Legislation	Is the policy/service relevant to this equality area? Yes/No	Assessment of Potential Impact:		Required Actions
			High/ Medium/ Low/ Not Known		
			Positive (+)	Negative (-)	
Lesbian, Gay, Bisexual, Transgender	Equalities Act 2006				No required action. Policy ensures Department of Health Circular HSG (93)5 "Standards of Business Conduct for NHS Staff is followed
Religion	Equalities Act 2006				No required action. Policy ensures Department of Health Circular HSG (93)5 "Standards of Business Conduct for NHS Staff is followed
Other	Human Rights Act 1998				No required action. Policy ensures Department of Health Circular HSG (93)5 "Standards of Business Conduct for NHS Staff is followed
<p><b>4. Is this Policy/Service likely to have a positive impact on one or more minority/under represented or community groups?</b> If so, who may be affected and why? Or is it clear at this stage that it will be equality "neutral"? i.e. will have no particular effect on any group  <b>. Equality will be neutral.</b></p>					
<p><b>5. Is this Policy/Service likely to have an adverse impact on one or more minority/under represented or community groups?</b> If so, who may be affected and why? Or is it clear at this stage that it will be equality "neutral"?  <b>Equality will be neutral.</b></p>					
<p><b>6. Is the Impact of the Policy/Service (whether positive or negative) significant enough to warrant a more detailed assessment?</b>  <b>No</b></p>					
<p><b>7. If not, explain how the Policy/Service will be monitored and reviewed to assess the impact over time.</b> Briefly give reasons and bullet point any steps you are taking to address particular issues, including any consultation with staff or external groups.                  Policy will be subject to three yearly review, or earlier at the request of the Trust or Staff side</p>					
<b>8. Full EIA Required (Y/N):</b>		N			
<b>9. Screening Completed By:</b>		Trust Secretary			
<b>Policy Approval Group:</b>		2017	<b>Review Date</b>	2017	

