



University Hospitals of
Derby and Burton
NHS Foundation Trust

Conflicts of Interest Policy

TRUST POLICY FOR THE MANAGEMENT OF CONFLICTS OF INTEREST

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<p>To be read in conjunction with: Guidance is available via the following website – https://www.england.nhs.uk/wp-content/uploads/2017/02/guidance-managing-conflicts-of-interest-nhs.pdf</p>				
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Contents

1.	Policy Summary	4
2.	Introduction	5
3.	Purpose	5
4.	Key terms	5
5.	Interests	6
6.	Staff	7
7.	Decision Making Staff.....	7
8.	Identification, declaration and review of interests	8
8.1	Identification & declaration of interests (including gifts and hospitality)	8
8.2	Proactive review of interests	8
9.	Records and publication.....	8
9.1	Maintenance.....	8
9.2	Publication.....	9
9.3	Wider transparency initiatives.....	9
10.	Management of interests – general.....	9
11.	Management of interests – common situations	10
11.1	Gifts.....	10
11.1.1	What should be declared.....	10
11.2	Hospitality.....	10
11.2.2	What should be declared.....	11
11.3	Outside Employment.....	11
11.3.2	What should be declared.....	12
11.4	Shareholdings and other ownership issues.....	12
11.4.2	What should be declared.....	12
11.5	Patents, Research and Developments	12
11.5.2	What should be declared.....	12
11.6	Loyalty interests	13
11.6.2	What should be declared.....	13
11.7	Donations	13
11.7.2	What should be declared.....	13
11.8	Sponsored events	13
11.8.2	What should be declared.....	14
11.9	Sponsored research	14
11.9.2	What should be declared.....	14
11.10	Sponsored posts	14
11.10.2	What should be declared.....	15
11.11	Clinical private practice	15
11.11.2	What should be declared.....	15
12.	Management of interests – advice in specific contexts.....	16
12.1	Strategic decision making groups	16
12.2	Procurement.....	17
13.	Dealing with breaches	17
13.1	Identifying and reporting breaches	17
13.2	Taking action in response to breaches.....	18
13.3	Learning and transparency concerning breaches	18
14.	Review	19
15.	Associated documentation	19

1. Policy Summary

From 1 June 2017 guidance on **Managing Conflicts of Interest in the NHS** (the 'guidance') comes into force. The guidance:

- introduces common principles and rules for managing conflicts of interest
- provides simple advice to staff and organisations about what to do in common situations
- supports good judgement about how interests should be approached and managed
- Sets out the issues and rationale behind the policy.

This document provides a practical interpretation of the guidance to help organisations with implementation.

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"> • 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. • NOT misuse your position to further your own interests or those close to you • 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"> • 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. ○ 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

2. Introduction

University Hospitals of Derby and Burton NHS FT (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.

The Trust is required to maintain a Register of Financial Interests and Hospitality, which will protect members of staff, and the trust, from allegations of impropriety in awarding contracts. 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.

3. Purpose

This policy further details the requirement of all Trust employees to observe the NHS Standard of Business Conduct and ethical behaviour contained in the Trust's Standing Financial Instructions and relevant HR policies.

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

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

This policy should be considered alongside these other organisational policies:

- Counter Fraud, Bribery and Corruption Policy
- Standing Financial Instructions
- Scheme of Delegation
- Fit & Proper Person Requirements (Executive and Non-Executive Directors only)
- Capability (Performance & Competence)
- Conduct Capability for Medics
- Disciplinary of Employees Excluding Medical and Dental Staff
- Grievance and Disputes Policy
- Healthcare Professional Obtaining Consent for Research Studies
- Intellectual Property Management
- Research Misconduct and Fraud Identification
- Purchase2Pay Policy
- Freedom To Speak Up Policy

4. Key terms

A 'conflict of interest' is:

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

A conflict of interest may be:

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

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

Bribery

The Bribery Act 2010 introduced a number of offences:

- Offering, promising, or giving a bribe to another person to perform a relevant 'function or activity' improperly, or to reward a person for the improper performance of such a function or activity;
- Requesting, agreeing to receive, or accepting a bribe to perform a function or activity improperly irrespective of whether the recipient of the bribe requests or receives it directly or through a third party, and irrespective of whether it is for the recipient's benefit.

A new corporate offence was also introduced:

- Failure of a commercial organisation to prevent bribery.

This means that the Trust can be held responsible if it fails to enact adequate procedures to prevent bribery.

5. 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:**
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.

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

**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.

6. Staff

At University Hospitals of Derby and Burton 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:

- 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)

NHS England have published some frequently asked questions for specific staff groups on the issues posed and how the guidance applies to them. These are available at: www.england.nhs.uk/wp-content/uploads/2017/09/coi-qa-provider-managers.pdf

7. Decision Making Staff

These are staff whose role encompasses making decisions with people/organisations that work with us and for us for the benefit of patients. Collaborative partnerships such as these have many benefits and should help ensure that public money is spent efficiently and wisely.

Decision Making Staff for this organisation are defined as:-

- 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
- Administrative staff at Agenda for Change band 8c and above and VSM pay scales who have the power to enter into contracts on behalf of the organisation
- Clinical staff who have the power to enter into contracts on behalf of the organisation (Divisional Medical Directors and Divisional Nursing Directors)
- Administrative staff at Agenda for Change band 8c and above involved in decision making concerning the commissioning of services, purchasing of goods, medicines, medical devices or equipment, and formulary decisions.
- Clinical staff (Divisional Medical Directors and Divisional Nursing Directors) involved in decision making concerning the commissioning of services, purchasing of good, medicines, medical devices or equipment, and formulary decisions
- Budget centre managers

Some staff are more likely than others to have a decision making influence on the use of taxpayers' money, because of the requirements of their role. For the purposes of this guidance these people are referred to as 'decision making staff.'

Decision making groups in this organisation are:

- Trust Board
- Trust Board Sub-Committees:-
 - People Committee
 - Finance & Investment Committee
 - Charitable Funds Committee
 - Audit Committee
 - Quality Committee
 - Nominations & Remuneration Committee

- Trust Operational Group
- Medical Devices and Product User Group
- Estates Prioritisation Schemes Group
- IM&T Capital Group
- Quality Review Group
- Workforce Review Group
- Organisational Change Forum
- Strategic Health & Safety Committee
- Medical Workforce Group
- Joint Investment Committee – MES/Asteral
- Performance Management Meetings

8. Identification, declaration and review of interests

8.1 Identification & declaration of interests (including gifts and hospitality)

All staff should identify and declare material interests at the earliest opportunity (and in any event within 28 days). If staff are in any doubt as to whether an interest is material then they should declare it, so that it can be considered. Declarations should be made:

- On appointment or within 3 months of appointment with the organisation unless this is within the period December to March when the annual return will be sufficient.
- 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).
- Annually as a formal return on the 31st March in every year (Decision making staff only)

Staff will be able to submit their return on line, including a nil return, via the uhdb.mydeclarations.co.uk portal.

A declaration of interest(s) form is available via the on line portal <https://uhdb.mydeclarations.co.uk/>

Declarations should be made to the Director of Finance & Performance at University Hospitals of Derby and Burton NHS FT via the on line portal detailed above.

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

8.2 Pro-active review of interests

All decision making staff will be required to annually review declarations they have made and, as appropriate, update them or make a nil return.

The MES Declare system will prompt decision making staff to carry out this obligation.

9. Records and publication

9.1 Maintenance

The Trust will maintain just one register of all interests.

The organisation will maintain one register to be accessed via uhdb.mydeclarations.co.uk web portal.

All declared interests that are material will be available via the web portal for public review.

9.2 Publication

We will:

- Publish the interests, gifts, hospitality and sponsorship declared by decision making staff in via [uhdb.mydeclarations.co.uk web portal](http://uhdb.mydeclarations.co.uk).
- Refresh this information annually at least or as required.
- Make this information available on line and via the link in 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 Director of Finance & Performance via email to explain why. In exceptional circumstances, for instance where publication of information might put a member of staff at risk of harm, information may be withheld or redacted on public registers. However, this would be the exception and information will not be withheld or redacted merely because of a personal preference.

9.3 Wider transparency initiatives

University Hospitals of Derby and Burton NHS Foundation 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 organisations

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

<http://www.abpi.org.uk/publications/code-of-practice-for-the-pharmaceutical-industry-2019>

10. Management of interests – general

If an interest is declared but there is no risk of a conflict arising then no action is warranted. However, if a material interest is declared then the general management actions that could be applied include:

- restricting staff involvement in associated discussions and excluding them from decision making
- removing staff from the whole decision making process
- removing staff responsibility for an entire area of work
- removing staff from their role altogether if they are unable to operate effectively in it because the conflict is so significant

Each case will be different and context-specific, and University Hospitals of Derby and Burton NHS Foundation 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.

In the event that there is a dispute, the matter will be referred to the Deputy Director of Workforce/Trust Secretary who will advise on the most appropriate management action. In the case of a dispute or declaration relating to a member of the Executive Team, this will be referred to the Chair and/or Non-Executive Directors.

11. Management of interests – common situations

This section sets out the principles and rules to be adopted by staff in common situations, and what information should be declared.

11.1 Gifts

- Staff should not accept gifts that may affect, or be seen to affect, their professional judgement.

Gifts from suppliers or contractors:

- Gifts from suppliers or contractors doing business (or likely to do business) with the organisation should be declined, whatever their value.
- Low cost branded promotional aids such as pens or post-it notes may, however, be accepted where they are under the value of £6* in total, and need not be declared.

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

- Gifts of cash and vouchers to individuals should always be declined.
- Staff should not ask for any gifts.
- Gifts valued at over £50 should be treated with caution and only be accepted on behalf of University Hospitals of Derby and Burton NHSFT not in a personal capacity. These should be declared by staff.
- 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.

11.1.1 What should be declared

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

11.2 Hospitality

- Staff should not ask for or accept hospitality that may affect, or be seen to affect, their professional judgement.
- Hospitality must only be accepted when there is a legitimate business reason and it is proportionate to the nature and purpose of the event.

* 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>

- 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 ie. from an Executive Director 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 ie. Executive Director. A clear reason should be recorded on the organisation's register(s) of interest as to why it was permissible to accept.
- A common sense approach should be applied to the valuing of meals and refreshments (using an actual amount, if known, or a reasonable estimate).

Travel and accommodation:

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

11.2.2 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).

11.3 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 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.

Whilst the list is not exhaustive, the following are examples of Trust policies which may give rise to concern regarding outside employment of staff:-

- Health & Safety Policy
- Professional Registration (Verification of) Policy
- Health & Attendance Management

* 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>

- Safeguarding Policies (Adults/Children Supervision/Children)

The requirement to register secondary employment is as set down in Paragraph 36 of the contract of employment.

11.3.2 What should be declared

- Staff name and their role with the organisation.
- The nature of the outside employment (e.g. who it is with, a description of duties, time commitment).
- Relevant dates.
- Other relevant information (e.g. action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

11.4 Shareholdings and other ownership issues

- Staff should declare, as a minimum, any shareholdings and other ownership interests in any publicly listed, private or not-for-profit company, business, partnership or consultancy which is doing, or might be reasonably expected to do, business with the organisation.
- Where shareholdings or other ownership interests are declared and give rise to risk of conflicts of interest then the general management actions outlined in this policy should be considered and applied to mitigate risks.
- There is no need to declare shares or securities held in collective investment or pension funds or units of authorised unit trusts.

11.4.2 What should be declared

- Staff name and their role with the organisation.
- Nature of the shareholdings/other ownership interest.
- Relevant dates.
- Other relevant information (e.g. action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

11.5 Patents, Research and Developments

- 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.
- Staff should refer to the following policies:-
 - Healthcare Professional Obtaining Consent for Research Studies
 - Intellectual Property Management
 - Research Misconduct and Fraud Identification

11.5.2 What should be declared

- Staff name and their role with the organisation.

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

11.6 Loyalty interests

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

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

11.6.2 What should be declared

- Staff name and their role with the organisation.
- Nature of the loyalty interest.
- Relevant dates.
- Other relevant information (e.g. action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

11.7 Donations

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

11.7.2 What should be declared

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

11.8 Sponsored events

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

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

11.8.2 What should be declared

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

11.9 Sponsored research

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

11.9.2 What should be declared

- The organisation will retain written records of sponsorship of research, in line with the above principles, rules and in line with Trust policies:-
 - Healthcare Professional Obtaining Consent for Research Studies
 - Intellectual Property Management
 - Research Misconduct and Fraud Identification
- Staff should declare:
 - their name and their role with the organisation.
 - Nature of their involvement in the sponsored research.
 - relevant dates.
 - Other relevant information (e.g. what, if any, benefit the sponsor derives from the sponsorship, action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

11.10 Sponsored posts

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

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

11.10.2 What should be declared

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

11.11 Clinical private practice

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

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

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

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

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.

11.11.2 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).

* 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

[†] 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

12. Management of interests – advice in specific contexts

12.1 Strategic decision making groups

In common with other NHS bodies University Hospitals of Derby and Burton NHS FT (UHDB) uses a variety of different groups to make key strategic decisions about things such as:

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

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

- Trust Board
- Trust Board Sub-Committees:-
 - People Committee
 - Finance & Investment Committee
 - Charitable Funds Committee
 - Audit Committee
 - Quality Committee
 - Remuneration & Nominations Committee
- Trust Operational Group
- Medical Devices & Product User Group
- Estates Prioritisation Schemes Group
- IM&T Capital Group
- Quality Review Committee
- Workforce Review Committee
- Organisational Change Forum
- Strategic Health & Safety Committee
- Medical Workforce Group
- Joint Investment Committee – MES/Asteral
- Directors Improvement Group
- Performance Management Meetings

These groups should adopt the following principles:

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

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

- Requiring the member to not attend the meeting.

- Excluding the member from receiving meeting papers relating to their interest.
- Excluding the member from all or part of the relevant discussion and decision.
- Noting the nature and extent of the interest, but judging it appropriate to allow the member to remain and participate.
- Removing the member from the group or process altogether.

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

12.2 Procurement

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

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

Guidance can be sought from the Trust Procurement Team and reference should be made to the Trust's Purchase 2 Pay policy.

13. Dealing with breaches

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

13.1 Identifying and reporting breaches

Staff who are aware about actual breaches of this policy, or who are concerned that there has been, or may be, a breach, should report these concerns to the Director of Finance & Performance or the Senior Independent Non-Executive Director (SID). Other examples include the Trust Secretary, the Freedom To Speak Up Guardian, Local Counter Fraud, Line Manager.

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.

Should staff wish to raise concerns regarding other breaches not related to the declaration of financial interests this can be done via email to uhdb.speakup@nhs.net

Guidance can also be sought via the Trust intranet on the "Raising Concerns Pages" and can be accessed via <http://flo/for-staff/raising-concerns-at-work/> Staff should also review the Freedom to Speak Up Policy.

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.

7.4. Following investigation the organisation 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.

13.2 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), 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.

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

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

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

13.3 Learning and transparency concerning breaches

Reports on breaches, the impact of these, and action taken will be considered by the Audit Committee on a six monthly basis and Workforce Review Committee annually.

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 as appropriate, or made available for inspection by the public upon request.

14. Review

This policy will be reviewed in 3 years from date of issue unless an earlier review is required. This will be led by the Director of Finance & Performance.

15. Associated documentation

Freedom of Information Act 2000/The Bribery Act 2010

ABPI: The Code of Practice for the Pharmaceutical Industry (2014)

ABHI Code of Business Practice

NHS Code of Conduct and Accountability (July 2004)

- Counter Fraud, Bribery and Corruption Policy
- Standing Financial Instructions
- Scheme of Delegation
- Fit & Proper Person Requirements (Executive and Non-Executive Directors only)
- Capability (Performance & Competence)
- Conduct Capability for Medics
- Disciplinary of Employees Excluding Medical and Dental Staff
- Grievance and Disputes Policy
- Healthcare Professional Obtaining Consent for Research Studies
- Intellectual Property Management
- Research Misconduct and Fraud Identification
- Purchase2Pay Policy
- Freedom To Speak Up Policy