

OP109

Conflicts of Interest Policy

Contents		
Sections		Page
1	Policy Statement (Purpose / Objectives of the policy)	2
2	Key terms	3
3	Interests	4
4	Staff	4
5	Decision-making staff	5
6	Identification, declaration, and review of interests	5
6.1	Identification & declaration of interests (including gifts and hospitality)	5
6.2	Proactive review of interests	6
7	Records and publication	7
7.1	Maintenance	7
7.2	Publication	8
7.3	Wider transparency initiatives	8
8	Management of interests – general	9
9	Management of interests – common situations	9
9.1	Gifts	9
9.2	Hospitality including meals, refreshments, travel & accommodation	10
9.3	Outside Employment	11
9.4	Shareholdings and other ownership issues	11
9.5	Patents	12
9.6	Loyalty interests	12
9.7	Donations	13
9.8	Sponsored events	13
9.9	Sponsored research	13
9.10	Sponsored posts	14
9.11	Clinical private practice	14
9.12	Nil returns	15
10	Management of interests – advice in specific contexts	15
10.1	Strategic decision-making groups	15
10.2	Procurement	16
11	Dealing with breaches	17
11.1	Identifying and reporting breaches	17
11.2	Taking action in response to breaches	17
11.3	Learning and transparency concerning breaches, determinations	18
12	Review	18
13	Associated documentation; audit of this Policy	18
14	Financial risk assessment	19
15	Equality impact assessment	20
16	Maintenance	20
17	Communication and training	20
18	References	20

1. Policy Statement (Purpose / Objectives of the policy)

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, and
- sets out the issues and rationale behind the policy.

This document provides a practical implementation of the guidance. This is version 3 of the Policy, issued in July 2022, replacing version 2.4 from April 2022.

Who does the guidance apply to?

NHS Trusts and NHS Foundation Trusts - which include secondary care trusts, mental health trusts, community trusts, and ambulance trusts.

It replaces any and all existing Conflicts of Interest Policies and requires the update of relevant sections of existing policies and procedures including but not limited to.:

Standards of Business Conduct, Standing Financial Instructions, Standard Operating Procedures, and Human Resources Policies and Procedures.

What other information is available to implement the guidance?

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

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

If you have any queries, please contact England.ConflictsOfInterest@NHS.net

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 must...	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/ourwork/coi/ • 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. • If you have no interests to declare you still need to complete a declaration to state this. • 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 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 the following. • 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.

Introduction

The Royal Wolverhampton NHS Trust (henceforth referred to as the ‘organisation’ or ‘the Trust’) and the people who work with and for us collaborate closely with other organisations to deliver 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 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 must 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.

Purpose

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, and
- supports good judgement about how to approach and manage interests.

This policy must be considered alongside these other organisational policies and each of these Policies is considered, and the following paragraph added:

“All aspects of this Policy regarding potential Conflicts of Interest must refer first to the Conflicts of Interest Policy. In adhering to this Policy, all applicable aspects of the Conflicts of Interest Policy must be considered and addressed. In the case of any inconsistency, the Conflicts of Interest Policy is to be considered the primary and overriding Policy.” A Conflicts of Interest statement is added to all policy documents.

The Conflicts of Interest Policy has an impact on the following Trust Policies*:

Policy type	Policy no	Policy Title
OP	OP14	Catering Policy
OP	OP22	Innovation Policy
OP	OP30	Research Governance Policy
OP	OP01	Governance of Trust-wide Strategy/Policy/Procedure/Guidelines and Local Procedure and Guidelines

**This is not an exhaustive list, but indicative of the main Policies involved. In any Policy or Guidance where a potential Conflict of Interest may arise, this Policy is to be referred to.*

OP01 and CP01 include the requirement to review, identify and insert the standard sentence regarding reference to and the primacy of the Conflicts of Interest Policy.

In adhering to this Policy, all applicable aspects of the Conflicts of Interest Policy must be considered and addressed. In the case of any inconsistency, the Conflicts of Interest Policy is to be considered the primary and overriding Policy.

2. 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 or potential.

- 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 must be declared where there is a risk of perceived improper conduct. In summary – if in doubt, declare first and ask for a determination.

3. Interests

Interests fall into the following categories.

1. **Financial interests**

- Where an individual may get direct financial benefit* from the consequences of a decision they are involved in making.

2. **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.

3. **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.

4. **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.

4. Staff

NHS England frequently asked questions for specific staff groups on the issues posed and how the guidance applies to them can be found at www.england.nhs.uk/ourwork/coi.

At RWT 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:

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

* This 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.

5. Decision-making Staff

At RWT, the following groups and roles are considered as meeting the definition of being considered 'decision making staff.'

- *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 or on Senior Manager pay-scales.*
- *Administrative and clinical staff who have the power to enter into contracts on behalf of their organisation* such as staff in procurement roles and associated Finance roles.
- *Administrative and clinical staff involved in decision-making concerning the commissioning of services; purchasing of goods, medicines, medical devices or equipment; and formulary decisions, including supplies staff and Pharmacy staff with purchasing responsibilities.*

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.' In addition, there are staff required to make declarations under this Policy who may not fall within the scope of 'Decision-making Staff' and staff who are required to make different declaration in relation to both being Decision-making and because of their profession, responsibilities or other issues that fall within the scope of the Policy.

Decision-making staff in this organisation are the following.

- All Executive Directors, Non-executive Directors, and Board support staff.
- All staff Band 8d or above.
- All Senior Medical staff e.g. clinical directors, consultants and equivalent.
- All staff on Senior Manager Pay scales.
- All Contracting staff.
- All Procurement staff Band 4 and above.
- All Supplies staff Band 4 and above.
- All Estates staff involved in tendering processes – Band 4 and above.
- All Finance staff Band 6 and above.
- All Pharmacy staff Band 6 and above.

Other staff groups including in the wider scope of the Policy who may or may not be defined as Decision Making, including (but not exclusively).

- All Medical and clinical professional staff.
- All Managerial and Senior Administrative staff.
- All other staff engaging in activity covered by the overall Col Policy e.g., receiving gifts.

All potential or actual Col must be registered by the individual on the RWT mydeclarations site. In addition where there is a potential conflict relating to an agenda item in a meeting, the individual is responsible for raising the committee chairs awareness of this at the start of the meeting and at the start of that item. The chair will then determine what if any action needs to be taken e.g. exclusion from discussion, leaving the meeting et al. There is further information and guidance on this in the rest of the policy.

6. Identification, declaration, and review of interests

6.1 Identification and declaration of interests (including gifts and hospitality)

All staff must 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 must declare it, so that it can be considered and discussed with their line manager. Declarations must be made in the following circumstances.

- On appointment with the organisation.
- When moving to a new role, or if responsibilities change significantly.
- At the beginning of a new project or 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).
- As good practice as part of any annual or similar review process.

The declaration must be made online by logging onto the declaration system ('Civica Declare') which is accessible through the Trust's intranet

<https://royalwolverhampton.mydeclarations.co.uk/>.

You are required to complete all relevant sections of the return.:

- your name and role with the organisation,
- your employee number,
- a description of the interest declared including details of the declaration such as the amount, value, or nature of the declaration,
- relevant dates relating to the interest
- any comments such as action taken to mitigate any potential conflict.

The Trust Lead Director with responsibility for the implementation and operation of this Policy is the Chief Finance Officer supported by the Company Secretary. They are responsible for ensuring the following.

- Reviewing current policies and bringing them in line with this guidance.
- Providing advice, training, and support for staff on how interests should be managed.
- Maintaining register(s) of interests.
- Auditing policy, process and procedures relating to this guidance at least every three years.

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.

6.2 Proactive review of interests

All staff, including 'Decision-making' staff will be proactively prompted to update their interests via staff information email circulars every month. All staff must review and amend as required their declaration online. This must be done at least annually, as part of the Annual Appraisal where changes are not frequent (e.g., less than 2 in a year).

We will prompt decision-making staff to review declarations they have made and, as appropriate, update them or make a nil return as they happen.

7. Records and publication – maintenance

7.1 The organisation will maintain the following Registers.

- | | |
|--|-----------------------------------|
| 1. Gifts | 6. Loyalty interests |
| 2. Hospitality | 7. Donations to Charitable Trusts |
| 3. Outside employment | 8. Clinical private practice |
| 4. Shareholdings and other ownership interests | 9. Sponsored events |
| 5. Patents | 10. Sponsored research |
| | 11. Sponsored posts |

All declared interests held on the Civica Declare system will be regarded as placed on the relevant register for review and, where it meets the criteria, publication.

In addition, there are other registers* and, or processes which all relevant staff must declare to and follow the requirements of:

- National Association of British Pharmaceutical Industry (ABPI) Register,
- RWT Pharmacy new product applications,
- RWT Devices new product application,
- Clinical Local Research Network (CLRN Clinical Trials information and process,
- RWT Procurement information and process, and
- RWT Estates Tenders information and process.

With the exception of the ABPI Register, which is held outside the Trust by the ABPI on behalf of its members, the Trust Conflicts of Interest Registers (CoIR) takes Primacy. Applications for the use of new drugs or devices within the Trust must be first declared to (this) the CoIR.

Therefore any and all potential declarations to the Registers and, or any of the ‘additional registers* must be declared to the appropriate Trust Register first* using the common declaration process. There is a question which allows staff to identify which additional register* and, or process a declaration will be made. In each case, the following are most likely.

- **National ABPI Register** – Register with appropriate RWT CoIR likely to be Hospitality, Outside employment, Sponsorship (events, research, posts).
- **RWT Pharmacy new product applications** – Register with appropriate RWT CoIR likely to be hospitality, outside employment, sponsorship (events; research; posts).
- **RWT Devices new product application** – Register with appropriate RWT CoIR likely to be hospitality, outside employment, sponsorship (events; research; posts).
- **CLRN Clinical Trials information and process** - Register with appropriate RWT CoIR likely to be hospitality, outside employment, sponsorship (events; research; posts).
- **RWT Procurement information and process** – first Register with appropriate RWT CoIR likely to be hospitality, outside employment, sponsorship (events; research; posts).
- **RWT Estates Tenders information and process** – first Register with appropriate RWT CoIR likely to be hospitality, outside employment, sponsorship (events; research; posts).

In the case declarations to any ‘additional’ register* held by RWT, the appropriate RWT Register will be shared with the holder and Governance lead for each of the Registers. Any declarations during any of the processes 12-16 will be cross-checked with the central RWT Registers Governance Lead (the Company Secretary) to provide assurance that they have been first declared to the central registers.

7.2 Publication

RWT will:

- Publish the interests declared by decision making staff in a declaration register on the public Trust web site. Each entry will be identified against the Register types (see previous page);
- Refresh this information at least twice a year;
- Make this information available at the Trust Headquarters on request;
- Redact as appropriate any personal confidential information before publication.
- Publication on the Trust website those not complying with the process as per the NHA Standard Contract.

If decision-making staff have substantial grounds for believing that publication of their interests should not take place, then they must 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.

7.3 Wider transparency initiatives

RWT 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,
- Delivering training,
- 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, and
- Donations, grants, and benefits in kind provided to healthcare organisations.

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

<https://www.abpi.org.uk/partnerships/working-with-the-nhs/>.

Any declaration under the ABPI requirements **MUST** be declared by the individual to the appropriate RWT Register **as well as** to the ABPI. On publication, the ABPI register will be cross-checked with the RWT Register and any omissions in declaration to the appropriate RWT CoIR will be dealt with using existing policy and procedure relating to individuals fulfilling contractual requirements. Individual members of staff **must not** assume that the ABPI will inform the Trust and each individual has a specific responsibility to declare to the

appropriate RWT Register.

8. Management of interests

8.1 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, and, or
- 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 RWT will always clarify the circumstances and issues with the individuals involved. Staff must maintain a written audit trail of information considered and actions taken.

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

Staff and, or managers can contact the Company Secretary in the first instance for advice regarding possible disputes about the most appropriate management action.

Non-compliance – the escalation process for non-compliance is detailed further on in the policy.

8.2 Declarations

All declarations are to be made by completion of the on-line declaration and must be through the link provided on the Trust Intranet

<https://royalwolverhampton.mydeclarations.co.uk/> .

Should there be difficulties in completing or accessing the form then contact must be made by email or phone call to the Company Secretary.

8.3 Trust Contact

For information, declarations, appeals or any other aspect of this Policy and its operation: Trust Company Secretary – Keith Wilshere x84294 at New Cross Hospital or via Chief Executive's Office, The Royal Wolverhampton NHS Trust, New Cross Hospital, Zone C, Location C27, Hollybush House, Wolverhampton WV10 0QP keith.wilshere1@nhs.net or rwh-tr.TrustBoard@nhs.net

9. Management of interests – common situations

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

9.1 Gifts

- Staff must 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 must 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 must always be declined.
- Staff must not ask for any gifts.
- Gifts valued at over £50 should be treated with caution and only be accepted on behalf of RWT and not in a personal capacity. These must 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 must be treated in the same way as single gifts over £50 if the cumulative value exceeds £50.

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).

9.2 Hospitality

- Staff must not ask for or accept hospitality that may affect, or be seen to affect, their professional judgement.
- Hospitality must only be accepted when there is a legitimate business reason, and it is proportionate to the nature and purpose of the event. Particular caution must 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 over £75 – must be refused unless (in exceptional circumstances) senior approval is given. A clear reason must be recorded on the organisation's register(s) of interest as to why it was permissible to accept.
- A common-sense approach should be applied to the valuing of meals and refreshments (using an actual amount, if known, or a reasonable estimate).

← The £6 value has been selected with reference to existing industry guidance issued by the ABPI:
<http://www.pmcpa.org.uk/thecode/Pages/default.aspx>

* 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>

Travel and accommodation:

- Modest offers to pay some or all 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, must only be accepted in exceptional circumstances, and must be declared. A clear reason must 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.

What must 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).

9.3 Outside employment

- Staff must 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 organisation may also have legitimate reasons within employment law for knowing about outside employment of staff, even when this does not give rise to risk of a conflict as per the applicable Human Resources, Workforce and, or Recruitment Policies.

What must 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, and the 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 etc.).

9.4 Shareholdings and other ownership issues

- Staff must 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.
- Staff, e.g., G.P.'s, must declare any ownership of premises used for health, social or other care purposes.
- 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 must 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 must 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 etc.).

9.5 Patents

- Staff must 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 on-going, which are, or might be reasonably expected to be, related to items to be procured or used by the organisation.
- Staff must 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.

What must 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 etc.)

9.6 Loyalty interests

Loyalty interests must be declared by staff involved in decision making if they match one or more of these criteria.

- 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.

What must 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 etc.).

9.7 Donations

- Donations made by suppliers or bodies seeking to do business with the organisation must be treated with caution and not routinely accepted. In exceptional circumstances they may be accepted but must always be declared. A clear reason must be recorded as to why it was deemed acceptable, alongside the actual or estimated value.
- Staff must 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, must be made to a specific charitable fund (never to an individual) and a receipt must be issued.
- Staff wishing to donate 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 must be declared?

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

9.8 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 that they could gain a commercial advantage from, 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 must not have a dominant influence over the content or the main purpose of the event.
- The involvement of a sponsor in an event must always be clearly identified.
- Staff within the organisation involved in securing sponsorship of events must make it clear that sponsorship does not equate to endorsement of a company or its products and this must be made visibly clear on any promotional or other materials relating to the event.
- Staff arranging sponsored events must declare this to the organisation.

What must be declared?

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

9.9 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 must declare involvement with sponsored research to the organisation.

What must be declared?

- The organisation will retain written records of sponsorship of research, in line with the above principles and rules.

Staff must declare:

- their name and their role with the organisation,
- nature of their involvement in the sponsored research,
- relevant dates, and
- 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).

9.10 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 must only happen where there is written confirmation that the arrangements will have no effect on purchasing decisions or prescribing and dispensing habits. This must be audited for the duration of the sponsorship. Written agreements must detail the circumstances under which organisations can 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 they must provide information about relevant and appropriate alternative products and suppliers.
- Sponsors must 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 must be declared?

- The organisation will retain written records of sponsorship of posts in line with the above principles and rules.
- Staff must 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.

9.11 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 and major procedures), and
 - when they practise (identified sessions and, or time commitment).
- Clinical staff must (unless existing contractual provisions require otherwise or unless emergency treatment for private patients is needed):
 - seek prior approval of their organisation before taking up private practice,

- Ensure that, where there would otherwise be a conflict or potential conflict of interest, NHS commitments take precedence over private work ††, and
- 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 must not initiate discussions about providing their Private Professional Services for NHS patients, nor must they ask other staff to initiate such discussions on their behalf.

† 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/>

†† 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/>

What must 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 etc.).

9.12 Nil declarations

- If a member of staff has no declarations to make to any part of the register, then they must complete a 'nil' return.
- It is the responsibility of the individual member of staff to update and change this must a declarable situation arise subsequently.
- The Civica Declare system provides the means by which to do this.

10. Management of interests – advice in specific contexts

10.1 Strategic decision-making groups

In common with other NHS bodies The Royal Wolverhampton NHS 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. In The Royal Wolverhampton NHS Trust these are:

- Board of Directors (Business Cases and contracts approvals);
- The Trust Management Committee (Business cases);
- Finance and Performance Group (Business cases);
- TEG (Trust Equipment Group);
- Capital Review Group (Capital Cases);
- Contracts and Commissioning Group (Revenue Business Cases);
- Pharmacy Groups (purchase of medication)).

These groups must adhere to the following principles.

- Chairs must consider any known interests of members in advance and begin each meeting by asking for declaration of relevant material interests.
- Members must take personal responsibility for declaring material interests at the beginning of each meeting and as they arise.
- Any new interests identified must be added to the organisation's register(s).
- The vice chair (or other non-conflicted member) must 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 must 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.

10.2 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 must 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 must 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 must be taken to identify and manage conflicts of interest to ensure and to protect the integrity of the process.

Procurement staff AfC Band 4 and above within the procurement team are involved in competitive tendering processes. The Trust Procedure requires that all the evaluation team members must complete a declaration form.

Refer to the Procurement Tendering Guidance and Impartiality and the Procurement Conflict of Interest and Confidentiality Declaration.

10.3 Estates

Estates staff must follow the same principles and practice as Procurement staff. Any staff involved in tendering decisions must declare their interest both on the Trust register by declaration under this Policy and before participating in any tendering process where an actual or potential Conflict may occur.

Estates staff AfC Band 4 and above within the estates teams are involved in competitive tendering processes. The Trust Procedure requires that all the evaluation team members must complete a declaration form.

Refer to the Estates Tendering Guidance and Impartiality and the Procurement Conflict of Interest and Confidentiality Declaration.

11. 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'.

11.1 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, must report these concerns to the Trust Board Secretary.

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 using HR16 *Raising Concerns at Work 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.

Following investigation, the organisation 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 organisation should be made aware, and
- take appropriate action as set out in the next section.

11.2 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.
- Consider whether HR, employment law and, or contractual action should be taken against staff or others.
- Consider escalation to external parties. This might include referral of matters to external auditors, NHS Counter Fraud Authority, 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

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.

- 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 (Fraud Act 2006, Bribery Act 2010).

11.3 Learning and transparency concerning breaches

Anonymous reports on breaches, the impact of them, and action taken will be considered by Conflict of Interest Group, reporting to the Trust Quality Governance Committee at least twice a year as part of the Policy Audit Report (see next section).

To ensure that lessons are learnt, and management of interests can continually improve, anonymised information on breaches, the impact of them, and action taken will be prepared and published on the Trust public web site as appropriate or made available for inspection by the public upon request.

11.4 Review of questions raised regarding the requirement to declare and, or pertaining to a specific declaration (e.g., potential removal from the register) or a potential declaration

In line with the national guidance, the Trust will have 3 levels of review.

Company Secretary If the decision or determination is not agreed with by the declaring party, or where the above officer is unclear, then the matter can be referred to, **Trust Conflict of Interest Group** This comprises the Company Secretary, Director of Finance (or his nominee), Trust Chair and one Non-executive Director, and is a Group governed by the Trust Quality Governance and Assurance Committee (QGAC) on behalf of the Board. Its remit is defined by this Policy and a report of its operation is overseen by the TQGC as part of the audit of this Policy. In a case where the decision or determination is not agreed with by the declaring party and the Group gives leave to further review or where the Group is unclear, then the matter can be referred to. the **Trust Quality Governance and Assurance Committee** where a final and binding determination will be made. There is no further level of review or appeal.

12. Review / Maintenance

This policy will be reviewed in 3 years unless an earlier review is required. The Company Secretary will lead this.

13. Associated documentation

Freedom of Information Act 2000.

Government Functional Standard 013: Counter Fraud
GP02: Anti-Fraud, Bribery and Corruption Policy

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

NHS Code of Conduct and Accountability (July 2004).

14. Audit of the operation of this Policy

This will be undertaken at least twice a year with the results presented in summary to the Trust Quality Governance and Assurance Committee. The evidence in the audit will include, for example.

- A snapshot of the live registers at the point in time of the audit.
- A summary of the number of additions to each register in the period since the last report.
- A summary of the number of registrations removed as ‘out of time’ on each register in the period since the last report.
- Anonymous reports on breaches, the impact of them, and action taken will be reported to the Trust Quality Governance
- A summary of a review of the operation of the key aspects of this Policy, viz.
- Levels of declaration against expected and historical levels of declaration.
- Any determinations made regarding whether a matter must be declared or not considered by Conflict of Interest Group.
- Any areas of concern regarding low or non-declaration by individuals and, or staff groups as defined by the Policy.
- Any areas of concern regarding low or non-declaration by individuals and/or staff groups as defined by the Policy.
- Any recommendations for changes/improvements in the operation of the Policy.
- Any declarations made in the period since the last report of information on the registered to external bodies e.g., CQC, NHSI et al.

Audit Process

See Audit Section of Policy.

Criterion	Lead	Monitoring method	Frequency	Committee
Audit Report	Company Secretary	Audit and report against criteria (see below)	Every 12 months	QGAC TMC

- Audit summary report comprising
- A snapshot of the live registers at the point in time of the audit.
- A summary of the number of additions to each register in the period since the last report.
- A summary of the number of registrations removed as ‘out of time’ on each register in the period since the last report.
- Anonymous reports on breaches, the impact of these, and action taken will be, reporting to the Trust Audit Committee
- A summary of a review of the operation of the key aspects of this Policy, viz.
- Levels of declaration against expected & historical levels of declaration.
- Any determinations made regarding whether a matter must be declared or not considered by Conflict of Interest Group.
- Any recommendations for changes/improvements in the operation of the Policy.
- Any declarations made in the period since the last report of information on the registered to external bodies e.g., CQC, NHSI et al.
- external bodies e.g., CQC, NHSI et al.

References

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

comms/coi/

If you have any queries, please contact England.ConflictsOfInterest@NHS.net

15 Financial Risk Assessment

1	Does the implementation of this policy require any additional Capital resources	No
2	Does the implementation revenue resources of this policy require additional revenue resources	Yes
3	Does the implementation of this policy requires additional manpower	Yes
4	Does the implementation of this policy release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this policy which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments	

16 Equality Impact Assessment

An equality analysis has been carried out and it indicates that:

Tick	Options
X	A. There is no impact in relation to Personal Protected Characteristics as defined by the Equality Act 2010.

17 Communication and Training - See Implementation Plan

18 References - Legal, professional, or national guidelines

Part A - Document Control

Policy number and Policy version: OP109 V3.0	Policy Title: Conflicts of Interest Policy	Status: Final		Author: Company Secretary Chief Officer Sponsor: Chief Nursing Officer
Version / Amendment History	Version	Date	Author	Reason
	1.0	21.09.2017	Keith Wilshere	New Policy based on national template
	2.0	19.06.2018	Keith Wilshere	First revision as scheduled
	2.1	August 2019	Keith Wilshere	Update to page 7 which refers to Hospitality Policy – OP71 as this has been de-ratified and replaced with OP14 Catering Policy
	2.2	September 2020	Keith Wilshere	Update to include new online declaration system Civica for recording declarations and nil declarations
	2.3	September 2020	Keith Wilshere	Minor amendments
	2.4	April 2022	Keith Wilshere	Update to Chief Officer Sponsor and extension applied
	3.0	April 2022	Keith Wilshere	Full review of policy
Intended Recipients: All staff				
Consultation Group / Role Titles and Date: Presentation at Trust Audit Committee.				
Name and date of Trust level group where reviewed		Trust Policy Group – July 2022		
Name and date of final approval committee		Trust Management Committee – July 2022		
Date of Policy issue		August 2022		
Review Date and Frequency (standard review frequency is 3 yearly unless otherwise indicated – see section 3.8.1 of Attachment 1)		July 2025 (every 3 years)		

Training and Dissemination: Message on payslips, Communication Plan as part of Implementation Plan.	
Publishing Requirements: Can this document be published on the Trust's public page:	
Yes	
If yes you must ensure that you have read and have fully considered it meets the requirements outlined in sections 1.9, 3.7 and 3.9 of OP01, Governance of Trust-wide Strategy/Policy/Procedure/Guidelines and Local Procedure and Guidelines , as well as considering any redactions that will be required prior to publication.	
To be read in conjunction with: National detailed guides as and when available.	
Initial Equality Impact Assessment (all policies): Completed Yes / No Full Equality Impact assessment (as required): Completed Yes / No / NA If you require this document in an alternative format e.g., larger print please contact Policy Administrator 8904	
Monitoring arrangements and Committee	As per Policy. Trust Management Committee Trust Board
Document summary/key issues covered. The Policy provides the instructions for declaration of:	
<ol style="list-style-type: none"> 1. Gifts 2. Hospitality 3. Outside employment 4. Shareholdings and other ownership interests 5. Patents 6. Loyalty interests 7. Donations to Charitable Trusts 8. Clinical private practice 9. Sponsored events 10. Sponsored research 11. Sponsored posts 12. No declared interests (Nil Return) 	
Key words for intranet searching purposes: Conflicts of Interest	Conflict of Interest, Conflict, Declaration, Declarations, Gifts, Hospitality, Donations, Sponsored
High Risk Policy? Definition: <ul style="list-style-type: none"> • Contains information in the public domain that may present additional risk to the public e.g., contains detailed images of means of strangulation. • References to individually identifiable cases. • References to commercially sensitive or confidential systems. <p>If a policy is considered to be high risk, it will be the responsibility of the author and chief officer sponsor to ensure it is redacted to the requestee.</p>	No (delete as appropriate) If Yes include the following sentence and relevant information in the Intended Recipients section above – In the event that this is policy is made available to the public the following information should be redacted:

Part B

Ratification Assurance Statement

Name of document: OP109, Conflicts of Interest Policy

Name of author: Keith Wilshere Job Title: Company Secretary

I, Keith Wilshere the above named author confirm that:

- The Strategy/Policy/Procedure/Guidelines (please delete) presented for ratification meet all legislative, best practice and other guidance issued and known to me at the time of development of the said document.
- I am not aware of any omissions to the said document, and I will bring to the attention of the Executive Director any information which may affect the validity of the document presented as soon as this becomes known.
- The document meets the requirements as outlined in the document entitled Governance of Trust-wide Strategy/Policy/Procedure/Guidelines and Local Procedure and Guidelines (OP01).
- The document meets the requirements of the NHSLA Risk Management Standards to achieve as a minimum level 2 compliance, where applicable.
- I have undertaken appropriate and thorough consultation on this document, and I have detailed the names of those individuals who responded as part of the consultation within the document. I have also fed back to responders to the consultation on the changes made to the document following consultation.
- I will send the document and signed ratification checklist to the Policy Administrator for publication at my earliest opportunity following ratification.
- I will keep this document under review and ensure that it is reviewed prior to the review date.

Signature of Author:

Date: May 2022

Name of Person Ratifying this document (Chief Officer or Nominee):

Job Title:

Signature:

- I, the named Chief Officer (or their nominee) am responsible for the overall good governance and management of this document including its timely review and updates and confirming a new author should the current post-holder/author change.

To the person approving this document:

Please ensure this page has been completed correctly, then print, sign, and email this page only to: The Policy Administrator

IMPLEMENTATION PLAN

Conflicts of Interest Policy Outline Implementation Plan v3.0

Number	Issue	Action	Milestone/evidence	Lead	Timescale
1.	Revised Policy in place	Publication of the final version of the revised Policy	Policy on intranet	Policy Team. IT Web Services.	
2.	Staff awareness	Revision and updates to Intranet pages	Guidance and declaration process available and accessible through intranet	Company Secretary, Communications Team, IT Web Services	
3.	Policy process in place	Continued referral and appeals process	Referral and appeals process remains available and accessible through intranet	Company Secretary, Chairman	
4.	Staff awareness	Reminders publicity and continued awareness raising of staff to the principles and changed requirements of the Policy	Information at employment, circulars, publicity materials in place, Senior Managers Briefing.	Communications Team, Human Resources, Company Secretary,	
5.	Staff awareness	Letter to all staff attached to payslips	Letter circulated	Communications Team, Human Resources, Company Secretary, CEO	
6.	Leadership	Briefing and implementation of all relevant Groups, Committee and other bodies including Trust Board	Briefings scheduled, briefings completed	CFO and/or Company Secretary,	
7.	Initiation of On-line Declarations	Publicise in 6. Above plus on-line campaign and screen savers	Link available and in operation	Communications Team, Human Resources, Company Secretary,	
8.	Policy scope, staff awareness	Review initial list of posts defined as 'decision making staff'	List available, staff informed	Chief People Officer or nominee	
9.	Policy process in place	Confirmation of continued sanctions process	Implementation of sanctions process	Chief People Officer or nominee	
10.	Policy process in place	Maintenance, upkeep and periodic publication of the new Register	Register operational, updates published	Company Secretary, IT Web Services	
11.	Policy process in place	Audit of compliance with the Policy	Audit completed	Company Secretary Office, Internal Audit (Part 2)	
12.	Policy process development	Future declaration linked to individual staff records and	Review as part of regular management oversight and/or annual review process as a minimum	Chief People Officer or nominee	