

GROUP GOP109 CONFLICTS OF INTEREST POLICY

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

From 1 June 2017 the revised guidance on Managing Conflicts of Interest in the NHS (the 'guidance') came into force.

From April 2024, the revised Fit and Proper Persons guidance (FPP) also came into force and is referred to in this Policy.

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.

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.

This policy must be considered alongside other relevant organisational policies:

- Standing Financial Instructions
- Standing Orders
- Scheme of Delegation & Reservation
- Anti-Fraud, Bribery and Corruption Policy
- Raising Concerns at Work (Whistleblowing) Policy
- Disciplinary Policy

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/>

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.

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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

Walsall Healthcare NHS Trust and the Royal Wolverhampton NHS Trust (henceforth referred to as the 'organisations' or 'the Trusts') 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 all the Trusts Policies and as part of OP01 is required to be considered in every policy area, including but not limited to Catering, innovation, research and research Governance and other Governance related areas including Fit and Proper Persons. 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/definitions and Accountabilities

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.

Individual	Key Responsibilities
Group Chief Executive	<ul style="list-style-type: none"> • As the 'Accountable Officer' is ultimately responsible for ensuring there is an effective system in place for staff to declare hospitality, gifts, sponsorship outside income and any other interests
Group Company Secretary	<ul style="list-style-type: none"> • Ensuring a policy is in place and made available to staff • Monitor compliance with this policy • Advising staff on the contents of this policy • Providing guidance for staff on refusal or acceptance for hospitality or gifts • Maintaining a central register of hospitality and gifts and ensuring that this is available for inspection • Receive declarations for inclusion in the Registers • Ensure that this policy is compliant with legislation and guidance
All managers	<ul style="list-style-type: none"> • Ensuring that their staff are aware of, and adhere to, this policy via annual Appraisals • Make declarations of receipts of hospitality or gifts required • Ensure staff have made a declaration of interest, even if that is a nil return, at the annual appraisal meeting, reviewing that declaration to ensure no conflicts arise. • Provide advice and guidance to staff on the receipt of hospitality and gifts in the first instance, and consult with the Group Company Secretary where additional guidance is required • Proactively seek declarations in respect of specific decision making, determine the nature, extent and any required action (see Management of Interests).

All staff	<ul style="list-style-type: none"> • Ensuring they are aware of, and follow this policy • Make declarations of receipt of hospitality and gifts where required in consultation with their line manager • Refuse gifts, inducements or hospitality other than items of modest value • Staff with authority to commit expenditure must declare any relevant and material interests • Do not use your official position for private gain • Respect confidentiality of business information • Act in accordance with the seven Nolan principles on standards in public life: selflessness, integrity, objectivity, accountability, openness, honesty and leadership • Ensure that they are not placed in a position which risks, or appears to risk, conflict between their private interests and their NHS duties, where this is direct or indirect
Counter Fraud	<ul style="list-style-type: none"> • The Local Counter Fraud Specialist's role is to ensure that all cases of actual or suspected fraud and bribery are notified to the Group Chief Finance Officer and reported accordingly. • Investigation of the majority cases of alleged fraud within the organisation • The Local Counter Fraud Specialist will regularly report to the Group Chief Finance Officer on progress of investigations and when / if referral to the police is required • The Local Counter Fraud Specialist and Group Chief Finance Officer, in conjunction with NHS Counter Fraud Authority, will decide who will conduct investigations and when /if referral to the police is required.

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 – conflict identification and publication

NHS England frequently asked questions for specific staff groups on the issues posed and how the guidance applies.

At the Trusts, 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).

All staff must identify, consider and declare material interests at the earliest opportunity (ideally 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.

Board Members and National Directors	On appointment Bimonthly review In formal meetings (nil returns are to be made) * Through the annual Fit and Proper Persons Attestation (using declaration forms) On changing role, responsibility or circumstances
Decision making officers	On appointment Through a quarterly review When moving to a new role, or responsibilities change In formal meetings (nil returns are to be made) * On changing role, responsibility or circumstances
All other staff	On appointment Through an appraisal When moving to a new role, or responsibilities change In formal meetings On changing role, responsibility or circumstances

* 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 partner. *Where no interests arise, staff are requested to make a 'nil return' i.e. to state that they do not have any interests to declare.

Staff must declare their interests via the Electronic Portal (Civica) only.

Board Members confirm annual their interests as part of the attestation process.

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.

Proactive review of interests

All staff are required to update their interests using Civica and to provide a summary of declarations as part of the annual appraisal process to whomsoever is undertaking their appraisal.

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

Publication

All staff should declare interests. The register of interests is available to review by the Public via the Trust website link to the Electronic Portal (Civica). The Register of Interests will be available to the Audit Committee when reviewed annually.

If decision making staff have substantial grounds for believing that publication of their interests

should not take place, then they must contact the Group Company Secretary to explain why. (rwh-tr.trustboard@nhs.net)

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

Wider transparency initiatives

The organisation 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

Any declaration under the ABPI requirements must be declared by staff to the register of interests as well as to ABPI. On publication, the ABPI register will be cross-checked with the Trust’s register of interests and any omissions in declaration will be dealt with using Trust policies and procedures relating to staff fulfilling their contractual requirements.

Management of interests – general

If an interest is declared but there is no risk of a conflict arising, then no action is warranted.

However, if a material interest is declared then the management actions that could be applied include:

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

Each case will be different and context-specific, and the Group Company Secretary will always clarify the circumstances and issues with the individuals involved. Staff should maintain a written audit trail of information considered and actions taken.

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

5. Decision-making Staff

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

- *Executive Directors, Director's deputy officers 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 8b 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, Deputy Directors and Board support staff.
- All staff Band 8b or above and all staff on Very Senior Manager (VSM) contracts.
- All Senior Medical staff e.g. clinical directors, consultants and equivalent.
- 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 appropriate Trusts mydeclarations site (or on both if decision making staff have a Group role). 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. 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/>.

<https://walsallhealthcare.mydeclarations.co.uk/login>

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 Group Chief Finance Officer, on behalf of the Group Chief Executive Officer, supported by the Group 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, at least annually, as part of the Annual Appraisal.

For staff whose appraiser is not their line manager, it is part of the expectations of the appraiser and appraisee to ensure that at least an Annual Declaration is provided and reviewed to establish that declarations are in line with this Policy. Declarations may be viewed on line and/or via pdf download.

7. Registers Records and publication – maintenance

7.1 The organisation will maintain the following Registers.

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. Nil declaration

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,
- The Trusts Pharmacy new product applications,
- The Trusts Devices new product application,
- Clinical Local Research Network (CLRn Clinical Trials information and process),
- The Trusts Procurement information and process, and
- The Trusts Estates Tenders information and process.
- Declarations of contractors staff held by each contracted organisation.

Except for 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 Trusts CoIR likely to be Hospitality, Outside employment, Sponsorship (events, research, posts).
- The Trusts **Pharmacy new product applications** – Register with appropriate Trusts CoIR likely to be hospitality, outside employment, sponsorship (events; research; posts).
- The Trusts **Devices new product application** – Register with appropriate Trusts CoIR likely to be hospitality, outside employment, sponsorship (events; research; posts).
- **CLRn Clinical Trials information and process** - Register with appropriate Trusts

CoIR likely to be hospitality, outside employment, sponsorship (events; research; posts).

- The Trusts **Procurement information and process** – first Register with appropriate Trusts CoIR likely to be hospitality, outside employment, sponsorship (events; research; posts).
- The Trusts **Estates Tenders information and process** – first Register with appropriate Trusts CoIR likely to be hospitality, outside employment, sponsorship (events; research; posts).

7.2 Publication

The Trusts will:

- Publish the interests declared by decision making staff in a declaration register via a link on the public Trust web site. Each entry will be identified against the Register types (see previous page);
- Redact as appropriate any personal confidential information before publication.

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

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

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 the Trusts 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 Group 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 Trust Contact

For information, declarations, appeals or any other aspect of this Policy and its operation: Trusts Group Company Secretary –x84294 at New Cross Hospital or Manor Hospital, Walsall, or via Group Chief Executive’s Office, The Royal Wolverhampton NHS Trust, New Cross Hospital, Zone C, Location C27, Hollybush House, Wolverhampton WV10 0QP or Trust Headquarters, Walsall Healthcare NHS Trust, Manor Hospital, Moat Rd, Walsall WS2 9PS or via e-mail to rwh-tr.TrustBoard@nhs.net

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.

8.3 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 £25 should be treated with caution and only be accepted on behalf of the Trusts and not in a personal capacity. These must be declared by staff.
- Modest gifts accepted under a value of £25 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 £25 if the cumulative value exceeds £25.

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).

8.4 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).

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 (incl. 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).

8.5 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 (e.g. secondary) 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.).

8.6 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.).

8.7 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.).

8.8 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.).

8.9 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.

8.10 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.

8.11 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).

8.12 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.

8.13 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.).

8.14 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.
- If previous declarations have been made and have no changes, then this is not a 'nil declaration'.

9. Management of interests – advice in specific contexts

9.1 Strategic decision-making groups

In common with other NHS bodies the Trusts use 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. Across both Trusts these are:

- Boards of Directors (Business Cases and contracts approvals);
- The Trust Management Committees (Business cases);
- Finance and Performance Committees (Business cases);
- TEG's (Trust Equipment Groups);
- Capital Review Groups (Capital Cases);
- Contracts and Commissioning Groups (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.

9.2 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.

9.3 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.

10. 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'.

10.1 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 or the Local Counter Fraud Specialist (LCFS). Alternatively, concerns can also be raised with the NHS Counter Fraud Authority reporting lines (0800 028 4060, <https://cfa.nhs.uk/reportfraud>)

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 the appropriate Human Resources *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.

10.2 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 and/or bribery (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).
- The Bribery Act 2010 requirements such as having adequate procedures in place and the risk of 'associated person(s)' and how this links in with conflict of interest. For example, under the Bribery Act 2010 it is an offence to:
 - promise, offer or give a bribe;
 - request, agree to receive or accept a bribe;
 - bribe a foreign official;
- It is also an offence for the organisation to fail to prevent bribery by not having adequate preventative procedures in place.
- The Trust are committed to show openness and transparency that all staff are required to comply with the requirements of Declaration of Interest policy.

10.3 Learning and transparency concerning breaches

Anonymous reports on breaches, the impact of them, and action taken will be considered by a specially convened Conflict-of-Interest Group, reporting to the Quality Committees. Any meeting will be reported as part of the Annual Update Report to the Trusts Audit Committees. Any report will include the lessons learnt, and management of interests improvements, anonymised information on breaches, the impact of them, and action taken

will be made available for inspection by the public upon request.

10.4 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.

Group 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 Group Company Secretary, Group Chief Finance Officer (or his nominee), Trusts Deputy Chairs and one Non-executive Director, a Group governed by the Trusts Audit Committees (AC) on behalf of the Board. Its remit is defined by this Policy and a report of its operation is overseen by the Trusts Audit Committees. 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

Trusts Audit Committees where a final and binding determination will be made. There is no further level of review or appeal.

11. Review / Maintenance

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

Note: Work is underway to establish the recording of declarations confirmations as part of the appraisal/review process by means of inclusion as a mandatory training system requirement. When implemented, this will require an amendment to this Policy in line with the revised practice.

12. Associated documentation

[CQC Regulations for service providers and managers](#)

Freedom of Information Act 2000.

WHT IG 1016 freedom of Information Policy

Government Functional Standard 013: Counter Fraud

WHT GP02 Anti-Fraud, Bribery and Corruption

RWT 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)

WHT OP15 North Midlands and Black Country Procurement Group Policy

RWT OP15 North Midlands and Black Country Procurement Group Policy

WHT Medical Devices Policy

RWT HS11 Management of Medical Devices Policy

13. Audit of the operation of this Policy

This will be undertaken at least annually 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 Trusts Audit Committees
- 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

Criterion	Lead	Monitoring method	Frequency	Committee
Audit Report	Group Company Secretary	Audit and report against criteria (see below)	Every 12 months	AC TMC
Declarations reporting	Group Company Secretary	Regular review and reporting of compliance rates to Audit Committees	At least annually	AC TMC
Review with LCFS	Group Company Secretary LCFS	Review submissions, sample to ensure any declarations have been submitted in line with Trust procedures.	At least annually	AC

14 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	No
3	Does the implementation of this policy requires additional manpower	No
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

15 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.

Part A - Document Control

Policy number and Policy version: Group GOP109 V1.0	Policy Title: Conflicts of Interest Policy	Status: Final		Author: Group Company Secretary Chief Officer Sponsor: Group Chief Financial Officer
Version / Amendment History	Version	Date	Author	Reason
	1.0	21.09.2024	Group Company Secretary	New Policy based on previous Trusts Policies
Intended Recipients: All staff				
Consultation Group / Role Titles and Date: Trust Audit Committees.				
Name and date of Trust level group where reviewed	Trust Policy Groups: WHT PMCG – October 2024 RWT TPG – November 2024			
Name and date of final approval committee	Trust Management Committees: WHT TMC – October 2024 RWT TMC – November 2024			
Date of Policy issue	December 2024			
Review Date and Frequency	October 2027 (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				
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 Administrator8904				
Monitoring arrangements and Committee	As per Policy. Trust Management Committee Trust Board			

<p>Document summary/key issues covered. The Policy provides the instructions for declaration of:</p> <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) 	
<p>Key words for intranet searching purposes: Conflicts of Interest</p>	<p>Conflict of Interest, Conflict, Declaration, Declarations, Gifts, Hospitality, Donations, Sponsored</p>
<p>High Risk Policy? Definition:</p> <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>	<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:</p>