


Document Title	
Conflicts of Interest Policy	
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Executive Director / Director / Manager			
If you are assured that the correct procedure has been followed for the consultation of this policy, sign and date below:			
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Signature		9.11.18	

Change History		
Version	Date	Comments
V5	September 2018	Major Review
V4	October 2017	Minor updates to reflect change in management arrangements
V3	Aug 14	3 yearly refresh
V2	Sept 11	Amended to include Bribery Act provisions

Links with External Standards	
Freedom of Information Act 2000	ABPI: The Code of Practice for the Pharmaceutical Industry (2014)
NHS Code of Conduct and Accountability (July 2004)	ABHI Code of Business Practice
Key Dates	DATE
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Executive Summary Sheet

Document Title:	Conflicts of Interest Policy	
Please Tick (☑) as appropriate	This is a new document within the Trust	
	This is a revised Document within the Trust	X
What is the purpose of this document?		
<p>The purpose of this policy is to ensure that employees keep to the absolute minimum all unavoidable conflicts of interest between the interests of the organisation on the one hand and the personal, professional and business interests of the employee concerned, and of persons connected with them, on the other. This includes avoiding as far as possible perceptions of conflicts of interest, as well as potential and actual conflicts of interest.</p>		
What key Issues does this document explore?		
<p>The purposes of this policy are:</p> <ul style="list-style-type: none"> • to ensure that employees act only in the best interests of the organisation; • to protect the integrity of the organisation's decision-making process; • to enable all outside parties dealing with the organisation to have confidence in the organisation's integrity; and • to protect the integrity and reputations of the Organisation's employees <p>This policy will help our staff manage conflicts of interest risks effectively. It:</p> <ul style="list-style-type: none"> • Introduces consistent principles and rules • Provides simple advice about what to do in common situations. • Supports good judgement about how to approach and manage interests 		
Who is this document aimed at?		
<p>The policy applies to Walsall Healthcare NHS Trust and all its employees, independent of their grade and position, and shall be respected at all times.</p> <p>For the purposes of this policy we refer to as 'staff' and are listed below:</p> <ul style="list-style-type: none"> • All salaried employees • All prospective employees – who are part-way through recruitment • Contractors and sub-contractors • Agency staff; and • Board, Committee, sub-committee and advisory group members (who may not be directly employed or engaged by the organisation) 		
What other policies, guidance and directives should this document be read in conjunction with?		
This policy should be considered alongside these other organisational policies:		

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- Standing Financial Instructions
- Standing Orders
- Scheme of Delegation & Reservation
- Standards of Business Conduct
- Anti-Fraud, Bribery and Corruption Policy

How and when will this document be reviewed?

This guidance will be reviewed every 3 years or sooner should changes in practice occur. The review will be undertaken by the policy author or nominated deputy.

CONTRIBUTION LIST

Key individuals involved in developing the document

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Circulated to the following for consultation

Name / Committee / Group
Women's and Children's Divisional Quality Team
MLTC Divisional Quality Team
Division of Surgery Divisional Quality Team
Policies and Procedures Group

Version Control Summary

Significant or Substantive Changes from Previous Version

A new version number will be allocated for every review even if the review brought about no changes. This will ensure that the process of reviewing the document has been tracked. The comments on changes should summarise the main areas/reasons for change.

When a document is reviewed the changes should use the tracking tool in order to clearly show areas of change for the consultation process.

Version	Date	Comments on Changes	Author
Version 5	25/7/18	Major re-write	Jackie White

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1 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.

Action for staff	Action for the Trust
<p><u>Do</u></p> <ul style="list-style-type: none"> • Familiarise yourself with this guidance and your organisational policies and follow them. • 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. 	<p><u>Do</u></p> <ul style="list-style-type: none"> • Ensure that you have clear and well communicated processes in place to help staff understand what they need to do. • Identify a team or individual with responsibility for: <ul style="list-style-type: none"> ➤ 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.
<p><u>Don't</u></p> <ul style="list-style-type: none"> • Misuse your position to further your own interests or those close to you • Be influenced, or give the impression that you have been influenced by outside interests • Allow outside interests you have to inappropriately affect the decisions you make when using taxpayers' money 	<p><u>Dont</u></p> <ul style="list-style-type: none"> • Avoid managing conflicts of interest. • Interpret this policy in a way which stifles collaboration and innovation with our partners

2 Introduction

Walsall Healthcare NHS Trust (the 'organisation'), and the people who work with and for us, collaborate closely with other organisations, delivering high quality care for our patients.

These partnerships have many benefits and should help ensure that public money is spent efficiently and wisely. But there is a risk that conflicts of interest may arise.

Providing best value for taxpayers and ensuring that decisions are taken transparently and clearly, are both key principles in the NHS Constitution. We are committed to maximising our resources for the benefit of the whole community. As an organisation and as individuals, we have a duty to ensure that all our dealings are conducted to the highest standards of integrity and that NHS monies are used wisely so that we are using our finite resources in the best interests of patients.

3 Scope

The purpose of this policy is to ensure that employees keep to the absolute minimum all unavoidable conflicts of interest between the interests of the organisation on the one hand and the personal, professional and business interests of the employee concerned, and of persons connected with them, on the other. This includes avoiding as far as possible perceptions of conflicts of interest, as well as potential and actual conflicts of interest.

The purposes of this policy are:

- to ensure that employees act only in the best interests of the organisation;
- to protect the integrity of the organisation's decision-making process;
- to enable all outside parties dealing with the organisation to have confidence in the organisation's integrity; and
- to protect the integrity and reputations of the Organisation's employees

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

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

This policy should be considered alongside these other organisational policies:

- Standing Financial Instructions
- Standing Orders
- Scheme of Delegation & Reservation
- Standards of Business Conduct
- Anti-Fraud, Bribery and Corruption Policy

4 Definitions

A 'conflict of interest' is:

"A set of circumstances by which a reasonable person would consider that an individual's ability to apply judgement or act, in the context of delivering,

commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold.”

A conflict of interest may be:

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

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

5 Interests

Interests fall into the following categories:

- **Financial interests:**
Where an individual may get direct financial benefit* from the consequences of a decision they are involved in making.
- **Non-financial professional interests:**
Where an individual may obtain a non-financial professional benefit from the consequences of a decision they are involved in making, such as increasing their professional reputation or promoting their professional career.
- **Non-financial personal interests:**
Where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit, because of decisions they are involved in making in their professional career.
- **Indirect interests:**
Where an individual has a close association† with another individual who has a financial interest, a non-financial professional interest or a non-financial personal interest and could stand to benefit from a decision they are involved in making.

6 Staff

At Walsall Healthcare NHS Trust we use the skills of many different people, all of whom are vital to our work. This includes people on differing employment terms, who for the purposes of this policy we refer to as ‘staff’ and are listed below:

- All salaried employees
- All prospective employees – who are part-way through recruitment

* 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.

- Contractors and sub-contractors
- Agency staff; and
- Board, Committee, sub-committee and advisory group members (who may not be directly employed or engaged by the organisation)

7 Decision Making Staff

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

The following will be decision making staff:

- Executive and non-executive directors who have decision making roles which involve the spending of taxpayers' money
- Members of Committees, sub committees and 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 8c and above
- Administrative, clinical and managerial staff who have the power to enter into contracts on behalf of their organisation
- Administrative, clinical and managerial staff involved in decision making concerning the commissioning of services, purchasing of good, medicines, medical devices or equipment, and formulary decisions

8 Identification, declaration and review of interests

8.1 Roles and responsibilities

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

- On appointment with the organisation.
- When staff move to a new role or their responsibilities change significantly.
- At the beginning of a new project/piece of work.
- As soon as circumstances change and new interests arise (for instance, in a meeting when interests staff hold are relevant to the matters in discussion).

A declaration of interest(s) form is available on the Trust intranet and attached at [appendix 1](#).

Individual	Key Responsibilities
Chief Executive	<ul style="list-style-type: none"> • As the 'Accounting Officer' is ultimately responsible for ensuring there is an effective system in place for employees to declare hospitality, gifts, sponsorship outside income and any other interests
Director of Governance	<ul style="list-style-type: none"> • Ensuring a fit for purpose policy is in place and made

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	<p>available to staff</p> <ul style="list-style-type: none"> • Monitor and ensure 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 Hospital and Gifts Register • 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 • Make declarations of receipts of hospitality or gifts where required • Processing staff declarations of interest and requests for secondary employment in line with this policy • Provide advice and guidance to staff on the receipt of hospitality and gifts in the first instance, and • Consult with the Director of Governance where additional guidance is required
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 Director of Finance & Performance and reported accordingly. • Investigation of the majority cases of alleged fraud within Walsall Healthcare NHS Trust • The Local Counter Fraud Specialist will regularly report to the Director of Finance & Performance on progress of investigations and when / if referral to the police is required • The Local Counter Fraud Specialist and Director of

	Finance & Performance, in conjunction with NHS Counter Fraud Authority, will decide who will conduct investigations and when / if referral to the police is required.
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Declarations should be made to the Director of Governance.

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

8.2 Proactive review of interests

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

9 Records and publication

9.1 Maintenance

9.1.1 The Trust will ensure that the Director of Governance collates and maintains up to date register(s) of interests. An interest should remain on the register(s) for a minimum of 6 months after the interest has expired. The Trust will retain a private record of historic interests for a minimum of 6 years after the date on which it expired.

9.1.2 The Trust will maintain two registers, these are:

- Register of interests
- Gifts and Hospitality including Commercial sponsorship

All declared interests will be promptly transferred to the registers by the Director of Governance.

9.1.3 Template declaration of interests is provided at Appendix 1.

9.1.4 Using the common format in the templates will help minimise burdens on staff who might need to submit returns to multiple organisations.

9.2 Publication

9.2.1 All staff should declare interests and, as a minimum, we will:

- Publish the interests declared by decision making staff in the registers identified above
- Refresh this information annually unless anything significant changes
- Make this information available on the Trust intranet

If decision making staff have substantial grounds for believing that publication of their interests should not take place then they should contact the Director of Governance to explain why. In exceptional circumstances, for instance where publication of information might put a member of staff at risk of harm, information may be withheld

or redacted on public registers. However, this would be the exception and information will not be withheld or redacted merely because of a personal preference.

9.3 Wider transparency initiatives

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

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

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

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

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

10 Management of interests – general

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

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

Each case will be different and context-specific, and the Director of Governance 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.

11 Management of interests – common situations

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

11.1 Gifts

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

Gifts from suppliers or contractors:

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

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

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

11.2 Hospitality

- Staff should not ask for or accept hospitality that may affect, or be seen to affect, their professional judgement.
- Hospitality must only be accepted when there is a legitimate business reason and it is proportionate to the nature and purpose of the event.
- Particular caution should be exercised when hospitality is offered by actual or potential suppliers or contractors. This can be accepted, and must be declared, if modest and reasonable. Senior approval must be obtained.

Meals and refreshments:

- Under a value of £25 - may be accepted and need not be declared.
- Of a value between £25 and £75[†] - may be accepted and must be declared.
- Over a value of £75 - should be refused unless (in exceptional circumstances) senior approval is given. A clear reason should be recorded on the 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:

* 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>

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

11.3 Outside Employment

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

The 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.

11.4 Shareholdings and other ownership issues

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

11.5 Patents

- Staff should declare patents and other intellectual property rights they hold (either individually, or by virtue of their association with a commercial or other 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 should seek prior permission from the organisation before entering into any agreement with bodies regarding product development, research, work on pathways etc, where this impacts on the organisation's own time, or uses its equipment, resources or intellectual property.

- Where holding of patents and other intellectual property rights give rise to a conflict of interest then the general management actions outlined in this policy should be considered and applied to mitigate risks.

11.6 Loyalty interests

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

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

11.7 Donations

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

11.8 Sponsored events

- Sponsorship of events by appropriate external bodies will only be approved if a reasonable person would conclude that the event will result in clear benefit the organisations and the NHS.
- During dealings with sponsors there must be no breach of patient or individual confidentiality or data protection rules and legislation.
- No information should be supplied to the sponsor from whom they could gain a commercial advantage, and information which is not in the public domain should not normally be supplied.

- At the organisation's discretion, sponsors or their representatives may attend or take part in the event but they should not have a dominant influence over the content or the main purpose of the event.
- The involvement of a sponsor in an event should always be clearly identified.
- Staff within the organisation involved in securing sponsorship of events should make it clear that sponsorship does not equate to endorsement of a company or its products and this should be made visibly clear on any promotional or other materials relating to the event.
- Staff arranging sponsored events must declare this to the organisation.

11.9 Sponsored research

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

11.10 Sponsored posts

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

11.11 Clinical private practice

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

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

* Hospital Consultants are already required to provide their employer with this information by virtue of Para.3 Sch. 9 of the Terms and Conditions – Consultants (England) 2003: https://www.bma.org.uk/-/media/files/pdfs/practical_advice_at_work/contracts/consultanttermsandconditions.pdf

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

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

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

This section sets out the principles and rules to be adopted by staff in common situations, and what information should be declared. The Director of Governance should be contacted to provide interpretation if in doubt.

12 Management of interests – advice in specific contexts

12.1 Strategic decision making groups

In common with other NHS bodies Walsall Healthcare 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. For this organisation these groups are:

Tier 1 Board Committees

Audit Committee
People & OD Committee
Nominations & Remuneration Committee
Charitable Funds Committee
Performance Finance and Investment Committee

Tier 2

Trust Management Board
Executive Committee

These groups should adopt the following principles:

- Chairs should consider any known interests of members in advance, and begin each meeting by asking for declaration of relevant material interests.

* These provisions already apply to Hospital Consultants by virtue of Paras.5 and 20, Sch. 9 of the Terms and Conditions – Consultants (England) 2003: https://www.bma.org.uk/-/media/files/pdfs/practical_advice_at_work/contracts/consultanttermsandconditions.pdf

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

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

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

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

12.2 Procurement

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

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

13 Dealing with breaches

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

13.1 Identifying and reporting breaches

Staff who are aware about actual breaches of this policy, or who are concerned that there has been, or may be, a breach, should report these concerns to the Director of Governance.

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:

- Whistleblowing policy
- Freedom to Speak up

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

7.4. Following investigation the organisation will:

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

13.2 Taking action in response to breaches

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

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

- Clarification or strengthening of existing policy, process and procedures.
- Consideration as to whether HR/employment law/contractual action should be taken against staff or others.
- Consideration being given to escalation to external parties. This might include referral of matters to external auditors, NHS 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 should not be considered until the circumstances surrounding breaches have been properly investigated. However, if such investigations establish wrongdoing or fault then the organisation can and will consider the range of possible sanctions that are available, in a manner which is proportionate to the breach. This includes:

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

- Legal action, such as investigation and prosecution under fraud, bribery and corruption legislation.

13.3 Learning and transparency concerning breaches

To ensure that lessons are learnt and management of interests can continually improve, anonymised information on breaches, the impact of these, and action taken will be prepared and reported to the Audit Committee as appropriate, or made available for inspection by the public upon request.

14 Audit / monitoring arrangements

Monitoring Process	Requirements
Who	Trust Secretary
Standards Monitored	Compliance with the Policy Register(s) of interest published
When	Biennial
How	Monitored and reviewed by Audit Committee
Presented to	Audit Committee
Monitored by	Audit Committee
Completion/Exception reported to	Trust Board

15 Review

This policy will be reviewed three years' time unless an earlier review is required. This will be led by the Director of Governance.

16 Related policies

- Standing Financial Instructions
- Reservation and Delegation of Powers
- Standing Orders
- Raising Concerns at Work (Whistleblowing) Policy
- Anti-Fraud, Bribery and Corruption Policy
- Disciplinary Policy and Procedures
- Social Media Policy

17 Appendices

Appendix 1 Declaration of Interest

DECLARATION OF INTERESTS BY ALL STAFF

Name:

Position held in the Trust:

Signature and Date.....

The Conflict of interest policy requires staff to declare when they, or their close relatives / associates have a significant interest in an organisation, activity or pursuit which may compete for an NHS contract to supply either goods or services to the Trust.

Please complete the declaration below, writing 'none' if applicable.

Declaration of Interests

Please detail below any interests you may hold that require declaration in line with the Code of Business Conduct. Nil returns are required. Please return your completed form to your line manager.

Description of declaration of interest.....
.....
.....
.....

NOTES REGARDING USE OF THIS INFORMATION

If you have declared any interests on this form, your line manager is responsible for forwarding the form to the Director of Governance

The information is held on a register. The Register is held by the Chief Executive and maintained by the Director of Governance.

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Appendix : Checklist for the Review and Approval of Procedural Documents

To be completed and attached to any procedural document that requires ratification

	Title of document being reviewed:	Yes/No	Comments
1.	Title: Conflicts of Interest Policy		
	Is the title clear and unambiguous? It should not start with the word policy.	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
2.	Rationale		
	Are reasons for development of the document stated? This should be in the purpose section.	Yes	
3.	Development Process		
	Does the policy adhere to the Trust policy format?	Yes	
	Is the method described in brief? This should be in the introduction or purpose.	Yes	
	Are people involved in the development identified?	Yes	
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?	Yes	
	Is there evidence of consultation with stakeholders and users?	Yes	
4.	Content		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
	Are all terms clearly explained / defined?	Yes	
5.	Evidence Base		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	
	Are the references cited in full?	Yes	
	Are supporting documents referenced?	Yes	
6.	Approval		
	Does the document identify which committee/group will approve it?	Yes	

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	Title of document being reviewed:	Yes/No	Comments
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	Yes	
	For Trust wide policies has the appropriate Executive lead approved the policy?	Yes	
7.	Dissemination and Implementation		
	Is there an outline/plan to identify how this will be done?	Yes	
	Does the plan include the necessary training/support to ensure compliance?	Yes	
8.	Document Control		
	Does the document identify where it will be held?	Yes	
	Have archiving arrangements for superseded documents been addressed?	Yes	
9.	Process to Monitor Compliance and Effectiveness		
	Are there measurable standards or KPI's to support the monitoring of compliance with and effectiveness of the document?	Yes	
	Is there a plan to review or audit compliance with the document?	Yes	
10.	Review Date		
	Is the review date identified?	Yes	
	Is the frequency of review identified? If so is it acceptable?	Yes	
11.	Overall Responsibility for the Document		
	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the documentation?	Yes	

If you are assured that the correct procedure has been followed for the consultation of this policy, sign and dates it and forward to the Governance Department for ratification.

Name		Date	
Signature		Approving Committee/s	

Lead Manager (Local Policies) / Director (Trust Wide Policies)

If you are assured that the correct procedure has been followed for the consultation of this policy, sign and dates it and forward to the Governance Department for ratification.

Name		Date	
Signature		Approving Committee/s	

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	Title of document being reviewed:	Yes/No	Comments
Ratification Committee Approval			
Quality Board minute number: PPG minute number: TMB minute number:			

Appendix H: Equality Analysis Form

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

Service Overview & Improvement Action Plan: Equality Analysis Form

Title: Conflicts of Interest Policy	What are the intended outcomes of this work? The purpose of this policy is to 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
Who will be affected?	All staff at Walsall Healthcare NHS Trust

ANALYSIS SUMMARY: considering the above evidence, please summarise the impact of the work based on the Public Sector equality duty outcomes against the 9 Protected characteristics

<i>Public Sector Duty</i>	Eliminate discrimination, harassment and victimisation	Advance equality of opportunity	Promote good relations between groups
<i>Protected Characteristics</i> (highlight as appropriate)			
AGE / DISABILITY/ RACE	There is no opportunity for discrimination, harassment or victimisation if this policy is followed	Policy is designed to ensure that there is equal opportunity and non-discriminatory handling of any conflicts of interest	Trust wide policy aimed at ensuring that staff are no placed in a position which risks or appears to risk, conflict between their private interest and their NHS duties
SEX (Gender)/ GENDER REASSIGNMENT	There is no opportunity for discrimination, harassment or victimisation if this policy is followed	Policy is designed to ensure that there is equal opportunity and non-discriminatory handling of any conflicts of interest	Trust wide policy aimed at ensuring that staff are no placed in a position which risks or appears to risk, conflict between their private interest and their NHS duties

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RELIGION or BELIEF/ SEXUAL ORIENTATION	There is no opportunity for discrimination, harassment or victimisation if this policy is followed	Policy is designed to ensure that there is equal opportunity and non-discriminatory handling of any conflicts of interest	Trust wide policy aimed at ensuring that staff are no placed in a position which risks or appears to risk, conflict between their private interest and their NHS duties
PREGNANCY & MATERNITY	There is no opportunity for discrimination, harassment or victimisation if this policy is followed	Policy is designed to ensure that there is equal opportunity and non-discriminatory handling of any conflicts of interest	Trust wide policy aimed at ensuring that staff are no placed in a position which risks or appears to risk, conflict between their private interest and their NHS duties
MARRIAGE & CIVIL PARTNERSHIP	There is no opportunity for discrimination, harassment or victimisation if this policy is followed	Policy is designed to ensure that there is equal opportunity and non-discriminatory handling of any conflicts of interest	Trust wide policy aimed at ensuring that staff are no placed in a position which risks or appears to risk, conflict between their private interest and their NHS duties
What is the overall impact? There are no negative Implications associated with this policy. The implementation promoted positive opportunities and relationships between all groups .			

Name of person completing analysis		Date completed	August 2018
Name of responsible Director	Jenna Davis		
Signature	<i>Signature of person above who is accountable for the document</i>		