

**BOARD OF DIRECTORS MEETING (Open)**

Date: 11 October 2017

Item Ref:

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<b>TITLE OF PAPER</b>	<b>Managing Conflict of Interest in the NHS Policy</b>
<b>TO BE PRESENTED BY</b>	<b>Margaret Saunders, Director of Corporate Governance (Board Secretary)</b>
<b>ACTION REQUIRED</b>	Discuss and approve the Board Risk Profile. Agree to continue to receive quarterly updates.

<b>OUTCOME</b>	Trust will be compliant with national policy.
<b>TIMETABLE FOR DECISION</b>	Approval sought by Board
<b>BAF OBJECTIVE No AND TITLE</b>	A401ii Effectiveness of Trust Governance Systems
<b>LINKS TO OTHER KEY REPORTS / DECISIONS</b>	Internal Audit Reports on Declarations of Interest Supersedes previous policy on Declarations of Interest and Standards of Business Conduct
<b>LINKS TO OTHER RELEVANT FRAMEWORKS BAF, RISK, OUTCOMES ETC</b>	NHS Constitution SHSC Constitution SHSC Provider Licence SHSC Board & Council of Governor Standing Orders
<b>IMPLICATIONS FOR SERVICE DELIVERY AND FINANCIAL IMPACT</b>	
<b>CONSIDERATION OF LEGAL ISSUES</b>	It is a statutory requirement for NHS Trusts to manage and avoid conflicts of interest.

<b>Author of Report</b>	Sam Stoddart
<b>Designation</b>	Deputy Board Secretary
<b>Date of Report</b>	29 <sup>th</sup> September 2017

## Summary Report

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**Report to:** Board of Directors

**Date:** 11<sup>th</sup> October 2017

**Subject:** Managing Conflict of Interest in the NHS Policy

**Presented by:** Margaret Saunders, Director of Corporate Governance (Board Secretary)

**Author:** Sam Stoddart, Deputy Board Secretary

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### 1. Purpose

In accordance with paragraph 5.9 of the Board of Directors Standing Orders, the Board is asked to approve this policy upon the recommendation of the Audit Committee. This policy is a direct replacement of the Declarations of Interests & Standards of Business Conduct Policy 2014. Due to national implementation timescales and the timings of Trust Committees, the Audit Committee has received a copy of this policy and given its virtual recommendation. The policy has been verified by the Policy Governance Committee at its meeting of 4<sup>th</sup> October.

Following Board approval, the policy will be presented to the Audit Committee on 17<sup>th</sup> October 2017 in line with governance requirements.

### 2. Summary

From 1st June 2017 guidance on Managing Conflicts of Interest in the NHS came into force. The guidance:

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

The guidance applies to NHS Trust and Foundation Trusts, CCGs and NHS England.

A model policy was issued on which this policy is based. A consultation period took place over the summer and the policy reflects comments received. The policy also expands upon than the national requirements for receipt of gifts and hospitality in

line with Trust values.

The policy places the onus on staff to ensure awareness of their responsibilities to declare interests, gifts and hospitality and to avoid conflicts. However, this requirement will be reinforced at Corporate Induction, in the Staff Handbook and with the Audit Chair's annual letter to all staff.

### **3. Next Steps**

The policy was assured by the Policy Governance Group on 4<sup>th</sup> October 2017 and once approved by Board will be disseminated according to the policy requirements. Following approval by the September 2017 Board, the annual letter from the Audit Chair reminding staff of their obligations in relation to declarations has been circulated. However, Board may consider it appropriate to issue a further letter following approval to provide staff with information about the new policy requirements with links to it and the new declaration form.

### **4. Required Actions**

- Board to accept Audit Committee's recommendation to approve the policy.

### **5. Monitoring Arrangements**

The policy is monitored by the Director of Corporate Governance (Board Secretary) to ensure compliance. They will also ensure that a register of interests and gifts/hospitality is maintained and made available in line with requirements of the Trust's Constitution and the NHS Foundation Trust Code of Governance. The policy will be reviewed in 3 years' time unless an earlier review is required.

The Audit Committee and Trust Board will receive the register of interests annually.

### **6. Contact Details**

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Director of Corporate Governance (Board Secretary)  
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# Policy:

## Managing conflict of Interest in the NHS

Executive or Associate Director lead	Director of Corporate Governance (Board Secretary)
Policy author/ lead	Deputy Board Secretary
Feedback on implementation to	Deputy Board Secretary

Document type	Policy
Document status	Version 2
Date of initial draft	June 2017
Date of consultation	June – August 2017
Date of verification	4 October 2017 (Policy Governance Group)
Date of ratification	
Ratified by	
Date of issue	
Date for review	Review process (including re-ratification) to be scheduled for completion within 3 years of the previous ratification date.

Target audience	All staff
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Keywords	
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### **Policy Version and advice on document history, availability and storage**

This policy replaces the Declaration of Interests & Standards of Business Conduct Policy including Potential Conflicts of Interest, Ethical Standards, Hospitality, Gifts, Research and Commercial Sponsorship March 2014 in response to new national guidance which came into force on 1<sup>st</sup> June 2017 which applies to all NHS Foundation Trusts.

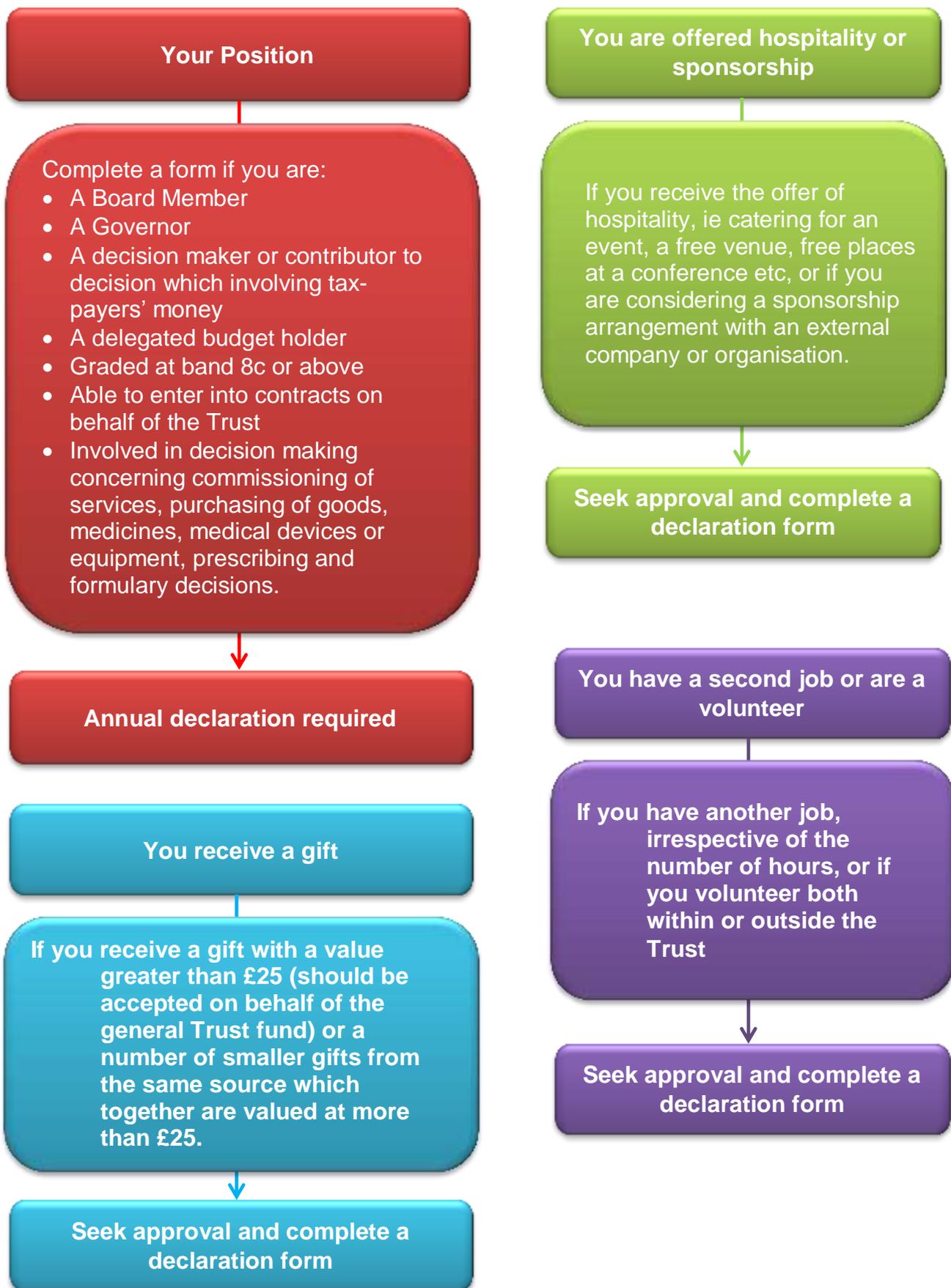
Version 2

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# Flowchart: circumstances in which a declaration is required



# 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.

As a member of staff you should...	As an organisation we will...
<ul style="list-style-type: none"> <li>• Familiarise yourself with this policy and follow it. Refer to the guidance for the rationale behind this policy <a href="https://www.england.nhs.uk/wp-content/uploads/2017/02/guidance-managing-conflicts-of-interest-nhs.pdf">https://www.england.nhs.uk/wp-content/uploads/2017/02/guidance-managing-conflicts-of-interest-nhs.pdf</a></li> <li>• Use your common sense and judgement to consider whether the interests you have could affect the way taxpayers' money is spent</li> <li>• Regularly consider what interests you have and declare these as they arise. If in doubt, declare.</li> <li>• <b>NOT</b> misuse your position to further your own interests or those close to you</li> <li>• <b>NOT</b> be influenced, or give the impression that you have been influenced by outside interests</li> <li>• <b>NOT</b> allow outside interests you have to inappropriately affect the decisions you make when using taxpayers' money</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure that this policy and supporting processes are clear and help staff understand what they need to do.</li> <li>• Identify a team or individual with responsibility for:               <ul style="list-style-type: none"> <li>▪ Keeping this policy under review to ensure they are in line with the guidance.</li> <li>▪ Providing advice, training and support for staff on how interests should be managed.</li> <li>▪ Maintaining register(s) of interests.</li> <li>▪ Auditing this policy and its associated processes and procedures at least once every three years.</li> </ul> </li> <li>• <b>NOT</b> avoid managing conflicts of interest.</li> <li>• <b>NOT</b> interpret this policy in a way which stifles collaboration and innovation with our partners</li> </ul>

# 2 Introduction

Sheffield Health and Social Care NHS Foundation Trust (the 'Trust'), 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.

This Policy supersedes the Trust's *Declaration of Interests and Standards of Business Conduct Policy* (March 2014).

### 3 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.
- Supports good judgement about how to approach and manage interests

This policy should be considered alongside these other organisational policies:

- Counter Fraud, Bribery and Corruption Policy;
- Anti-Bribery Policy;
- Intellectual Property Management Policy;
- Whistleblowing (Speaking Up) Policy
- Fit and Proper Persons Protocol; and
- Any other relevant Trust policy.

This policy should also be considered alongside:

- Sheffield Health and Social Care NHS Foundation Trust Constitution, including Standing Orders, Standing Financial Instructions and Scheme of Reservation and Delegation <https://shsc.nhs.uk/wp-content/uploads/2014/03/Standing-Orders-Standing-Financial-Instructions-2016-Revision-final.pdf>.

In particular the following sections:

- Section 15 – Council of Governor Disqualification and Removal;
- Section 18 – Council of Governor Standing Orders;
- Section 20 – Council of Governor Conflicts of Interest of Governors;
- Section 25 – 31 Board of Directors – various sections;
- Section 34 – Board of Directors Conflicts of Interest of Directors;
- Annex 5 – Model Rules for Election;
- Annex 7 – Standing Orders – Council of Governors; and
- Annex 8 – Standing Orders – Board of Directors.
- Sheffield Health and Social Care NHS Foundation Trust Provider Licence [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/294004/Sheffield\\_Health\\_and\\_Social\\_Care\\_NHS\\_Foundation\\_Trust\\_-\\_licence\\_090413.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/294004/Sheffield_Health_and_Social_Care_NHS_Foundation_Trust_-_licence_090413.pdf) . In particular condition G4 – Fit and proper persons as Governors and Directors (also applicable to those performing equivalent or similar functions)
- The Trust's Research Strategy.

## 4 Key terms

A 'conflict of interest' is:

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

A conflict of interest may be:

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

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

## 5 Interests

Interests fall into the following categories:

- **Financial interests:**  
Where an individual may get direct financial benefit<sup>1</sup> 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<sup>2</sup> 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.

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<sup>1</sup> This may be a financial gain, or avoidance of a loss.

<sup>2</sup> A common sense approach should be applied to the term 'close association'. Such an association might arise, depending on the circumstances, through relationships with close family members and relatives, close friends and associates, and business partners.

## 6 Staff

At the Trust we use the skills of many different people, all of whom are vital to our work. This includes people on differing employment terms, and some people who are not employed (as detailed below) but, who for the purposes of this policy we refer to generically as 'staff' and are listed below:

- All salaried employees;
- All prospective employees – who are part-way through recruitment;
- Contractors, sub-contractors and External Consultants;
- Agency staff, those seconded to the Trust from other organisations, those covered by a letter of authority/honorary contract, apprentices, trainees and those on work experience;
- Board, Committee, sub-committee, and advisory group members (who may not be directly employed or engaged by the Trust);
- Council of Governor members (who are not directly employed or engaged by the Trust);
- Service Users and Carers involved in engagement activities with the Trust (who are not directly employed or engaged by the Trust); and
- Volunteers (who are not directly employed or engaged by the Trust).

NHS England has published some frequently asked questions for specific staff groups on the issues posed and how the guidance applies to them. These can be found by following the link at [www.england.nhs.uk/ourwork/coi](http://www.england.nhs.uk/ourwork/coi)

## 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.'

Decision making staff in this organisation are:

- Executive and non-executive directors (or equivalent roles) 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 specified as delegated budget holders in Scheme of Reservation and Delegation. This list incorporates those at Agenda for Change band 8c and above, clinical directors and service directors;
- Administrative and clinical staff who have the power to enter into contracts on behalf of the Trust; and
- Administrative and clinical staff involved in decision making concerning the commissioning of services, purchasing of good, medicines, medical devices or equipment, prescribing and formulary decisions.

It is especially important that Board members, governors, staff with responsibility for purchasing, estates professionals, IT professionals, senior managers, pharmacists and doctors declare all interests, gifts, sponsorships arrangements. These staff must also submit an annual signed declaration of interest form, even if there are no interests to declare. It will be the responsibility of the relevant operational director to ensure declarations are made and submitted to the Board

Secretary. This shall be done annually in April and the Audit and Assurance Committee will be informed when declarations have been sought. The Committee will also be provided with information about declarations received.

## **8 Identification, declaration and review of interests**

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

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

- On appointment 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 form is available at Appendix G and also on the intranet, alongside this policy.

Declarations should be made to the Director of Corporate Governance (Board Secretary) at [foundation.trust@shsc.nhs.uk](mailto:foundation.trust@shsc.nhs.uk)

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.

The Director of Corporate Governance (Board Secretary) will also:

- Review current policies and ensure that they are in line with relevant guidance;
- Provide advice, training and support for staff on how interests should be managed;
- Maintain register(s) of interests; and
- Audit policy, process and procedures relating to this policy and supporting guidance at least every three years.

### **8.2 Proactive review of interests**

We will prompt decision making staff and Governors annually to review declarations they have made and, as appropriate, update them or make a nil return. The Director of Corporate Governance (Board Secretary) will manage this process. The Director of Corporate Governance (Board Secretary) will also provide reports to the Audit Committee and Trust Board periodically, but at least annually, on any declarations relating to this policy.

## **9 Records and publication**

### **9.1 Maintenance**

The organisation will maintain:

- a Declaration of Interest Register; and
- a Gifts, Hospitality and Sponsorship Register.

All declared interests that are material will be promptly transferred to the register(s) by the Director of Corporate Governance (Board Secretary).

## 9.2 Publication

We will:

- Publish the interests declared by decision making staff in either a Declaration of Interest Register or a Gifts, Hospitality and Sponsorship Register;
- Refresh this information at least annually; and
- Make this information available <https://shsc.nhs.uk/about-us/corporate-information/board-of-directors/>

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 Corporate Governance (Board 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.

## 9.3 Wider transparency initiatives

The Trust fully supports wider transparency initiatives in healthcare, and we encourage staff to engage actively with these. The Trust's overarching position on this is covered in the paragraphs below and in more detail in sections 9.3.1 and 9.3.2 of this policy.

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>

### 9.3.1 Sponsorship for attendance at course and conferences

Acceptance by staff of commercial sponsorship for attendance at relevant courses and conferences is only acceptable when the employee seeks permission in advance. In addition the member of staff and the Clinical Director, Chief Pharmacist or Executive Medical Director must be satisfied that acceptance will not compromise purchasing or prescribing decisions or the employee's behaviour in any way.

In the case of doctors, or those with prescribing responsibilities, attending conferences organised or sponsored by the pharmaceutical industry, approval must be sought, in advance, from their Clinical Director or the Executive Medical Director.

### 9.3.2 **Good practice in relationships with the pharmaceutical industry**

Guidance on how to foster healthy relationships with the pharmaceutical industry are covered in the Association of British Pharmaceutical Industry (ABPI) Disclosure UK initiative. Further information about the scheme can be found on the ABPI website: <http://www.abpi.org.uk/our-work/disclosure/about/Pages/default.aspx>

In addition all medical professionals should be familiar with, and are required to follow, the guidelines set down by the Royal College of Psychiatrists (RCP) *Good Psychiatric Practice: Relationships with Pharmaceutical and other Commercial Organisations*. Further information about the scheme can be found on the RCP website at <http://www.rcpsych.ac.uk/publications/collegereports/cr/cr148.aspx>

Pharmacists employed by the Trust should only accept individual opportunities sponsored by pharmaceutical companies where it complies with the criteria in this policy and in addition only if it is approved by the Chief Pharmacist and the Executive Medical Director.

As a general principle, doctors of all grades, including trainees, should not meet with representatives from the pharmaceutical industry during working hours or in their professional capacity without prior approval from a Clinical Director or the Executive Medical Director.

## 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 Trust will always clarify the circumstances and issues with the individuals involved. Staff should maintain a written audit trail of information considered and actions taken.

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

In the event of a possible dispute the Director of Corporate Governance (Board Secretary) should be contacted to advise on the most appropriate management action.

## 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<sup>3</sup> 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 £25 should be treated with caution and only be accepted on behalf of Sheffield Health and Social Care NHS Foundation Trust General Fund, which is a Charitable Fund, not in a personal capacity. Staff must seek the approval of their Executive Director before accepting the gift to charitable funds. These should be declared by staff and countersigned by the relevant Executive Director.
- 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 should be treated in the same way as single gifts over £25 where the cumulative value exceeds £25.
- There may occasionally be circumstances where it would be inappropriate to decline gifts under the value of £50 where they are offered to teams or wards for the benefit of the whole team or ward e.g. chocolates, biscuits etc. or where diplomatic or cultural sensitivities would cause offence. In these circumstances approval of the gift must be sought from an appropriate senior manager. The gift must also be declared.

### 11.1.1 What should be declared

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

## 11.2 Hospitality

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

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<sup>3</sup> The £6 value has been selected with reference to existing industry guidance issued by the ABPI:  
<http://www.pmcpa.org.uk/thecode/Pages/default.aspx>

- Particular caution should be exercised when hospitality is offered by actual or potential suppliers or contractors. This can be accepted, and must be declared, if modest and reasonable. Senior approval must be obtained prior to any acceptance of hospitality in the circumstances detailed in this section.

#### **Meals and refreshments:**

- Under a value of £25 - may be accepted and need not be declared.
- Of a value between £25 and £75<sup>4</sup> - 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:**

- 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.

#### **11.2.1 What should be declared**

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

#### **11.3 Outside Employment**

- Staff should declare any existing outside employment on appointment and any new outside employment when it arises.
- Where a risk of conflict of interest arises, the general management actions outlined in this policy should be considered and applied to mitigate risks.
- Where contracts of employment or terms and conditions of engagement permit, staff may be required to seek prior approval from the organisation to engage in outside employment.
- Staff must comply with conditions within their contract of employment relating to outside employment. In order to comply with contractual terms and conditions, as well as Working Time Regulations, staff should gain the prior written agreement from their line manager, before undertaking additional work. As the primary employer, the Trust must be able to fully understand full

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<sup>4</sup> 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>

working patterns, and to ensure there is no conflict of interest. Failure to disclose may constitute a case of serious misconduct.

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.

#### **11.3.1 What should be declared**

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

#### **11.4 Shareholdings and other ownership issues**

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

##### **11.4.1 What should be declared**

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

#### **11.5 Patents**

- Staff should declare patents and other intellectual property rights they hold (either individually, or by virtue of their association with a commercial or other organisation), including where applications to protect have started or are ongoing, which are, or might be reasonably expected to be, related to items to be procured or used by the organisation.
- Staff should seek prior permission from the organisation before entering into any agreement with bodies regarding product development, research, work on pathways etc., where this impacts on the organisation's own time, or uses its equipment, resources or intellectual property.
- Where holding of patents and other intellectual property rights give rise to a conflict of interest then the general management actions outlined in this policy should be considered and applied to mitigate risks.

##### **11.5.1 What should be declared**

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

## **11.6 Loyalty interests**

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

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

### **11.6.1 What should be declared**

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

## **11.7 Donations**

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

### **11.7.1 What should be declared**

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

## **11.8 Sponsored events**

- Sponsorship of events by appropriate external bodies will only be approved if a reasonable person would conclude that the event will result in clear benefit the organisations and the NHS.
- During dealings with sponsors there must be no breach of patient or individual confidentiality or data protection rules and legislation.

- No information should be supplied to the sponsor from whom they could gain a commercial advantage, and information which is not in the public domain should not normally be supplied.
- At the organisation's discretion, sponsors or their representatives may attend or take part in the event but they should not have a dominant influence over the content or the main purpose of the event.
- The involvement of a sponsor in an event should always be clearly identified.
- Staff within the organisation involved in securing sponsorship of events should make it clear that sponsorship does not equate to endorsement of a company or its products and this should be made visibly clear on any promotional or other materials relating to the event.
- Staff arranging sponsored events must declare this to the organisation.
- All pharmaceutical companies entering into sponsorship agreements must comply with the ABPI code of practice. All sponsorship agreements between the Trust and pharmaceutical companies will require the approval of the Executive Medical Director prior to the event.

### 11.8.1 Authorisation procedure for sponsored event

Authorisation is required prior to acceptance of any sponsorship for events. The authorisation process is detailed in the table below.

Sponsorship value	Authorisation required
Less than £25	<ul style="list-style-type: none"> <li>• No authorisation required</li> <li>• Staff report the sponsorship to the Clinical or Service Director depending on the nature of the sponsorship</li> </ul>
£25 - £500	<ul style="list-style-type: none"> <li>• Staff submit proposal to their Clinical or Service Director depending on the nature of the sponsorship</li> <li>• Director reviews the request and either approves or rejects the proposal. If approved the Director authorises and forwards to Board Secretary</li> <li>• Approved or rejected by the Board Secretary who will advise the member of staff and the Director of the decision and will update the Trust's Register of Gifts, Hospitality and Sponsorship</li> </ul>
£500 or above	<ul style="list-style-type: none"> <li>• Staff submit proposal to their Clinical or Service Director depending on the nature of the sponsorship</li> <li>• Director reviews the request and either approves or rejects the proposal. If approved the Director authorises and forwards to either: <ul style="list-style-type: none"> <li>▪ Executive Director of Finance for all non-pharmaceutical sponsorship; or</li> <li>▪ Executive Medical Director and Chief Pharmacist for all pharmaceutical sponsorship.</li> </ul> </li> <li>• If approved or rejected the Executive Director of Finance, Executive Medical Director or Chief Pharmacist will forward the form to the Board Secretary who will advise the member of staff of the outcome and update the Trust's Register of Gifts, Hospitality and Sponsorship</li> </ul>
<p>Note: all proposals over £25, whether supported or not, will be included on the Gifts, Hospitality and Sponsorship Register held by the Board Secretary. Regular reports (at least annually) on the use of sponsorship will be submitted to the Trust's Audit Committee and Trust Board.</p>	

### **11.8.2 What should be declared**

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

### **11.9 Sponsored research**

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

#### **11.9.1 Authorisation process for sponsored research**

Authorisation is required prior to acceptance of any sponsored research. The authorisation process is detailed in the table in Section 11.8.1.above.

#### **11.9.2 What should be declared**

- The organisation will retain written records of sponsorship of research, in line with the above principles and rules.
- Staff should declare:
  - their name and their role with the organisation.
  - nature of their involvement in the sponsored research.
  - relevant dates.
  - Other relevant information (e.g. what, if any, benefit the sponsor derives from the sponsorship, action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

### **11.10 Sponsored posts**

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

#### **11.10.1 Authorisation process for sponsored posts**

Authorisation is required prior to acceptance of any sponsored posts. The authorisation process is detailed in the table in Section 11.8.1 above.

#### **11.10.2 What should be declared**

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

#### **11.11 Clinical private practice**

Clinical staff should declare all private practice on appointment and at Personal Development Reviews (PDR) / Appraisal, and/or any new private practice when it arises<sup>5</sup> including:

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

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

- Seek prior approval of their organisation before taking up private practice.
- Seek prior approval for any time shifting which is required which would need approval by the Clinical Director.
- Ensure that, where there would otherwise be a conflict or potential conflict of interest, NHS commitments take precedence over private work.<sup>6</sup>
- Not accept direct or indirect financial incentives from private providers other than those allowed by Competition and Markets Authority guidelines:  
[https://assets.publishing.service.gov.uk/media/542c1543e5274a1314000c56/Non-Divestment\\_Order\\_amended.pdf](https://assets.publishing.service.gov.uk/media/542c1543e5274a1314000c56/Non-Divestment_Order_amended.pdf)

Neither Medical Consultants, Hospital Consultants nor other health professionals should initiate discussions about providing their Private Professional Services for NHS patients, nor should they ask other staff to initiate such discussions on their behalf.

#### **11.11.1 What should be declared**

- Staff name and their role with the organisation.
- A description of the nature of the private practice (e.g. what, where and when staff practise, sessional activity, etc.).
- Relevant dates.

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<sup>5</sup> 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](https://www.bma.org.uk/-/media/files/pdfs/practical_advice_at_work/contracts/consultanttermsandconditions.pdf)

<sup>6</sup> 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](https://www.bma.org.uk/-/media/files/pdfs/practical_advice_at_work/contracts/consultanttermsandconditions.pdf)

- 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).

## 12 Management of interests – advice in specific contexts

### 12.1 Strategic decision making groups

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

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

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

- Trust Board;
- Audit Committee;
- Finance and Investment Committee;
- Workforce and Organisation Development Committee;
- Digital Transformation Board;
- Council of Governors;
- Executive Directors Group; and
- Business Planning Group.

These groups should adopt the following principles:

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

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

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

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

## **12.2 Procurement**

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

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

## **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 Corporate Governance (Board Secretary) in the first instance

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 under the Counter Fraud, Bribery and Corruption Policy, the Whistleblowing (Speaking Up) Policy and any other relevant Trust 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 the 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 (Section 13.2).

### **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 Trust and could involve Trust leads for staff support

(e.g. Human Resources), fraud (e.g. Local Counter Fraud Specialists), members of the management or executive teams and organisational auditors.

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

- Clarification or strengthening of existing policy, process and procedures.
- Consideration as to whether HR/employment law/contractual action should be taken against staff or others.
- Consideration being given to escalation to external parties. This might include referral of matters to external auditors, NHS Protect, the Police, statutory health bodies (such as NHS England, NHS Improvement or the CQC), and/or health professional regulatory bodies.

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

Sanctions should not be considered until the circumstances surrounding breaches have been properly investigated. However, if such investigations establish 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.
- Civil action to recover financial loss to the Trust and / or the NHS.

### **13.3 Learning and transparency concerning breaches**

Reports on breaches, the impact of these, and action taken will be considered by the Trust's Audit Committee at least annually.

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

## **14 Associated documentation**

Freedom of Information Act 2000  
 ABPI: The Code of Practice for the Pharmaceutical Industry (2014)  
 ABHI Code of Business Practice  
 NHS Code of Conduct and Accountability (July 2004)  
 Trust policies as detailed in Section 3 of this document.

## 15 Dissemination, storage and archiving (Control)

This policy is available on the SHSC intranet and available to all staff. An email will be sent to “All SHSC” staff informing them in the event of a policy revision.

The Chair of the Audit Committee will, on an annual basis, write to all staff reminding them of their responsibilities with regard this policy. This will be undertaken electronically, via staff email.

All new starters will be informed of the policy during the Corporate Induction process.

The previous policy entitled ‘Declaration of Interests & Standards of Business Conduct Policy *including Potential Conflicts of Interest, Ethical Standards, Hospitality, Gifts, Research and Commercial Sponsorship* will be removed from the intranet and replaced with the current version. Managers are also responsible for ensuring hard copies of the previous policy are removed from any policy / procedure manuals or files held locally.

The Director of Corporate Governance (Board Secretary) is responsible for ensuring current versions are available on the intranet for future reviews of the policy.

## 16 Training and other resource implications

All managers are responsible for ensuring their staff are aware of this policy and their individual responsibilities for adherence to it, and that they are equipped to fulfil those responsibilities. This will include covering the policy in corporate and local induction programmes.

## 17 Audit, monitoring and review

The Audit Committee will ensure arrangements are established to test compliance of actual working practices with the provisions of this policy in order to identify areas requiring attention.

The Policy will be reviewed in three years’ time in 2020, unless an earlier review is required, eg if major changes occur in legislation, guidance or policies which have an impact on the provisions of this policy. The review will be led by the Director of Corporate Governance (Board Secretary).

Monitoring Compliance Template						
Minimum Requirement	Process for Monitoring	Responsible Individual/ Group/	Frequency of Monitoring	Review of Results process	Responsible Individual/group/ committee for	Responsible Individual/group/ committee for

		Committee		(e.g. who does this?)	action plan development	action plan monitoring and implementation
	Review and Audit	Audit Committee	3 yearly or when changes to legislation occur	Audit Committee	Director of Corporate Governance (Board Secretary)	Audit Committee

## 18 Implementation Plan

Action / Task	Responsible Person	Deadline
Put new policy onto intranet and remove old version	Director of Corporate Governance (Board Secretary)	October 2017
Make all staff aware of new policy via an email alert	Director of Corporate Governance (Board Secretary)	October 2017
Contact all staff via email annually to remind them of the policy of their responsibilities with regard to it.	Chair, Audit Committee	Annually

## 19 Links to Other Policies, Standards & Legislation (Associated Documents)

See sections 3 and 15.

## 20 Contact details

Title	Name	Phone	Email
Director of Corporate Governance (Board Secretary)	Margaret Saunders	3050727	<a href="mailto:Margaret.saunders@shsc.nhs.uk">Margaret.saunders@shsc.nhs.uk</a>
Executive Director of Finance	Phillip Easthope	3050765	<a href="mailto:Phillip.easthope@shsc.nhs.uk">Phillip.easthope@shsc.nhs.uk</a>
Executive Medical Director	Dr Mike Hunter	2264838	<a href="mailto:mike.hunter@shsc.nhs.uk">mike.hunter@shsc.nhs.uk</a>
Interim Chief Pharmacist	Chris Hall	2718630	<a href="mailto:Chris.Hall1@shsc.nhs.uk">Chris.Hall1@shsc.nhs.uk</a>

## 21 References

See section 14.

## Appendix A – Version Control and Amendment Log

(Use Arial bold point 14 for titles)

<b>Version No.</b>	<b>Type of Change</b>	<b>Date</b>	<b>Description of change(s)</b>
0.1	New draft policy created	Sept 13	New policy commissioned by Audit Committee.
1.0	Ratification and issue	March 14	Amendments made during consultation, prior to ratification.
2.0	Review / ratification / issue	Mar – Oct 17	Wholesale revision of policy in line with new national guidance. Further versions following a period of consultation

## Appendix B – Dissemination Record

<b>Version</b>	<b>Date on website (intranet and internet)</b>	<b>Date of “all SHSC staff” email</b>	<b>Any other promotion/ dissemination (include dates)</b>
1.0	March 2014	March 2014	Annual audit chair letter
2.0	Oct 2017	November 2017	Annual audit Chair letter

# Appendix C – Stage One Equality Impact Assessment Form

## Equality Impact Assessment Process for Policies Developed Under the Policy on Policies

**Stage 1** – Complete draft policy

**Stage 2 – Relevance** - Is the policy potentially relevant to equality i.e. will this policy potentially impact on staff, patients or the public? If **NO**

– No further action required – please sign and date the following statement. If **YES** – proceed to stage 3

Margaret Saunders, Director of Corporate Governance (Board Secretary) Oct 2017

This policy does not impact on staff, patients or the public (insert name and date)

**Stage 3 – Policy Screening** - Public authorities are legally required to have ‘due regard’ to eliminating discrimination , advancing equal opportunity and fostering good relations , in relation to people who share certain ‘protected characteristics’ and those that do not. The following table should be used to consider this and inform changes to the policy (indicate yes/no/ don’t know and note reasons). Please see the SHSC Guidance on equality impact assessment for examples and detailed advice. This is available by logging-on to the Intranet first and then following this link [https://nww.xct.nhs.uk/widget.php?wdg=wdg\\_general\\_info&page=464](https://nww.xct.nhs.uk/widget.php?wdg=wdg_general_info&page=464)

	Does any aspect of this policy actually or potentially discriminate against this group?	Can equality of opportunity for this group be improved through this policy or changes to this policy?	Can this policy be amended so that it works to enhance relations between people in this group and people not in this group?
<b>AGE</b>			
<b>DISABILITY</b>			
<b>GENDER REASSIGNMENT</b>			
<b>PREGNANCY AND MATERNITY</b>			
<b>RACE</b>			
<b>RELIGION OR BELIEF</b>			
<b>SEX</b>			
<b>SEXUAL ORIENTATION</b>			

**Stage 4 – Policy Revision** - Make amendments to the policy or identify any remedial action required (action should be noted in the policy implementation plan section)

Please delete as appropriate: no changes made.

Impact Assessment Completed by (insert name and date)

Margaret Saunders, Director of Corporate Governance (Board Secretary) Oct 2017

## Appendix D - Human Rights Act Assessment Form and Flowchart

You need to be confident that no aspect of this policy breaches a person's Human Rights. You can assume that if a policy is directly based on a law or national policy it will not therefore breach Human Rights.

If the policy or any procedures in the policy, are based on a local decision which impact on individuals, then you will need to make sure their human rights are not breached. To do this, you will need to refer to the more detailed guidance that is available on the SHSC web site <http://www.justice.gov.uk/downloads/human-rights/act-studyguide.pdf> (relevant sections numbers are referenced in grey boxes on diagram) and work through the flow chart on the next page.

1. Is your policy based on and in line with the current law (including case law) or policy?

- Yes. No further action needed.**  
 **No. Work through the flow diagram over the page and then answer questions 2 and 3 below.**

2. On completion of flow diagram – is further action needed?

- No, no further action needed.**  
 **Yes, go to question 3**

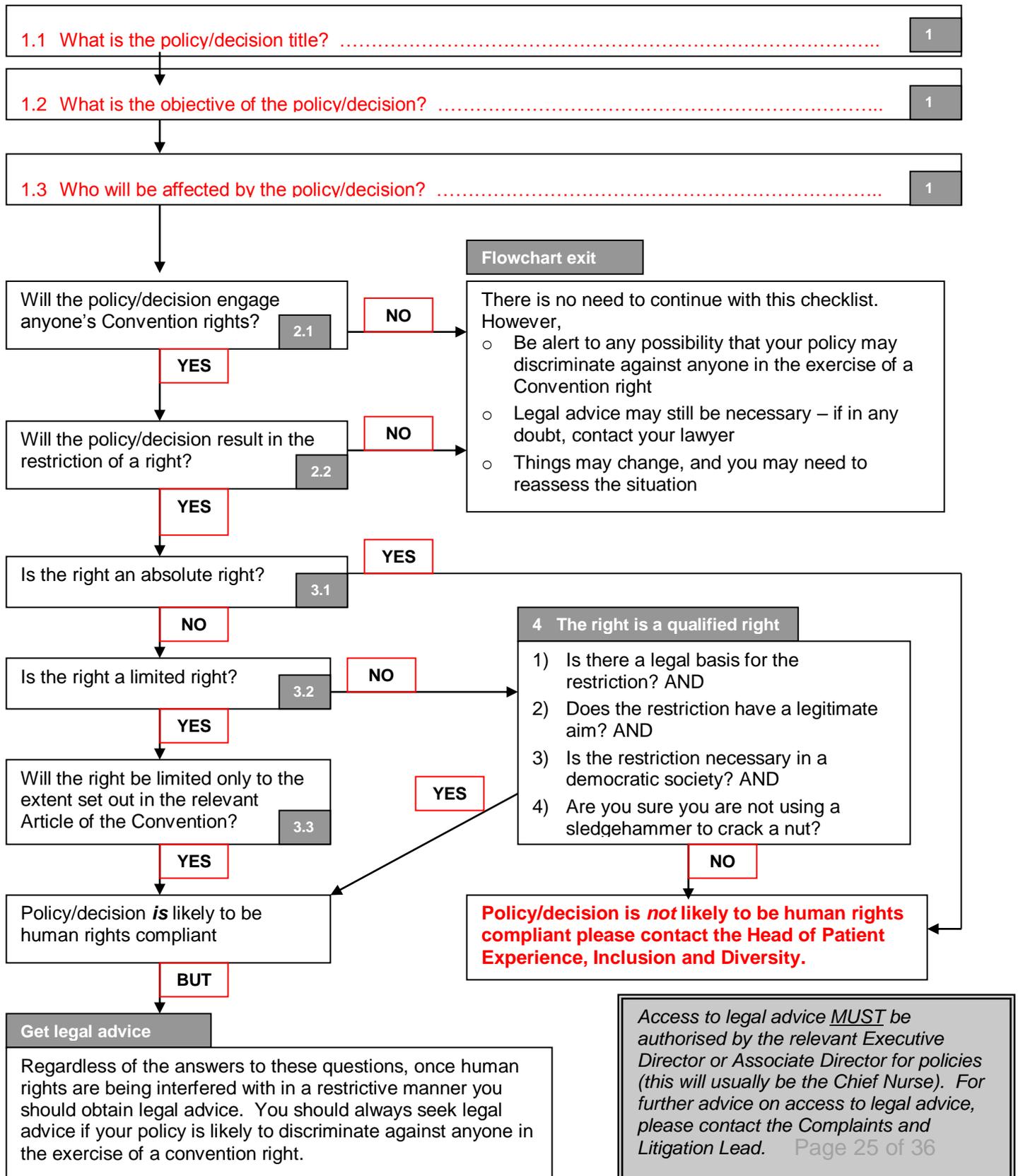
3. Complete the table below to provide details of the actions required

Action required	By what date	Responsible Person

## Human Rights Assessment Flow Chart

Complete text answers in boxes 1.1 – 1.3 and highlight your path through the flowchart by filling the YES/NO boxes red (do this by clicking on the YES/NO text boxes and then from the Format menu on the toolbar, choose 'Format Text Box' and choose red from the Fill colour option).

Once the flowchart is completed, return to the previous page to complete the Human Rights Act Assessment Form.



## Appendix E – Development, Consultation and Verification

On 9 February 2017, NHS England issued new guidance on managing conflicts of interest in the NHS. This guidance:

- introduced common principles and rules for managing conflicts of interest
- provided simple advice to staff and organisations about what to do in common situations; and
- supported good judgement about how interests should be approached and managed.

In addition, a model policy was produced to be adopted by NHS bodies. The model policy forms the basis of this document, which has been augmented to reflect Trust requirements.

Key staff within the organisation, including executives and the chief pharmacist were approached during the consultation period in July and September of 2017 for their comments which have subsequently been incorporated into the document.

The policy was presented to the Policy Governance Committee on 4<sup>th</sup> October for verification, followed by the Audit Committee in October 2017 for approval before being submitted to the Board of Directors for ratification.

# Appendix F –Policies Checklist

***Please use this as a checklist for policy completion. The style and format of policies should follow the Policy template which can be downloaded on the intranet (also shown at Appendix G within the Policy).***

## 1. Cover sheet

All policies must have a cover sheet which includes:

- The Trust name and logo
- The title of the policy (in large font size as detailed in the template)
- Executive or Associate Director lead for the policy
- The policy author and lead
- The implementation lead (to receive feedback on the implementation)
- Date of initial draft policy
- Date of consultation
- Date of verification
- Date of ratification
- Date of issue
- Ratifying body
- Date for review
- Target audience
- Document type
- Document status
- Keywords
- Policy version and advice on availability and storage

## 2. Contents page

## 3. Flowchart

## 4. Introduction

## 5. Scope

## 6. Definitions

## 7. Purpose

## 8. Duties

## 9. Process

## 10. Dissemination, storage and archiving (control)

## 11. Training and other resource implications

## 12. Audit, monitoring and review

This section should describe how the implementation and impact of the policy will be monitored and audited and when it will be reviewed. It should include timescales and frequency of audits. It must include the monitoring template as shown in the policy template (example below).

### Monitoring Compliance Template

Minimum Requirement	Process for Monitoring	Responsible Individual/group/committee	Frequency of Monitoring	Review of Results process (e.g. who does this?)	Responsible Individual/group/committee for action plan development	Responsible Individual/group/committee for action plan monitoring and implementation
3 yearly unless otherwise required	Review Verification Audit Committee Board of Directors	Director of Corporate Governance (Board Secretary) Audit Committee	3 Yearly	Audit Committee	Audit Committee	Audit Committee

- 13. Implementation plan
- 14. Links to other policies (associated documents)
- 15. Contact details
- 16. References
- 17. Version control and amendment log (Appendix A)
- 18. Dissemination Record (Appendix B)
- 19. Equality Impact Assessment Form (Appendix C)
- 20. Human Rights Act Assessment Checklist (Appendix D)
- 21. Policy development and consultation process (Appendix E)
- 22. Policy Checklist (Appendix F)



## Appendix G: Standards of Business Conduct Declarations Form

Name	
Role at the Trust	
Line Manager Name	
Line Manager Role	

Before completing this form please read the Standards of Business Conduct Policy and see the guidance note for completion below

Policy section ref. no.	Interest	Description of interest	Name of company / organisation	Value or approximate value	Type of interest (see table below*)	Relevant dates		Comments (including approvals and mitigating actions)
						From	To	
11.1	Gifts							
11.2	Hospitality							
11.3	Outside Employment	separate form to be completed						
11.4	Shareholding or other ownership issues			N/A				
11.5	Patents			N/A				
11.6	Loyalty interests			N/A				
11.7	Donations			N/A				
11.8	Sponsorship events							
11.9	Sponsored research							
11.10	Sponsored posts							
11.11	Clinical private practice			N/A				
	Any other relevant appointments, positions held or relevant declaration			N/A				

If you have no interest to declare please tick this box	
---	--

The information submitted will be held by Sheffield Health and Social Care NHS Foundation Trust for personnel or other reasons specified on this form and to comply with the organisation's policies. This information may be held in both manual and electronic form in accordance with the Data Protection Act 1998. Information may be disclosed to third parties in accordance with the Freedom of Information Act 2000 and published in the register that Sheffield Health and Social Care NHS Foundation Trust holds.

I confirm that the information provided above is complete and correct. I acknowledge that any changes in these declarations must be notified to Sheffield Health and Social Care NHS Foundation Trust as soon as practicable and no later than 28 days after the interest arises. I am aware that if I do not make full, accurate and timely declarations then civil, criminal, internal disciplinary, or professional regulatory action may result.

I **do / do not** **[delete as applicable]** give my consent for this information to be published on registers that Sheffield Health and Social Care NHS Foundation Trust holds.

If consent is NOT given please give reason in the box below.

--

Signed:		Date:	
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**Line Manager Approval (for gifts and hospitality)**

Signed:		Date:	
---------	--	-------	--

**Clinical / Service Director Approval (required for sponsorship up to the value of £500)**

Signed:		Date:	
---------	--	-------	--

**Chief Pharmacist Approval (required for all sponsorship arrangements between the Trust and pharmaceutical companies)**

Signed:		Date:	
---------	--	-------	--

**Executive Medical Director Approval (required for all sponsorship arrangements between the Trust and pharmaceutical companies)**

Signed:		Date:	
---------	--	-------	--

**Executive Director of Finance Approval (required for all non-clinical sponsorship arrangements)**

Signed:		Date:	
---------	--	-------	--

**Please return this form to:**

Director of Corporate Governance (Board Secretary), Fulwood House, Old Fulwood Road, Sheffield S10 3TH

For office use:

Record actions taken to mitigate any conflict and if approval not given, reasons why
--

## GUIDANCE NOTES FOR COMPLETION OF STANDARDS OF BUSINESS CONDUCT DECLARATION FORM

Name and Role	Insert your name and your position / role in relation to the Trust you are making the return to
Line Manager Name and Role	Insert your Line Managers name and position / role in relation to the Trust you are making the return to
Description of interest	Provide a description of the interest that is being declared. This should contain enough information to be meaningful. That is, the information provided should enable a reasonable person with no prior knowledge should be able to read this and understand the nature of the interest.
Name of company / organisation	Provide the name of the company or organisation to which the interest, gift, hospitality, sponsorship etc. relates
Value	Provide the actual or estimated value of the gift, hospitality or sponsorship only, noting any upper or lower limits as detailed in the policy.  Please note that for all other interests a value is not required (as indicated by the grey shading and N/A in the box)
Type of interest *	State one of the following in relation to the interest described: <ul style="list-style-type: none"> <li>• <b>Financial interest</b> – This is where an individual may get direct financial benefits from the consequences of a decision they are involved in making.</li> <li>• <b>Non-financial professional interests</b> – This is 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 status or promoting their professional career.</li> <li>• <b>Non-financial personal interests</b> – This is 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.</li> <li>• <b>Indirect interest</b> – This is 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 who would stand to benefit from a decision they are involved in making.</li> </ul> <p>A benefit may arise from either a gain or avoidance of a loss.</p>
Relevant dates	Detail here when the interest arose and, if relevant, when it ceased
Comments	This field should detail any actions taken to manage an actual or potential conflict of interest. It might also detail any approvals or permissions to adopt certain courses of action

## Appendix H: Declaration of Outside Employment Form



Sheffield Health  
and Social Care  
NHS Foundation Trust

### Declaration of Outside Employment Request for permission to undertake Outside Employment

1. Part 1 of this form is to be completed by the SHSC employee.
2. To be discussed and approved by the line manager (see Part 2) prior to agreeing (or otherwise) any additional work outside SHSC.

#### PART 1

Employee Name:		
Current Role:		
Working hours:		Base:

#### 1. Details of additional work being considered:

*Include type of work, length of the contract, when employment would commence etc*

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#### 2. Potential Implications for work within SHSC:

*For example, may it result in any of the following: working excessive hours; conflict of interest with your Trust role or professional obligations; being in competition with Trust services, **restrict your ability to fulfil any of your normal Trust duties**? Are there any potential positive implications for the performance of your role or SHSC?*

*Include any plans that you are suggesting to resolve any potential issues*

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<p><b>3. Implications for SHSC NHS Resources:</b>  <i>Trust resources such as admin, rooms, equipment etc cannot be used for outside employment without prior agreement and if used, there may be a cost implication to this.</i></p>	
<p> </p>	
<p><b>4. Proposals regarding use of Trust Resources:</b>  <i>(if applicable)</i></p>	
<p> </p>	
<p><b>5. How has this work arisen?</b>  <i>N.B. In the course of their NHS duties and responsibilities, NHS employees should not initiate discussions about providing private services for NHS patients, nor should they ask other NHS staff to initiate such discussions on their behalf.</i></p>	
<p> </p>	
<p>Please submit this form to your line manager for approval.</p>	
<p><b>Submitted for approval to:</b></p>	<p> </p>
<p><b>Date submitted for approval:</b></p>	<p> </p>

The Line Manager must now complete Part 2 of the form.

**PART 2: To be completed by the line manager**

<b>1. How may this work impact on performance of the individual's role and/or the provision of SHSC services?</b>		
<b>2. What is your assessment of the implications for SHSC, both positive and/or negative?</b> <i>(Where any implications relate only to working arrangements, the line manager can make the decision. Where there are potentially adverse implications for the performance of the role or the use of Trust resources then the line manager should discuss with Service directors/Professional Director before any approval is given. Where there are potentially implications involving a conflict of interest or competition with SHSC services then there needs to be discussion with the relevant Executive Director before any approval is given.)</i>		
<b>3. Taking the above into account what is your recommendation regarding whether this outside employment should be approved and if approved, how it would operate?</b>		
<b>4. Outside Employment Approved:</b>		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Referred for Approval to Service Director, Professional Director or Executive Director (see Part 3) <input type="checkbox"/>
Any additional information:		
<b>Completed by:</b>		
<b>Signed:</b> <b>Manager)</b>	<b>(Line</b>	<b>Date:</b>

**Now Complete Part 3**

**PART 3**

<b>1. Outcome of Approval Process by Service Director / Professional Director or Executive Director:</b>	
<b>Outside Employment Approved:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Completed by:</b>	
<b>Signed:</b> <b>(Service Director, Professional Director or Executive Director)</b>	<b>Date:</b>

A copy of the completed form should be retained in the employee's personal file.