

Policy Reference: 101

## MANAGING CONFLICTS OF INTEREST POLICY

Version: 7

<b>Name and Designation of Policy Author(s)</b>	Catherine Herbert, Board Secretary
<b>Ratified By (Committee / Group)</b>	Board
<b>Date Ratified</b>	5 <sup>th</sup> October 2022
<b>Date Published</b>	6 <sup>th</sup> October 2022
<b>Review Date</b>	6 <sup>th</sup> October 2025
<b>Target Audience</b>	All staff
<b>Other Associated Strategies, Policies, Procedures, etc</b>	Trust Policy 115 – Anti-Fraud, Bribery and Corruption Policy & Response Plan Standing Orders Standing Financial Instructions Scheme of Reservation and Delegation

## CONTENTS

<b>Content</b>	<b>Page</b>
<b>1 Introduction</b>	<b>3</b>
<b>2 Scope</b>	<b>3</b>
<b>3 Duties &amp; Responsibilities</b>	<b>4</b>
<b>4 Managing Conflicts of Interest</b>	<b>5</b>
4.1 Key terms	5
4.2 Fraud, Bribery and Corruption	6
4.3 Managing and Declaring Interests	6
4.4 Records and publication	7
4.5 Wider transparency initiatives	8
4.6 Management of interests – general	8
4.7 Management of interests – common situations	8
4.7.1 <i>Gifts</i>	9
4.7.2 <i>Hospitality</i>	9
4.7.3 <i>Outside Employment</i>	10
4.7.4 <i>Shareholdings and other ownership issues</i>	10
4.7.5 <i>Patents</i>	11
4.7.6 <i>Loyalty interests</i>	11
4.7.7 <i>Donations</i>	11
4.7.8 <i>Sponsored events</i>	12
4.7.9 <i>Sponsored research</i>	12
4.7.10 <i>Sponsored posts</i>	13
4.7.11 <i>Clinical private practice</i>	13
4.8 Management of interests – advice in specific contexts	14
4.8.1 <i>Strategic decision making groups</i>	14
4.8.2 <i>Procurement</i>	14
4.9 Dealing with breaches	15
4.10 Taking action in response to breaches	15
4.11 Learning and transparency concerning breaches	16
<b>5 References</b>	<b>16</b>
<b>6 Equality Analysis</b>	<b>17</b>

## 1 Introduction

Wirral University Teaching Hospital 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.

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. The Policy brings together the Trust policies currently in place relating to Conflict and Declaration of Interests; Gifts and Hospitality; and Sponsorship.

As a member of staff, you should:

- Familiarise yourself with this policy and follow it.
- Use your common sense and judgement to consider the interests you have could affect the way taxpayers money is spent
- Regularly consider what interests you have and declare these as they arise. If in doubt, declare.
- NOT misuse your position to further your own interests or those close to you
- NOT be influenced, or give the impression that you have been influenced by outside interests.
- NOT allow outside interests you have to inappropriately affect the decisions you make when using taxpayers' money

As an organisation, we will

- Ensure that this policy and supporting processes are clear and help staff understand what they need to do.
- Identify a team or individual with responsibility for:
  - Keeping this policy under review to ensure they are in line with the guidance.
  - Providing advice, training and support for staff on how interests should be managed.
  - Maintaining register(s) of interests
  - Auditing this policy and its associated processes and procedures at least once every three years.
- NOT avoid managing conflicts of interest.
- NOT interpret this policy in a way which stifles collaboration and innovation with our partners

## 2 Scope

This policy applies to all employees of the Trust. This includes bank and agency staff, honorary staff, non-executive directors, governors, volunteers and contractors.

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

The policy:

- brings together under one policy the Trust policies relating to Conflict and Declaration of Interests; Gifts and Hospitality; and Sponsorship;
- 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 Trust policies:

- Anti-Fraud, Bribery and Corruption Policy & Response Plan
- Freedom of Information Act 2000
- Freedom to Speak Up: Raising Concerns at work policy
- Medicines Management (General) Policy
- WUTH Charity Fundraising and Income Guidance

The policy should also be read in conjunction with the Trust's Corporate Governance Documents and national guidance.

### 3 Duties & Responsibilities

Board of Directors	The Board of Directors is responsible for ensuring the proper running of the Trust, including proper financial running, and for policies, audit and monitoring arrangements, regulation and control arrangements.
Audit and Risk Committee	<p>The Audit and Risk Committee is one of the most significant means by which the Board of Directors ensures effective internal control arrangements are in place. It also provides a form of independent check upon the executive arm of the Board.</p> <p>The Audit and Risk Committee is responsible for critically auditing/reviewing the registers contained in this policy to ensure compliance and propriety.</p>
Chief Executive	<p>The Chief Executive is liable to be called to account for specific failures in the Trust's system of internal controls. However, responsibility for the operation and maintenance of controls falls directly to line managers and requires the involvement of all the Trust's employees.</p> <p>The Chief Executive must act impartially and honestly in the conduct of their business and should ensure they remain beyond suspicion.</p>
Board Secretary	<p>The Board Secretary will maintain registers contained in this policy which will be made available for inspection by the Audit and Risk Committee and in accordance with the conditions of the policy, to the general public.</p> <p>The Board Secretary must act impartially and honestly in the conduct of their business and should ensure they remain beyond suspicion.</p>

All Employees	All staff acting under the authority of the Trust must act impartially and honestly in the conduct of their business and should ensure they remain beyond suspicion.
All Governors	All governors of the Trust must act impartially and honestly in the conduct of their business and should ensure they remain beyond suspicion. Further specifics on interests which Governors should declare can be found in the Constitution at Annex 7, Section 7.

## 4 Managing Conflicts of Interest

### 4.1 Key terms

#### 4.1.1 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.

#### 4.1.1.1 Interests fall into the following categories:

- Financial interests:  
Where an individual may get direct financial benefit (which could be a gain or avoidance of loss) 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.

*Note: 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.*

#### 4.1.2 Staff

We use the skills of many different people, all of whom are vital to our work. This includes people on differing employment terms, who for the purposes of this policy we refer to as 'staff' and are listed below:

- All salaried employees
- All prospective employees – who are part-way through recruitment
- Contractors and sub-contractors
- Agency/bank staff
- All Governors
- Volunteers acting on behalf of the Trust; and
- Committee, sub-committee and advisory group members (who may not be directly employed or engaged by the Trust)

#### 4.1.3 Decision Making Staff

The group(s) of staff that is considered to be 'decision making staff' is listed below for the purpose of this policy and are required to make a declaration of interest:

- Executive and Non-Executive Directors (or equivalent roles)
- Members of advisory groups which contribute to direct or delegated decision making on the commissioning or provision of taxpayer funded services
- Agenda for Change band 7 and above, which includes but is not limited to Matrons, Nurses, Midwives and Management
- All Medical Staff
- Administrative and clinical staff who have the power to enter into contracts on behalf of the Trust
- Administrative and clinical staff involved in decision making concerning the operation of services, purchasing of good, medicines, medical devices or equipment, and formulary decisions.

## 4.2 Fraud, Bribery and Corruption

4.2.1 When considering whether a situation constitutes a conflict of interest, or whether to accept gifts/hospitality (regardless of whether the parameters of this policy permit it), staff should give careful consideration to and act in accordance with the Trust's Anti-Fraud, Bribery and Corruption Policy & Response Plan.

## 4.3 Managing and Declaring Interests

### 4.3.1 Identifying and Declaration interests

4.3.1.1 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 Trust.

- 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).

4.3.1.2 All declarations of interest should be registered through the online WUTH 'Declare' system which is accessible through the staff intranet: [Declarations of Interest | Wirral University Hospital NHS Foundation Trust \(wuth.nhs.uk\)](https://www.wuth.nhs.uk/Declarations-of-Interest).

The portal requires all information laid out within guidance to ensure that each declaration complies with requirements.

The policy owner is the Chief Executive with the administrator Director of Corporate Affairs, who manages all aspects of the policy, including any changes to national guidance. All staff are made aware of their duties to record interests at corporate induction, annual appraisal, and internal communication aligned to the year-end declaration processes within the organisation. Advice on any issues to be declared should be sought from line managers and where escalation is required referred to the Director of Corporate Affairs.

An annual report of compliance against this policy will be reported internally to the Executive Team and externally through the Chief Executive Annual Report. Internal Audit will, at least every three years, audit compliance against the policy.

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.

4.3.2 Proactive review of interests

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

## 4.4 Records and publication

4.4.1 Maintenance

The Trust will maintain a register of interest that will hold all declared interests that are material in nature.

4.4.2 Publication

The Trust will:

- Publish the interests declared by decision making staff.
- Refresh this information annually.
- Make this information available on the Trust's website (via Civica Declare).

Please note that in some cases it might not be appropriate to publish information about the interests of some decision making staff, or their personal information might need to be redacted.

4.4.3 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 Affairs 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.

#### **4.5 Wider transparency initiatives**

4.5.1 The Trust fully supports wider transparency initiatives in healthcare, and we encourage staff to engage actively with these.

4.5.2 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 professional
- 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>

4.5.3 Staff are reminded that these must be disclosed as part of Trust declarations.

#### **4.6 Management of interests – general**

4.6.1 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.

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

4.6.3 If staff or managers have any concerns or disputes about the appropriate management action they should contact the Director of Corporate Affairs.

#### **4.7 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.

## 4.7.1 Gifts

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

4.7.1.2 Gifts from suppliers or contractors:

- Gifts from suppliers or contractors doing business (or likely to do business) with the Trust 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>1</sup> in total, and need not be declared.

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

- Gifts of cash and vouchers to individuals should always be declined. Should the person providing the gift refuse its return, the gift should be accepted on behalf of the Trust Charity as a donation and passed to the Charity Office and recorded as a donation.
- Staff should not ask for any gifts.
- Modest gifts accepted **under a value of £50** do not need to be declared.
- Gifts valued at **over £50** should be treated with caution and only be accepted on behalf of the Trust and not in a personal capacity. These should be declared by staff. If appropriate the gift should be passed to the Charity Office and recorded as a donation for raffle or other such fundraising.
- 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.
- 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).

## 4.7.2 Hospitality

4.7.2.1 Staff should not ask for or accept hospitality that may affect, or be seen to affect, their professional judgement.

4.7.2.2 Hospitality must only be accepted when there is a legitimate business reason and it is proportionate to the nature and purpose of the event.

4.7.2.3 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 and management approval has been obtained.

4.7.2.4 Meals and refreshments:

- Under a value of £25 - may be accepted and need not be declared.
- Of a value between £25 and £75<sup>2</sup> - may be accepted and must be declared.
- Over a value of £75 - should be refused unless (in exceptional circumstances) manager's approval is given. A clear reason should be recorded on the Trust's register of gifts and hospitality as to why it was permissible to accept.

---

<sup>1</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>

<sup>2</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>

- A common sense approach should be applied to the valuing of meals and refreshments (using an actual amount, if known, or a reasonable estimate).

#### 4.7.2.5 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 Trust itself might not usually offer, need approval of an Executive Director, should only be accepted in exceptional circumstances, and must be declared. A clear reason should be recorded on the Trust's registers 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.

### 4.7.3 Outside Employment

#### 4.7.3.1 Staff should declare any existing outside employment on appointment and any new outside employment when it arises.

This can include directorships, non-executive roles, self-employment, consultancy work, charitable trustee roles, political roles and roles within not-for-profit organisations, paid advisory positions and paid honorariums which relate to bodies likely to do business with an organisation. (Clinical private practice is considered in a separate section)

#### 4.7.3.2 Where a risk of conflict of interest arises, the general management actions outlined in this policy should be considered and applied to mitigate risks.

#### 4.7.3.3 Where contracts of employment or terms and conditions of engagement permit, staff may be required to seek prior approval from the Trust to engage in outside employment.

#### 4.7.3.4 The Trust may also have legitimate reasons within employment law for knowing about outside employment of staff, even when this does not give rise to risk of a conflict. *Please refer to your terms and conditions of employment.*

### 4.7.4 Shareholdings and other ownership issues

#### 4.7.4.1 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 Trust.

#### 4.7.4.2 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.

#### 4.7.4.3 There is no need to declare shares or securities held in collective investment or pension funds or units of authorised unit trusts.

## 4.7.5 Patents

- 4.7.5.1 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 Trust.
- 4.7.5.2 Staff should seek prior permission from the Trust before entering into any agreement with bodies regarding product development, research, work on pathways etc, where this impacts on the Trust's own time, or uses its equipment, resources or intellectual property.
- 4.7.5.3 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.

## 4.7.6 Loyalty interests

- 4.7.6.1 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 Trust does business with an organisation in which close family members and relatives, close friends and associates, and business partners have decision making responsibilities.

## 4.7.7 Donations

- 4.7.7.1 Donations to the Trust or Charity made by suppliers or bodies seeking to do business with the Trust 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.
- 4.7.7.2 Staff should not actively solicit charitable donations unless this is a prescribed or expected part of their duties for the Trust, or is being pursued on behalf of the Trust's own registered charity or other charitable body and is not for their own personal gain.
- 4.7.7.3 Staff must obtain permission from the Trust 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 Trust's own.

- 4.7.7.4 Donations, when received, should be made to a specific charitable fund (never to an individual) and a receipt should be issued.
- 4.7.7.5 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.
- 4.7.7.6 Note on declaring donations: The organisation will maintain records in line with the above principles and rules and relevant obligations under charity law.

#### **4.7.8 Sponsored events**

- 4.7.8.1 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 to the Trust and the NHS.
- 4.7.8.2 During dealings with sponsors there must be no breach of patient or individual confidentiality or data protection rules and legislation
- 4.7.8.3 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.
- 4.7.8.4 At the Trust'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.
- 4.7.8.5 The involvement of a sponsor in an event should always be clearly identified.
- 4.7.8.6 Staff within the Trust 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.
- 4.7.8.7 Staff arranging sponsored events must declare this to the Trust. The Trust will maintain records regarding sponsored events in line with the above principles and rules.

#### **4.7.9 Sponsored research**

- 4.7.9.1 Funding sources for research purposes must be transparent.
- 4.7.9.2 Any proposed research must go through the relevant health research authority or other approvals process.
- 4.7.9.3 There must be a written protocol and written contract between staff, the Trust, 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.
- 4.7.9.4 The study must not constitute an inducement to prescribe, supply, administer, recommend, buy or sell any medicine, medical device, equipment or service.

4.7.9.5 Staff should declare involvement with sponsored research to the Trust. The Trust will retain written records of sponsorship of research, in line with the above principles and rules.

#### 4.7.10 **Sponsored posts**

4.7.10.1 External sponsorship of a post requires prior approval from the Trust.

4.7.10.2 Rolling sponsorship of posts should be avoided unless appropriate checkpoints are put in place to review and withdraw if appropriate.

4.7.10.3 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 the Trust has the ability to exit sponsorship arrangements if conflicts of interest which cannot be managed arise.

4.7.10.4 Sponsored post holders must not promote or favour the sponsor's products, and information about alternative products and suppliers should be provided.

4.7.10.5 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.

#### 4.7.11 **Clinical private practice**

4.7.11.1 Clinical staff should declare all private practice on appointment, and/or any new private practice when it arises<sup>3</sup> including:

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

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

- Seek prior approval of the Trust 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.<sup>4</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/>

---

<sup>3</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>4</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)

4.7.11.3 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.

## **4.8 Management of interests – advice in specific contexts**

### **4.8.1 Strategic decision making groups**

4.8.1.1 In common with other NHS bodies the Trust uses a variety of different committees and 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.

All staff are governed by the principles set out in WUTH Standing Orders, Standing Financial Instructions and Scheme of Delegation.

4.8.1.2 The interests of those who are involved in these groups should be well known so that they can be managed effectively. These committee and 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 Trust's register(s).
- A non-conflicted member should chair all or part of the meeting if the chair has an interest that may prejudice their judgement.

4.8.1.3 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.

4.8.1.4 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.

4.8.1.5 Staff declaring interests within decision making groups should have registered such interests in the electronic register of interests via the WUTH Declare system.

### **4.8.2 Procurement**

4.8.2.1 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.

4.8.2.2 Those involved in procurement exercises for and on behalf of the Trust 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, and the Procurement Team should be involved at all stages of the process.

4.8.2.3 Guidance of the Trust's Procurement control policy can be found within the Trust Corporate Governance documents and Standard Operating Procedure.

## **4.9 Dealing with breaches**

4.9.1 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'.

### **4.9.2 Identifying and reporting breaches**

4.9.2.1 Staff who are aware about actual breaches of this policy, or who are concerned that there has been, or may be, a breach, should in the first instance report these concerns to the Director of Corporate Affairs or the Trust Counter Fraud Specialist as set out in the Anti-Fraud, Bribery and Corruption Policy & Response Plan.

4.9.2.2 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 please refer to the Freedom to Speak Up: Raising Concerns at work policy that sets out the process for an employee to raise serious concerns where they feel it is in the public interest to do so. The Freedom to Speak Up: Raising Concerns at work policy takes into account responsibilities under the Public Interest Disclosure Act (1998).

4.9.2.3 The Trust 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.

4.9.2.4 Following investigation the Trust 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 Trust should be made aware
- Take appropriate action as set out in the next section.

## **4.10 Taking action in response to breaches**

4.10.1 Action taken in response to breaches of this policy will be in accordance with the disciplinary procedures of the Trust and could involve the Trust's leads for

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

4.10.2 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.

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

4.10.4 Sanctions should not be considered until the circumstances surrounding breaches have been properly investigated. However, if such investigations establish wrongdoing or fault then the Trust 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.

## **4.11 Learning and transparency concerning breaches**

4.11.1 Reports on breaches, the impact of these, and action taken will be considered by Audit and Risk Committee annually.

4.11.2 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 made available for inspection by the public upon request.

## **5 References**

ABPI: The Code of Practice for the Pharmaceutical Industry (2014)  
ABHI Code of Business Practice  
NHS Code of Conduct and Accountability (July 2004)

## 6 Equality Analysis

### Equality Analysis (EA) Form

<b>Title</b>	Managing Conflicts of Interest Policy			
<b>Agenda Item/Policy Reference</b>	101			
<b>Lead Assessor</b>	Catherine Herbert			
<b>Date Completed</b>	08/09/2022			
<b>What groups have you consulted with? Include details of involvement in the EA process</b>	Staff in area concerned	<input type="checkbox"/>	Staff side colleagues	<input type="checkbox"/>
	Service users	<input type="checkbox"/>	HR	<input type="checkbox"/>
	Other	<input type="checkbox"/>	Other	<input type="checkbox"/>
	Audit and Risk Committee Mersey Internal Audit Agency			
<b>What is being assessed?</b> Please provide a brief description and overview of the aims and objectives				
Managing Conflicts of Interest Policy				
<b>Who will be affected</b> (Staff, patients, wider community?)				
Staff				

The Equality Analysis (EA) form should be completed in the following circumstances:

- **All new policies**
- **All policies subject to renewal**
- **Business cases submitted for approval to hospital management impacting on service users or staff**
- **Papers submitted to hospital management detailing service redesign/reviews impacting on service users or staff**
- **Papers submitted to Board of Directors for approval that have any impact on service users or staff**

Please note the results of this Equality Analysis will be published on the Trust website in accordance with the Equality Act 2010 duties for public sector organisations

**Section 1 should be completed** to analyse whether any aspect of your proposal/document has any impact (positive, negative or neutral) on groups from any of the protected characteristics listed overleaf.

When considering any potential impact you should use available data to inform your analysis such as PALS/Complaints data, Patient or Staff satisfaction surveys, local consultations or direct engagement activity. You should also consult available published research to support your analysis. For further support with this, please refer to the Library and Knowledge Service accessible via the Trust's intranet site or switchboard.

## Section 1 – Initial analysis

What is the impact on the equality groups below?		
Positive:	Negative:	Neutral:
<ul style="list-style-type: none"> <li>• Advance equality of opportunity</li> <li>• Foster good relations between different groups</li> <li>• Address explicit needs of equality target groups</li> </ul>	<ul style="list-style-type: none"> <li>• Unlawful discrimination, harassment and victimisation</li> <li>• Failure to address explicit needs of equality target groups</li> </ul>	<ul style="list-style-type: none"> <li>• It is quite acceptable for the assessment to come out as Neutral impact</li> <li>• Be sure you can justify this decision with clear reasons and evidence if you are challenged</li> </ul>
Equality Group	Any potential impact? Positive, negative or neutral	Comments / Evidence (For any positive or negative impact please provide a short commentary on how you have reached this conclusion)
<b>Disability</b> (inc physical and mental impairments)	<b>No</b>	The policy is based guidance on Managing Conflicts of Interest in the NHS (the guidance) came into force from June 2017. It applies to all staff regardless of any protected characteristics.
<b>Age</b>	<b>No</b>	
<b>Race</b> (all ethnic groups)	<b>No</b>	
<b>Religion or belief</b>	<b>No</b>	
<b>Sexual Orientation</b>	<b>No</b>	
<b>Pregnancy &amp; Maternity</b>	<b>No</b>	
<b>Gender</b>	<b>No</b>	
<b>Gender Re-assignment</b>	<b>No</b>	
<b>Human Rights</b>	<b>No</b>	
<b>Other e.g. Carers</b>	<b>No</b>	

If you have identified any **negative** impact you should consider whether you can make any changes immediately to minimise any risk. This should be clearly documented on your paper cover sheet/policy document detailing what the negative impact is and what changes have been made.

If you have identified any **negative** impact that has a high risk of adversely affecting any groups defined as having a protected characteristic then please continue to section 2.

**In all cases** - you should submit this document with your paper and / or policy in accordance with the governance structure with copies to [wih-tr.EqualityWUTH@nhs.net](mailto:wih-tr.EqualityWUTH@nhs.net) for monitoring purposes.

## Section 2 – Full analysis

If you have identified that there are potentially detrimental effects on certain protected groups, you need to consult with staff, representative bodies, local interest groups and customers that belong to these groups to analyse the effect of this impact and how it can be negated or minimised. There may also be published information available which will help with your analysis.

Who and how have you engaged to gather evidence to complete your full analysis? (List)	
Name & Job Title	Name & Job Title
What are the main outcomes of your engagement activity?	
What is your overall analysis based on your engagement activity?	

## Section 3 – Action Plan

You should detail any actions arising from your full analysis in the following table; all actions should be added to the risk register for monitoring.

Action required	Lead name	Target date for completion	How will you measure outcomes

Following completion of the full analysis you should submit this document with your paper and or policy in accordance with the governance structure.

You should also send a copy of this document to [wih.tr.equalityWUTH@nhs.net](mailto:wih.tr.equalityWUTH@nhs.net) for monitoring purposes.

## Consultation, Communication and Implementation

Consultation Required	Authorised By	Date Authorised	Comments
Equality Analysis	Catherine Herbert	08/09/2022	This document is embedded within the Policy template
Policy Author Checklist	Catherine Herbert		Checked for workforce / development, medicines, finance or wider corporate implications.
Other Stakeholders / Groups Consulted as Part of Current Version Development	Audit and Risk Committee Mersey Internal Audit Agency		
Trust Staff Consultation via Intranet	15 <sup>th</sup> September 2022 to 29 <sup>th</sup> September 2022		

Date notice posted in the News Bulletin.	N/A	Date notice posted on the intranet	6 <sup>th</sup> October 2022
------------------------------------------	-----	------------------------------------	------------------------------

Describe the Implementation Plan for the Policy / Procedure (Considerations include; launch event, awareness sessions, communication / training via DMTs and other management structures, etc)	By Whom will this be Delivered?
Information will be provided at Trust Corporate Induction  The policy will be made available on the staff intranet and a trust-wide email will be sent informing staff that the policy has been approved and is available to view online.	Board Secretary Director of Corporate Affairs L&D – Induction team

## Version History

Date	Ver	Author Name and Designation	Summary of Main Changes
Feb 2008	1	Rod Jones, Director of Finance	New Standards of Business Conduct Policy
Jun 2009	2	Rod Jones, Director of Finance	
July 2012	3	John Vanderwerff, Deputy Director of Finance	Policy review
November 2016	4	Carole Self, Director of Corporate Affairs	To take into account changes in legislation
March 2019	5	Andrea Leather, Trust Secretary	Policy revised in line with national guidance - Conflicts and Declaration of Interest and Gifts Policy & Hospitality Policy combined into one overarching policy. Change of policy name
February 2021	6	Andrea Leather, Trust Secretary	Policy updated to reflect introduction of electronic system for making declarations 'Civica Declare'
August 2022	7	Catherine Herbert, Board Secretary	Policy updated to reflect changes to model policy guidance, to remove detail replicated from the Anti Bribery and Corruption Policy, and to remove appendices no longer required due to Civica Declare portal being implemented.

## Monitoring Compliance with the Policy

Describe Key Performance Indicators (KPIs)	Target	How will the KPI be Monitored?	Which Committee will Monitor this KPI?	Frequency of Review	Lead
All incidents will be investigated in line with this policy.	100%	On occurrence of an event a review of compliance will take place.	Audit and Risk Committee	On an ad hoc basis	Director of Corporate Affairs
The Trust has recorded declarations of interest for all staff required by this policy	100%	Audit of the system.	Audit and Risk Committee	Year end annual report to the Audit and Risk Committee	Board Secretary

## Performance Management of the Policy

Who is Responsible for Producing Action Plans if KPIs are Not Met?	Which Committee Will Monitor These Action Plans?	Frequency of Review (To be agreed by Committee)
Director of Corporate Affairs and Board Secretary	Audit and Risk Committee	Annually

## Safety of Patients and Public

Confirm the content of this policy does <b>not</b> risk the safety of patients or the public if it is uploaded to the public facing website	<input checked="" type="checkbox"/>
<i>If the content <b>does</b> affect the safety of patients or the public if it is uploaded to the public facing website please contact the Policy Coordinator or Risk Management Team for advice</i>	