

Conflicts of Interest Policy (Including gifts, hospitality and sponsorship)

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Contribution List

Key individuals involved in developing this version of the document

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Change of History

Version	Date	Author	Reason for change
1	March 2015	Jean Hickman, Trust Secretary	Policy updated
2	October 2015	Jean Hickman, Trust Secretary	Policy updated to introduce a increase in the maximum threshold for a member of staff to accept a gift from £25 to £40 for a trial period until April 2016. This was approved by the Audit Committee on 27 October 2015
3	October 2016	Jean Hickman, Trust Secretary	Full review and update to the policy, including the strengthening of controls and additional information on the Bribery Act 2010.
4	December 2017	Jean Hickman, Trust Secretary	To incorporate published National guidance
5	August 2021	Barbara Anthony, Trust Secretary	Full review in line with review date including suggested changes from RSM auditors.

Abbreviations and Acronyms

Abbreviations and Acronyms	Description
MDT	Multidisciplinary Team
PGRG	Policy & Guideline Review Group
QSG	Quality & Safety Group

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1. Policy Summary

As a member of staff you should...	As an organisation, the Trust will...
<ul style="list-style-type: none"> Familiarise yourself with this policy and follow it. Refer to the guidance for the rationale behind this policy https://www.england.nhs.uk/wp-content/uploads/2017/02/guidance-managing-conflicts-of-interest-nhs.pdf. Use your common sense and judgement to consider whether the interests you have could affect the way taxpayers' money is spent. Regularly consider what interests you have and declare these as they arise. If in doubt, declare. 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. 	<ul style="list-style-type: none"> Ensure that this policy and supporting processes are clear and help staff understand what they need to do. Identify a team or individual with responsibility for: <ul style="list-style-type: none"> 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. Introduction

West Hertfordshire Hospitals NHS Trust (for the purposes of this policy will be known as 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. The Trust is committed to maximising our resources for the benefit of the whole community. Adhering to this policy will help to ensure that the Trust uses NHS money wisely, providing best value for taxpayers and accountability to its patients for the decisions it takes.

The Trust is required to maintain proportionate adequate procedures to mitigate the risk of bribery, in accordance with the Bribery Act 2010. This includes the appropriate management of gifts, hospitality, sponsorship, and interests and is applicable to all persons associated with the Trust, as outlined in this policy. The Trust fully supports this act and further information can also be found in the Trust's Counter Fraud and Anti-Bribery policies, which are published on the Trust's intranet pages.

3. Objectives

This policy will help 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:

- Anti-bribery policy
- Counter fraud policy
- Disciplinary policy
- Standing financial instruction – 17
- Scheme of delegation – section 5
- Raising concerns at work policy - whistleblowing
- Secondary employment policy

4. Definitions

A 'conflict of interest' is:

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

A conflict of interest may be:

- Actual - there is a material conflict between one or more interests; or
- 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. Responsibilities

As an organisation and as individuals, the Trust has 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 the Trust is using its finite resources in the best interests of patients.

It is the responsibility of every member of staff to:

- Act in accordance with this policy;
- treat with extreme caution any offers of gifts, favour, hospitality or token of goodwill made by suppliers, or potential suppliers of goods or services to the Trust; and
- identify and declare material interests at the earliest opportunity

It is the responsibility of managers to:

- Act in accordance with this policy;
- To ensure that staff under their responsibility are aware and adhere to the policy
- To consider and approve/decline requests to staff in accordance with the policy

6. Interests

Interests fall into the following categories:

- **Financial interests:**

Where an individual may get direct financial benefit¹ 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 association² 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.

7. Staff

The Trust uses the skills of many different people, all of whom are vital to its work. This includes people on differing employment terms, who for the purposes of this policy the Trust refers to as 'staff' and are listed below:

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

8. 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 Trust are:

- Executive and Non-Executive Directors (or equivalent roles) who have decision making roles which involve the spending of taxpayers' money.
- Senior Directors reporting to an Executive Director.
- Heads of Department or Services.

¹ This may be a financial gain, or avoidance of a loss.

² 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.

- All established Consultant staff.
- All budget holders.
- Members of the capital, estates, and facilities functions.
- Members of the finance and commercial teams.
- Members of staff undertaking research.
- Pharmacy staff.
- ICT procurement staff.
- Members of advisory groups which contribute to direct or delegated decision making on the commissioning or provision of taxpayer funded services.
- Those at Agenda for Change band 8d and above.
- Administrative and clinical staff who have the power to enter contracts on behalf of their organisation or who are involved in decision making concerning the commissioning of services, purchasing of goods, medicines, medical devices or equipment, and formulary decisions.

9. Identification, Declaration and Review of Interests

9.1 Identification and 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, for example a procurement.
- 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 conflict of interest's form is available from:

- Appendix 1 of this policy.
- The corporate governance intranet pages.
- Contacting the corporate governance department on WH ext 8085.

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

9.2 Proactive Review of Interests

Individuals are responsible for completing their return annually. The Trust will prompt staff to review declarations they have made annually and, as appropriate, update them or make a nil return. Non-returns will be pursued and escalated as appropriate.

10. Records and Publication

10.1 Maintenance

The organisation will maintain all registers of interest, continually updating where appropriate. The register will be shared with the procurement team to ensure that all conflicts of interest are identified and can be managed appropriately.

All declared interests that are material will be promptly transferred to the register by the corporate governance department.

10.2 Publication

The Trust will:

- Publish the interests declared by decision making staff on its website.
- Refresh this information annually.
- Make this information available at www.westhertshospitals.nhs.uk.

If decision making staff have substantial grounds for believing that publication of their interests should not take place then they should contact the corporate governance department 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.

10.3 Wider Transparency Initiatives

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

Relevant staff must 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. The granting of consent for disclosure does not negate the requirement to declare these payments to the Trust in accordance with this policy.

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-ethics/disclosure-uk/about-disclosure-uk/#dcc60743>

11. 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 West Hertfordshire Hospitals NHS 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.

12. Managements 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.

12.1 Principles of the management of gifts, hospitality and sponsorship

Staff should be aware that an offer of gifts or hospitality may constitute a bribe, and this should be considered in all circumstances in order for staff to protect themselves and the Trust from criminal prosecution. It is expressly prohibited for a member of staff to accept any gift or benefit from an organisation that is actively involved, or likely to be involved, in a tender process with the Trust.

The table below sets out a brief overview of offers of gifts, hospitality and sponsorship and the required actions that should be taken. For full details please see appendix 1.

It is not possible to provide examples of every circumstance and staff should take advice from their line manager or from the Trust Secretary if in any doubt on 01923 436361.

Types of gifts, hospitality and sponsorship	Value	Acceptable	Declare
Personal gifts of cash, vouchers or bequests	Not acceptable under any circumstances	No	Yes
Gifts from suppliers or contractors doing business (or likely to do business) with the Trust	Not acceptable under any circumstances	No	Yes
Low value gifts such as chocolates, diaries, calendars from patients or relatives	Up to a value of £50	Yes	No
Stationery or other minor office items such as post-it notes and pens	Up to a value of £6	Yes	No
Modest gifts from a patient, family, service user	Up to a value of £50	Yes	No
Gifts from a patient, family, service user	Over a value of £50	Yes with caution and only accepted on behalf of the Trust and not in a personal capacity	Yes
Travel and accommodation related to attendance at an event	Modest	Yes	Yes
	Offers which go beyond modest, such as business or first-class travel and offers of foreign travel and accommodation.	No, except in exceptional circumstances where senior manager prior approval is given	Yes
Sponsored events by external organisations, such as an invitation to a sporting event or award ceremony	N/A	No, except if there is clear benefit to the Trust or NHS	Yes

Sponsored research	N/A	Yes, but must go through relevant health research authority	Yes
Sponsored posts	N/A	Yes, but post requires prior approval from the Trust	Written agreement
Payments received for speaking at conferences etc in Trust time. (sometimes referred to as an Honorarium)	All	Yes and paid to the Trust	Yes

12.2 Outside Employment

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

The organisation may also have legitimate reasons within employment law for knowing about outside employment of staff, even when this does not give rise to risk of a conflict.

12.2.1 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).

12.3 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.

12.3.1 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).

12.4 Patients

- 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.

12.4.1 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)

12.5 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.

12.5.1 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).

12.6 Donations

- Donations made by suppliers or bodies seeking to do business with the Trust should be treated with caution and not routinely accepted. In exceptional circumstances, if an individual believes that it is appropriate or necessary to accept a donation of this type, advance approval must be sought from the relevant Divisional Performance Financial Review and 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 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.

- 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.

12.6.1 What Should Be Declared?

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

12.7 Clinical Private Practice

Clinical staff should declare all private practice on appointment, and/or any new private practice when it arises³ including:

- Where they practice (name of private facility).
- What they practice (specialty, major procedures).
- When they practice (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.
- Ensure that, where there would otherwise be a conflict or potential conflict of interest, NHS commitments take precedence over private work.⁴
- Not accept direct or indirect financial incentives from private providers other than those allowed by Competition and Markets Authority guidelines:
- https://assets.publishing.service.gov.uk/media/542c1543e5274a1314000c56/Non-Divestment_Order_amended.pdf

Hospital consultants should not initiate discussions about providing their private professional services for NHS patients, nor should they ask other staff to initiate such discussions on their behalf.

12.7.1 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 and timings (e.g. AM/PM)
- 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).

³ 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

⁴ 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

13. Management of Interests – Advice in Specific Contexts

13.1 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 the Trust, these groups are:

- The Trust Board.
- The Trust Management Committee
- People, Education and Research Committee.
- Finance and Performance Committee.
- Audit Committee.
- Quality Committee.
- Great Place Committee
- Charitable Funds Committee.
- Remuneration Committee.

These groups should adopt the following principles:

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

13.2 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.

14. 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'.

14.1 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 corporate governance department.

Breaches can be reported to the Local Counter Fraud Specialist (details can be found in the Counter Fraud policy) and the LCFS will be notified of any policy breach that may constitute a criminal offence in accordance with the Counter Fraud and/ or Anti-Bribery Policy and the breach may be subject to a criminal investigation.

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

http://www.westhertshospitals.nhs.uk/documents/HR047_Speaking_Up_Policy_v9.pdf

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.

Following investigation, the Trust will:

- Decide if there has been or is potential for a breach and if so what 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.

14.2 Taking Action in Response to Breaches

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

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

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

14.3 Learning and Transparency Concerning Breaches

Reports on breaches, the impact of these, and action taken will be considered by the Audit Committee on a quarterly basis.

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 in the internal newsletter as appropriate and made available for inspection by the public upon request.

15. Review

This policy will be reviewed every three years unless an earlier review is required. This will be led by the Trust Secretary.

16. Monitoring & Compliance

1	Following local and national policies and guidelines, what key elements require monitoring?	List elements to be monitored	a. The policy follows the guidance issued by NHSE (last issued in 2017)
2	Who will lead/be accountable for monitoring?	Lead title and/or MDT	Trust Secretary
3	Describe how the key elements will be monitored?	List tools to evidence compliance	a. Maintenance of registers and quarterly papers to audit committee
4	How frequently will each element be monitored?	List frequency of monitoring for each element	a. Quarterly at audit committee
5	Explain the protocols for escalation in the event of problems?	List the processes of escalation	a. Trust Secretary escalates to Chief Finance Officer, CEO and audit committee
6	Which Committee/ Panel/ Group will reports go to?	List the Committee/Panel/ Group/Peer Review that the reports will go to	a. Audit committee and review of policy by counter-fraud advisers.
7	Explain how the policy/guideline will be disseminated within the Trust?	List ways identifying how this document will be shared and how it will be recorded that appropriate staff have been made aware of the document and where to find it	a. On induction, on intranet and via e-updates.

17. Safeguarding

Does this document have any impact on safeguarding issues for adults and/or children?

18. Patient & Carer Involvement

Reference any group/individual patient/carers involvement in developing this document

19. References

- Freedom of Information Act 2000 http://wghintra01/uploads/out/G023FOI_policy_v4.pdf
- ABPI: The Code of Practice for the Pharmaceutical Industry (2019) www.abpi.org.uk
- NHS Code of Conduct and Accountability (July 2004) <https://www.england.nhs.uk/>
- NHS Counter Fraud Authority <https://www.cfa.nhs.uk>
- NHS England <https://www.england.nhs.uk/>
- Care Quality Commission <http://www.qcs.co.uk/cqc>
- Hertfordshire Constabulary <http://www.herts.police.uk/#>
- CMA Competition and Markets Authority <https://www.gov.uk/government/organisations/competition-and-markets-authority>

- BMA Terms and Conditions – Consultants (England 2003) bma.org.uk
- http://wghintra01/uploads/out/HR047_Speaking_Up_Policy_v8.pdf

20. Related Policies and Guidelines

- The Trust's Anti bribery policy
- The Trust's Counter fraud policy
- The Trust's Raising Concerns at Work policy - Whistle blowing
- The Trust's Secondary Employment Policy
- The Trust's Standing Order

21. Equality Impact Statement (EIA)

What is an equality impact assessment?

There are many benefits in conducting an equality impact assessment (EIA) prior to making business decisions about policies, clinical guidelines or any other work that may potentially impact on a wide range of people with protected characteristics. Equality impact assessments should not be seen as an afterthought once decisions have already been made.

Benefits:

- Improved capacity to consider equality, diversity and inclusion as part of business management
- Reduced costs as a result of not having to revisit a policy/project
- Take into account a diverse range of views and needs
- Enhanced reputation as a Trust that is seen to understand and respond positively and proactively to diversity.

Whatever approach you take to an equality impact assessment, case law has established that you should keep an accurate, dated, written record of the steps you have taken to analyse the impact on equality. This will help you to check whether you are complying with the duty and it will be useful if your decisions are challenged.

When completing an equality impact assessment you should consider:

- Treating a person worse than someone else because of a protected characteristic (known as direct discrimination)
- Putting in place a rule or way of doing things that has a worse impact on someone with a protected characteristic than someone without one, when this cannot be objectively justified (known as indirect discrimination)
- Treating a disabled person unfavourably because of something connected with their disability when this cannot be justified (known as discrimination arising from disability)
- Failing to make reasonable adjustments for disabled people.

Equality impact assessment process

Stage 1 (Screening)

This stage provides an opportunity to explore whether the policy decision may have a negative, neutral or positive impact on different groups of people.

- If yes, use the 'comments' column to describe what this impact could be.
- If no, outline how have you arrived at this conclusion.
- If unsure use the 'comments' column to describe what you need to do to find out.

Stage 2 (Full Assessment)

This should be carried out in compliance with policy HR028 Equality & Human Rights Policy.

Does this policy/guideline affect one group less or more favourably than another on the basis of:				
				Comments
1	Age (younger people & children & older people)		no	
2	Gender (men & women)		no	
3	Race (include gypsies and travellers)		no	
4	Disability (LD, hearing/visual impairment, physical disability, mental illness)		no	
5	Religion/Belief		no	
6	Sexual Orientation (Gay, Lesbian, Bisexual)		no	
7	Gender Re-assignment		no	
8	Marriage & Civil Partnership		no	
9	Pregnancy & Maternity		no	
	Is there any evidence that some groups maybe affected differently?		no	
	Could this document have an impact on other groups not covered by a protected characteristic? (e.g.: low wage earners or carers)		no	
If ' NO IMPACT ' is identified for any of the above protected characteristics then no further action is required.				
If ' YES IMPACT ' is identified a full impact assessment should be carried out in compliance with HR028 Equality & Human Rights Policy and linked to this document				

Any other comments:

Please use this box to add any additional comments relevant to the assessment

Assessment completed by:	Barbara Anthony, Trust Secretary	Date completed:	23/9/21
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If you have any queries or concerns about completing the EIA form, contact the Trust's Inclusion & Diversity Team at WestHerts.Inclusion@nhs.net

Appendix 1 - Management of offers of gifts, hospitality and sponsorship

Gifts

- Staff should not accept gifts that may affect, or be seen to affect, their professional judgement or the outcome of business transactions.
- Staff should not ask for any gifts.
- Gifts of cash and vouchers to individuals should always be declined.

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 £6⁵ in total, and need not be declared.

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

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

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.
- Details of previous gifts offered by the source
- Whether the offer was accepted or not
- Reasons for accepting or declining the offer
- 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).

Hospitality

- Staff should not accept hospitality that may affect, or be seen to affect, their professional judgement or the outcome of business transactions.
- Hospitality is prohibited whenever it could affect or be perceived to affect the outcome of a business transaction.
- 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.

⁵ 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>

Meals and refreshments:

- Under a value of £25 - may be accepted and need not be declared.
- Of a value between £25 and £75 may be accepted and must be declared, whether accepted or declined.
- Over the value of £75 – should be refused unless (in exceptional circumstances) prior approval is obtained from a senior manager. A clear reason should be recorded on the Trust's Register of Interest as to why it was permissible to accept. Even where declined, the offer must be declared.
- A common sense approach should be applied to the valuing of meals and refreshments (using an actual amount, if known, or an estimate that a reasonable person would make to its value).
- Where possible, meals at planned events, such as conferences, should be agreed with a senior manager in advance.

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 Trust itself might not usually offer, need prior approval by a senior manager and should only be accepted in exceptional circumstances. All offers of this type must be declared and a clear reason for accepting or declining must be recorded on the Trust's Register of Interests.
- A non-exhaustive list of examples includes:
 - offers of business class or first class travel and accommodation (including domestic travel).
 - offers of foreign travel and accommodation.

What should be declared

- Staff name and their role with the organisation.
- The nature and value of the hospitality including the circumstances.
- Date of receipt.
- Details of previous hospitality offered by the source
- Whether the offer was accepted or not
- Reasons for accepting or declining the offer
- 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).

Sponsored events

- All sponsorship donations should be made to the Trust's Charity Raise for that purpose and the Charity will manage the sponsorship accordingly.
- 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.
- The acceptance of commercial sponsorship should not in any way compromise any purchasing decisions or be dependent on the purchase or supply of goods or services.

- Events sponsored or provided by pharmaceutical companies will be subject to the same restrictions and requirements as specified elsewhere in the policy or must otherwise be declined. All sponsorship must be declared.
- 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 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.
- The involvement of a sponsor in an event should always be clearly identified.
- Staff within the Trust 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 Trust.

What should be declared

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

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 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.
- 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.

What should be declared

- The Trust 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 Trust.
 - 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).

Sponsored posts

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

What should be declared

- The Trust 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.



Appendix 2 – Declaration of Interests Form

Name	Role	Description of Interest	Relevant Dates		Comments
			From	To	

Please see reverse for information on the different types of interests. If you have more than three declarations please complete additional forms.

The information submitted will be held by West Hertfordshire Hospitals NHS Trust for personnel or other reasons specified on this form and to comply with the organisation's policies. The 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 registers that West Hertfordshire Hospitals NHS Trust holds. I confirm that the information given above is complete and correct. I acknowledge that any changes in these declarations must be notified to West Hertfordshire Hospitals NHS 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 West Hertfordshire Hospitals NHS Trust holds. If consent is NOT given please give reasons:

Signed

Date

Please return this form to corporate governance, Trust Offices, Willow House, Watford Hospital or email to westherts.corporategovernance@nhs.net.

Appendix 3 - Declaration of gifts, hospitality and sponsorship

Name

Position

Division/Directorate

Please see over the page for a summary of the management of gifts, hospitality and sponsorship. Full details can be found in the Trust's conflicts of interest policy on the internet.

Please note staff should not ask or accept gifts, hospitality or sponsorship that may affect, or be seen to affect, their professional judgement. Gifts of cash, vouchers or bequests to individuals should always be declined.

Nature of *gift, *hospitality or *sponsorship offered to you (*delete as applicable)	
Value of the gift, hospitality or sponsorship (if exact value is unknown, this should be estimated)	£
Details of the supplier or person offering the gift, hospitality or sponsorship, including the name and the nature of their business	
Date the gift, hospitality or sponsorship was offered	
Was the gift, hospitality or sponsorship accepted or declined, and why? Action taken to mitigate conflict	
Have you been offered gifts by this supplier previously? If so, please provide details.	
Approval considered by (please refer to the conflicts of interest policy for authority levels)	Approval given: *Yes / *No Name: Role: Signature:

Please return form to the corporate governance office, Willow House, Watford Hospital or email to westherts.corporategovernance@nhs.net.

*Delete as appropriate