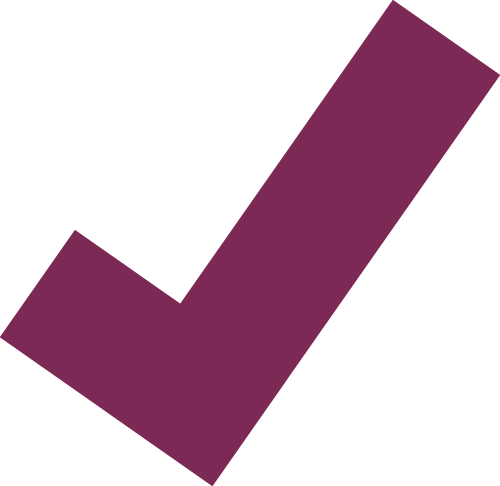
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Managing Conflicts of Interest in the NHS

**Model policy content for organisations**

       
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**Managing Conflicts of Interest in the NHS**

**Model Policy Content for Organisations**

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Prepared by: Commissioning Strategy Directorate

This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request. Please contact [England.ConflictsOfInterest@nhs.net](mailto:England.ConflictsOfInterest@nhs.net)

|  |
| --- |
| Background and Purpose  From 1 June 2017 guidance on **Managing Conflicts of Interest in the NHS** (the ‘guidance’) comes into force. The guidance:   * introduces common principles and rules for managing conflicts of interest * provides simple advice to staff and organisations about what to do in common situations * supports good judgement about how interests should be approached and managed * Sets out the issues and rationale behind the policy.   This document provides a practical interpretation of the guidance to help organisations with implementation.  Who does the guidance apply to?   * Clinical Commissioning Groups (‘CCGs’) via the statutory guidance to CCGs issued by NHS England. * NHS Trusts and NHS Foundation Trusts - which include secondary care trusts, mental health trusts, community trusts, and ambulance trusts * NHS England   **Should CCGs adopt this model policy?**  CCGs should already have in place a policy for the management of conflicts of interest, in line with the [CCG statutory guidance on managing conflicts of interest for CCGs](https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/06/revsd-coi-guidance-june16.pdf) (published in June 2016). The latter guidance is largely in line with the recently published cross-system guidance: Managing Conflicts of Interest.   So, provided CCGs are complying with the existing statutory guidance, they do not need to change their existing policies.  The cross-system guidance will require some relatively minor changes to the CCG statutory guidance (e.g. thresholds for gifts and hospitality and requirements around sponsorship).  The updated CCG statutory guidance will be communicated to CCGs and published in May on NHS England’s [website](https://www.england.nhs.uk/commissioning/pc-co-comms/coi/).  How can this document be used?  Either in full to replace an existing Conflicts of Interest policy, or in part to update relevant sections of existing policies and procedures if your organisation deals with conflicts of interest across a number of different policies and procedures - for instance, Standards of Business Conduct, Standing Financial Instructions, Standard Operating Procedures, and Human Resources Policies and Procedures.  How is this document structured?  This document provides content to help you implement the guidance. The content can be adopted or adapted as follows:     * Drafting Notes (highlighted in blue boxes) which can be tailored by individual organisations. They cross refer to the guidance and set out what information organisations should consider when settling final text. These should be deleted on your final policy. * Customisable content (highlighted in <GREY>): this allows your organisation to personalise the content with reference to your own organisational teams and processes.     Unless drafting notes suggest otherwise, you should not amend content in plain text, as this links directly to key content and messages within the guidance.  Can we adopt stricter rules than are set out in the guidance?  Yes. The guidance sets out minimum standards but there will also be circumstances where individual organisations need to go beyond the minimum because of the specific nature of their business.  We are not an ‘organisation’ as specified in the guidance – does this apply to us?  The guidance does not apply statutorily to independent and private sector organisations, general practices[[1]](#footnote-1), social enterprises, community pharmacies, community dental practices, optical providers and local authorities. However, the boards/governing bodies of these organisations are invited to consider implementing the guidance as a means to effectively manage conflicts of interest  What other information is available to implement the guidance?  Other resources are available on the NHS England website at:  <https://www.england.nhs.uk/ourwork/coi/>  <https://www.england.nhs.uk/commissioning/pc-co-comms/coi/>  Who do I contact if I have any queries about this document?  If you have any queries please contact [England.ConflictsOfInterest@NHS.net](mailto:England.ConflictsOfInterest@NHS.net) |

**Conflicts of Interest Policy for <INSERT ORGANISATIONAL NAME>**

<SPACE FOR ANY DOCUMENT TRACKING REFERENCES (E.G. VERSION NUMBERS, APPROVALS, ETC)>

**Contents**

[1 Policy Summary 6](#_Toc477855916)

[2 Introduction 7](#_Toc477855917)

[3 Purpose 7](#_Toc477855918)

[4 Key terms 7](#_Toc477855919)

[5 Interests 8](#_Toc477855920)

[6 Staff 8](#_Toc477855921)

[7 Decision Making Staff 9](#_Toc477855922)

[8 Identification, declaration and review of interests 9](#_Toc477855923)

[8.1 Identification & declaration of interests (including gifts and hospitality) 9](#_Toc477855924)

[8.2 Proactive review of interests 10](#_Toc477855925)

[9 Records and publication 11](#_Toc477855926)

[9.1 Maintenance 11](#_Toc477855927)

[9.2 Publication 11](#_Toc477855928)

[9.3 Wider transparency initiatives 12](#_Toc477855929)

[10 Management of interests – general 12](#_Toc477855930)

[11 Management of interests – common situations 12](#_Toc477855931)

[11.1 Gifts 13](#_Toc477855932)

[11.2 Hospitality 13](#_Toc477855933)

[11.3 Outside Employment 14](#_Toc477855934)

[11.4 Shareholdings and other ownership issues 15](#_Toc477855935)

[11.5 Patents 15](#_Toc477855936)

[11.6 Loyalty interests 16](#_Toc477855937)

[11.7 Donations 16](#_Toc477855938)

[11.8 Sponsored events 17](#_Toc477855939)

[11.9 Sponsored research 17](#_Toc477855940)

[11.10 Sponsored posts 18](#_Toc477855941)

[11.11 Clinical private practice 18](#_Toc477855942)

[12 Management of interests – advice in specific contexts 19](#_Toc477855943)

[12.1 Strategic decision making groups 19](#_Toc477855944)

[12.2 Procurement 20](#_Toc477855945)

[13 Dealing with breaches 20](#_Toc477855946)

[13.1 Identifying and reporting breaches 20](#_Toc477855947)

[13.2 Taking action in response to breaches 21](#_Toc477855948)

[13.3 Learning and transparency concerning breaches 22](#_Toc477855949)

[14 Review 22](#_Toc477855950)

[15 Associated documentation 22](#_Toc477855951)

# Policy Summary

Adhering to this policy will help to ensure that we use NHS money wisely, providing best value for taxpayers and accountability to our patients for the decisions we take.

| **As a member of staff you should…** | **As an organisation we will…** |
| --- | --- |
| * 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 | * 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 |

# 

# Introduction

<INSERT ORGANISATION NAME>(the ‘organisation’), and the people who work with and for us, collaborate closely with other organisations, delivering high quality care for our patients.

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

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

# Purpose

DRAFTING NOTE - explain here how this policy links to other organisational polices and procedures (such as standards of business conduct, standing financial instructions, HR policies, etc)

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

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

This policy should be considered alongside these other organisational policies:

* <INSERT NAME OF RELEVANT POLICIES HERE>

# Key terms

DRAFTING NOTE - The key terms are taken from the guidance (Section 3: Definitions) and should be retained as drafted

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.

# Interests

Interests fall into the following categories:

* **Financial interests:**

Where an individual may get direct financial benefit[[2]](#footnote-2) 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[[3]](#footnote-3) 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.

# Staff

DRAFTING NOTE - In advance of the implementation date of 1 June 2017 for this guidance NHS England will be publishing some frequently asked questions for specific staff groups on the issues posed and how the guidance applies to them. You may wish to signpost staff to these resources here when they are available at [www.england.nhs.uk/ourwork/coi](http://www.england.nhs.uk/ourwork/coi)

DRAFTING NOTE -You should identify which group(s) or people the policy should apply to according to your own organisational needs. Example text, which can be amended, is below:

At <INSERT ORGANISATION NAME>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 staff; and
* Committee, sub-committee and advisory group members (who may not be directly employed or engaged by the organisation)

# Decision Making Staff

DRAFTING NOTE -You should identify which group(s) of people should be considered to be ‘decision making staff’ here. This is likely to include, as a minimum:

* Executive and non executive directors (or equivalent roles) who have decision making roles which involve the spending of taxpayers’ money
* Members of advisory groups which contribute to direct or delegated decision making on the commissioning or provision of taxpayer funded services
* Those at Agenda for Change band 8d and above
* Administrative and clinical staff who have the power to enter into contracts on behalf of their organisation
* Administrative and clinical staff involved in decision making concerning the commissioning of services, purchasing of good, medicines, medical devices or equipment, and formulary decisions

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 organisationare: <INSERT GROUPS COVERED>

# Identification, declaration and review of interests

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

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

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

DRAFTING NOTE - You should signpost here to how staff can access a declaration form. You may wish to annex a copy to relevant policy, or signpost to web resources. In the guidance (Section 6: Transparency: Maintenance and publication of register(s)) references are made to a template declaration form that organisations can download from the NHS England website here: <https://www.england.nhs.uk/ourwork/coi/>. CCG forms can be found here: <https://www.england.nhs.uk/commissioning/pc-co-comms/coi/>. If your organisation wishes to adopt a different format then it should ensure that, as a minimum, the following information is captured:

* The returnee’s name and their role with the organisation
* A description of the interest declared (reflecting the content of Section 5 of the guidance for common situations)
* Relevant dates relating to the interest
* Space for comments (e.g. action taken to mitigate conflict)

A declaration of interest(s) form is available at:<INSERT WHERE FORM LOCATED>

DRAFTING NOTE -You should identify a team or individuals with responsibility for implementing the guidance, including:

* Reviewing current policies and bringing them in line with this guidance.
* Providing advice, training and support for staff on how interests should be managed.
* Maintaining register(s) of interests.
* Auditing policy, process and procedures relating to this guidance at least every three years

You should provide the name/contact details of the team/individual which declarations should be made to here.

Declarations should be made to: <INSERT CONTACT DETAILS FOR TEAM/INDIVIDUAL>

DRAFTING NOTE - If the team or individual who would give advice on materiality of an interest is different in your organisation to the team or individual who receives declarations then you should make that distinction here.

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

## Proactive review of interests

DRAFTING NOTE -You should confirm the frequency of arrangements for proactively prompting decision making staff to update their interests. This should take place at least annually. You may wish to add information specific to your organisation as to how this process will be managed and any team or individual within your organisation which will oversee it.

We will prompt decision making staff <annually/more frequent provisions>to review declarations they have made and, as appropriate, update them or make a nil return. <INSERT ANY ORGANISATION SPECIFIC PROCESS INFORMATION HERE>.

# Records and publication

## Maintenance

DRAFTING NOTE - Some organisations may wish to maintain just one register of all interests, others may wish to publish some interests separately to others (e.g. through maintaining a gifts and hospitality register separately to an interests register, for example). You should confirm your approach here.

The organisation will maintain <INSERT NAME OF REGISTER / NAMES OF DIFFERENT REGISTERS OF INTEREST>.

All declared interests that are material will be promptly transferred to the register<(s)>by <INSERT NAME OF TEAM OR INDIVIDUAL RESPONSIBLE FOR MAINTAINING REGISTER(S)>.

## Publication

DRAFTING NOTE - Organisations should publish the interests of decision making staff at least annually in a prominent place on their website. Organisations without websites should maintain registers locally, available for inspection on request. A template register of interests that organisations can download is available on the NHS England website (<https://www.england.nhs.uk/ourwork/coi/>) for organisations to adopt and adapt. For CCGs a template is available here: <https://www.england.nhs.uk/commissioning/pc-co-comms/coi/>.

We will:

* Publish the interests declared by decision making staff in <INSERT NAME OF REGISTER / NAMES OF DIFFERENT REGISTERS OF INTEREST>.
* Refresh this information <ANNUALLY/MORE FREQUENT PROVISION>.
* Make this information available <INSERT LOCATION ON ORGANISATION WEBSITE WHERE REGISTER(S) WILL BE PUBLISHED OR CLARIFY ARRANGEMENTS FOR HOW IT MIGHT BE ACCESSED>.

DRAFTING NOTE - 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.

If decision making staff have substantial grounds for believing that publication of their interests should not take place then they should contact <INSERT NAME OF TEAM OR INDIVIDUAL TO MAKE REPRESENTATIONS TO> 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.

## Wider transparency initiatives

<INSERT NAME OF ORGANISATION> fully supports wider transparency initiatives in healthcare, and we encourage staff to engage actively with these.

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

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

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

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

# 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 <INSERT ORGANISATION NAME>willalways 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.

DRAFTING NOTE - Some organisations might wish to nominate a team or individual to advise on possible disputes about the most appropriate management action. If so, this information should be added here.

# 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.

DRAFTING NOTE - You should consider and refine the content according to your local processes, being careful to ensure that your provisions are not weaker than the guidance. In some circumstances your organisation may decide that stricter standards are justified, due to the nature of its business.

## Gifts

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

Gifts from suppliers or contractors:

* Gifts from suppliers or contractors doing business (or likely to do business) with the organisation should be declined, whatever their value.
* Low cost branded promotional aids such as pens or post-it notes may, however, be accepted where they are under the value of £6[[4]](#footnote-4) in total, and need not be declared.

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

* Gifts of cash and vouchers to individuals should always be declined.
* Staff should not ask for any gifts.
* Gifts valued at over £50 should be treated with caution and only be accepted on behalf of <INSERT ORGANISATION NAME AND INFORMATION ABOUT HOW SUCH GIFTS SHOULD BE RECEIVED, E.G. PAYMENT INTO ANY CHARITABLE FUND IN EXISTENCE> not in a personal capacity. These should be declared by staff.
* Modest gifts accepted under a value of £50 do not need to be declared.
* A common sense approach should be applied to the valuing of gifts (using an actual amount, if known, or an estimate that a reasonable person would make as to its value).
* Multiple gifts from the same source over a 12 month period should be treated in the same way as single gifts over £50 where the cumulative value exceeds £50.

### What should be declared

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

## Hospitality

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

Meals and refreshments:

* Under a value of £25 - may be accepted and need not be declared.
* Of a value between £25 and £75[[5]](#footnote-5) - may be accepted and must be declared.
* Over a value of £75 - should be refused unless (in exceptional circumstances) senior approval is given. A clear reason should be recorded on the organisation’s register(s) of interest as to why it was permissible to accept.
* A common sense approach should be applied to the valuing of meals and refreshments (using an actual amount, if known, or a reasonable estimate).

Travel and accommodation:

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

### What should be declared

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

## Outside Employment

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

The organisation may also have legitimate reasons within employment law for knowing about outside employment of staff, even when this does not give rise to risk of a conflict. <INSERT REFERENCES TO ANY OTHER RELEVANT POLICIES OR CONTRACTUAL PROVISIONS IF APPROPRIATE HERE>

### 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).

## 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.

### 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).

## Patents

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

### 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)

## 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.

### 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).

## Donations

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

### What should be declared

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

## Sponsored events

* Sponsorship of events by appropriate external bodies will only be approved if a reasonable person would conclude that the event will result in clear benefit the organisations and the NHS.
* During dealings with sponsors there must be no breach of patient or individual confidentiality or data protection rules and legislation.
* No information should be supplied to the sponsor from whom they could gain a commercial advantage, and information which is not in the public domain should not normally be supplied.
* At the organisation’s discretion, sponsors or their representatives may attend or take part in the event but they should not have a dominant influence over the content or the main purpose of the event.
* The involvement of a sponsor in an event should always be clearly identified.
* Staff within the organisation involved in securing sponsorship of events should make it clear that sponsorship does not equate to endorsement of a company or its products and this should be made visibly clear on any promotional or other materials relating to the event.
* Staff arranging sponsored events must declare this to the organisation.

### What should be declared

* The organisation 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 organisation, and/or institutes at which the study will take place and the sponsoring organisation, which specifies the nature of the services to be provided and the payment for those services.
* The study must not constitute an inducement to prescribe, supply, administer, recommend, buy or sell any medicine, medical device, equipment or service.
* Staff should declare involvement with sponsored research to the organisation.

### What should be declared

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

## Sponsored posts

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

### What should be declared

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

## Clinical private practice

Clinical staff should declare all private practice on appointment, and/or any new private practice when it arises[[6]](#footnote-6) including:

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

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

* Seek prior approval of their organisation before taking up private practice.
* Ensure that, where there would otherwise be a conflict or potential conflict of interest, NHS commitments take precedence over private work.[[7]](#footnote-7)
* 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.

### 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.
* 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).

# Management of interests – advice in specific contexts

## Strategic decision making groups

In common with other NHS bodies <INSERT ORGANISATION NAME>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.

DRAFTING NOTE -, You should identify relevant strategic decision making groups, which is likely to include those involved in the activities listed above.

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

These groups should adopt the following principles:

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

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

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

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

## 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.

DRAFTING NOTE - In this section you may wish to refer to existing procurement policies that your organisation operates. You may wish to identify relevant individuals or teams who are available to offer advice.

# 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’.

## Identifying and reporting breaches

DRAFTING NOTE -You can signpost here how staff can make representations on breaches, and to whom (for instance local counter fraud teams, etc).

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 <INSERT NAME OF TEAM OR INDIVIDUAL TO MAKE REPRESENTATIONS TO>.

To ensure that interests are effectively managed staff are encouraged to speak up about actual or suspected breaches. Ever individual has a responsibility to do this. For further information about how concerns should be raised <CROSS REFER TO RELEVANT WHISTLEBLOWING OR OTHER HR POLICIES>.

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

7.4. Following investigation the organisation will:

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

## 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 Protect, the Police, statutory health bodies (such as NHS England, NHS Improvement or the CQC), and/or health professional regulatory bodies.

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

Sanctions should not be considered until the circumstances surrounding breaches have been properly investigated. However, if such investigations establish wrong-doing or fault then the organisation can and will consider the range of possible sanctions that are available, in a manner which is proportionate to the breach. 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.

## Learning and transparency concerning breaches

DRAFTING NOTE -

It is recommended (although not required) that reports on breaches, impact of these, and actions taken should be considered by key organisational governance groups and that anonymised reports of these should be prepared and published on a regular basis.

Reports on breaches, the impact of these, and action taken will be considered by <INSERT NAME OF RELEVANT GOVERNANCE VEHICLE> at least <INSERT FREQUENCY>.

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 <INSERT LOCATION OF PUBLICATION> as appropriate, or made available for inspection by the public upon request.

# Review

This policy will be reviewed in <INSERT TIME FRAME> unless an earlier review is required. This will be led by <INSERT RESPONSIBLE PERSON(S)>.

# Associated documentation

Freedom of Information Act 2000

ABPI: The Code of Practice for the Pharmaceutical Industry (2014)

ABHI Code of Business Practice

NHS Code of Conduct and Accountability (July 2004)

<INSERT other relevant organisational policies e.g. anti-bribery, whistleblowing, counter fraud>

1. \* GP practice staff should note that the requirements in the statutory guidance for CCGs on the management of conflicts of interest (<https://www.england.nhs.uk/commissioning/pc-co-comms/coi/>) continue to apply to GP partners (or where the practice is a company, each director) and individuals in a practice directly involved with the business or decision making of their CCG. [↑](#footnote-ref-1)
2. This may be a financial gain, or avoidance of a loss. [↑](#footnote-ref-2)
3. 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. [↑](#footnote-ref-3)
4. 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> [↑](#footnote-ref-4)
5. 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> [↑](#footnote-ref-5)
6. 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%20advice%20at%20work/contracts/consultanttermsandconditions.pdf) [↑](#footnote-ref-6)
7. 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%20advice%20at%20work/contracts/consultanttermsandconditions.pdf)) [↑](#footnote-ref-7)