



POLICY ON MANAGING CONFLICTS OF INTEREST (STANDARDS OF BUSINESS CONDUCT) FOR TRUST EMPLOYEES

Policy Title	Managing Conflicts of Interest in the NHS: Policy on Managing Conflict of Interest (Standards of Business Conduct) for Trust Employees		
Policy Number	1711	Policy Version Number	10
Aim of the Policy	To manage conflicts of interest risks effectively.		
Applicable to	This policy applies to patients, their families and carers, job applicants, staff and contractors working with the trust. For the purposes of this policy, the term 'staff' also applies to modern apprentices, volunteers and any other individual on placement or engaged through, or by, an employment agency or bureau and supplied to the trust on a temporary basis. Where contractors do not have relevant equality policies they will be expected to adopt the trust's policies as a minimum requirement.		
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Document Version Management			
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Version	Date	Reviewer	Description of Change(s)
9	Mar-2025	M Ford	Reviewed and approved. Updated, who is required to make a declaration, to align with national guidance. <i>Note, change of named author/reviewer, from Trevor Hughes to Mandy Ford.</i>
8	Apr-2024	T Hughes	Reviewed and approved. Minor updates to reflect change of policy responsibility and job titles, include making a declaration using the Electronic Staff Record (ESR) and correction to capitalisation. <i>Note, on 11/04/2024, transferred from Human Resources (EM52) to Organisational, change of named author/reviewer from Catherine Youers and Sarah Stickland to Trevor Hughes.</i>
7	Aug-2021	S Stickland	Reviewed and approved by the Partnership Forum. Minor changes.

6	Sep-2017	B Sear	<p>Reviewed and approved in line with the National Model Policy:</p> <p>1) Entire re-structure of document in line with the national model policy. Rename of document in line with national model. Added in sections as per our previous policy version where they were not already included in the national model, e.g. 8.31 'Preferential Treatment in Private Transactions', 8.32 'Private Use of Equipment and Materials' and 8.33 'Contracts'.</p> <p>2) Removed 9.0 'Raising Concerns' and 3.0 'Legislation' as covered by existing Anti-Bribery and Counter Fraud and Corruption Policies.</p> <p>3) Removed Appendices 1, 2 and 3 since not specifically referred to in this policy version. Amended remaining Appendices in line with new policy guidelines.</p>
Migrated from Corporate Policies to Trust Policies and Clinical Guidance on 28/08/2019, formerly Number 189 version 6.			

PREFACE

EQUALITY IMPACT AND COMPLIANCE ASSESSMENT

1. General

Title of document	Policy on Standards of Business Conduct for Trust Employees
Purpose of document	The policy outlines the standards of business conduct to be followed by staff to ensure that the overall business interests of the trust and thereby the best interests of patients are not prejudiced by employees' personal interests.
Intended scope	<p>This policy applies to patients, their families and carers, job applicants, staff and contractors working with the trust. For the purposes of this policy, the term 'staff' also applies to modern apprentices, volunteers and any other individual on placement or engaged through, or by, an employment agency or bureau and supplied to the trust on a temporary basis.</p> <p>Where contractors do not have relevant equality policies they will be expected to adopt the trust's policies as a minimum requirement.</p>

2. Consultation

Which groups/associations/bodies or individuals were consulted in the formulation of this document?	Policy Sub Group; Partnership Forum
What was the impact of any feedback on the document?	Feedback was incorporated where possible
Who was involved in the approval of the final document?	Partnership Forum
Any other comments to record?	None

3. Equality Impact Assessment

Does the document unfairly affect certain staff or groups of staff? If so, please state how this is justified.	No. The policy applies to all staff regardless of age, disability, gender reassignment, pregnancy and maternity, race, religion and belief, sex; and sexual orientation.
What measures are proposed to address any inequity?	None
Can the document be made available in alternative format or in translation?	Yes, on request to the Corporate Governance team.

4. Compliance Assessment

Does the document comply with relevant employment legislation? Please specify.	Yes. Equality Act 2010 and Human Rights Act 1998
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5. Document assessed by:

Name	Mandy Ford
Post Title/Position	Deputy Director of Corporate Governance
Date	11 February 2025

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1 Policy Summary

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

As a member of staff you should...	As a trust we 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.pdfUse 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

- 2.1 Dorset County Hospital NHS Foundation Trust (DCHFT, the 'trust'), and the people who work with and for us, collaborate closely with other trusts, delivering high quality care for our patients.
- 2.2 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.
- 2.3 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 a trust and as individuals, we have a duty to ensure that all our dealings are conducted to the highest standards of integrity and that NHS monies are used wisely so that we are using our finite resources in the best interests of patients.

3 Purpose

- 3.1 This policy replaces the previous 'Standards of Business Conduct' Policy v4 (EM52). When using this policy please also refer to other relevant trust policies as noted below.
 - 3.2 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.
 - 3.3 This policy should be considered alongside these other trust policies:
 - [Anti-bribery and Counter Fraud Policy \(Ref 1902\)](#)
 - [Disciplinary Policy and Procedure EM16 \(Ref 1690\)](#)
 - [Maintaining High Professional Standards Policy for Medical and Dental Staff EM31 \(Ref 1698\)](#)
 - [Freedom to Speak Up: Raising Concerns \(Whistleblowing\) Policy EM63 \(Ref 1719\)](#)

4 Key terms

- 4.1 A 'conflict of interest' is:

"A set of circumstances by which a reasonable person would consider that an individual's ability to apply judgement or act, in the context of delivering, commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold."
- 4.2 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.
- 4.3 Staff may hold interests for which they cannot see potential conflict. However, caution is always advisable because others may see it differently and perceived conflicts of interest can be damaging. All interests should be declared where there is a risk of perceived improper conduct.

5 Interests

Interests fall into the following categories:

- **Financial interests:**

Where an individual may get direct financial benefit* from the consequences of a decision they are involved in making.

- **Non-financial professional interests:**

Where an individual may obtain a non-financial professional benefit* from the consequences of a decision they are involved in making, such as increasing their professional reputation or promoting their professional career.

- **Non-financial personal interests:**

Where an individual may benefit* personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit, because of decisions they are involved in making in their professional career.

- **Indirect interests:**

Where an individual has a close association[†] with another individual who has a financial interest, a non-financial professional interest or a non-financial personal interest and could stand to benefit from a decision they are involved in making.

6 Staff

6.1 NHS England will be publishing some frequently asked questions for specific staff groups on the issues posed and how the guidance applies to them. These will be available at: www.england.nhs.uk/ourwork/coi

6.2 At Dorset County Hospital NHS Foundation Trust, we utilise 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 trust employees. For the purposes of this policy, the term 'staff' also applies to modern apprentices, volunteers and any other individual on placement or engaged through, or by, an employment agency or bureau and supplied to the trust on a temporary basis.
- All prospective employees – who are part-way through recruitment.
- Contractors and sub-contractors.
- Temporary staff (whether Bank or Agency staff); and
- Committee, sub-committee and advisory group members (who may not be directly employed or engaged by the trust)

7 Decision Making Staff

7.1 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.'

7.2 Decision making staff in this trust include:

- Executive and non-executive directors (or equivalent roles) who have decision-making roles which involve the spending of taxpayers' money.

* A benefit may be from the making of again or avoidance of a loss.

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

- 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, plus all consultants.
- Administrative and clinical staff who have the power to enter into contracts on behalf of their trust.
- Administrative and clinical staff involved in decision making concerning the commissioning of services, purchasing of good, medicines, medical devices or equipment, and formulary decisions.

Staff	Comments
Executive and Non-Executive Directors	
AFC 8d and above and Consultants	
Members of advisory groups which contribute to direct or delegated decision making on commissioning or provision of services	This will include all staff within Pharmacy, DTI and Procurement teams who have the power to enter into contracts on behalf of their organisation and are involved in decision making concerning the commissioning of services, purchasing of goods, medicines, medical devices or equipment and formulary decisions.
Administrative and Clerical staff who have the power to enter into contracts	
Administrative and clerical staff involved in decision making regarding commissioning of services, purchasing goods, medicines, medical devices or equipment or formulary decisions.	

8 Duties

8.1 Chief Executive

8.1.1 The Chief Executive is the Trust's delegated 'Accounting Officer' and has overall responsibility for ensuring the Trust operates efficiently, economically and with probity.

8.2 Joint Executive Director of Corporate Affairs

8.2.1 The Joint Executive Director of Corporate Affairs is the lead officer for this policy and is responsible for its communication and implementation, including:

- Reviewing current policies and bringing them in line with NHS England guidance.
- Providing advice and support for staff.
- Maintaining the register(s)
- Arranging for the audit of the policy, process and procedures at least every three years.

8.3 Directors/ Line Managers

8.3.1 Directors are responsible for assisting staff in complying with this policy by:

- Ensuring the policy is bought to the attention of their staff
- Ensuring that staff are aware of its implications for their work
- Ensuring that staff have a thorough understanding of the declaration arrangements.

Please note: Where staff are in joint roles across organisations, any declarations, including a nil return, may need to be shared across organisations. Consent to share the information will be sought at the point it is required to be shared. The original information will be held by the appointing organisation.

8.4 All Staff

8.4.1 All staff are expected to be aware of this policy and the Trust's expectations of their conduct and behaviour. Staff are also responsible for compliance with their own professional Codes of Conduct.

8.4.2 For the purposes of this policy, 'staff' refers to,

- 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)

9 Identification, declaration and review of interests

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

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

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

Declaration of interests or hospitality and gifts should be made via the Electronic Staff Record (ESR).

- Log in to your ESR Employee Self Serve, or <https://my.esr.nhs.uk/>
- then go to 'My Personal Information'
- then go to 'Conflict of Interest Declaration'

The respective guidance notes and forms for Declaration of Interest and Hospitality and Gifts continue to be available for use, see Appendix 1 and Appendix 2.

The Corporate Governance team is responsible for reviewing this guidance, advising staff on how the guidance should be implemented and maintaining the register of interests and thus all declarations should be sent to the Corporate Office, Trust Headquarters.

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.

9.2 Proactive review of interests

Staff are actively encouraged to make any declarations of interest via the Electronic Staff Record (ESR) as this is the quickest and most efficient means of doing so.

The system is not able to capture gifts or hospitality currently, therefore the paper form in the appendices should be used.

All staff required to declare any interests they hold will be notified of the need to update their declarations by the ESR in the same way as they are notified of the need to update/ refresh mandatory training.

The Joint Executive Director of Corporate Affairs will remind decision making staff annually via email and in a communication within the CEO weekly briefing to review declarations they have made and, as appropriate, update them or make a nil return.

10 Records and publication

10.1 Maintenance

Staff are actively encouraged to make any declarations of interest via the Electronic Staff Record (ESR) as this is the quickest and most efficient means of doing so.

The trust will maintain both an 'Interests Declaration Register' via the Electronic Staff Record and a 'Hospitality and Gifts Declaration Register'.

All declared interests that are material and are submitted via hardcopy will be promptly transferred to a manual register by the Corporate Office.

10.2 Publication

The trust will:

- Publish the interests declared by decision making staff in the 'Interests Declaration Register' and the 'Hospitality and Gifts Declaration Register'.
- Refresh this information annually.
- Make this information available (where appropriate) on the trust's intranet pages.

If decision making staff have substantial grounds for believing that publication of their interests should not take place, then they should contact the Joint Executive Director of Corporate Affairs to explain why. In exceptional circumstances, for instance where publication of information might put a member of staff at risk of harm, information may be withheld or redacted on public registers. However, this would be the exception and information will not be withheld or redacted merely because of a personal preference.

10.3 Wider transparency initiatives

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

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

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

Further information about the scheme can be found on the ABPI website:
<https://www.abpi.org.uk/our-ethics/disclosure-uk/about-disclosure-uk/>

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.
- removal of the interest.

Each case will be different and context-specific, and the trust will always clarify the circumstances and issues with the individuals involved. Staff should maintain a written audit trail of information considered and actions taken.

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

Where a dispute arises as to the most appropriate management action, refer to the Human Resources Department for advice.

12 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.

12.1 Gifts

Staff should not accept gifts that may affect, or be seen to affect, their professional judgement. Such gifts could include:

12.1.1 Gifts from suppliers or contractors. The following should be considered:

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

12.1.2 Gifts from other sources (e.g. patients, families, service users). The following should be considered:

- 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 the trust (and not in a personal capacity) to the trust's charitable funds, subject to a receipt being issued and the cash banked through the trust's cashier's office. These should be declared by staff.
- Unsolicited, modest gifts of a low intrinsic value (such as calendars, pens, diaries and chocolates) can be accepted without declaration.

* 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>

- Other personal gifts should be refused, or if this is not possible, should be accepted, immediately handed over to the line manager and a record of the circumstances made and retained by the recipient.
- 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 trust.
- 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).

12.2 Hospitality

- Staff should not ask for or accept hospitality that may affect, or be seen to affect, their professional judgement.
- Hospitality must only be accepted when there is a legitimate business reason, and it is proportionate to the nature and purpose of the event. Hospitality that have been declined should also be declared.
- Particular caution should be exercised when hospitality is offered by actual or potential suppliers or contractors. This can be accepted, if modest and reasonable, and must be declared. Senior approval must be obtained.
- The trust and its staff should carefully consider the use of public funds for hospitality or entertainment costs and only provide when necessary and appropriate. For further guidance, seek advice from the Joint Executive Director of Corporate Affairs.

Meals and refreshments:

- Under a value of £25 - may be accepted and need not be declared.
- Of a value between £25 and £75* - may be accepted and must be declared.
- Over a value of £75 - should be refused unless (in exceptional circumstances) senior approval is given. A clear reason should be recorded on the trust'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 that are declined should also be declared.
- Offers which go beyond modest, or are of a type that the trust 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

* The £75 value has been selected with reference to existing industry guidance issued by the ABPI
<http://www.pmpca.org.uk/thecode/Pages/default.aspx>

recorded on the trust'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.
- When hospitality is declined, staff should do so in a polite but firm manner and draw attention to this policy and the Bribery Act 2010, if deemed appropriate.

What should be declared

- Staff name and their role with the trust.
- 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).

12.3 Outside Employment

- Staff should declare any existing outside employment on appointment and any new outside employment when it arises.
- Where a risk of conflict of interest arises (such as the ability to perform their normal contractual obligations or which may involve the use of any confidential or commercial information obtained in the course of their employment with the trust), 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 trust to engage in outside employment.

The trust may also have legitimate reasons within employment law for knowing about outside employment of staff, even when this does not give rise to the risk of a conflict. For instance, when outside employment might cause the employee to exceed the maximum average weekly working time. Refer to the trust's [Working Time Regulations Policy EM64 \(Ref 1720\)](#) for more details.

What should be declared

- Staff name and their role with the trust.
- 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).

12.4 Shareholdings and other ownership issues

- Staff should declare, as a minimum, any shareholdings and other ownership interests in any publicly listed, private or not-for-profit company, business, partnership or consultancy which is doing (or might be reasonably expected to do) business with the trust, or act as a competitor to the trust.
- Where shareholdings or other ownership interests are declared and give rise to a 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 trust.
- 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).

12.5 Patents

- Staff should declare patents and other intellectual property rights they hold (either individually, or by virtue of their association with a commercial or other trust), including where applications to protect have started or are ongoing, which are, or might be reasonably expected to be, related to items to be procured or used by the trust.
- Staff should seek prior permission from the trust before entering into any agreement with bodies regarding product development, research, work on pathways etc, where this impacts on the trust's own time, or uses its equipment, resources or intellectual property.
- Where such development, research or other design is made during the course of the staff member's normal duties, the rights to this shall belong to the trust.
- 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 trust.
- 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)

12.6 Loyalty interests

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

- Hold a position of authority in another NHS trust 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 a trust 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.
- This also applies to candidates, who should disclose when making an application if they are related to any director or recruiting manager for a post which they are applying for.
- Are aware that their trust does business with a trust 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 trust.
- 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).

12.7 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 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 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 trust if in their professional role they intend to undertake fundraising activities on behalf of a pre-approved charitable campaign for a charity other than the trust's own.
- 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 trust will maintain records in line with the above principles and rules and relevant obligations under charity law.

12.8 Sponsored events

- Sponsorship of events by appropriate external bodies will only be approved if a reasonable person would conclude that the event will result in clear benefit for the trust 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 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 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 trust.

What should be declared

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

12.9 Sponsored research

- Funding sources for research purposes must be transparent.
- Any proposed research must go through the relevant health research authority or other approvals process.
- There must be a written protocol and written contract between staff, the trust, and/or institutes at which the study will take place and the sponsoring trust, 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 trust.

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 within 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).

12.10 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 trusts 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.

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

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

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

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

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 within the trust.
- 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).

12.12 Preferential Treatment in Private Transactions

Individual staff must not seek out or accept preferential rates, or benefits in kind, for private transactions carried out with companies with which they have had, or may have, official dealings on behalf of the trust.

12.13 Private Use of Equipment and Materials

Staff must obtain prior permission from their line manager before making private use of the trust's vehicles, computers, telephones, photocopy facilities or any other trust equipment and materials.

* 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.nhsemployers.org/-/media/Employers/Documents/Pay-and-reward/Consultants---LCEA/Consultant-contract-Terms-and-Conditions-April-2018.pdf?la=en&hash=2260CE8D563CD881275A69EA452B4661DA9559B1>

† 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.nhsemployers.org/-/media/Employers/Documents/Pay-and-reward/Consultants---LCEA/Consultant-contract-Terms-and-Conditions-April-2018.pdf?la=en&hash=2260CE8D563CD881275A69EA452B4661DA9559B1>

12.14 Contracts

All staff who are in contact with suppliers and contractors, especially those who are authorised to sign purchase orders or place contracts for goods materials or services, must adhere to the Chartered Institute of Purchasing and Supply's Code of Professional Ethics .

13 Management of interests – advice in specific contexts

13.1 Strategic decision making groups

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

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

The interests of those who are involved in these groups should be well known so that they can be managed effectively. For this trust, these groups are: Commercial Group, Finance and Performance Committee, Trust Board, Charitable Funds Committee and Research Strategy 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 trust should keep records that show a clear audit trail of how conflicts of interest have been identified and managed as part of procurement processes. At every stage of procurement steps should be taken to identify and manage conflicts of interest to ensure and to protect the integrity of the process.

For further reference, please see the Sustainable Procurement, Contract Management, Anti-Bribery and Requisitioning, Ordering & Tendering Policies and/or contact the Procurement Team for specific advice.

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 trusts. 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:

Local Counter Fraud Specialist (LCFS), provided by TIAA:
07774 779587 or email claire.friend@tiaa.co.uk

joint Director of Finance; or

joint Director of Corporate Affairs; or to

NHS Counter Fraud Authority using the Confidential Fraud and Corruption Line:
0800 028 40 60 or email <https://cfa.nhs.uk/reportfraud>

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 is available via the Freedom to Speak Up: Raising Concerns (Whistleblowing) Policy and Procedure.

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 trust 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 trust and could involve trust leads for staff support (e.g. Human Resources), fraud (e.g. Local Counter Fraud Specialists), members of the management or executive teams and trust 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, or the CQC), and/or health professional regulatory bodies.

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

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

- Employment law action against staff, which might include:
 - Informal action (such as reprimand or signposting to training and/or guidance).
 - Formal disciplinary action (such as formal warning, the requirement for additional training, rearrangement of duties, redeployment, 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 an executive panel and the Joint Executive Director of Corporate Affairs at least annually; outcomes of which are submitted to the Risk and Audit Committee.

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 as appropriate, or made available for inspection by the public upon request.

15 Review

This policy will be reviewed in 3 years unless an earlier review is required due to the publication of further legislation or national guidance. This will be led by the Corporate Governance team.

16 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)

[Freedom to Speak Up: Raising Concerns \(Whistleblowing\) Policy \(Ref 1719\)](#)

[Sustainable Procurement Policy \(Ref 1935\)](#)

[Contract Management Policy \(Ref 1919\)](#)

[Anti-bribery and Counter Fraud Policy \(Ref 1902\)](#)

[Requisitioning, Ordering and Tendering PO006 \(Ref 1883\)](#)

[Disciplinary Policy and Procedure EM16 \(Ref 1690\)](#)

[Maintaining High Professional Standards Policy for Medical and Dental Staff EM31 \(Ref 1698\)](#)

[Working Time Regulations Policy EM64 \(Ref 1720\)](#)

Appendix 1

INTERESTS DECLARATION FORM

Name	Role	Description of Interest	Relevant Dates		Comments
			From	To	
Mr John Smith	Senior Policy Manager, Commissioning Directorate, Trust A	Hospitality received - £95 from Trust Z to pay for travel to speak at conference on Managing Conflicts of Interest on 21/12/16	21/12/2016	21/12/2016	Approval to attend event and accept hospitality given by Mary Baker, Head of Unit

Please see below for information on how to populate the above boxes

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

I confirm that the information provided above is complete and correct. I acknowledge that any changes in these declarations must be notified to **DCHFT** 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 published on registers that **DCHFT** holds.

If consent is NOT given please give reasons:

Signed:

Date:

Please return this form to: **Corporate Office, Trust HQ** or via email: CorporateMeeting.Calendar@dchft.nhs.uk

GUIDANCE NOTES FOR COMPLETION OF SPECIMEN INTERESTS DECLARATION FORM

Name and Role: Insert your name and your position/role in relation to the trust you are making the return to

Description of Interest: Provide a description of the interest that is being declared. This should contain enough information to be meaningful (e.g. detailing the supplier of any gifts, hospitality, sponsorship, etc). That is, the information provided should enable a reasonable person with no prior knowledge should be able to read this and understand the nature of the interest.

Types of interest:

Financial interests - This is where an individual may get direct financial benefits from the consequences of a decision they are involved in making

Non-financial professional interests - This is where an individual may obtain a non-financial professional benefit from the consequences of a decision they are involved in making, such as increasing their professional reputation or status or promoting their professional career

Non-financial personal interests - This is where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit, because of decisions they are involved in making in their professional career

Indirect interests - This is where an individual has a close association, including relatives, with another individual who has a financial interest, a non-financial professional interest or a non-financial personal interest who would stand to benefit from a decision they are involved in making

A benefit may arise from both a gain or an avoidance of a loss.

Relevant Dates: Detail here when the interest arose and, if relevant, when it ceased

Comments: This field should detail any action taken to manage an actual or potential conflict of interest. It might also detail any approvals or permissions to adopt certain course of action

Appendix 2

Hospitality and Gifts (Received from External Sources) Declaration Form

This form complements the trust's Standard of Business Conduct Policy and once completed, should be returned to the Corporate Office at Trust Headquarters.

The following offers **received from** external sources such as commercial companies or individuals should not be accepted:

- Gifts exceeding a value of £5 per individual whether given to an individual or for a department / group must be recorded and refused.
- Cash, cheques and non-redeemable vouchers should **not be** accepted by individual staff.

The following offers **received from** external sources such as commercial companies or individuals need not be recorded:

- Social functions, i.e. Drugs company promotions or education not exceeding £25 per employee. Directorate Manager approval is required above this amount and must be declared.
- Provision of hospitality by external trusts for internal training events not exceeding £10 per employee. Directorate Manager approval is required above this amount and must be declared.

Employees Name:

Position:

Date:	Details of hospitality/ gift offered and whether this was received or declined	Name/ Company of person offering gift/ hospitality	Approximate value of hospitality/ gift offered	Reason for gift/ hospitality being offered

Manager's Name:

Employee's Name:

Manager's Signature:

Employee's Signature:

Please return this form to: **Joint Executive Director of Corporate Affairs, Trust HQ or via email: CorporateMeeting.Calendar@dchft.nhs.uk**