



Public – To be published on the Trust external website

Title: Managing Conflicts of Interest Policy

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1 Introduction

Providing best value for taxpayers and ensuring that decisions are taken transparently and clearly, are both key principles in the NHS Constitution.

As an organisation and as individuals, we have a duty to ensure that all our dealings are conducted to the highest standards of probity and integrity.

This policy is critical to the achievement of our ambition to co-create safe and personalised care that improves the lives of people with mental health needs, a learning disability or autism. It helps us deliver our three strategic goals as follows:

- This policy supports the Trust to co- create a great experience for all patients, carers and families from its diverse population by ensuring our finite resources are used in the best interests of patients.
- This policy supports the Trust to co-create a great experience for our colleagues by providing confidence that the organisation is well-led and managed.
- This policy supports the Trust to be a great partner by confidence that NHS resources are being used wisely and in the best interests of patients.

2 Why we need this policy

2.1 Purpose

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

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

2.2 Objectives

- To help ensure that we use NHS money wisely, providing best value for taxpayers and accountability to our patients for the decisions we take.

- To support compliance with accepted standards of business conduct in the NHS.
- To help protect staff and those doing business with the Trust from allegations of fraud, corruption and bribery.
- To provide confidence to the public, patients and other stakeholders that decisions made by the Trust are free from impropriety and bias.
- To ensure all staff are aware of the elements of bribery and corruption that link to this policy (staff should also read the [Local Anti-Fraud, Bribery and Corruption Policy](#)).

Bribery and corruption. The Bribery Act 2010 came into force on 1 July 2011 and repeals previous corruption legislation. The Act has introduced the criminal offences of both offering and receiving a bribe. It also places specific responsibility on trusts to have in place adequate procedures to prevent bribery and corruption taking place. The trust can be held liable when someone associated with it bribes another in order to obtain or retain business for the trust, and be subject to an unlimited fine.

Bribery can generally be defined as offering, promising or giving a financial or other advantage to influence others to use their position in an improper way (i.e. to obtain a business advantage). A benefit can include money, gifts, rewards, awarding a contract, hospitality or sponsorship and does not have to be of substantial financial value. No actual gain or loss has to be made. *A bribe does not have to be in cash; it may be the awarding of a contract, provision of a gift, hospitality or sponsorship or another benefit.* A person has committed a criminal offence of offering a bribe even if the offer is declined, as does a person who accepts a bribe, even if they don't receive it. Anyone found guilty of either offering or receiving a bribe could face a custodial sentence of up to 10 years imprisonment.

Corruption is generally considered as an umbrella term covering various activity and behaviour including bribery, kickbacks, favours, corrupt preferential treatment or cronyism. Corruption can be broadly defined as the offering or acceptance of inducements, gifts, favours, payment or benefit-in-kind which may influence the action of any person. Corruption does not always result in a loss. The corrupt person may not benefit directly from their deeds; however, they may be unreasonably using their position to give some advantage to another.

More information on the Bribery Act 2010 can be found at:

<https://www.legislation.gov.uk/ukpga/2010/23/crossheading/general-bribery-offences>.

3 Scope

3.1 Who this policy applies to

This policy applies to:

- All salaried employees.
- All prospective employees – including those who are part-way through recruitment.
- Contractors and sub-contractors.
- Bank staff.
- Agency staff.
- Non-Executive Directors.
- Trust Governors.

For the purposes of this policy all those falling within the above categories are referred to as “staff” unless otherwise stated.

3.2 Roles and responsibilities

Section 7 of the Bribery Act 2010 introduced a new corporate offence of failure of commercial organisations to prevent bribery. The trust can be held liable when someone associated with it bribes another in order to obtain or retain business for the trust, and be subject to an unlimited fine. However, the trust will have a defence if it can demonstrate that it had adequate procedures in place designed to prevent bribery.

The Act applies to everyone associated with the trust who performs services on its behalf, or who provides the trust with goods or services. This includes anyone working for or with the trust, such as employees, agents, subsidiaries, contractors and suppliers.

Role	Responsibility
Chief Executive	<ul style="list-style-type: none"> • Overall responsibility for the Trust’s policies and procedures for the management of conflicts of interest.

Audit and Risk Committee	<ul style="list-style-type: none"> • Oversight and provision of assurance to the Board on arrangements on compliance with this Policy.
Company Secretary	<ul style="list-style-type: none"> • Maintenance and publication of the registers of interest. • Administration of proactive reviews. • Advice, guidance and training on conflicts of interests.
Executive Medical Director	<ul style="list-style-type: none"> • Maintenance of records relating to sponsored research posts.
Executive Director of People and Culture	<ul style="list-style-type: none"> • Provision of advice on HR/employment law/contractual action relating to breaches of this policy.
Executive Director of Finance, Information and Estates/Facilities Management	<ul style="list-style-type: none"> • Provision of advice on compliance with Standing Financial Instructions. • Oversight of arrangements for responding to suspected cases of fraud, bribery and corruption. • Notification of requirements for declaring interests by participants in procurement activities.
Executive Director of Corporate Affairs and Involvement	<ul style="list-style-type: none"> • Maintenance of records relating to sponsored events. • Maintenance of records relating to sponsorship to support printing and publication activities.
Decision-making staff <i>(Those likely to have a decision-making influence on the use of taxpayers' money – see section 5 definitions)</i>	<ul style="list-style-type: none"> • Requirement to undertake proactive annual reviews of their conflicts of interests including nil returns.
All staff	<ul style="list-style-type: none"> • Compliance with requirements of this Policy to identify, declare and register their conflicts of interest.

4 Policy

4.1 Policy Summary

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

As a member of staff you should...	As an organisation we will...
<ul style="list-style-type: none"> • 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 request or receive a bribe from anybody, nor imply that such an act might be considered. This means they will not agree to receive or accept a financial or other advantage from a former, current or future client, business partner, contractor or supplier or any other person as an incentive or reward to improperly perform their function or activities. • 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, guidance 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. <p>NOT interpret this policy in a way which stifles collaboration and innovation with our partners</p>

4.2 Identification, declaration and review of interests

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

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

All staff are reminded that they should be transparent in respect of recording any gifts, hospitality or sponsorship and they should refer to the trust's standards of business conduct (including gifts and hospitality) for further information.

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.

Conflicts of interest should be declared via the Civica Declare System accessible via the Intranet.

Alternatively, for staff unable to access the System, forms to enable interests to be declared are available on the Intranet or from the Company Secretary's Department.

Interests declared will be considered and approved by a member of your Care Group Board or, for corporate Directorates, the Executive Director or Deputy/Associate Director.

Where interests arise in relation to matters to be discussed at a meeting, they should be declared as soon as practicable after its commencement and recorded, together with any action taken, in the minutes. The requirement to declare interests at meetings is in addition to ensuring that they are captured on the Civica Declare System.

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

4.2.2 Proactive review of interests

We will prompt decision-making staff annually, by direct email and via the “All Staff Weekly Briefing” process, to review the declarations they have made and, as appropriate, update them or make a nil return.

4.3 Records and Publication

4.3.1 The Trust will maintain four registers:

- The Trust register of interests
- The register of interests of the Board of Directors
- The register of interests of the Council of Governors
- The register of gifts and hospitality.

4.3.2 Maintenance and Publication

- The registers shall be maintained by the Company Secretary.
- The registers will be refreshed annually and published on the Trust’s website. For the Trust’s register of interests, only the interests of decision-making staff will be published.

4.3.3 Protections for decision-making staff

- Where publication might put a member of staff at risk of potential harm, information contained in the registers may be withheld or redacted. This would be the exception and information will not be withheld or redacted merely because of a personal preference.
- If a member of staff considers that the publication of their interests should not take place, they should contact the Company Secretary.

4.3.4 Wider transparency

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

As an example, 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. Further information about the scheme can be found on the ABPI website: <http://www.abpi.org.uk/our-work/disclosure/about/Pages/default.aspx>

4.4 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; or
- removing staff from their role altogether if they are unable to operate effectively in it because the conflict is so significant.

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

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

4.5 Management of interests – common situations

Appendix 3 sets out the principles and rules and what information should be declared in the following common situations:

- Gifts

- Hospitality
- Outside employment
- Shareholdings and other ownership issues
- Patents
- Loyalty interests
- Donations
- Sponsored events
- Sponsored research
- Sponsored posts
- Clinical private practice
- Sponsorship to support printing and publication activities

4.6 Management of interests – advice in specific contexts

4.6.1 Strategic decision-making groups

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

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

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

- Board of Directors
- Strategy and Resources Committee

- The Roseberry Park Sub-Group
- Executive Directors Group
- Care Group Boards
- Governance groups with responsibility for the managing procurements or developing/reviewing business cases
- Council of Governors

The following principles apply to these groups:

- 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 of interests.
- The vice chair (or other non-conflicted member) should chair all or part of the meeting if the chair has an interest that might 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.

4.6.2 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.

Further information about the Trust procurement process can be found on the Trust intranet.

4.7 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'.

4.7.1 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 Trust Freedom to Speak Up Guardian and all suspected cases of fraud, bribery and corruption should be reported to the Local Counter Fraud Specialist at AuditOne or the Director of Finance, Information and Estates/Facilities Management. Contact details are available on the Intranet.

To ensure that interests are effectively managed staff will be encouraged to speak up about actual or suspected breaches. Every individual has a responsibility to do this. For

further information about how concerns should be raised please refer to the Trust's Whistleblowing/Raising Serious Concerns Procedure and Anti-fraud, Bribery and Corruption Policy available on the Intranet.

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 severity of the breach is.
- Assess whether further action is required in response – this is likely to involve any staff member involved and their line manager, as a minimum.
- Consider who else inside and outside the Trust should be made aware
- Take appropriate action as set out in the next section.

4.7.2 Taking action in response to breaches



Failure to manage conflicts of interest may result sanctions e.g., disciplinary or legal action

For salaried staff, action taken in response to breaches of this policy will be in accordance with the Trust's Managing Concerns of Potential Conduct (Disciplinary) Procedure and could involve organisational leads for staff support (e.g. People and Culture Directorate), fraud (e.g. Local Counter Fraud Specialists), members of the management or executive teams and organisational auditors.

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

- Clarification or strengthening of existing policy, process and procedures.
- Consideration as to whether HR/employment law/contractual action should be taken against staff or others.
- Consideration being given to escalation to external parties. This might include referral of matters to external auditors, NHS Counter Fraud Authority, the Police, statutory health bodies (such as NHS England, NHS Improvement 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 wrong-doing 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 discussion, learning or signposting to training and/or guidance).
 - Formal disciplinary action (such as formal warning, the requirement for additional training, through to dismissal).
- Reporting incidents to the external parties described above for them to consider what further investigations or sanctions might be.
- Contractual action, such as exercise of remedies or sanctions against the body or staff which caused the breach.
- Legal action, such as investigation and prosecution under fraud, bribery and corruption legislation.

4.7.3 Learning and transparency concerning breaches

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

To ensure that lessons are learnt and management of interests can continually improve, anonymised information on breaches, their impact and action taken will be published on the Trust's website.

5 Definitions

Term	Definition
Conflict of Interest	<p>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.</p> <p>A conflict of interest may be:</p> <ul style="list-style-type: none"> • 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.
Financial Interests	<p>Where an individual may get direct financial benefit* from the consequences of a decision they are involved in making.</p> <p>(*A benefit may arise from the making of gain or avoiding a loss)</p>
Non-financial professional interests	<p>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.</p>
Non-financial personal interests	<p>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.</p>
Indirect interests	<p>Where an individual has a close association** with another individual who has a financial interest, a non-</p>

	<p>financial professional interest or a non-financial personal interest and could stand to benefit from a decision they are involved in making.</p> <p>(** These associations may arise through relationships with close family members and relatives, close friends and associates, and business partners. A common-sense approach should be applied to these terms. It would be unrealistic to expect staff to know of all the interests that people in these classes might hold. However, if staff do know of material interests (or could be reasonably expected to know about these) then these should be declared)</p>
<p>Staff</p>	<p>For the purposes of this policy (and unless otherwise stated), staff means:</p> <ul style="list-style-type: none"> • All salaried employees • All prospective employees who are part-way through recruitment • Contractors and sub-contractors • Bank staff • Agency staff • Non-Executive Directors/Associate Non-Executive Directors • Trust Governors
<p>Decision-making staff</p>	<p>Staff who have greater influence on decisions relating to the use of taxpayers' money, because of the requirements of their role.</p> <p>Within the Trust decision-making staff are defined as:</p> <ul style="list-style-type: none"> • Executive Directors, Non-Executive Directors/Associate Non-Executive Directors and very

	<p>senior managers (posts designated in the very senior manager pay framework).</p> <ul style="list-style-type: none"> • Those at Agenda for Change band 8b and above. • Medical consultants • Staff in the Finance, Estates and Facilities Management, and Information Technology Departments at Agenda for Change Band 7 of above.
Material interest	An interest which a reasonable person would take into account when making a decision regarding the use of taxpayers' money because the interest has relevance to that decision.
Breaches	Situations when interests have not been identified, declared or managed appropriately and effectively.
Civica Declare System	Governance software which enables staff declarations of interest to be captured and published. It can be accessed via the Intranet.

6 Related documents

- Trust: Constitution
- Trust: Standing Financial Instructions
- Trust: Local Anti-Fraud, Bribery and Corruption Policy
- Trust: Freedom to Speak Up Policy (Whistleblowing)
- Trust: Managing Concerns of Potential Conduct (Disciplinary) Procedure
- *More information on the Bribery Act 2010 can be found at:*
<https://www.legislation.gov.uk/ukpga/2010/23/crossheading/general-bribery-offences>.

7 How this policy will be implemented

7.1 Implementation action plan

Activity	Expected outcome	Timescale	Responsibility	Means of verification/ measurement
Publication of the Policy on Trust Intranet	Understanding of Trust requirements	One month of approval	Corporate Affairs	Visual confirmation
Staff notification of updated Policy	Awareness of revised policy via 'All Staff Weekly Briefing'	One month of approval	Corporate Affairs	Visual confirmation
Proactive notification of annual requirements to refresh declarations of interest for decision making staff	Registration of interests by decision-making staff	Annual	Company Secretary's Dept	Percentage of decision-making staff providing annual updates

7.2 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
Decision-making staff	Briefing Notes	-	Annually – to support annual refresh

8 How the implementation of this policy will be monitored

Number	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	Percentage of decision-making staff declaring/refreshing their declarations.	Annually Company Secretary	Audit and Risk Committee
2	No of sanctions for breach of Policy.	Annually Company Secretary	Audit and Risk Committee

9 References

- 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)
- NHS England: Managing Conflicts of Interest in the NHS

10 Document control (external)

To be recorded on the policy register by Policy Coordinator

Date of approval	20 December 2023
Next review date	20 December 2026
This document replaces	HR-0020-4.1: Conflicts of Interest Policy for Tees, Esk and Wear Valleys NHS Foundation Trust
This document was approved by	People and Culture Policy Working Group Joint Consultative Committee
This document was approved	(P&C PWG) -14 November 2023 (JCC) – 14 November 2023
This document was ratified by	Management Group
This document was ratified	20 December 2023
An equality analysis was completed on this policy on	July 2023
Document type	Public
FOI Clause (Private documents only)	Not applicable

Change record

Version	Date	Amendment details	Status
4	31 May 17	Replaced with national policy	Withdrawn
4.1	08 Aug 18	“Medicines – code of practice for dealing with pharmaceutical industry” procedure now archived as significant duplication with this	Withdrawn

		document. Minor additions now incorporate in sections 11.2 & 11.8. Section 11.12 is new for sponsorship of printing and publications.	
4.1	17 Apr 2020	Review date extended from 31 May 2020 to 31 Nov 2020.	Withdrawn
4.1	09 Dec 2020	Review date extended to 31 March 2021	Withdrawn
4.1	16 Mar 2021	Review date extended to 30 June 2021	Withdrawn
4.1	Aug 2023	Review date extended to 31 Oct 2022	Withdrawn
4.2	20 Dec 2023	Policy aligned to new template Changes to reflect new organisational and governance structure Changes to reflect the Civica Declare System	Ratified

Appendix 1 - Equality Analysis Screening Form

Please note: [The Equality Analysis Policy and Equality Analysis Guidance can be found on the policy pages of the intranet](#)

Section 1	Scope
Name of service area/directorate/department	Company Secretary's Department
Title	Managing Conflicts of Interest Policy
Type	Policy
Geographical area covered	Whole Trust
Aims and objectives	To ensure staff are aware of the requirements to declare and register potential conflicts of interest and potential risks if they fail to do so.
Start date of Equality Analysis Screening	29 November 2022
End date of Equality Analysis Screening	20 th July 2023

Section 2	Impacts
Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	All members of the public, patients, staff and partners
Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups?	<ul style="list-style-type: none"> • Race (including Gypsy and Traveller) NO • Disability (includes physical, learning, mental health, sensory and medical disabilities) NO • Sex (Men, women and gender neutral etc.) NO • Gender reassignment (Transgender and gender identity) NO • Sexual Orientation (Lesbian, Gay, Bisexual and Heterosexual etc.) NO • Age (includes, young people, older people – people of all ages) NO • Religion or Belief (includes faith groups, atheism and philosophical beliefs) NO • Pregnancy and Maternity (includes pregnancy, women who are breastfeeding and women on maternity leave) NO • Marriage and Civil Partnership (includes opposite and same sex couples who are married or civil partners) NO • Armed Forces (includes serving armed forces personnel, reservists, veterans and their families) NO
Describe any negative impacts	
Describe any positive impacts	The policy seeks to protect staff from accusations of fraud, bribery and corruption

Section 3	Research and involvement
What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	NHSE Guidance: Managing Conflicts of Interest in the NHS
Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?	No
If you answered Yes above, describe the engagement and involvement that has taken place	
If you answered No above, describe future plans that you may have to engage and involve people from different groups	Engagement will be undertaken if there is evidence that the Policy is impacting detrimentally on people sharing protected characteristics. This will be based on an analysis of application of disciplinary measures.

Section 4	Training needs
As part of this equality analysis have any training needs/service needs been identified?	Yes
Describe any training needs for Trust staff	Briefings provided to decision-making staff as part of annual refresh of the registers
Describe any training needs for patients	None
Describe any training needs for contractors or other outside agencies	None

Check the information you have provided and ensure additional evidence can be provided if asked

Appendix 2 – Approval checklist

	Title of document being reviewed:	Yes / No / Not applicable	Comments
1.	Title		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
2.	Rationale		
	Are reasons for development of the document stated?	Yes	
3.	Development Process		
	Are people involved in the development identified?	Yes	
	Has relevant expertise has been sought/used?	Yes	
	Is there evidence of consultation with stakeholders and users?	Not applicable	
	Have any related documents or documents that are impacted by this change been identified and updated?	Yes	
4.	Content		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
5.	Evidence Base		
	Is the type of evidence to support the document identified explicitly?	Yes	Policy based on NHS England guidance
	Are key references cited?	Yes	
	Are supporting documents referenced?	Yes	
6.	Training		
	Have training needs been considered?	Yes	

	Title of document being reviewed:	Yes / No / Not applicable	Comments
	Are training needs included in the document?	Yes	
7.	Implementation and monitoring		
	Does the document identify how it will be implemented and monitored?	Yes	
8.	Equality analysis		
	Has an equality analysis been completed for the document?	Yes	
	Have Equality and Diversity reviewed and approved the equality analysis?	Yes	
9.	Approval		
	Does the document identify which committee/group will approve it?	Yes	
10.	Publication		
	Has the policy been reviewed for harm?	Not applicable	Provisions made in the Policy to reduce harm to arising from declaring conflicts of interest
	Does the document identify whether it is private or public?	Yes	
	If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	Not applicable	

Appendix 3 – Management of Interests – Common Situations

	Type	Principles and rules	What should be declared
1	Gifts	<p>Staff should not accept gifts that may affect, or be seen to affect, their professional judgement.</p> <p>Gifts from suppliers or contractors:</p> <ul style="list-style-type: none"> ▪ 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* in total, and need not be declared. <p>Gifts from other sources (e.g. patients, families, service users):</p> <ul style="list-style-type: none"> ▪ 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’s Charitable Trust Fund and not in a personal capacity. These should be declared by staff. 	<ul style="list-style-type: none"> ▪ 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).

		<ul style="list-style-type: none"> ▪ 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. 	
2	Hospitality	<p>Staff should not ask for or accept hospitality that may affect, or be seen to affect, their professional judgement.</p> <ul style="list-style-type: none"> ▪ 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. ▪ Sponsorship to attend conferences & training: <ul style="list-style-type: none"> ▪ This is permitted if the employee has written approval from their line manager who must be satisfied that acceptance will not compromise the responsibilities and actions of the staff member. ▪ The acceptance of sponsorship to train staff particularly staff providing clinical services should be carefully considered. The potential to influence clinical practice should always be borne in mind. 	<ul style="list-style-type: none"> ▪ 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).

		<ul style="list-style-type: none"> ▪ Participation (as speaker or attendee) in company-organised meetings should only take place if meetings have a genuinely educational (rather than purely promotional) purpose. ▪ Travel, accommodation and the provision of food and drink should not be of a standard greater than that which the recipients would normally adopt when paying for themselves. ▪ Staff should not rely on these events for the purposes of continuing professional development. ▪ Meals and refreshments: <ul style="list-style-type: none"> ▪ 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 of interests 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: <ul style="list-style-type: none"> ▪ 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. 	
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3	<p>Outside Employment</p>	<p>Staff should declare any existing outside employment on appointment and any new outside employment when it arises.</p> <p>Where a risk of conflict of interest arises, the general management actions outlined in this policy should be considered and applied to mitigate risks.</p> <p>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.</p> <p>The Trust may also have legitimate reasons within employment law for knowing about outside employment of staff, even when this does not give rise to risk of a</p>	<ul style="list-style-type: none"> ▪ 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

		conflict, for example to assist efforts to comply with the Working Time Regulations.	depart from the terms of this policy).
4	Shareholding and other ownership issues	<p>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.</p> <p>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.</p> <p>There is no need to declare shares or securities held in collective investment or pension funds or units of authorised unit trusts.</p>	<ul style="list-style-type: none"> ▪ 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).
5	Patents	Staff should declare patents and other intellectual property rights they hold(either individually, or by virtue of their association with a commercial or other organisation), including where applications to protect have started or are ongoing,	<ul style="list-style-type: none"> ▪ Staff name and their role with the Trust. ▪ A description of the patent.

		<p>which are, or might be reasonably expected to be, related to items to be procured or used by the Trust.</p> <p>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 organisation’s own time, or uses its equipment, resources or intellectual property.</p> <p>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.</p>	<ul style="list-style-type: none"> ▪ 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)
6	Loyalty interests	<p>Loyalty interests should be declared by staff involved in decision making where they:</p> <ul style="list-style-type: none"> ▪ 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. 	<ul style="list-style-type: none"> ▪ 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

		<ul style="list-style-type: none"> Are aware that their Trust does business with an organisation in which close family members and relatives, close friends and associates, and business partners have decision making responsibilities 	depart from the terms of this policy).
7	Donations	<p>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.</p> <p>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 Trusts own registered charity or other charitable body and is not for their own personal gain.</p> <p>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 organisation's own.</p> <p>Donations, when received, should be made to a specific charitable fund (never to an individual) and a receipt should be issued.</p>	The Trust will maintain records in line with the above principles and rules and relevant obligations under charity law.

		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.	
8	Sponsored events	<p>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 Trust and the NHS.</p> <p>During dealings with sponsors there must be no breach of patient or individual confidentiality or data protection rules and legislation.</p> <p>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.</p> <p>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.</p> <p>The involvement of a sponsor in an event should always be clearly identified. Ideally, the involvement of more than one sponsor is encouraged to reduce any suggestion of endorsement.</p>	The Trust will maintain records regarding sponsored events in line with the above principles and rules.

		<p>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.</p> <p>Where members of the public are invited to an event a separate area for the pharmaceutical company must be provided.</p> <p>The Trust must select the speakers and invited delegates. The Trust should retain the responsibility for negotiating fees and making payments to speakers.</p> <p>The venue for the meeting and/or refreshments should not be excessive.</p> <p>Staff arranging sponsored events must declare this to the Trust.</p>	
9	Sponsored research	<p>External sponsorship of a post requires prior approval from the Trust.</p> <p>Rolling sponsorship of posts should be avoided unless appropriate check points are put in place to review and withdraw if appropriate.</p> <p>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.</p>	<ul style="list-style-type: none"> ▪ 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

		<p>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.</p> <p>Sponsored post holders must not promote or favour the sponsor’s products and information about alternative products and suppliers should be provided.</p> <p>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</p>	<p>association with the sponsor, in line with the content in the rest of this policy.</p>
10	Clinical private practice	<p>Clinical staff should declare all private practice on appointment, and/or any new private practice when it arises* including:</p> <ul style="list-style-type: none"> ▪ Where they practise (name of private facility). ▪ What they practise (specialty, major procedures). ▪ When they practise (identified sessions/time commitment). <p>Clinical staff should (unless existing contractual provisions require otherwise or unless emergency treatment for private patients is needed):</p> <ul style="list-style-type: none"> ▪ 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. 	<ul style="list-style-type: none"> ▪ Staff name and their role with 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

		<ul style="list-style-type: none"> 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 <p>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.</p>	<p>taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).</p>
11	Sponsorship to support printing and publication activities	<p>It must be clearly stipulated in the written formal agreement that the company must not advertise, or imply, either verbally or in writing, that the Trust endorses the use of a particular product.</p> <p>A logo or company name must never be used in association with the name or logo of TEWV Trust. The Trust should acknowledge, with the standard phrase, in a discreet manner, on the published material, the names of the sponsoring companies</p> <ul style="list-style-type: none"> •“TEWV is grateful for the support of..... in the production of this booklet” 	<p>The Trust will maintain records regarding sponsored printing / publication in line with the above principles and rules.</p>

12	Pharmaceutical Industry	<p>Declarations should be made in line with the situations above when dealing with the pharmaceutical industry in relation to:</p> <ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> ▪ Staff name and their role with the Trust. ▪ A description of the nature and value of the payment or equivalent, including its source. ▪ Date of receipt. ▪ Any other relevant information (e.g. circumstances surrounding the gift / payment, action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).
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