

**CONFLICTS OF INTEREST, GIFTS AND HOSPITALITY
PROCEDURAL GUIDELINES**
(including sponsorship, outside employment (including private practice), patents and donations)

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PROCEDURE SUMMARY	
<p>Essex Partnership University NHS Foundation Trust (the 'organisation' / the Trust), and the people who work with and for the Trust, collaborate closely with other organisations, delivering high quality care for patients.</p> <p>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.</p> <p>Providing best value for taxpayers and ensuring that decisions are taken transparently and clearly, are both key principles in the NHS Constitution. The Trust is committed to maximising its resources for the benefit of the whole community. As an organisation and as individuals, the Trust has a duty to ensure that all its dealings are conducted to the highest standards of integrity and that NHS monies are used wisely so that it is using its finite resources in the best interests of patients.</p> <p>This Procedure sets out detailed guidance and the processes in place to enable the Trust to effectively manage potential conflicts of interest. It must be read in conjunction with the associating Conflicts of Interest Policy (CP80).</p>	

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The Trust monitors the implementation of and compliance with this procedure in the following ways:

The Finance and Performance Committee is responsible for ensuring that this Policy is appropriately implemented and for monitoring the effectiveness of this Procedural Guideline and associated Policy.

A quarterly report will be presented to the Finance and Performance Committee from the Trust Secretary outlining any known breaches of this Procedural Guideline and associated Policy.

An annual assurance report will be presented to the Finance and Performance Committee from the Trust Secretary confirming that a) declarations of interest returns (including nil returns) have been made by all staff defined as “decision making staff” for the purposes of this Policy and b) a reminder has been sent to all other staff via general Trust communication channels of their responsibilities under this Procedural Guideline and associated Policy.

In accordance with the Board of Directors Code of Conduct, all Registers of Interest will be reviewed annually by the Board.

An annual declaration of compliance with the requirements of the NHS England “Managing Conflicts of Interest in the NHS: Guidance for staff and organisations” will be made within the Trust’s Annual Report and Accounts (in line with requirements of the NHS Foundation Trust Annual Reporting Manual).

This Procedural Guideline will be reviewed every 3 years by the Executive Operational Sub-Committee, or earlier should changes in legislation or guidance require this. This review will be led by the Trust Secretary. A review of the definition of “decision making staff” for the purposes of this Policy to be applied in the Trust will be undertaken on an annual basis and any updates incorporated into the Policy.

Any amendments to this Procedural Guideline will be submitted to the Executive Operational Sub-Committee for approval and ratified by the Finance and Performance Committee.

Services	Applicable	Comments
Trustwide	✓	
Essex MH&LD		
CHS		

The Executive Director responsible for monitoring and reviewing this procedure is the Chief Executive Officer

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

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ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

**CONFLICTS OF INTEREST, GIFTS AND HOSPITALITY
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Assurance Statement

Every year the taxpayer entrusts NHS organisations with monies to provide care for millions of people. This money must be spent well, free from undue influence. To deliver high quality and innovative care, organisations need to work collaboratively with each other, local authorities, industry and other public, private and voluntary bodies. Partnership working brings many benefits, but also creates the risk of conflicts of interest.

Organisations and the people who work with, for, and on behalf of them want to manage these risks in the right way. These Procedural Guidelines have been developed from national guidance on managing conflicts of interest issued by NHS England. This guidance was designed to assist staff and organisations to understand what to do to take the best action and to protect themselves from allegations that they have acted inappropriately.

Adhering to these Procedural Guidelines will thus help ensure that the Trust uses NHS money wisely, providing best value for taxpayers and accountability to our patients for the decisions we take.

It also supports the Trust in delivery of one of its key values – that of being open and transparent.

1.0 INTRODUCTION

- 1.1 Essex Partnership University NHS Foundation Trust (the 'organisation'), and the people who work with and for the Trust, collaborate closely with other organisations, delivering high quality care for patients.
- 1.2 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.
- 1.3 Providing best value for taxpayers and ensuring that decisions are taken transparently and clearly, are both key principles in the NHS Constitution. The Trust is committed to maximising its resources for the benefit of the whole community. As an organisation and as individuals, the Trust has a duty to ensure that all its dealings are conducted to the highest standards of integrity and that NHS monies are used wisely so that it is using its finite resources in the best interests of patients.

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- 1.4 The Trust has agreed a Conflicts of Interest, Gifts and Hospitality Policy which sets out the principles that will be followed within the Trust. These Procedural Guidelines set out detailed information, guidance and the processes that should be followed in order to deliver the Policy.
- 1.5 The Policy and these Procedural Guidelines help staff manage conflicts of interest risks effectively. They:
 - Introduce consistent principles and rules;
 - Provide simple advice about what to do in common situations; and
 - Support good judgement about how to approach and manage interests.
- 1.6 These Procedural Guidelines must be read in conjunction with the Policy (CP80), which includes key definitions which should be applied. The Procedural Guidelines must also be considered alongside a number of other Trust policies. These are listed in section 11 below.
- 1.7 Guidance developed by NHS England on managing conflicts of interest is available and details are included in section 10 below.

2.0 RESPONSIBILITIES

- 2.1 The Policy sets out the responsibilities of the Board of Directors and all Trust 'staff' in relation to conflicts of interest, gifts, hospitality and other areas covered by this Procedural Guideline (definition of 'staff' included within the Policy).
- 2.2 The Trust Secretary will be responsible for:
 - Reviewing current policies and bringing them in line with national guidance;
 - Providing advice, training (if appropriate) and support for staff on how interests should be managed;
 - Maintaining register(s) of interests as detailed within the Policy; and
 - Auditing policy, process and procedures relating to this guidance at least every three years.

3.0 IDENTIFICATION, DECLARATION AND REVIEW OF INTERESTS

- 3.1 All staff should identify and declare material interests at the earliest opportunity (and in any event within 28 days). If staff are in any doubt as to whether an interest is material then they should declare it, so that it can be considered. Declarations should be made:
 - On appointment with the organisation.
 - When staff move to a new role or their responsibilities change significantly.
 - At the beginning of a new project/piece of work.
 - As soon as circumstances change and new interests arise (for instance, in a meeting when interests staff hold are relevant to the matters in discussion).

- 3.2 The DECLARE system must be used to declare any interests.

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- 3.3 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.
- 3.4 The Trust will annually prompt 'all staff' to review declarations they have made and, as appropriate, update them or make a nil return.

4.0 RECORDS AND PUBLICATION

- 4.1 The Trust will maintain:
 - A register of interests for all staff
 - A register of interests for the Council of Governors; and
- 4.2 All declared interests that are material will be promptly transferred to the appropriate register by the Trust Secretary.
- 4.3 The Trust will:
 - Publish the interests declared by "decision making staff" in the register/s outlined above.
 - Refresh this information annually.
 - Make this information available on the Trust's website.
- 4.4 If "staff" have substantial grounds for believing that publication of their interests should not take place then they should contact the Trust Secretary 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.

5.0 WIDER TRANSPARENCY INITIATIVES

- 5.1 The Trust fully supports wider transparency initiatives in healthcare and actively encourages staff to engage actively with these.
- 5.2 Relevant staff are strongly encouraged to give their consent for payments they receive from the pharmaceutical industry to be disclosed as part of the Association of British Pharmaceutical Industry (ABPI) Disclosure UK initiative. These "transfers of value" include payments relating to:
 - Speaking at and chairing meetings
 - Training services
 - Advisory board meetings
 - Fees and expenses paid to healthcare 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

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

6.0 MANAGEMENT OF INTERESTS – GENERAL

- 6.1 If an interest is declared but there is no risk of a conflict arising then no action is warranted. However, if a material interest is declared then the general management actions that could be applied include:
- restricting staff involvement in associated discussions and excluding them from decision making
 - removing staff from the whole decision making process
 - removing staff responsibility for an entire area of work
 - removing staff from their role altogether if they are unable to operate effectively in it because the conflict is so significant
- 6.2 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.
- 6.3 Staff who declare material interests should make their line manager or the person(s) they are working to aware of their existence at the same time as making their formal declaration to the Trust Secretary (in accordance with paragraph 3.2 and 3.3 above).
- 6.4 Should a possible dispute about the most appropriate management action arise, advice should be sought from the Trust Secretary.

7.0 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.

Please note, “CLP51 Hospitality, Gifts and Sponsorship Provided by the Pharmaceutical Industry and Related Supply Companies and Contact with Company Representatives Policy” should be read in conjunction with this Policy where gifts, hospitality or sponsorship is being offered by Pharmaceutical companies. Where the policy requirements do not appear to be aligned, advice must be sought from the Trust Secretary in the first instance.

7.1 Gifts

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

Gifts from suppliers or contractors:

- Gifts from suppliers or contractors doing business (or likely to do business) with the organisation should be declined, whatever their value.

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- Low cost branded promotional aids such as pens or post-it notes may, however, be accepted where they are under the value of £6¹ in total, and need not be declared.

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

- Gifts of cash and vouchers to individuals should always be declined.
- Staff should not ask for any gifts.
- Modest gifts under a value of £50 can be accepted and do not need to be declared.
- Gifts valued at over £50 should be treated with caution and only be accepted on behalf of Essex Partnership University NHS Foundation Trust not in a personal capacity and with the approval of the relevant Service Director. These should be declared by staff in accordance with the process outlined at paragraph 7.1.2 below. In the case of a cash donation to the Trust, the staff member should also notify the Finance Department in advance so that advice can be given as to how to make payment into the Trust's Charitable Funds. The Trust's Charitable Funds Policy and Procedure will apply. When the Trust Secretary receives a declaration of a physical gift valued at over £5,000 given to the Trust, the Trust Secretary will notify the Finance Department of that gift for consideration as to whether they would need to be classified as an "asset".
- 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.

7.1.2 Where it is appropriate to declare based on the above, the following should be declared:

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

7.1.3 Any offers of unreasonably generous gifts, or of any gifts declined, must be reported immediately to the Trust Secretary via the process detailed at 7.1.2 above – the declaration should clearly state that the offer was declined. Staff should promptly return any unacceptable gifts with a letter politely explaining the terms of the Conflicts of Interest, Gifts and Hospitality Policy and Procedural Guidelines and stating that they are not allowed to accept them.

¹ The £6 value has been selected with reference to existing industry guidance issued by the ABPI: <https://www.pmcpa.org.uk/the-code/>

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7.2 Hospitality

- 7.2.1 Staff should not ask for or accept hospitality that may affect, or be seen to affect, their professional judgement.
- 7.2.2 Hospitality must only be accepted when there is a legitimate business reason and it is proportionate to the nature and purpose of the event.
- 7.2.3 Particular caution should be exercised when hospitality is offered by actual or potential suppliers or contractors. This can be accepted, and must be declared in accordance with the process outlined in paragraph 7.2.6 below, if modest and reasonable. Approval to accept must be obtained, by the staff member, from their Service Director or equivalent. A written record of that approval must be retained by the staff member in case of future query.

7.2.4 **Meals and refreshments:**

- Under a value of £25 - may be accepted and need not be declared.
- **Of a value between £25 and £75² - may be accepted and must be declared in accordance with the process outlined in paragraph 7.2.6 below.**
- Over a value of £75 - should be refused unless (in exceptional circumstances) senior approval is given. Approval to accept must be obtained, by the staff member, from their Service Director or equivalent. A written record of that approval must be retained by the staff member in case of future query.
- A clear reason should be recorded on the organisation's register(s) of interest as to why it was permissible to accept (this must be outlined on the declaration made).
- A common sense approach should be applied to the valuing of meals and refreshments (using an actual amount, if known, or a reasonable estimate).

7.2.5 **Travel and accommodation:**

- Modest offers to pay some or all of the travel and accommodation costs related to attendance at events may be accepted and must be declared in accordance with the process outlined in paragraph 7.2.6 below. In making a decision about what may be considered to be "modest", reference should be made to the Trust's Travel and Business Costs Policy and Procedural Guidelines (HR52) for a benchmark in terms of what the Trust would class as appropriate travel and accommodation expenses.
- Offers which go beyond modest, or are of a type that the organisation itself might not usually offer, need approval by senior staff and should only be accepted in exceptional circumstances. Approval to accept must be obtained, by the staff member, from their Service Director or equivalent. A written record of that approval must be retained by the staff member in case of future query. These must be declared in accordance with the process outlined in paragraph 7.2.6 below. A clear reason should be recorded on the organisation's register(s) of interests as to

² The £75 value has been selected with reference to existing industry guidance issued by the ABPI <https://www.pmcpa.org.uk/the-code/>

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why it was permissible to accept travel and accommodation of this type. A non-exhaustive list of examples which may be considered to go beyond modest includes:

- offers of business class or first class travel and accommodation (including domestic travel)
- offers of foreign travel and accommodation.

7.2.6 **Where it is appropriate to declare based on the above, the following should be declared:**

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

7.2.7 Any offers of unreasonably generous hospitality, or of any hospitality declined, must be reported immediately to the Trust Secretary via the process detailed at 7.2.6 above – the declaration should clearly state that the offer was declined. Staff should promptly decline any offers of unreasonably generous hospitality politely explaining the terms of the Conflicts of Interest, Gifts and Hospitality Policy and Procedural Guidelines and stating that they are not allowed to accept them.

7.3 **Outside Employment**

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

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

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

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

7.3.5 **Where it is appropriate to declare based on the above, the following should be declared:**

- Staff name and their role with the organisation.
- The nature of the outside employment (e.g. who it is with, a description of duties, time commitment).
- Relevant dates.
- Other relevant information (e.g. action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

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- 7.3.6 The Trust Secretary will forward the declaration to the Human Resources Department. The Human Resources Department will contact the staff member for completion of any additional documentation required for Human Resources records.

7.4 Shareholdings and other ownership issues

- 7.4.1 Staff should declare, as a minimum, any shareholdings and other ownership interests in any publicly listed, private or not-for-profit company, business, partnership or consultancy which is doing, or might be reasonably expected to do, business with the organisation.
- 7.4.2 Where shareholdings or other ownership interests are declared and give rise to risk of conflicts of interest then the general management actions outlined in the Conflicts of Interest, Gifts and Hospitality Policy and procedural guidelines should be considered and applied to mitigate risks.
- 7.4.3 There is no need to declare shares or securities held in collective investment or pension funds or units of authorised unit trusts.
- 7.4.4 **Where it is appropriate to declare based on the above, the following should be declared:**
- Staff name and their role with the organisation.
 - Nature of the shareholdings/other ownership interest.
 - Relevant dates.
 - Other relevant information (e.g. action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

7.5 Patents

- 7.5.1 Staff should declare patents and other intellectual property rights they hold (either individually, or by virtue of their association with a commercial or other organisation), including where applications to protect have started or are ongoing, which are, or might be reasonably expected to be, related to items to be procured or used by the organisation in accordance with paragraph 7.5.4 below. Staff should refer to the Trust's Intellectual Property Policy CP45 for information in terms of Trust processes relating to patents and intellectual property.
- 7.5.2 Staff should seek prior permission from the organisation before entering into any agreement with bodies regarding product development, research, work on pathways etc, where this impacts on the organisation's own time, or uses its equipment, resources or intellectual property. Staff in this position should initially seek advice from the Executive Chief Finance Officer who will signpost the staff member to the correct department from which to seek the appropriate prior permissions.
- 7.5.3 Where holding of patents and other intellectual property rights give rise to a conflict of interest then the general management actions outlined in this policy should be considered and applied to mitigate risks.

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7.5.4 **Where it is appropriate to declare based on the above, the following should be declared:**

- Staff name and their role with the organisation.
- A description of the patent.
- Relevant dates.
- Other relevant information (e.g. action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy)

7.6 **Loyalty Interests**

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

- Hold a position of authority in another NHS organisation or commercial, charity, voluntary, professional, statutory or other body which could be seen to influence decisions they take in their NHS role.
- Sit on advisory groups or other paid or unpaid decision making forums that can influence how an organisation spends taxpayers' money.
- Are, or could be, involved in the recruitment or management of close family members and relatives, close friends and associates, and business partners.
- Are aware that their organisation does business with an organisation in which close family members and relatives, close friends and associates, and business partners have decision making responsibilities.

7.6.2 **Where it is appropriate to declare based on the above, the following should be declared:**

- Staff name and their role with the organisation.
- Nature of the loyalty interest.
- Relevant dates.
- Other relevant information (e.g. action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

7.7 **Donations**

7.7.1 Donations made by suppliers or bodies seeking to do business with the organisation should be treated with caution and not routinely accepted. In exceptional circumstances they may be accepted but should always be declared. A clear reason should be recorded as to why it was deemed acceptable, alongside the actual or estimated value. Advice and approval to accept must always be sought, by the staff member, from their Service Director or equivalent. In any cases of doubt, the Service Director or equivalent should seek advice from the Finance Department. A written record of the approval must be retained by the staff member in case of future query.

7.7.2 Staff should not actively solicit charitable donations unless this is a prescribed or expected part of their duties for the organisation, or is being pursued on behalf of the organisation's own registered charity or other charitable body and is not for their own personal gain.

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- 7.7.3 Senior Staff (Band 8d and above or equivalent) must obtain permission from their Executive Director or Chief Executive 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.
- 7.7.4 Donations, when received, should be made to a specific charitable fund (never to an individual) and a receipt should be issued. The Charitable Funds Policy and Procedure must be followed at all times and advice sought from the Finance Department.
- 7.7.5 Staff wishing to make a donation to a charitable fund in lieu of receiving a professional fee may do so, subject to ensuring that they take personal responsibility for ensuring that any tax liabilities related to such donations are properly discharged and accounted for. Staff wishing to do this must seek advice from the Finance Department as to appropriate action prior to reaching any agreement.
- 7.7.6 **Where it is appropriate to declare based on the above, the following should be declared:**
- Staff name and their role with the organisation.
 - A description of the nature and value of the donation, including its source.
 - Date of receipt.
 - Any other relevant information (e.g. circumstances surrounding the donation, action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).
- 7.7.7 The Trust will maintain records in line with the above principles and rules and relevant obligations under charity law. This will be in the form of a collated record of all relevant individual declarations of interest.
- 7.8 Sponsored events**
- 7.8.1 Sponsorship of events by appropriate external bodies will only be approved if a reasonable person would conclude that the event will result in clear benefit to the organisations and the NHS.
- 7.8.2 During dealings with sponsors there must be no breach of patient or individual confidentiality or data protection rules and legislation.
- 7.8.3 No information should be supplied to the sponsor from whom they could gain a commercial advantage, and information which is not in the public domain should not normally be supplied.
- 7.8.4 At the organisation's discretion, sponsors or their representatives may attend or take part in the event but they should not have a dominant influence over the content or the main purpose of the event.
- 7.8.5 The involvement of a sponsor in an event should always be clearly identified.
- 7.8.6 Staff within the organisation involved in securing sponsorship of events should make it clear that sponsorship does not equate to endorsement of a

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company or its products and this should be made visibly clear on any promotional or other materials relating to the event.

- 7.8.7 Staff arranging sponsored events must declare this to the organisation. Advice and approval to accept sponsorship must always be sought, by the staff member, from their Service Director or equivalent. A pro-forma for assessing the suitability of sponsorship arrangements should be obtained from the Trust Secretary and governance processes already set out in relevant policies (or advised by the Trust Secretary) should be followed e.g. pharmaceutical sponsorship to be approved by Medicines Management Committee. In any cases of doubt, the Service Director or equivalent should seek advice from the Finance Department. A written record of the approval must be retained by the staff member in case of future query.
- 7.8.8 **Where it is appropriate to declare based on the above, the following should be declared:**
- Staff name and their role with the organisation.
 - A description of the nature and value of the sponsorship, including its source.
 - Date of receipt.
 - Any other relevant information (e.g. circumstances surrounding the sponsorship, action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).
- 7.8.9 Any offers of unreasonably generous sponsorship, or of any sponsorship declined, must be reported immediately to the Trust Secretary via the process detailed at 7.8.8 above – the declaration should clearly state that the offer was declined. Staff should promptly decline any offers of unreasonably generous sponsorship politely explaining the terms of the Conflicts of Interest, Gifts and Hospitality Policy and Procedural Guidelines and stating that they are not allowed to accept it.
- 7.8.10 The organisation will maintain records regarding sponsored events in line with the above principles and rules. This will be in the form of a collated record of all relevant individual declarations of interest.

7.9 Sponsored research

Please note, this section should be read in conjunction with the Trust's Research Conduct and Processes Policy (CLP19).

- 7.9.1 Funding sources for research purposes must follow national guidelines. Attributing the costs of health and social care Research and Development (ACoRD) guidance provides a framework for the NHS and its partners to identify, attribute and recover the various costs associated with research in the NHS, in a transparent, robust and consistent manner. It applies to all NHS research covered by the UK Policy Framework for Health and Social Care Research.

National Institute of Health Research (NIHR) Funded Research - EPUT holds a partnership contract with NIHR Local Clinical Research Network North Thames (CRN-NT) to undertake NIHR research projects. The CRN-NT

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provides funding specifically for named individual members of EPUT staff based within the Research and Innovations Department.

- 7.9.2 Any proposed research must go through the relevant health research authority or other approvals process. For the Trust, **all** proposals for research must go through the Trust's Research and Innovations Department before submission to any other process. The required processes are detailed in the Trust's Research Conduct and Processes Policy (CLP19).
- 7.9.3 There must be a written protocol and written contract between staff, the organisation, and/or institutes at which the study will take place and the sponsoring organisation, which specifies the nature of the services to be provided and the payment for those services. This will be organised by the Research and Innovations Department.
- 7.9.4 Clinical Research will be in accordance with The International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use (ICH) Good Clinical Practice (GCP) guidelines.
- 7.9.5 Roles and responsibilities will be fulfilled for Research as set out in the UK Policy Framework for Health and Social Care Research.
- 7.9.6 The study must not constitute an inducement to prescribe, supply, administer, recommend, buy or sell any medicine, medical device, equipment or service.
- 7.9.7 Staff involved in sponsored research will be required by the Research and Innovations Department to complete various documentation appertaining to their role which may include reference to conflict of interest information.
- 7.9.8 However, staff should also declare involvement with sponsored research to the organisation for inclusion in the corporate interests register via the process outlined at paragraph 11.9.9 below.
- 7.9.9 **Where it is appropriate to declare based on the above, the following should be declared:**
- The organisation will retain written records of sponsorship of research, in line with the above principles and rules.
 - Staff should declare:
 - Their name and their role with the organisation.
 - Nature of their involvement in the sponsored research.
 - relevant dates.
 - Other relevant information (e.g. what, if any, benefit the sponsor derives from the sponsorship, action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).
- 7.9.10 The organisation will retain written records of sponsorship of research, in line with the above principles and rules. This will be in the form of detailed records within the Research and Innovations Department records in addition to a collated record of all relevant individual corporate declarations of interest.

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7.10 Sponsored posts

- 7.10.1 External sponsorship of a post requires prior approval from the organisation
- 7.10.2 Rolling sponsorship of posts should be avoided unless appropriate checkpoints are put in place to review and withdraw if appropriate.
- 7.10.3 Sponsorship of a post should only happen where there is written confirmation that the arrangements will have no effect on purchasing decisions or prescribing and dispensing habits. This should be audited for the duration of the sponsorship. Written agreements should detail the circumstances under which organisations have the ability to exit sponsorship arrangements if conflicts of interest which cannot be managed arise.
- 7.10.4 Sponsored post holders must not promote or favour the sponsor's products, and information about alternative products and suppliers should be provided.
- 7.10.5 Sponsors should not have any undue influence over the duties of the post or have any preferential access to services, materials or intellectual property relating to or developed in connection with the sponsored posts.
- 7.10.6 In all circumstances where posts are to be sponsored, advice and approval must be sought from the Human Resources Department prior to any arrangements being agreed.
- 7.10.7 Sponsorship of a post should only happen where there is written confirmation that the arrangements will have no effect on purchasing, or in the case of pharmaceutical sponsorship, prescribing or dispensing decisions.
- 7.10.8 Staff in sponsored posts should declare any interests arising as a result of their association with the sponsor, in line with the content of the entirety of the Conflicts of Interest Policy and these Procedural Guidelines.
- 7.10.9 The organisation will retain written records of sponsorship of posts, in line with the above principles and rules. The record of sponsorship of posts will be retained by the Human Resources Department. The record of any declared interests arising for staff members as a result of their association with the sponsor will be retained in the form of a collated record of all relevant individual declarations of interest.

7.11 Clinical private practice

- 7.11.1 Clinical staff should declare all private practice on appointment, and/or any new private practice when it arises³ including:
- Where they practise (name of private facility).
 - What they practise (specialty, major procedures).
 - When they practise (identified sessions/time commitment).

³ Hospital Consultants are already required to provide their employer with this information by virtue of Para.3 Sch.9 of the Terms and Conditions – Consultants (England) 2003: [https://www.bma.org.uk/-/media/files/pdfs/practical advice at work/contracts/consultanttermsandconditions.pdf](https://www.bma.org.uk/-/media/files/pdfs/practical%20advice%20at%20work/contracts/consultanttermsandconditions.pdf)

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- 7.11.2 Clinical staff should (unless existing contractual provisions require otherwise or unless emergency treatment for private patients is needed):
- Seek prior approval of their organisation before taking up private practice.
 - Ensure that, where there would otherwise be a conflict or potential conflict of interest, NHS commitments take precedence over private work.⁴
 - Not accept direct or indirect financial incentives from private providers other than those allowed by Competition and Markets Authority guidelines:
https://assets.publishing.service.gov.uk/media/542c1543e5274a1314000c56/Non-Divestment_Order_amended.pdf
- 7.11.3 Details of the processes to be followed by medical staff to enact the above are included in the Trust's Private and Independent Practice for Medical Staff Policy and Procedure (CP48 & CPG48) which must be followed at all times.
- 7.11.4 Advice must be obtained, prior to commencing any clinical private practice, from the Human Resources Department by non-medical staff wishing to undertake clinical private practice as to appropriate actions they must take.
- 7.11.5 Hospital Consultants or any other clinical staff wishing to undertake private practice 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.
- 7.11.6 **Where it is appropriate to declare based on the above, the following should be declared:**
- Staff name and their role with the organisation.
 - A description of the nature of the private practice (e.g. what, where and when staff practise, sessional activity, etc).
 - Relevant dates.
 - Any other relevant information (e.g. action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

8.0 MANAGEMENT OF INTERESTS – ADVICE IN SPECIFIC CONTEXTS

8.1 Strategic Decision Making Groups

- 8.1.1 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.

⁴ These provisions already apply to Hospital Consultants by virtue of Paras.5 and 20, Sch. 9 of the Terms and Conditions – Consultants (England) 2003: https://www.bma.org.uk/-/media/files/pdfs/practical_advice_at_work/contracts/consultanttermsandconditions.pdf

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- 8.1.2 The interests of those who are involved in these groups should be well known so that they can be managed effectively. For the purposes of these Procedural Guidelines, these groups are defined in paragraph 3.6.2 of the associating Policy.
- 8.1.3 These groups will adopt the following principles:
- Chairs will consider any known interests of members in advance, and begin each meeting by asking for declaration of relevant material interests.
 - Members will take personal responsibility for declaring material interests at the beginning of each meeting and as they arise.
 - Any new interests identified will be added to the organisation's register(s).
 - The vice chair (or other non-conflicted member) will chair all or part of the meeting if the chair has an interest that may prejudice their judgement.
- 8.1.4 As a matter of good practice, all Committees / Sub-Committees / Sub-Groups will have "Declarations of Interest" as a standing agenda item at the start of each meeting.
- 8.1.5 If a member has an actual or potential interest under 8.1.3 or 8.1.4 the chair will 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.

In the case of the Board of Directors, it will be the Chair that will decide whether the Director is required to withdraw from discussions. In the event of disagreement, the Board will decide.

- 8.1.6 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.

8.2 Procurement

- 8.2.1 Procurement should be managed in an open and transparent manner, compliant with procurement and other relevant law, to ensure there is no discrimination against or in favour of any provider. Procurement processes should be conducted in a manner that does not constitute anti-competitive behaviour - which is against the interest of patients and the public.

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- 8.2.2 Those involved in procurement exercises for and on behalf of the organisation should keep records that show a clear audit trail of how conflicts of interest have been identified and managed as part of procurement processes. At every stage of procurement, steps should be taken to identify and manage conflicts of interest to ensure and to protect the integrity of the process.
- 8.2.3 The following policies set out the Trust's process for procurement which must be followed at all times:
CP8 Procurement Policy
CPG8 Procurement Procedure
- 8.2.4 Conflict of Interests Forms will be completed as part of any procurement process. This process will be determined and managed by the Procurement Department. Completed forms will not be held centrally but will rather be held with the documents relating to the procurement process.
- 8.2.5 Waiver forms will also include the requirement for the individual completing the form to confirm that they have no conflicts of interest.
- 8.2.6 Advice in terms of any procurement process / purchasing decision should be sought from the Trust's Contracts / Purchasing teams. Senior advice is available from the Head of Procurement.

9.0 DEALING WITH BREACHES

- 9.1 There will be situations when interests will not be identified, declared or managed appropriately and effectively. This may happen innocently, accidentally, or because of the deliberate actions of staff or other organisations. For the purposes of this policy these situations are referred to as 'breaches'.
- 9.2 Identifying and reporting breaches**
- 9.2.1 Staff who are aware about actual breaches of this policy, or who are concerned that there has been, or may be, a breach, should report these concerns to the Trust Secretary initially.
- 9.2.2 To ensure that interests are effectively managed, staff are encouraged to speak up about actual or suspected breaches. Every individual has a responsibility to do this. There are a number of routes via which a member of staff can raise concerns if they do not feel able to report these to the Trust Secretary initially as detailed above. These include the Trust's Freedom to Speak Up service and other routes detailed in the Raising Concerns (Whistleblowing) Policy and Procedural Guidelines (CP53) and the Fraud and Bribery Policy (CP11).
- 9.2.3 The organisation will investigate each reported breach according to its own specific facts and merits, and give relevant parties the opportunity to explain and clarify any relevant circumstances.

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

9.3 Taking action in response to breaches

- 9.3.1 Action taken in response to breaches of this policy will be in accordance with the disciplinary procedures of the organisation and could involve organisational leads for staff support (e.g. Human Resources), fraud (e.g. Local Counter Fraud Specialists), members of the management or executive teams and organisational auditors.
- 9.3.2 Breaches could require action in one or more of the following ways:
- Clarification or strengthening of existing policy, process and procedures.
 - Consideration as to whether HR/employment law/contractual action should be taken against staff or others.
 - Consideration being given to escalation to external parties. This might include referral of matters to external auditors, NHS Protect, the Police, statutory health bodies (such as NHS England, NHS Improvement or the CQC), and/or health professional regulatory bodies.
- 9.3.3 Inappropriate or ineffective management of interests can have serious implications for the organisation and staff. There will be occasions where it is necessary to consider the imposition of sanctions for breaches.
- 9.3.4 Sanctions should not be considered until the circumstances surrounding breaches have been properly investigated. However, if such investigations establish wrong-doing or fault then the organisation can and will consider the range of possible sanctions that are available, in a manner which is proportionate to the breach. This includes:
- Employment law action against staff, which might include
 - Informal action (such as reprimand, or signposting to training and/or guidance).
 - Formal disciplinary action (such as formal warning, the requirement for additional training, re-arrangement of duties, re-deployment, demotion, or dismissal).
 - Reporting incidents to the external parties described above for them to consider what further investigations or sanctions might be.
 - Contractual action, such as exercise of remedies or sanctions against the body or staff which caused the breach.
 - Legal action, such as investigation and prosecution under fraud, bribery and corruption legislation.

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9.4 Learning and transparency concerning breaches

- 9.4.1 Summarised reports on any breaches, the impact of these, and action taken will be considered by the Finance and Performance Committee at least quarterly.

10.0 FURTHER GUIDANCE

- 10.1 NHS England has produced “Managing Conflicts of Interest in the NHS: Guidance for staff and organisations” (February 2017) and also a number of guidance leaflets with specific guidance on conflicts of interest for:

- NHS Provider Managers
- NHS Clinical Staff
- NHS Medical Staff

All the above guidance is available at: www.england.nhs.uk/ourwork/coi.

- 10.2 Further information on the Association of British Pharmaceutical Industry (ABPI) disclosure initiative can be found at:
<https://abpi.org.uk/our-ethics/disclosure-uk/about-disclosure-uk/>

11.0 REFERENCE TO OTHER TRUST POLICIES/PROCEDURES

Trust Constitution

TB01 – Standing Orders for the Practice and Procedures of the Board of Directors
TB02 – Standing Orders for the Practice and Procedures of the Council of Governors
CLP19 Research Conduct and Processes Policy and Procedure
CLP51 – Hospitality, Gifts and Sponsorship Provided by the Pharmaceutical Industry and Related Supply Companies and Contact with Company Representatives Policy
CLP78 - Appraisal and development (medical staff policy)
CP8 & CPG8 – Purchasing Policy and Procedure
CP11 - Fraud and Bribery Policy
CP15 – Code of Conduct for Members of the Board of Directors Policy
CP21 & CPG21 ITT Purchasing Policy and Procedure
CP25 & CPG25 - Freedom of Information Act 2000 Policy and Procedure
CP45 Intellectual Property (under development)
CP48 and CPG48 – Private and Independent Practice Policy and Procedure
CP53 and CPG53 – Raising Concerns (Whistleblowing) Policy and Procedure
CP59 & CPG59 Data Protection and Confidentiality Policy and Procedure
CP70 & CPG70 – Fit and Proper Persons Policy and Procedure
FP01/03 Requisitioning of Goods and Services
FP09/03a and FP09/03b Charitable Funds Policy and Procedure
FP09/07 Tendering and Quotations
FP10 Standing Financial Instructions
FP11 Detailed Scheme of Delegation
FP12 Scheme of Delegation
HR27& HRP27 Disciplinary Policy and Procedures
HRPG27A - Appendix 2 - Disciplinary Rules
HR32 & HRP32 Maintaining High Professional Standards Conduct and Capability Policy and Procedure for Medical and Dental Staff

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HR40 & HRP40 Deployment of Temporary Workers Policy and Procedure
HR48 & HRP48 Supervision & Appraisal Policy and Procedure
HR52 & HRP52 Travel and Business Costs Policy and Procedural Guidelines
HR57 & HRP57 Recruitment and Retention Policy and Procedure
HR59 & HRP59 Managing Temporary Workers Conduct & Complaint Policy and Procedure

END

SAMPLE ONLY