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BEHAVIOURAL STANDARDS FRAMEWORK

To help create a great place to work and a great place to be cared for, it is essential that our Trust policies, procedures and processes support our values and behaviours. This document, when used effectively, can help promote a workplace culture that values the contribution of everyone, shows support for staff as well as patients, recognises and celebrates the diversity of our staff, shows respect for everyone and ensures all our actions contribute to safe care and a safe working environment - all of which are principles of our Behavioural Standards Framework.

Behavioural Standards Framework – Expectations ‘at a glance’

Introduce yourself with #hello my name is. . . 	Value the contribution of everyone	Share learning with others
Be friendly and welcoming	Team working across all areas	Recognise diversity and celebrate this
Respect shown to everyone	Seek out and act on feedback	Ensure all our actions contribute to safe care and a safe working environment
Put patients at the centre of all we do	Be open and honest	For those who supervise / manage teams: ensure consistency and fairness in your approach
Show support to both staff and patients	Communicate effectively: listen to others and seek clarity when needed	Be proud of the role you do and how this contributes to patient care

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Managing Conflicts of Interest

What is a conflict of interest?

A conflict of interest arises when your judgement or how you do your job is influenced by outside interests or activities. Whilst you may not consider that you are influenced by an outside interest or activity, caution is always advisable because others may see it differently. It will be important to exercise judgement and to declare such interests where there is otherwise a risk of improper conduct. If in doubt, seek advice.

What are the different types of conflicts of interest?

Financial interests

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

Non-financial professional interests

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

Non-financial personal interests

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

Indirect interests

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

When should you declare an interest?

All staff must be aware of how and to whom declarations should be made, declaring material interests at the earliest opportunity (and in any event within 28 days) via a positive declaration to their organisation. Therefore, declarations should be made:

- On appointment with an organisation
- When a person moves 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

Staff involved in decision making will be prompted annually to update their declarations of interest, or make a nil return.



What are the different common situations that you should be aware of?

There are a number of common situations which can give rise to risk of conflicts of interest, being:

- Gifts
- Hospitality
- Outside employment
- Shareholdings and other ownership interests
- Patents
- Loyalty interests
- Donations
- Sponsored events
- Sponsored research
- Sponsored posts
- Clinical Private Practice

Further details of principles, rules and what should be declared are available on pages 9-16 of the Managing Conflicts of Interest Policy.

How are declarations registered?

All declarations should be made online at <https://uhmb.mydeclarations.co.uk/>

All interests remain on the register for a minimum of 6 months after the interest has expired. A second private record of historic interests will be kept for a minimum of 6 years after the interest has expired.

Where can you find further information?

Further information can be found at:

<https://uhmb.mydeclarations.co.uk/>

If you have any questions or require further information please contact the Company Secretary (01539 716684) or Deputy Company Secretary (01539 715314)

1. SUMMARY

On 9 February 2017, NHS England issued [new guidance on managing conflicts of interest¹](#) in the NHS.

The guidance:

- introduced common principles and rules for managing conflicts of interest
- provided simple advice to staff and organisations about what to do in common situations
- supported good judgement about how interests should be approached and managed.

The guidance came into force from 1 June 2017 and is applicable to the following NHS organisations:

- Clinical Commissioning Groups ('CCGs') via the statutory guidance to CCGs issued by NHS England
- NHS Trusts and NHS Foundation Trusts – which include secondary care trusts, mental health trusts, community trusts, and ambulance trusts
- NHS England (through our Standards of Business Conduct).

When the guidance was published a Model Conflicts of Interest Policy² was also published.

With only minor amendments the Trust has adopted the Model Conflicts of Interest Policy² recommended by NHS England

University Hospitals of Morecambe Bay NHS Foundation Trust (the 'organisation'), and the people who work with and for us, collaborate closely with other organisations, delivering high quality care for our patients.

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

Providing best value for taxpayers and ensuring that decisions are taken transparently and clearly, are both key principles in the NHS Constitution³. We are committed to maximising our resources for the benefit of the whole community. As an organisation and as individuals, we have a duty to ensure that all our dealings are conducted to the highest standards of integrity and that NHS monies are used wisely so that we are using our finite resources in the best interests of patients.

As an organisation we are also guided by the [The Seven Principles of Public Life⁴](#), known as the Nolan Principles, which were defined by the [Committee for Standards in Public Life⁵](#)

They are:

- **Selflessness** Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends.
- **Integrity** Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.
- **Objectivity** In carrying out public business, including making public appointments,

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awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

- **Accountability** Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.
- **Openness** Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands it.
- **Honesty** Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.
- **Leadership** Holders of public office should promote and support these principles by leadership and example.

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.

In order to ensure that the policy and processes remain current and robust the Audit Committee will review annually. In addition to this, internal audit will review every three years.

Managing Conflicts of Interest

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: Managing conflicts of interest in the NHS: guidance for staff and organisations⁶ • Use your common sense and judgement to consider whether the interests you have could affect the way taxpayers' money is spent • Regularly consider what interests you have and declare these as they arise. If in doubt, declare. • NOT misuse your position to further your own interests or those close to you • NOT be influenced, or give the impression that you have been influenced by outside interests • NOT allow outside interests you have to inappropriately affect the decisions you make when using taxpayers' money 	<ul style="list-style-type: none"> • Ensure that this policy and supporting processes are clear and help staff understand what they need to do. • Identify a team or individual with responsibility for: <ul style="list-style-type: none"> ○ Keeping this policy under review to ensure they are in line with the guidance. ○ Providing advice, training and support for staff on how interests should be managed. ○ Maintaining register(s) of interests via MES Delcare. ○ Auditing this policy and its associated processes and procedures at least once every three years. • NOT avoid managing conflicts of interest. • NOT interpret this policy in a way which stifles collaboration and innovation with our partners

Further information can be obtained from <http://uhmb/cd/Governance/Pages/SBC.aspx>

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2. PURPOSE

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

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

This policy should be considered alongside these other organisational policies:

- Behavioural Standards Framework
- Supporting and Addressing Behaviours/Code of Conduct
- Anti-Fraud, Bribery and Corruption
- Constitution of the Trust
- Standing Financial Instructions

3. SCOPE

At University Hospitals of Morecambe Bay NHS Foundation Trust we use the skills of many different people, all of whom are vital to our work. This includes people on differing employment terms, who for the purposes of this policy we refer to as 'staff' and are listed below:

- All Directors, including Executive and Non-Executive Directors
- Trust Managers
- All Trust staff, including seconded staff, trainees and those on work experience
- Contractors and External Consultants
- Service Users and Carers acting on behalf of the Trust
- Volunteers acting on behalf of the Trust
- All Governors

Some staff are more likely than others to have a decision making influence on the use of taxpayers' money, because of the requirements of their role. For the purposes of this guidance these people are referred to as 'decision making staff.'

Decision making staff in this organisation are:

- Executive and Non-Executive Directors
- Members of advisory groups which contribute to direct or delegated decision making on the commissioning or provision of taxpayer funded services
- Those at Agenda for Change band 8A and above
- Administrative and clinical staff who have the power to enter into contracts on behalf of their organisation
- Administrative and clinical staff involved in decision making concerning the commissioning of services, purchasing of goods, medicines, medical devices or equipment, and formulary decisions

Under this policy all staff have certain obligations in relation to gifts and hospitality

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4. POLICY

IDENTIFICATION, DECLARATION AND REVIEW OF INTERESTS

4.1 Identification and Declaration of Interests

All decision making 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)

Declaration of Interest should be made online at uhmb.mydeclarations.co.uk/

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.

4.2 Gifts and Hospitality

All staff should identify and declare gifts and hospitality at the earliest opportunity (and in any event within 28 days). Please see section entitled Management of interests – common situations for further details

Gifts and hospitality must be made online at uhmb.mydeclarations.co.uk/

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.

4.3 Proactive Review of Interests

We will prompt decision making staff annually to review declarations they have made and, as appropriate, update them or make a nil return. The Office of the Company Secretary will send a reminder every 6 months to all staff to ensure that all decision making staff are prompted to return their declarations. When the end of year is approaching, staff who have not made a return will receive weekly reminders for a period of two months.

Records and Publication

4.4 Publication

We will:

- Publish the interests declared by decision making staff in accordance with the NHS Template
 - This information is available at uhmb.mydeclarations.co.uk/

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If decision making staff have substantial grounds for believing that publication of their interests should not take place, 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 via the MES Declare website. However, this would be the exception and information will not be withheld or redacted merely because of a personal preference.

4.5 Wider Transparency Initiatives

University Hospitals of Morecambe Bay NHS Foundation Trust fully supports wider transparency initiatives in healthcare, and we encourage staff to engage actively with these.

Relevant staff are strongly encouraged to give their consent for payments they receive from the pharmaceutical industry to be disclosed as part of the Association of British Pharmaceutical Industry (ABPI) Disclosure UK⁷ initiative. These “transfers of value” include payments relating to:

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

Further information about the scheme can be found on the ABPI website⁷:

<https://www.abpi.org.uk/ethics/ethical-responsibility/disclosure-uk/>

Management of Interests – General

If an interest is declared but there is no risk of a conflict arising then no action is warranted. However, if a material interest is declared then the general management actions that could be applied include:

- Restricting staff involvement in associated discussions and excluding them from decision making
- Removing staff from the whole decision making process
- Removing staff responsibility for an entire area of work
- Removing staff from their role altogether if they are unable to operate effectively in it because the conflict is so significant

Each case will be different and context-specific, and University Hospitals of Morecambe Bay NHS Foundation 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.

Having made a declaration of interest staff have their own responsibility not to take any actions or activities which later may call into question the validity of a decision or their

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conduct

If you require any advice regarding management of interests you can contact the Office of the Company Secretary, Trust Headquarters, Westmorland General Hospital.

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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.

Type of interest	Principles and rules	What to declare
<p>Gifts</p>	<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 £10 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. Further guidance had been given by the NMC and GMC. • 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 Bay Hospitals Charity in accordance with the Charity's Ethical Donation Acceptance or Refusal Policy. They cannot be accepted in a personal capacity. These should be declared by staff. • Modest gifts accepted under a value of £50 do not need to be declared. • A common sense approach should be applied to the valuing of gifts (using an actual amount, if known, or an estimate that a reasonable person would make as to its value). • Multiple gifts from the same source over a 12 month period 	<p>Staff name and their role with the organisation.</p> <ul style="list-style-type: none"> • 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). • Details of gifts declined

	<p>should be treated in the same way as single gifts over £50 where the cumulative value exceeds £50.</p> <p>For any gifts offered but declined please email the following details to the Company Secretary:</p> <ul style="list-style-type: none"> • Name / job title • Description of gifts/ hospitality • Date offered • Reason for declining 	
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Hospitality	<p>Staff should not ask for or accept hospitality that may affect, or be seen to affect, their professional judgement.</p> <p>Hospitality must only be accepted when there is a legitimate business reason and it is proportionate to the nature and purpose of the event.</p> <p>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.</p> <p>Meals and refreshments:</p> <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 £75ⁱ - may be accepted and must be declared. • Over a value of £75 - should be refused unless (in exceptional circumstances) senior approval is given. A clear reason should be recorded on the organisation's register(s) of interest as to why it was permissible to accept. • A common sense approach should be applied to the valuing of meals and refreshments (using an actual 	<ul style="list-style-type: none"> • 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). • Details of hospitality declined
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ⁱ The £75 value has been selected with reference to existing industry guidance issued by the ABPI <http://www.pmcpa.org.uk/thecode/Pages/default.aspx>

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	<p>amount, if known, or a reasonable estimate).</p> <p>Travel and accommodation:</p> <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. <p>Offers which go beyond modest, or are of a type that the organisation itself might not usually offer, need approval by senior staff, should only be accepted in exceptional circumstances, and must be declared. A clear reason should be recorded on the organisation's register(s) of interest as to why it was permissible to accept travel and accommodation of this type. A non-exhaustive list of examples includes:</p> <ul style="list-style-type: none"> • offers of business class or first class travel and accommodation (including domestic travel) • offers of foreign travel and accommodation <p>For any hospitality offered but declined please email the following details to the Company Secretary:</p> <ul style="list-style-type: none"> • Name / job title • Description of hospitality • Date offered • Reason for declining 	
<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 organisation</p>	<ul style="list-style-type: none"> • 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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	<p>to engage in outside employment.</p> <p>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.</p>	
Share-holdings 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 organisation.</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 organisation • Nature of the shareholdings/other ownership interest. • Relevant dates. • Other relevant information (e.g. action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).
Patents	<p>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</p> <p>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.</p>	<ul style="list-style-type: none"> • 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)

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	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.	
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 <p>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</p>	<ul style="list-style-type: none"> • Staff name and their role with the organisation. • Nature of the loyalty interest. • Relevant dates. • Other relevant information (e.g. action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).
Donations	<p>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.</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</p>	<ul style="list-style-type: none"> • The organisation will maintain records in line with the above principles and rules and relevant obligations under charity law.

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	<p>pursued on behalf of the organisation's own registered charity or other charitable body and is not for their own personal gain.</p> <p>Staff must obtain permission from the organisation if in their professional role they intend to undertake fundraising activities on behalf of a pre-approved charitable campaign for a charity other than the organisation's own.</p> <p>Donations, when received, should be made to a specific charitable fund (never to an individual) and a receipt should be issued.</p> <p>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.</p>	
<p>Sponsored events</p>	<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 organisations 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 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</p>	<ul style="list-style-type: none"> • The organisation will maintain records regarding sponsored events in line with the above principles and rules. <p>Staff should declare:</p> <ul style="list-style-type: none"> • 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). <p>The Trust will also carry out periodical checks with Association of British Pharmaceutical Industry (ABPI) Disclosure UK7 initiative.</p>

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	<p>main purpose of the event. The involvement of a sponsor in an event should always be clearly identified.</p> <p>Staff within the organisation involved in securing sponsorship of events should make it clear that sponsorship does not equate to endorsement of a company or its products and this should be made visibly clear on any promotional or other materials relating to the event.</p> <p>Staff arranging sponsored events must declare this to the organisation.</p>	
Sponsored research	<p>Funding sources for research purposes must be transparent.</p> <p>Any proposed research must go through the relevant health research authority or other approvals process.</p> <p>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.</p> <p>The study must not constitute an inducement to prescribe, supply, administer, recommend, buy or sell any medicine, medical device, equipment or service.</p> <p>Staff should declare involvement with sponsored research to the organisation.</p>	<p>The organisation will retain written records of sponsorship of research, in line with the above principles and rules.</p> <p>Staff should declare:</p> <ul style="list-style-type: none"> • their name and their role with the organisation. • Nature of their involvement in the sponsored research. • relevant dates. • Other relevant information (e.g. what, if any, benefit the sponsor derives from the sponsorship, action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).
Sponsored posts	<p>External sponsorship of a post requires prior approval from the organisation.</p> <p>Rolling sponsorship of posts should be avoided unless appropriate checkpoints are put in place to review and withdraw if appropriate.</p>	<p>The organisation will retain written records of sponsorship of posts, in line with the above principles and rules.</p> <p>Staff should declare any other interests arising as a result of their association with the sponsor, in line with the content in the rest of this</p>

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	<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. 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>	policy.
<p>Clinical private practice</p>	<p>Clinical staff should declare all private practice on appointment, and/or any new private practice when it arisesⁱⁱ 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 organisation before taking up private practice. • Ensure that, where there would otherwise be a conflict or potential 	<ul style="list-style-type: none"> • 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).

ⁱⁱ 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

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	<p>conflict of interest, NHS commitments take precedence over private work.ⁱⁱⁱ</p> <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 guidelines⁸: <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>	
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Management of interests – advice in specific contexts

Strategic Decision Making Groups

In common with other NHS bodies University Hospitals of Morecambe Bay NHS Foundation 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. A list of strategic decision making groups is held by the Company Secretary These groups should adopt the following principles:

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

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

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

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

Procurement

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

Those involved in procurement exercises for and on behalf of the organisation should keep records that show a clear audit trail of how conflicts of interest have been identified and managed as part of procurement processes. At every stage of procurement steps should be taken to identify and manage conflicts of interest to ensure and to protect the integrity of the process.

Details of existing procurement policies can be found on the Trust website - <http://uhmb/cd/supplies/General%20Information/Pages/default.aspx>

Staff who present applications for additions to the formulary are required to make a declaration of interest as part of that process.

All members of the Prescribing and Formulary Committee are asked to make a declaration of interest each time an application is considered by the Committee.

Representation on NHS Bodies

Decision making staff should also declare their membership of any regional or national bodies on which they serve arising from their role within the Trust.

Other considerations and guidance

The requirements of this policy should be read in conjunction with the terms and conditions of your employment.

For nursing and medical staff the acceptance of inducements or gifts is prohibited by the [General Medical Council](#)⁹ and the Nursing and Midwifery Council¹⁰ and you must uphold your position. For further details please follow the links below.

http://www.gmc-uk.org/guidance/good_medical_practice/20466.asp

<https://www.nmc.org.uk/standards/code/read-the-code-online/>

Dealing with breaches

There will be situations when interests will not be identified, declared or managed appropriately and effectively. This may happen innocently, accidentally, or because of the deliberate actions of staff or other organisations. For the purposes of this policy these situations are referred to as 'breaches'.

Identifying and reporting breaches

Staff that have any concerns relating to a declaration of interest or a private transaction are encouraged to report it to their line manager as soon as possible.

If staff feel unable to do this they can contact Heather Bruce the Freedom to Speak up (FTSU) guardian.

Heathers contact details are:-

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Telephone number: 07890587013
Email: heather.bruce@mbht.nhs.uk

You can also report concerns to the Deputy Company Secretary Olivia Caton.

Telephone number: 01539715314
Email: Olivia.caton@mbht.nhs.uk

Alternatively staff can contact the Trusts Anti-fraud Specialist (AFS) David Alford.

Dave's primary role is to raise awareness of fraud, bribery and corruption related risks, with the ultimate purpose of ensuring that valuable NHS resources are not diverted away from patient care. Dave, as the Trust's AFS, should be the first person to contact with any fraud related issues or concerns that you have. You should also contact Dave if you feel that you require guidance or general advice. Any information given will be treated in the strictest confidence.

Dave's contact details are:

Telephone number: 0151 285 4714 or 07554227477
Email: david.alford@miaa.nhs.uk or d.alford@nhs.net

Alternatively you can call the confidential NHS CFA Fraud & Corruption Reporting Line on 0800 028 40 60 (Freephone 24 Hours)

Or use the online reporting tool at www.cfa.nhs.uk/reportfraud¹¹ Please visit www.cfa.nhs.uk¹² for further information about NHS Counter Fraud Authority (NHSCFA).

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.

Following investigation the organisation will:

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

Taking action in response to breaches

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

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

- Clarification or strengthening of existing policy, process and procedures
- Consideration as to whether HR/employment law/contractual action should be taken against staff or other
- 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.

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

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

- Employment law action against staff, which might include
 - Informal action (such as reprimand, or signposting to training and/or guidance)
 - Formal disciplinary action (such as formal warning, the requirement for additional training, re-arrangement of duties, re-deployment, demotion, or dismissal)
- Reporting incidents to the external parties described above for them to consider what further investigations or sanctions might be
- Contractual action, such as exercise of remedies or sanctions against the body or staff which caused the breach
- Legal action, such as investigation and prosecution under fraud, bribery and corruption legislation

Learning and transparency concerning breaches

Reports on breaches, the impact of these, and action taken will be considered via an annual report considered by the Audit Committee and Workforce Operational Group.

To ensure that lessons are learnt and management of interests can continually improve, anonymised information on breaches, the impact of these, and action taken will be prepared and published by the Company Secretary as appropriate, or made available for inspection by the public upon request.

5. ATTACHMENTS	
Number	Title
1	Equality & Diversity Impact Assessment Tool

6. OTHER RELEVANT / ASSOCIATED DOCUMENTS	
Unique Identifier	Title and web links from the document library

7. SUPPORTING REFERENCES / EVIDENCE BASED DOCUMENTS	
References in full	
Number	References
1	NHS England (2017) Managing conflicts of interest in the NHS. Available from: https://www.england.nhs.uk/ourwork/coi/ (accessed 9.4.19)
2	NH England (2017) Managing conflicts of interest – model policy content for organisations. Available from: https://www.england.nhs.uk/publication/managing-conflicts-of-interest-model-policy-content-for-organisations/ (accessed 9.4.19)
3	Department of Health (2012) NHS Constitution for England. Available from: https://www.gov.uk/government/publications/the-nhs-constitution-for-england (accessed 9.4.19)
4	Committee on Standards in Public Life (1995) The 7 principles of public life. Available

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	from: https://www.gov.uk/government/publications/the-7-principles-of-public-life (accessed 9.4.19)
5	Committee on Standards in Public Life. Available from: https://www.gov.uk/government/organisations/the-committee-on-standards-in-public-life (accessed 9.4.19)
6	NHS England (2017) Managing conflicts of interest in the NHS: guidance for staff and organisations. Available from: https://www.england.nhs.uk/wp-content/uploads/2017/02/guidance-managing-conflicts-of-interest-nhs.pdf (accessed 9.4.19)
7	ABPI (2016) Disclosure UK. Available from: https://www.abpi.org.uk/ethics/ethical-responsibility/disclosure-uk/ (accessed 9.4.19)
8	CMA (2014) Private Healthcare Market Investigation Order 2014. Available from: https://assets.publishing.service.gov.uk/media/542c1543e5274a1314000c56/Non-Divestment_Order_amended.pdf (accessed 9.4.19)
9	GMC (2013) Good medical practice: honesty in financial dealings. Available from: http://www.gmc-uk.org/guidance/good_medical_practice/20466.asp (accessed 9.4.19)
10	NMC (2015) The code for nurses and midwives. Available from: https://www.nmc.org.uk/standards/code/ (accessed 9.4.19)
11	NHS Counter Fraud Authority. NHS Fraud. Available from: https://www.reportnhsfraud.nhs.uk/ (accessed 9.4.19)
12	NHS Counter Fraud Authority Available from: https://cfa.nhs.uk (accessed 9.4.19)

8. DEFINITIONS / GLOSSARY OF TERMS

Abbreviation or Term	Definition

9. CONSULTATION WITH STAFF AND PATIENTS

Enter the names and job titles of staff and stakeholders that have contributed to the document

Name	Job Title	Date Consulted

10. DISTRIBUTION PLAN

Dissemination lead:	Office of the Company Secretary
Previous document already being used?	Yes
If yes, in what format and where?	Trust Procedural Document Library
Proposed action to retrieve out-of-date copies of the document:	Archive previous version
To be disseminated to:	
Document Library	
Proposed actions to communicate the document contents to staff:	Include in the UHMB Friday Corporate Communications Roundup – New documents uploaded to the Document Library and Using the NHS provided materials

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11. TRAINING

Is training required to be given due to the introduction of this policy? * No * Please delete as required

Action by	Action required	Implementation Date
Company Secretary	Publication and utilisation of NHS England training materials	To be confirmed

12. AMENDMENT HISTORY

Version No.	Date of Issue	Page/Selection Changed	Description of Change	Review Date
1.1	Jul 2017	Page 2	Plan on a Page added	01/06/2018
1.2	05/10/2017	Page 6, Scope	Decision making staff in this organisation are: bullet point changed from Band 8C and above to Band 8A and above	01/06/2018
1.3	01/11/2017	Page 3	BSF page added	01/06/2018
1.4	08/12/2017	Page 6	Added paragraph - In order to ensure that the policy and processes remain current and robust the Audit Committee will review annually. In addition to this, internal audit will review every three years.	01/06/2018
1.5	08/06/2018	Front Cover	Review date extended. Form 083/2018	01/08/2018
1.6	12/09/2018	Page 1	Review date extended - form 127/2018	01/12/2018
1.7	12/12/2018	Page 1	Review Date extended – form 163/2018	01/02/2019
2		Throughout	Updated information on how to declare gifts and hospitality. Contact information updated	01/04/2022

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Equality Impact Assessment Form

Department/Function	Governance		
Lead Assessor	Paul Jones		
What is being assessed?	This policy will help our staff manage conflicts of interest risks effectively. The policy will: <ul style="list-style-type: none"> • Introduce a consistency to the principles and rules • Provide simple advice about what to do in common situations • Supports good judgement about how our people should approach and manage interests 		
Date of assessment			
What groups have you consulted with? Include details of involvement in the Equality Impact Assessment process.	Equality of Access to Health Network	<input type="radio"/> Yes	<input checked="" type="radio"/> No
	Staff Side Colleague	<input checked="" type="radio"/> Yes	<input type="radio"/> No
	Service Users	<input type="radio"/> Yes	<input checked="" type="radio"/> No
	Staff Inclusion Network(s)	<input type="radio"/> Yes	<input checked="" type="radio"/> No
	Personal Fair Diverse Champions	<input type="radio"/> Yes	<input checked="" type="radio"/> No
	Other (including external organisations)	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Please give details:			

1) What is the impact on the following equality groups?		
Positive: <ul style="list-style-type: none"> ➢ Advance Equality of opportunity ➢ Foster good relations between different groups ➢ Address explicit needs of Equality target groups 	Negative: <ul style="list-style-type: none"> ➢ Unlawful discrimination, harassment and victimisation ➢ Failure to address explicit needs of Equality target groups 	Neutral: <ul style="list-style-type: none"> ➢ It is quite acceptable for the assessment to come out as Neutral Impact. ➢ Be sure you can justify this decision with clear reasons and evidence if you are challenged
Equality Groups	Impact (Positive / Negative / Neutral)	Comments
Race (All ethnic groups)	Neutral	This document has been subject to an Equality Impact Assessment and applies to all staff equally. It does not discriminate positively or negatively between protected characteristics.
Disability (Including physical and	Neutral	This document has been subject to an Equality Impact Assessment and applies to all staff equally. It does not

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mental impairments)		discriminate positively or negatively between protected characteristics.
Sex	Neutral	This document has been subject to an Equality Impact Assessment and applies to all staff equally. It does not discriminate positively or negatively between protected characteristics.
Gender reassignment	Neutral	This document has been subject to an Equality Impact Assessment and applies to all staff equally. It does not discriminate positively or negatively between protected characteristics.
Religion or Belief	Neutral	This document has been subject to an Equality Impact Assessment and applies to all staff equally. It does not discriminate positively or negatively between protected characteristics.
Sexual orientation	Neutral	This document has been subject to an Equality Impact Assessment and applies to all staff equally. It does not discriminate positively or negatively between protected characteristics.
Age	Neutral	This document has been subject to an Equality Impact Assessment and applies to all staff equally. It does not discriminate positively or negatively between protected characteristics.
Marriage and Civil Partnership	Neutral	This document has been subject to an Equality Impact Assessment and applies to all staff equally. It does not discriminate positively or negatively between protected characteristics.
Pregnancy and maternity	Neutral	This document has been subject to an Equality Impact Assessment and applies to all staff equally. It does not discriminate positively or negatively between protected characteristics.

2) In what ways does any impact identified contribute to or hinder promoting equality and diversity across the organisation?	<p>The public rightly expect the highest standards of behaviour in the NHS, and we take our responsibility as custodians of taxpayers' money very seriously. Decisions involving the use of NHS funds should never be influenced by outside interests or expectations of private gain, but we recognise that conflicts of interest are unavoidable in complex systems.</p> <p>This policy will empowered our People to use good judgement in managing conflicts of interest effectively and need to be safeguarded so they can continue to work innovatively with partners whilst also providing transparency to the taxpayer Content of the policy are based on the recommended & nationally recognised standards of best practice.</p>
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<p>3) If your assessment identifies a negative impact on Equality Groups you must develop an action plan to avoid discrimination and ensure opportunities for promoting equality diversity and inclusion are maximised.</p> <ul style="list-style-type: none"> ➤ This should include where it has been identified that further work will be undertaken to further explore the impact on equality groups ➤ This should be reviewed annually.
Action Plan Summary

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Action	Lead	Timescale
NA		

This form will be automatically submitted for review for Policies and Procedures once approved by Policy Group. For all other assessments, please return an electronic copy to EIA.forms@mbht.nhs.uk once completed.

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