
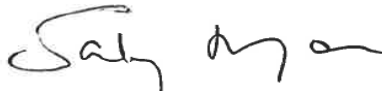


Royal Brompton & Harefield NHS Foundation Trust

CONFLICT OF INTEREST POLICY

Author:	Director of Performance and Trust Secretary
Approval Committee:	Management Committee
Signed by: Chief Executive	
Date approved:	18 th October 2017
Ratification	Trust Board
Signed by: Chair	
Date Ratified	25 th October 2017
Implemented by:	Trust Staff
Issue Date:	26 th October 2017
Version:	V5
Review Date:	25 th October 2020
Review interval:	3 Years
Target Audience:	Trust-wide

CONTENTS

1. Executive Summary	4
2. Principles	6
3. Introduction and Definitions	8
4. Standards	11
5. Declaration of Interests	12
6. Register of Interests	16
7. Receipts of Gifts	17
8. Hospitality	20
9. Sponsorship	23
10. Miscellaneous Interests	27
11. Clinical Private Practice	29
12. Management of Interests	30
13. Dealing with Breaches	32



DOCUMENT CONTROL

History:

Version	Date	Amended History
V1	September 2011	
V2	September 2014	
V3	18 th August 2017	Drafted in line with the guidance issued by NHS England
V4	1 st September 2017	Amended in line with feedback from the Chief Executive; Executive Summary added
V5	25 th September 2017	Updated following Management Committee NHSE Guidance retained.

Consultation:

This document has been reviewed by the following:

	Date
Joint Staff Committee	
Management Committee	
Trust Board	

Equalities Impact Assessment

This Policy has been reviewed in line with the Trusts Equality Impact Assessment to identify whether it prejudices any particular group.

	Yes	No
A group was identified as being disadvantaged following this review		X

If yes, which groups?



1. EXECUTIVE SUMMARY

Principles - All Directors, Governors and staff must be impartial, honest and above suspicion in the conduct of their duties. Specifically, they are not permitted to further their personal interests, whether paid or voluntary, in the course of their duties at the Trust. All Directors, Governors and staff have personal responsibility for their conduct and are expected to anticipate and declare any potential conflict of interest including in relation to gifts, hospitality and sponsorship. Further details of the principles underpinning this policy are given in [Section 2](#) of this policy.

Definitions of the specialised terms used in this policy, and how this policy links to other Trust policies are set out in [Section 3](#)

Standards that staff are expected to meet are detailed in [Section 4](#) of the policy.

Declaration of Interests is a key part of this policy. Interests can be financial, non-financial, professional interests, non-financial personal interests or indirect interests. These terms are explained in more detail in the section of this policy dealing with definitions (see link above).

Process to be followed when declaring an interest - [Section 5](#) of this policy.

[Section 6](#) of the policy sets out how the Trust's Register of Interests is maintained

Material interests include gifts, hospitality and sponsorship.

Gifts - There are conditions attached to the acceptance of gifts. These are set out in [Section 7](#) of this policy. The acceptance of gifts with a value of £100 or more requires careful consideration and the procedure to be followed is also provided in Section 7 of this policy.

Hospitality - [Section 8](#) of the policy addresses both the giving and receipt of hospitality. Hospitality with an estimated value of up to £25 need not be declared. Acceptance of hospitality with a value between £25 and £75, or where the recipient has concerns about accepting the hospitality, must be authorised in advance and the procedure for this is described in Section 8. Hospitality with a value over £75 must be politely declined with reference to this policy.

Sponsorship - [Section 9](#) of this policy provides details of the procedures to be followed with regards to sponsorship, including [commercial sponsorship of on-site events](#). Other aspects of sponsorship are also covered including [commercial sponsorship which provides individual funding](#), [Commercial sponsorship of patient services – 'linked deals'](#), [sponsored research](#), [sponsored posts](#) and [collaborations with the pharmaceutical industry](#).

Policy for discrete areas:

[Section 10](#) sets out the policy of the Trust on a number of discrete areas.

These include:

- [Outside employment](#)
- [Shareholdings and other ownership issues](#)
- [Patents](#)
- [Loyalty interests](#)
- [Donations](#)

The policy to be applied in the area of **Clinical Private Practice** is set out in [Section 11](#) of this policy.

Procurement - The policy also includes, at [Section 12](#), advice in specific contexts largely covering procurement activities.

Breaches of the Policy - Finally, [Section 12](#) sets out how breaches of the policy will be dealt with, both internally, with reference to the Trust's Disciplinary Policy and externally through escalation to external parties.



2. PRINCIPLES

- 2.1 This policy applies to the Directors, Governors and all staff (i.e. employees, prospective employees (who are part way through recruitment), contractors/sub-contractors, agency staff and committee, sub-committee and advisory group members) of Royal Brompton & Harefield NHS Foundation Trust (“the Trust”) and is compliant with NHS England Guidance on Managing Conflicts of Interest in the NHS¹.
- 2.2 The Trust respects the integrity and objectivity of its Directors, Governors and staff, and the organisation is committed to the highest standards of business conduct. The guidance in this Policy is designed to safeguard the interests of Directors, Governors and staff as well as those of the Trust and ensure that all our dealings are conducted to the highest standards of integrity, decisions are taken transparently and NHS monies are used wisely so that we are using those resources in the best interests of patients and can build and maintain public confidence in the Trust.
- 2.3 The Trust Board has formally adopted the Nolan Principles and Board Directors sign a declaration to confirm that they will comply with the NHS Code of Conduct as a condition of their appointment. The Trust's Governors have adopted a Code of Conduct which requires them to uphold high standards of probity and business conduct. Both bodies have adopted the Standards for members of NHS boards and CCG governing bodies in England, published by the Professional Standards Authority, November 2013.
- 2.4 Trust Managers must comply with the Code of Conduct for NHS Managers (the NHS Code) and the NHS Code of Conduct is incorporated into all employees' contracts of employment.
- 2.5 All Directors, Governors and staff must be impartial, honest and above suspicion in the conduct of their duties. Specifically, they are not permitted to further their personal interests, whether paid or voluntary, in the course of their duties at the Trust. All Directors, Governors and staff have personal responsibility for their conduct and are expected to anticipate and declare any potential conflict of interest including in relation to gifts, hospitality and sponsorship – as detailed in this policy.
- 2.6 All Directors, Governors and staff who have interests outside the Trust must ensure that such interests do not impact adversely on their duties and responsibilities as staff of the Trust.

¹ Effective as of 1 June 2017



A lifetime of specialist care

2.7 All Directors, Governors and staff must:

- be certain that there is no conflict or risk of conflict between any private interest, paid or voluntary, and NHS duties
- be certain that, on a personal basis, no gifts, goods, hospitality, services, rewards or inducements are requested, agreed, accepted, offered, promised or given during the course of their duties which might be interpreted as seeking to exert influence to obtain preferential consideration:
- declare any interests where there might be a conflict, and if staff are unsure about what to declare, to consult their manager or, in the case of medical staff their Clinical Director for clarification.



3. INTRODUCTION AND DEFINITIONS

- 3.1 This policy is intended to assist the Trust in ensuring that it uses NHS money appropriately thereby providing best value for taxpayers and accountability to our patients for the decisions we take. It has been drafted in accordance with NHS England's "Managing Conflicts of Interest in the NHS" Guidance.
- 3.2 This policy will assist staff manage conflict of interest risks effectively by:-
- introducing consistent principles and rules
 - providing simple guidance and advice about what to do in common situations
 - supporting good judgement about how to approach and manage conflicts of interest.
- 3.3 This policy is also intended to set the standards of conduct in relation to the acceptance of gifts, hospitality and sponsorship and assist all staff in understanding their responsibilities in this area and also ensure the Trust is adhering to the relevant guidance and legislation on the giving and receipt of gifts, hospitality or sponsorship.
- 3.4 This policy should be considered alongside these other Trust policies and NHS guidance documents:-
- Managing Conflicts of Interest in the NHS, guidance for staff and organisations, NHS England (February 2017). Please note this guidance supersedes and extinguishes the Standards of Business Conduct for NHS staff (HSG(93)5).
 - Anti-Bribery Policy
 - Whistleblowing Policy
 - Disciplinary Policy
 - RB&HFT Standing Orders and Standing Financial Instructions
 - Standards for members of NHS boards and CCG governing bodies in England, published by the Professional Standards Authority, November 2013
 - Code of conduct for NHS Managers; Department of Health, October 2002
 - The Nolan Principles of Public life
 - "Commercial Sponsorship-Ethical Standards for the NHS", published by the Department of Health, November 2000

3.5 In this policy the following words shall have the meanings set out below:

Associated person means - anyone who performs services for or on behalf of the Trust including any individual member of staff working for the Trust, but also extends to all contractors, subcontractors, consultants or other representatives engaged by or acting as agents for the Trust.

Conflict of interest means - a set of circumstances by which a reasonable person would consider that an individual's ability to apply judgement or act, in the context of delivering, commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold.

Conflicts of interest may be:-

- actual - there is a material conflict between one or more interests
- potential – there is the possibility of a material conflict between one or more interests in the future
- perceived – where there may not be an actual/potential conflict but a third party may nonetheless view it differently. In such cases a cautious approach is advisable

Decision Making Staff means – all staff that have a material influence on how taxpayers' money is spent, including (but is not limited to):

- Executive and Non-executive Directors
- Members of advisory groups which contribute to direct or delegated decision making on the provision of taxpayer funded services
- Those at Agenda for Change band 8d and above
- Administrative and clinical staff involved in decision making concerning the purchasing of goods, medicines, medical devices or equipment, and formulary decisions.

Financial (other) advantage could be (but is not limited to) - gifts, hospitality, offers of employment, donations to particular causes, promises of future contracts or anything else that could be reasonably perceived as an "advantage" as understood by its normal, everyday meaning.

Gifts can include (and are not limited to) – money, goods, services (a combination of them), loans, and beneficial terms in relation to (amongst other things) the purchase or lease of goods or services and an offer or receipt of sponsorship (whether in relation to an event or of an individual).

Goods include - vehicles or any type of equipment.



Hospitality includes (but is not limited to) – invitations to events, meals and refreshments, entertainment, travel and accommodation.

Improper performance means - any performance which amounts to a breach of an expectation that a person will act in good faith, impartially or in accordance with a position of trust.

Interests can include:-

- Financial interests (i.e. where an individual may get direct financial benefit from the consequences of a decision they are involved in making)
- Non-financial professional interests (i.e. 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 (i.e. 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 (i.e. where an individual has a close association with another individual who has a financial interest, a non-financial professional interest or a non-financial personal interest and could stand to benefit from a decision they are involved in making).

Relevant function means - any function of a public nature, any activity connected with a business or any activity performed in the course of a person's employment/work/duties.



4. STANDARDS

4.1 All Directors, Governors and staff are required to adopt the following standards which form part of applicable contracts of employment, letters of employment, contracts for services and codes of conduct (as applicable).

4.2 All Directors, Governors and staff must:

- declare any interests (as defined in this policy) on a personal or family basis and remain impartial and honest in the conduct of all Trust business;
- use the public funds entrusted to them to the best advantage of patients and the Trust, always ensuring value for money;
- declare to the Trust Research Services Directorate any research activity which involves the use of Trust facilities and resources;
- never abuse their NHS position for personal gain or for the advantage of family or friends or for other organisations;
- refrain from any other work, in any capacity, during the hours for which they are contracted for their NHS duties to the Trust;
- ensure that any financial rewards or benefits received as a result of work carried out in the course of Trust employment/duties are given over to the Trust (an exception to this applies to medical staff engaged within their contract of employment in private practice on the Trust's premises);
- ensure they adhere to the Trust's Anti-Bribery Policy in relation to any offer of personal sponsorship made by a commercial company/third party;
- avoid any arrangements where sponsorship or funding is in any way deemed to carry with it an undertaking to purchase from a commercial company/third party;
- ensure that no commercially sensitive information is disclosed without the express written authority of their manager.

5. DECLARATION OF INTERESTS

5.1 All Directors, Governors and staff should identify and declare material interests (including gifts, hospitality and sponsorship) at the earliest opportunity (and in any event within 14 days). If in any doubt as to whether any such interests (gifts, hospitality or sponsorship) are material then these should be declared so that it can be considered by the Trust. In particular declarations should be considered and made if appropriate:

- On appointment with the Trust
- When staff move to a new role or their responsibilities change significantly
- At the beginning of a new project/piece of work
- As soon as circumstances change and new interests arise (for instance, in a meeting when interests held are relevant to the matters in discussion)
- On notice or receipt of actual/proposed gifts, hospitality or sponsorship

5.2 Staff

5.2.1 Members of staff should identify and must notify their manager of all material conflicts of interest and complete the on-line form 'Register of Interests' on the Intranet.

If in any doubt over whether a declaration should be made a member of staff should ask the following questions:

- am I, or might I be in a position where I (or my family/friends) could gain from the connection between my private interests and my employment?
- do I have access to information which could influence purchasing decisions?
- do I have any other interest that could result in me being offered, promised or given a financial or other advantage that could influence me to improperly perform any aspect of my work/duties?
- do I have any other interest that could be considered as influencing me to improperly perform any aspect of my work/duties?
- could my outside interests be in any way detrimental to the NHS or to patients' interests?
- do I have any other reason to think my actions may give rise to a conflict of interest?

New staff must declare any interest immediately at the time of appointment. Unless already declared, staff must declare any conflict of interest within fourteen days of the date of implementation of this policy and must update their declarations within fourteen days of any change to their interests.

- 5.2.2 A declaration can be made initially by telephone, but must be confirmed in writing without delay by completing the on-line form 'Register of Interests' on the Intranet, see here: <http://www2.rbht.nhs.uk/how-to-guides/forms/register-of-interests/>

Each declaration by a member of staff is automatically copied to the Line Manager of the staff member concerned who will consider whether there is any conflict with the role of the member of staff.

- 5.2.3 If the Line Manager considers that a conflict or serious risk of a conflict arises, such as the occupation of any external position which the Trust considers unacceptable, the member of staff will be interviewed by his/her Line Manager to discuss any action to be taken. If necessary, the Line Manager will refer the matter to the Trust Secretary for consideration.

- 5.2.4 Following this process, the Line Manager will ensure that any information provided pursuant to paragraph 5.1.4 is recorded on the current register of interests and is discussed and understood by the staff member.

5.3 Directors

- 5.3.1 Directors should declare to the Trust Secretary (via the intranet or email) all relevant and material interests as defined in the Standing Orders for the Board of Directors, noting the statutory and constitutional requirements to declare interests which conflict or possibly may conflict with duties to the Trust. Directors should note that any relevant and material interests of spouses or partners should also be declared.

If in any doubt over whether a declaration should be made a Director should ask the following questions:

- am I, or might I be in a position where I (or my family/friends) could gain from the connection between my private interests and my position as a Director?
- do I have access to information which could influence purchasing decisions?
- do I have any other interest that could result in me being offered, promised or given a financial or other advantage that could influence me to improperly perform any aspect of my role as a Director?
- do I have any other interest that could be considered as

influencing me to improperly perform any aspect of my role as a Director?

- could my outside interests be in any way detrimental to the NHS or to patients' interests?
- do I have any other reason to think my actions give rise to a conflict of interest?

5.3.2 Directors and Governors should declare any relevant and material interests (including those of spouses or partners) at the time of appointment. Unless already declared, Directors and Governors should declare any such interests within fourteen days of the date of implementation of this policy and must update their declarations within fourteen days of any change to their interests. Directors and Governors should also declare interests (including those of spouses or partners) in matters which are the subject of discussions by the Board or the Council of Governors; such declarations should be made at the beginning of the meeting at which the matters are to be discussed.

5.3.3 In respect of declarations from Governors, Executive and Non-executive Directors, the Chief Executive and Chairman respectively will consider the declaration with advice from the Trust Secretary to determine whether there is any conflict with the Director's or Governor's duties to the Trust. For interests declared at meetings of the Board, or the Council of Governors, the Chairman will, with advice from the Trust Secretary, determine whether the Director or Governor concerned should participate in the discussion and any decision about the matter concerned. Directors / Governors should normally take no part in the discussion or any decision about the matter concerned.

5.4 **Management of Interests - general**

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

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

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

5.5 Wider Transparency Initiatives

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

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

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

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



6. REGISTER OF INTERESTS

- 6.1 The Trust has established an on-line register of interests, and an on-line register for gifts, hospitality and sponsorship, which is used to record material declarations from Directors, Governors and staff. The register is held electronically and is accessed via the Trust's Intranet at: <http://www2.rbht.nhs.uk/how-to-guides/forms/register-of-interests/>
- 6.2 Where there are any amendments to interests and/or gifts, hospitality or sponsorship declared by Directors or Governors these will be reported to the next meeting of the Board of Directors or Council of Governors respectively, and the published extract of the register which shows Directors' and Governors' interests will be updated.
- 6.3 The extracts of the register which show the interests declared by Directors and Governors are reported to the Board of Directors and the Council of Governors respectively each year (at meetings held in public) and they are available through the Trust's website. In addition, some of the Directors' interests are required (by the Foundation Trust Annual Reporting Manual published by NHSI) to be disclosed in the Trust's Annual Report, which is published after the end of each financial year.
- 6.4 After expiry, an interest will remain on the register for a minimum of 6 months and a private record of historic interests will be retained for a minimum of 6 years.
- 6.5 The Trust will prompt all staff annually to review declarations they have made and, as appropriate, update them or make a nil return.
- 6.6 The Trust will:
- Publish the interests declared by staff in the on-line register(s)
 - Update this published information annually
 - Make this information available on the Trust's website
- 6.7 If staff have substantial grounds for believing that publication of their interests should not take place then they should contact [insert job title]. 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.



7. RECEIPT OF GIFTS

- 7.1 Gifts, hospitality or sponsorship offered by any third party must not in any way be connected with the performance of duties or relevant functions of Trust staff and associated persons so as to constitute an offence under the Bribery Act 2010.
- 7.2 The acceptance of gifts and hospitality, even on a modest scale, may arouse suspicion and must be capable of public justification. Accordingly staff must not ask for any gifts and the following requirements should be followed by Directors, Governors and staff in relation to gifts and hospitality.
- 7.3 Under no circumstances must staff accept personal gifts of cash or vouchers. However, it is permissible to accept cash donations to the Royal Brompton and Harefield Hospitals Charity, subject to a receipt being issued and the cash being banked through the Trust's cash office.
- 7.4 Gifts from suppliers or contractors doing business (or likely to do business) with the Trust, whatever the value should be politely declined under this Policy.
- 7.5 The receipt of a gift with a value of up to £50 is acceptable, if all the following requirements are met:
- (a) It does not affect and could not be viewed as affecting an individual's professional judgement.
 - (b) it is not made with the intention of influencing any person to obtain or retain business or a business advantage, or to reward the provision or retention of business or a business advantage, or in explicit or implicit exchange for favours or benefits;
 - (c) the gift is a one-off and no further gifts are accepted from the same source;
 - (d) it does not include cash or a cash equivalent (such as gift certificates or vouchers);
 - (e) it is appropriate in the circumstances;
 - (f) taking into account the reason for the gift, it is of an appropriate type and value and given at an appropriate time; and
 - (g) it is given openly, not secretly.
- 7.6 Items (including promotional aids) of low intrinsic value² such as diaries, calendars, chocolates and other items of work related stationery and equipment may be accepted and need not be declared.
- 7.7 It is also acceptable to receive other small value items, for example from a patient or relative in appreciation of the treatment and care received, or seasonal items, if it is made clear to the person making the offer that it is accepted on behalf of the Team or Department (and indeed, is shared with colleagues) or is donated to the Royal Brompton and Harefield Hospitals Charity.
- 7.8 Before receiving a gift with a value of up to £50, a member of staff should:

² Under the value of £6 in line with with ABPI Guidance



- be satisfied it meets all the requirements of paragraph 7.5; **and**
 - inform their Line Manager (or in the case of Directors, the Trust Secretary).
- 7.9 On receiving a notification that a staff member proposes to receive a gift with a value of up to £50, the Line Manager (or Trust Secretary) is not obliged to do anything, unless they consider that the gift should not be accepted, in which case they should inform the member of staff proposing to receive the gift that they must refuse it (or if it has already been accepted, return it).
- 7.10 Gifts accepted with a value of up to £50 do not need to be declared/recorded in the Trust's Register of Gifts.
- 7.11 The receipt of a gift by a staff member of the Trust with a value above £50 should be declared and may be acceptable, if all the following requirements are met:
- (a) it is not made with the intention of influencing any person to obtain or retain business or a business advantage, or to reward the provision or retention of business or a business advantage, or in explicit or implicit exchange for favours or benefits;
 - (b) the gift is a one-off and no further gifts are accepted from the same source;
 - (c) it does not include cash or a cash equivalent (such as gift certificates or vouchers);
 - (d) it is appropriate in the circumstances;
 - (e) taking into account the reason for the gift, it is of an appropriate type and value and given at an appropriate time;
 - (f) it is given openly, not secretly.
- 7.12 Before receiving a gift with a value above £50, a member of staff should:
- satisfy himself that it meets all the requirements of paragraph 7.4;
 - notify their Line Manager (or in the case of a Director, the Trust Secretary), of his intention to receive the gift; **and**
 - wait for approval before agreeing to accept the gift.
- 7.13 On receiving a notification that a staff member proposes to receive a gift with a value above £50, the Line Manager (or in the case of a Director, the Trust Secretary) should decide whether or not the gift may be accepted. The Line Manager should take advice from the Trust Secretary with regards to any cases where there could be a suspicion that a financial or other advantage was being sought. If the Line Manager (or in the case of a director, the Trust Secretary) agrees that the gift may be received, the member of staff:



- may accept the gift; and
- should declare the gift through the Register within 14 days.

If the Line Manager (or in the case of a Director, the Trust Secretary) decides that the gift may not be received, the member of staff must not accept the gift.

- 7.14 Any proposal for the Trust to give a gift must be authorised in advance by the Associate Chief Executive – Finance, or the Trust Secretary. Any gift given should be declared through the Register of Gifts on the Intranet within 14 days.
- 7.15 Trust resources cannot be used to purchase gifts for birthdays, weddings, births, hospitalisation, etc. and cannot normally be used to send floral tributes in the event of a death. However, it is recognised that there may be exceptional cases which merit expenditure and, in such circumstances, an Executive Director should authorise it.
- 7.16 Staff may of course make a personal donation to any private collection within the Trust.



8. HOSPITALITY

8.1 The giving of hospitality (including modest offers to pay some/all travel/accommodation costs) by the Trust or receipt of hospitality to the Trust is acceptable, if all the following requirements are met:

- (a) it is not made with the intention of influencing a third party to obtain or retain business or a business advantage, or to reward the provision or retention of business or a business advantage, or in explicit or implicit exchange for favours or benefits;
- (b) there is a legitimate business reason for the hospitality and it is proportionate;
- (c) the value of the hospitality is less than £75 per head;
- (d) the hospitality is a one-off and no further hospitality is accepted from the same source;
- (e) taking into account the reason for the hospitality, it is of an appropriate type and value and given at an appropriate time;
- (f) the hospitality is secondary to the purpose of the meeting, function or event and the level of hospitality offered is appropriate and not out of proportion to the occasion;
- (g) it is given openly, not secretly; and it is normal and reasonable in the circumstances, for example:
 - lunches in the course of a meeting or approved event (i.e. a drink and sandwich during a visit or a working lunch)
 - meals when visiting other premises
 - formally representing the Trust at functions and events (e.g. civic functions)

8.2 If all of the requirements of 8.1 are met, and the potential recipient has no concerns about the proposed hospitality, it may be accepted in the normal course of the performance of duties and does not require approval of a Line Manager (or Trust Secretary). However, it must be declared through the Register within 14 days.

8.3 It is acceptable to receive hospitality which is under the value of £25 and any such hospitality need not be declared.

8.4 If the value of the proposed hospitality is less than £75, and any of the requirements of 8.1 are not met or the proposed hospitality is offered by an actual or potential supplier/contractor or the proposed recipient has any other concerns about accepting the hospitality, the member of staff should seek advance authorisation from their Line Manager, or in the case of Directors /Governors, the Trust Secretary, for the proposed hospitality **and** wait for approval before agreeing to accept the hospitality.



- 8.5 If a member of staff is in any doubt about whether or not to seek authorisation in advance of accepting hospitality, the member of staff should seek advance authorisation. Particular care must be taken when dealing with contractors, developers and firms or individuals in a comparable position.
- 8.6 On receiving a notification about proposed hospitality, the Line Manager (or Trust Secretary) should decide whether or not the hospitality may be accepted. A Line Manager may consult with the Trust Secretary before reaching a decision. The Line Manager (or Trust Secretary) should communicate their decision as soon as possible (bearing in mind that hospitality is often offered for a specific date).
- 8.7 If the Line Manager (or Trust Secretary) agrees that the hospitality may be accepted, the member of staff:
- may accept the hospitality; and
 - should declare the hospitality through the Register within 14 days.
- 8.8 If the Line Manager (or Trust Secretary) decides that the hospitality may not be accepted, the member of staff must not accept the hospitality.

Hospitality that must be declined

- 8.9 Any offer of hospitality that exceeds £75 per person must be politely declined with reference to this policy.
- 8.10 Offers of hospitality relating to theatre evenings, sporting fixtures, or holiday accommodation or any other hospitality must be politely declined with reference to this policy.
- 8.11 Any member of staff who is offered hospitality that must be declined should also notify the offer to a Line Manager or Trust Secretary as soon as possible of the offer.

Gifts and/or hospitality: What is not acceptable

- 8.12 It is not acceptable for you (or someone on your behalf) to:
- (a) give, promise to give, or offer, a payment, gift or hospitality with the expectation or hope that a financial or other advantage will be received, or to reward a financial or other advantage already given;
 - (b) give, promise to give, or offer, a payment, gift or hospitality to a government official (including another NHS member of staff), agent or representative to "facilitate" or expedite a routine procedure (including any clinical or administrative process);
 - (c) accept payment from a third party that you know or suspect is offered with the expectation that it will obtain a business advantage for them or result in any form of preferential treatment in a clinical or administrative setting;
 - (d) accept a gift or hospitality from a third party if you know or suspect that it is offered or provided with an expectation that a business advantage will be provided by the Trust in return or result in any form of preferential treatment in a clinical or administrative setting;

If any of the above applies, the gift and/or hospitality must be refused and you should notify your Line Manager and/or the Trust Secretary.



9. SPONSORSHIP

- 9.1 All staff should be aware of the Guidance in “Commercial Sponsorship-Ethical Standards for the NHS”, published by the Department of Health in November 2000. It advises staff to consider fully the implications of any proposed sponsorship arrangement before entering into an agreement with the providing company.
- 9.2 In addition, any sponsorship must comply with the Trust’s Anti-Bribery Policy and must not contravene the Bribery Act 2010. A sponsorship arrangement must not be accepted if it appears, it is believed or it is known that the sponsorship will lead to a member of staff contravening the Bribery Act 2010.

Commercial Sponsorship - On-site Events

- 9.3 Sponsorship is an important aspect of funding on-site educational events and is often a positive benefit for patient care. However, the staff member organising the potential sponsored event must ensure that the sponsorship gives no inappropriate commercial advantage to the sponsor or risks falling foul of the Trust’s legal and ethical obligations.
- 9.4 Staff organising a potential sponsored event should ensure that the sponsorship complies with the Trust’s Anti-Bribery policy before accepting the sponsorship. If the staff member has reason to believe that a sponsor is seeking to improperly influence a Trust member of staff in relation to a relevant function, the proposed sponsorship should be declined and recorded. The organiser of the potential sponsored event should also inform the Trust Secretary.
- 9.5 Staff organising a potential sponsored event must give consideration to the following:-
- Sponsorship of events by appropriate external bodies will only be approved if a reasonable person would conclude that the event will result in clear benefit for the organisation/the NHS.
 - During dealings with sponsors there must be no breach of patient or individual confidentiality or data protection rules and legislation.
 - No information should be supplied to the sponsor from which they could gain a commercial advantage, and information which is not in the public domain should not normally be supplied.
 - At the Trust’s discretion, sponsors or their representatives may attend or take part in the event but they should not have a dominant influence over the content or the main purpose of the event.
 - The involvement of a sponsor in an event should always be clearly identified.
 - Sponsorship does not equate to endorsement of a company or its products and this should be made visibly clear on any promotional or other materials relating to the event.



- Staff arranging sponsored events must declare this to the organisation and obtain appropriate authorisation in advance of the event (as detailed below).
- 9.6 If the value of the sponsorship is below £50, it need not be authorised, unless the staff member organising the event has any concerns, in which case, they should seek authorisation from their Line Manager.
- 9.7 If the value of the sponsorship exceeds £50, it must be authorised in advance by the staff member's Line Manager. If the Line Manager has any concerns, the Line Manager may request advice from the Trust Secretary.
- 9.8 If the value of the sponsorship exceeds £500, it must be authorised in advance by the Trust Secretary.
- 9.9 All sponsorship approved by a Line Manager or Trust Secretary, should be recorded within 14 days in the Register by indicating:- (a) The type of products or services provided by the sponsor to the Trust; and (b) the attendees at an educational event.

Commercial Sponsorship - Individual Funding

- 9.10 An offer of individual sponsorship should be declared to the staff member's relevant Line Manager (or in the case of Directors, to the Trust Secretary). If any guidance is required the relevant Line Manager will refer the matter to the Trust Secretary. The relevant Line Manager or Trust Secretary must confirm that the individual sponsorship does not contravene the Trust's Anti-Bribery Policy before approval is granted.
- 9.11 An offer of individual sponsorship includes attending a conference and similar events relevant to the responsibilities and duties of the individual, and associated hotel and travel expenses. The benefits to the Trust and patient care arising from such sponsorship should be documented.
- 9.12 Under no circumstances should individual sponsorship to attend conferences and/or events be accepted where the conference and/or event are not relevant to the responsibilities and duties of the individual and of no benefit to the Trust or patient care.
- 9.13 Any offer to sponsor an individual above £50 will require the completion of the on-line form 'Register of Sponsorship' on the Intranet. If the sponsorship has a value of over £500, the Trust Secretary's approval must be given. If the individual has reason to believe that a sponsor is seeking to improperly influence them in relation to a relevant function, the proposed sponsorship should be declined and recorded.
- 9.14 Members of Trust staff receiving payment for the presentation of training sessions, organising sessions, acting as a guest speaker, within normal working times should remit the payment promptly to the Royal Brompton and Harefield Hospitals Charity.
- 9.15 Sponsorship for an event for which a member of staff takes annual leave to attend or takes place when off duty (for example over a weekend) is exempt

from disclosure. However, the event must not conflict with the member of staff's NHS work and the member of staff must ensure that the payment is permissible under the Bribery Act 2010 and the Trust's Anti-Bribery Policy. In addition, the sponsorship for such an event must not give rise to the perception that the member of staff is being influenced in relation to their performance of functions for the Trust. If further guidance is required, the member of staff should contact the Trust Secretary.

Commercial Sponsorship of Patient Services – ‘Linked Deals’

- 9.16 Occasionally a commercial organisation may offer to finance some aspect of service provision linked to the supply of goods or services. This could take the form of, for example, sponsorship of a member of staff or provision of equipment. Such sponsorship must comply with Paragraph 28 of Health Service Guidelines HSG (97) 32 entitled “Responsibilities for Meeting Patient Care Costs Associated with Research and Development in the NHS”.
- 9.17 The Trust cannot enter into any arrangements unless it has been made clear that the sponsorship will have no effect on purchasing or any other administrative or clinical decisions within the Trust. Any such proposal must demonstrably pass a “value for money” test using Trust procurement processes, and be approved by the Director of Finance.
- 9.18 Where such sponsorship is accepted, monitoring arrangements must be established to ensure purchasing decisions are not being influenced by the sponsorship agreement.

Sponsored research

- 9.19 Any funding sources for research purposes must be transparent and must go through the relevant health research authority or other approvals process. Staff should declare involvement with sponsored research to the organisation.
- 9.20 In relation to any sponsored research there must be a written protocol and written contract between staff, the Trust and/or institutes at which the research/study will take place and the sponsoring organisation, which specifies the nature of the services to be provided and the payment for those services.
- 9.21 The research/study must not constitute an inducement to prescribe, supply, administer, recommend, buy or sell any medicine, medical device, equipment or services.



Sponsored posts

- 9.22 External sponsorship of a post requires prior approval from the Divisional General Manager holding budgetary responsibility for the service in question.
- 9.23 Rolling sponsorship of posts should be avoided unless appropriate checkpoints are put in place to review and withdraw if appropriate.
- 9.24 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.
- 9.25 Sponsored post holders must not promote or favour the sponsor's products, and information about alternative products and suppliers should be provided.
- 9.26 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.

Collaboration with the Pharmaceutical Industry

- 9.27 Where collaborative partnerships involve a pharmaceutical company the proposed arrangements must comply fully with the statutory measures governing advertisement of medicines, which are enforced by the Medicines and Healthcare Products Regulatory Agency, and the Codes of Practice by which the pharmaceutical industry self-regulates. For more information see the MHRA website at:

- <http://www.mhra.gov.uk/Howweregulate/Medicines/Advertisingofmedicines/>.

10. MISCELLANEOUS INTERESTS

Outside Employment

10.1 Staff should declare any existing outside employment on appointment and any new outside employment when it arises:

- Where a risk of conflict of interest arises, the general management actions outlined in this policy should be considered and applied to mitigate risks.
- Where contracts of employment or terms and conditions of engagement permit, staff may be required to seek prior approval from the Trust to engage in outside employment.

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

Shareholdings and other ownership issues

10.2 Staff should declare, as a minimum, any shareholdings and other ownership interests in any publicly listed, private or not-for-profit company, business, partnership or consultancy which is doing, or might be reasonably expected to do, business with the Trust:

- Where shareholdings or other ownership interests are declared and give rise to risk of conflicts of interest then the general management actions outlined in this policy should be considered and applied to mitigate risks.
- There is no need to declare shares or securities held in collective investment or pension funds or units of authorised unit trusts.

Patents

10.3 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:

10.4 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.

10.5 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

10.6 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 the Trust does business with an organisation in which close family members and relatives, close friends and associates, and business partners have decision making responsibilities.

Donations

10.7 Donations made by suppliers or bodies seeking to do business with the Trust should be treated with caution and not routinely accepted. In exceptional circumstances they may be accepted but should always be declared. A clear reason should be recorded as to why it was deemed acceptable, alongside the actual or estimated value.

10.8 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.

10.9 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.

10.10 Donations, when received, should be made to a specific charitable fund (never to an individual) and a receipt should be issued.

10.11 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.



11. CLINICAL PRIVATE PRACTICE

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

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

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
- 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

11.3 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.

12. MANAGEMENT OF INTERESTS – ADVICE IN SPECIFIC CONTEXTS

Strategic decision making groups

12.1 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.
- Making procurement decisions.
- Selection of medicines, equipment, and devices.

The interests of those who are involved in these groups should be well known so that they can be managed effectively. For this organisation members of these groups are selected by the procurement team according to the specialist knowledge required for the work in question.

12.2 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.

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

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



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

Procurement

- 12.4 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.
- 12.5 Those involved in procurement exercises for and on behalf of the Trust should keep records that show a clear audit trail of how conflicts of interest have been identified and managed as part of procurement processes. At every stage of procurement steps should be taken to identify and manage conflicts of interest to ensure and to protect the integrity of the process.

13. DEALING WITH BREACHES

13.1 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'.

Identifying and reporting breaches

13.2 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 their Line Manager or the Trust Secretary.

13.3 To ensure that interests are effectively managed staff are encouraged to speak up about actual or suspected breaches. Every member of staff has a responsibility to do this. In relation to raising concerns staff should make reference to the Trust's Whistleblowing Policy.

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

13.5 Following investigation the Trust will:

- Decide if there has been or is potential for a breach and, if so, determine 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.

Taking action in response to breaches

13.6 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.

13.7 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.

- 13.8 Inappropriate or ineffective management of interests can have serious implications for the Trust and staff. There will therefore be occasions where it is necessary to consider the imposition of sanctions for breaches.
- 13.9 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

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

Review

This policy will be reviewed in three years unless an earlier review is required.

The review will be led by the Trust Secretary.