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## Conflicts of Interest Policy

### CONFLICTS OF INTEREST POLICY

Version	Date	Purpose of Issue/Description of Change	Review Date
1.0	25 January 2018	Replaced Standards of Business Conduct Policy – introduced following new requirements from NHS England	January 2021
2.0	27 November 2018	Updated forms	November 2021
3.0	30 September 2020	Updated and revised to reflect: • recommendations of internal audit on Gifts and Hospitality: one form/electronic submission for declaration of interests, all gifts and hospitality offered to be declared and any offers are now required to be approved by line manager/ Executive Director prior to acceptance; • changes to declarations and management responsibilities for decision making staff regarding shareholder and other ownership interests; and • recommendations of the independent Cultural Assessment: expanding the management of loyalty interests to include relationships at work requiring all staff from pre-employment to declare interests as well as throughout the recruitment/internal promotion process. Supporting Risk Assessments are required to be completed by line managers and/or Executive Directors with Human Resources oversight managing this process.	November 2023
4.0	July 2024	Updated details of Declare website.	July 2027

		Flow charts added to document process for declaring gifts and hospitality	
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# 1 PURPOSE

The honesty and impartiality of all employees of the Trust should be above suspicion, especially in any contact with organisations and individuals with which the Trust has or might have dealings. The Policy should be understood in the light of this principle.

The Trust's Constitution and Standing Orders require conflicts of interest to be declared and a register of interests to be maintained. This is a publicly disclosable document.

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

- Introduces consistent principles and rules;
- Provides simple advice about what to do in common situations, including the acceptance of gifts, hospitality, honours, charitable donations, sponsorship and the award of contracts for goods and/or services; and
- Supports good judgement about how to approach and manage interests. This policy should be considered alongside these other Trust policies:
- Anti Fraud, Bribery and Corruption Policy;
- Freedom to Speak Up Policy;
- Disciplinary Policy

## 2 BACKGROUND/CONTEXT

In 2017 NHS England (NHSE) issued revised guidance on Managing Conflicts of Interest in the NHS applicable to all CCGs, NHS Trusts and NHS Foundation Trusts.

Every year the taxpayer entrusts NHS organisations with over £110 billion to care for millions of people. Decisions involving the use of NHS funds should never be influenced by outside interests or expectations of private gain, but it is recognised that conflicts of interest are unavoidable in large complex systems.

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.

## 3 DEFINITIONS

A 'conflict of interest' is:

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

A conflict of interest may be:

- Actual – there is a material conflict between one or more interests.
- Potential – there is the possibility of a material conflict between one or more interests in the future.

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

This policy applies to all members of Trust staff; it is incorporated into every individual's contract of employment (it was formerly referred to as the Standards of Business Conduct).

## 4 POLICY EFFECT

This policy provides guidance on the declarations that staff are required to make, where these declarations are made, the types of declarations and how this information is used.

For details of the process to be followed see Appendix A which outlines the processes covered by the Policy, and what these processes aim to achieve.

## **5 ROLES AND RESPONSIBILITIES**

### **5.1 Chief Executive**

The Chief Executive is responsible for ensuring that these guidelines are brought to the attention of all employees; also that systems are put in place for ensuring that they are effectively implemented and monitored including periodic examination of the "gifts and hospitality" registers maintained by the Company Secretary, and periodic examination of recruitment and employment practice.

### **5.2 Executive Director of People and Culture**

The Executive Director of People and Culture is responsible for ensuring systems and processes are in place in relation to compliance with this policy. Specifically, in relation to relationships at work/loyalty interests, the recruitment practice and secondary employment. The Executive Director of People and Culture will provide advice, training and support for staff, ensure interests are collected and considered pre-employment and through the continuous recruitment process, monitoring risk assessments and mitigating action in place.

### **5.3 Company Secretary**

The Company Secretary is responsible for:

- Reviewing the Organisation policy and bringing it in line with national guidance;
- Providing advice, training and support for staff on how interests should be managed;
- Maintaining register(s) of interests;
- Compiling an annual report about management of conflicts of interest which will be presented to the Audit Committee;
- Auditing this policy and associated process and procedures at least every three years.

## 5.4 Executive Directors/Line Managers

All line managers and/or Executive Directors are responsible for:

- Ensuring all staff are aware of their responsibilities under this policy;
- Conducting matters involving close personal relationships at work in a fair and consistent way;
- Undertaking risk assessments to ensure any potential conflicts of interest arising from personal relationships at work can be avoided.

## 5.5 Staff

At Harrogate and District 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 salaried employees;
  - The Board of Directors, including Executive and Non Executive Directors;
  - All prospective employees – who are part-way through recruitment;
  - Contractors and sub-contractors;
  - Agency staff; and
  - Committee, sub-committee and advisory group members (who may not be directly employed or engaged by the Trust).
- All members of staff are required to:
- Follow this policy; it is incorporated into all contracts of employment;
  - Declare actual and potential conflicts of interests, and take relevant steps to manage these;
  - Consider whether they meet the definition of 'decision making staff';
  - Declare gifts and hospitality, outside employment, including private clinical practice current and any offered;
  - Not accept gifts that may affect, or be seen to affect, their professional judgement;
  - Declare any shareholdings in companies with which the Organisation would reasonably be expected to do business;
  - Declare patents and other intellectual property rights they hold;
  - Declare donations made to the Organisation (not the Harrogate Hospital and Community Charity), include sponsorship for events, research or staff posts; and
  - Report concerns about breaches of this policy.

## 5.6 Decision Making Staff

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;
- Senior administrative and clinical staff, specifically including consultants, all procurement staff and those at Agenda for Change band 8a and above
- Budget holders;
- Members of advisory groups which contribute to direct or delegated decision making on the commissioning or provision of taxpayer funded services;
- Administrative and clinical staff who have the power to enter into contracts on behalf of their organisation; and,

Administrative and clinical staff involved in decision making concerning the commissioning of services, purchasing of goods, medicines, medical devices or equipment, and formulary decisions.

### 1. EQUALITY ANALYSIS

This Policy does not require a full stage 2 EIA. There is no change to the impact on any of the protected characteristics. Making a declaration of interest is a requirement for all staff and board members and is not impacted or different for different protected groups.

## 7 INTERESTS

Interests fall into the following categories:

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

- **Non-financial personal interests:** Where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit, because of decisions they are involved in making in their professional career.
- **Indirect interests:** Where an individual has a close association with another individual who has a financial interest, a non-financial professional interest or a non-financial personal interest and could stand to benefit from a decision they are involved in making.

## 8 IDENTIFICATION, DECLARATION AND REVIEW OF INTERESTS

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

Declarations should be made:

- On appointment with the organisation.
- When staff move to a new role or their responsibilities change significantly.
- At the beginning of a new project/piece of work.
- As soon as circumstances change and new interests arise (for instance, in a meeting when interests staff hold are relevant to the matters in discussion). All decision makers (Band 8a and above) are required to review their declarations on an annual basis

Declarations of interest should be completed online at [Harrogate and District NHS Foundation Trust](#). Log-in details will be emailed to staff within one month of commencing with the Trust. The forgotten password tool should be used to reset the password. Queries on accessing the online system should be raised via the email address [hdf.t.declarations@nhs.net](mailto:hdf.t.declarations@nhs.net)

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.

The Company Secretary/Associate Director of Quality and Corporate Affairs has responsibility for implementing the guidance.

### 8.1 Proactive review of interests

We will prompt decision making staff monthly to review declarations they have made and as appropriate update them or make a nil return

## 9 RECORDS AND PUBLICATION

### 9.1 Maintenance

The Trust will maintain a single register of interests on the Civica Declare system, broken down into eleven different categories. All declared interests will be stored on the system.

### 9.2 Publication

An up to date register of interests (Public Register) is published on our website for members of the Trust Board as well as regular attendees at the Board. An up to date register of interests (Public Register) declared by decision making staff will be accessible to the public on the Civica Declare website.

If decision making staff have substantial grounds for believing that publication of their interests should not take place then they should contact the Corporate Affairs team via [hdfc.corporate.pa@nhs.net](mailto:hdfc.corporate.pa@nhs.net) to explain why. In exceptional circumstances, for instance where publication of information might put a member of staff at risk of harm, information may be withheld or redacted on public registers. However, this would be the exception and information will not be withheld or redacted merely because of a personal preference.

### 9.3 Wider transparency initiatives

Harrogate and District NHS Foundation Trust 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>

## 10 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 Harrogate and District 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.

Further advice about the most appropriate actions to manage conflicts of interest can be sought from the Company Secretary.

## 11 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.

## 11.1 Gifts

A gift means any item of cash or goods, or any service, which is provided for personal benefit, free of charge, or at less than its commercial value.

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

### 11.1.1 Gifts from suppliers or contractors

- Gifts from suppliers or contractors doing business (or likely to do business) with the organisation should be declined, whatever their value.
- Low cost branded promotional aids such as pens or post-it notes may, however, be accepted where they are under the value of £6<sup>1</sup> in total, and need not be declared.

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

- Gifts of cash and vouchers to individuals should always be declined.
- Staff should not ask for any gifts.
- Gifts valued at over £50 should be treated with caution and only be accepted on behalf of Harrogate Hospital and Community Charity, not 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 should be treated in the same way as single gifts over £50 where the cumulative value exceeds £50.

### 11.1.3 What should be declared

- Staff name and their role with the organisation.
- A description of the nature and value of the gift, including its source.
- Date of receipt.

Any other relevant information (e.g. circumstances surrounding the gift, action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

## 11.2 Hospitality

Hospitality is defined as the offer of meals, refreshments, travel, accommodation and other expenses in relation to attendance at meetings, conferences, education and training events etc.

- Staff should not ask for or accept hospitality that may affect, or be seen to affect, their professional judgement.
- Hospitality must only be accepted when there is a legitimate business reason and it is proportionate to the nature and purpose of the event.
- 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.

### 11.2.1 Meals and refreshments:

- Under a value of £25 - may be accepted and need not be declared.
- Of a value between £25 and £75<sup>2</sup> - 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 amount, if known, or a reasonable estimate).

### 11.2.2 Travel and accommodation:

Modest offers to pay some or all of the travel and accommodation costs related to attendance at events may be accepted and must be declared.

Offers 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:

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

## 11.3 Outside Employment

Outside employment is defined as employment and other engagements, outside of formal employment arrangements. This can include directorships, non-executive roles, self-employment, consultancy work, charitable trustee roles, political roles and roles within not-for-profit organisations, paid advisory positions and paid honorariums which relate to bodies likely to do business with an organisation. (Clinical private practice is considered in section 11.11).

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 organisation to engage in outside employment. 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.

### 11.3.1 What should be declared

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

## 11.4 Shareholdings and other ownership issues

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

organisation.

- 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.

### **11.4.1 What should be declared**

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

## **11.5 Patents**

Staff should declare patents and other intellectual property rights they hold (either individually, or by virtue of their association with a commercial or other organisation), including where applications to protect have started or are ongoing, which are, or might be reasonably expected to be, related to items to be procured or used by the organisation.

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.

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.

### **11.5.1 What should be declared**

- Staff name and their role with the organisation.
- A description of the patent.
- Relevant dates.

Other relevant information (e.g. action taken to mitigate against a conflict, details of any approvals

given to depart from the terms of this policy)

## 11.6 Loyalty interests

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

Hold a position of authority in another NHS organisation or commercial, charity, voluntary, professional, statutory or other body which could be seen to influence decisions they take in their NHS role.

Sit on advisory groups or other paid or unpaid decision making forums that can influence how an organisation spends taxpayers' money.

Are, or could be, involved in the recruitment or management of close family members and relatives, close friends and associates, and business partners.

Are aware that their organisation does business with an organisation in which close family members and relatives, close friends and associates, and business partners have decision making responsibilities.

### 11.6.1 What should be declared

- Staff name and their role with the organisation.
- Nature of the loyalty interest.
- Relevant dates.

Other relevant information (e.g. action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

## 11.7 Donations

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.

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.

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.

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

Staff wishing to make a donation to a charitable fund in lieu of receiving a professional fee may do so, subject to ensuring that they take personal responsibility for ensuring that any tax liabilities related to such donations are properly discharged and accounted for.

## 11.7.1 What should be declared

- The organisation will maintain records in line with the above principles and rules and relevant obligations under charity law.

## 11.8 Sponsored events

- Sponsorship of events by appropriate external bodies will only be approved if a reasonable person would conclude that the event will result in clear benefit to the organisation and the NHS.
- During dealings with sponsors there must be no breach of patient or individual confidentiality or data protection rules and legislation.
- No information should be supplied to the sponsor from whom they could gain a commercial advantage, and information which is not in the public domain should not normally be supplied.
- At the organisation's discretion, sponsors or their representatives may attend or take part in the event but they should not have a dominant influence over the content or the main purpose of the event.
- The involvement of a sponsor in an event should always be clearly identified.
- 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.
- Staff arranging sponsored events must declare this to the organisation.

### 11.8.1 What should be declared

The organisation will maintain records regarding sponsored events in line with the above

principles and rules.

## 11.9 Sponsored research

- Funding sources for research purposes must be transparent.
- Any proposed research must go through the relevant health research authority or other approvals process.
- There must be a written protocol and written contract between staff, the 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.
- The study must not constitute an inducement to prescribe, supply, administer, recommend, buy or sell any medicine, medical device, equipment or service.
- Staff should declare involvement with sponsored research to the organisation.

### 11.9.1 What should be declared

- The organisation will retain written records of sponsorship of research, in line with the above principles and rules.
- Staff should declare:
  - their name and their role with the organisation.
  - Nature of their involvement in the sponsored research.
  - relevant dates.

Other relevant information (e.g. what, if any, benefit the sponsor derives from the sponsorship, action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

## 11.10 Sponsored posts

External sponsorship of a post requires prior approval from the organisation.

Rolling sponsorship of posts should be avoided unless appropriate checkpoints are put in place to review and withdraw if appropriate.

Sponsorship of a post should only happen where there is written confirmation that the arrangements will have no effect on purchasing decisions or prescribing and dispensing habits.



This should be audited for the duration of the sponsorship. Written agreements should detail the circumstances under which organisations have the ability to exit sponsorship arrangements if conflicts of interest which cannot be managed arise.

Sponsored post holders must not promote or favour the sponsor's products, and information about alternative products and suppliers should be provided.

Sponsors should not have any undue influence over the duties of the post or have any preferential access to services, materials or intellectual property relating to or developed in connection with the sponsored posts.

## 11.10.1 What should be declared

The organisation will retain written records of sponsorship of posts, in line with the above principles and rules.

Staff should declare any other interests arising as a result of their association with the sponsor, in line with the content in the rest of this policy.

## 11.11 Clinical private practice

Clinical staff should declare all private practice on appointment, and/or any new private practice when it arises<sup>3</sup> including:

Where they practise (name of private facility).

What they practise (specialty, major procedures).

When they practise (identified sessions/time commitment).

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

Seek prior approval of their 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.<sup>4</sup>

Not accept direct or indirect financial incentives from private providers other than those allowed by Competition and Markets Authority guidelines:[https://assets.publishing.service.gov.uk/media/542c1543e5274a1314000c56/Non-Divestment\\_Order\\_amended.pdf](https://assets.publishing.service.gov.uk/media/542c1543e5274a1314000c56/Non-Divestment_Order_amended.pdf)

Hospital Consultants should not initiate discussions about providing their Private Professional

Services for NHS patients, nor should they ask other staff to initiate such discussions on their behalf.

## 11.11.1 What should be declared

Staff name and their role with the organisation.

A description of the nature of the private practice (e.g. what, where and when staff practise, sessional activity, etc).

Relevant dates.

Any other relevant information (e.g. action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

## 12 MANAGEMENT OF INTERESTS – ADVICE IN SPECIFIC CONTEXTS

### 12.1 Strategic decision making groups

In common with other NHS bodies, Harrogate and District 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. For this organisation these groups are:

The Board of Directors;

Committees of the Board;

The Council of Governors;

Council of Governor Committees and Working Groups;

The Senior Management Team;

Clinical Directorate Boards;

Harrogate Integrated Facilities Ltd; and

Any meetings where staff are involved in appraising different suppliers for goods, and services; including but not limited to such things as the Clinical Procurement Group, Area Prescribing Committee, The Equipment Group.

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.

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.

## 12.2 Procurement

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

Those involved in procurement exercises for and on behalf of the 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. All staff are required to comply with Organisation policies and procedures for procurement. Further advice is available from the Head of Procurement.

# 13 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'.

## 13.1 Identifying and reporting breaches

Staff who are aware about actual breaches of this policy, or who are concerned that there has been, or may be, a breach, should report these concerns to the Director of People and Culture, the Company Secretary or Director of Finance. Further details are available in the Anti Fraud, Bribery and Corruption Policy.

To ensure that interests are effectively managed staff are encouraged to speak up about actual or suspected breaches. Every individual has a responsibility to do this. For further information about how concerns should be raised please refer to the organisation's Freedom To Speak Up policy.

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 the 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.

## 13.2 Taking action in response to breaches

Action taken in response to breaches of this policy will be in accordance with the disciplinary procedures of the 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 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.

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

o Informal action (such as reprimand, or signposting to training and/or guidance).

o 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.

## **13.3 Learning and transparency concerning breaches**

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

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 on the organisation's website as appropriate, or made available for inspection by the public upon request.

## 14. REVIEW

This policy will be reviewed in three years unless an earlier review is required. This will be led by the Company Secretary/Associate Director of Quality and Corporate Affairs.

## 15. ASSOCIATED DOCUMENTATION

Freedom of Information Act 2000

ABPI: The Code of Practice for the Pharmaceutical Industry (2014)

ABHI Code of Business Practice

Bribery Act 2010

NHS Code of Conduct and Accountability (July 2004)

Anti-Bribery, Fraud and Corruption Policy

Whistleblowing Policy

Disciplinary Policy

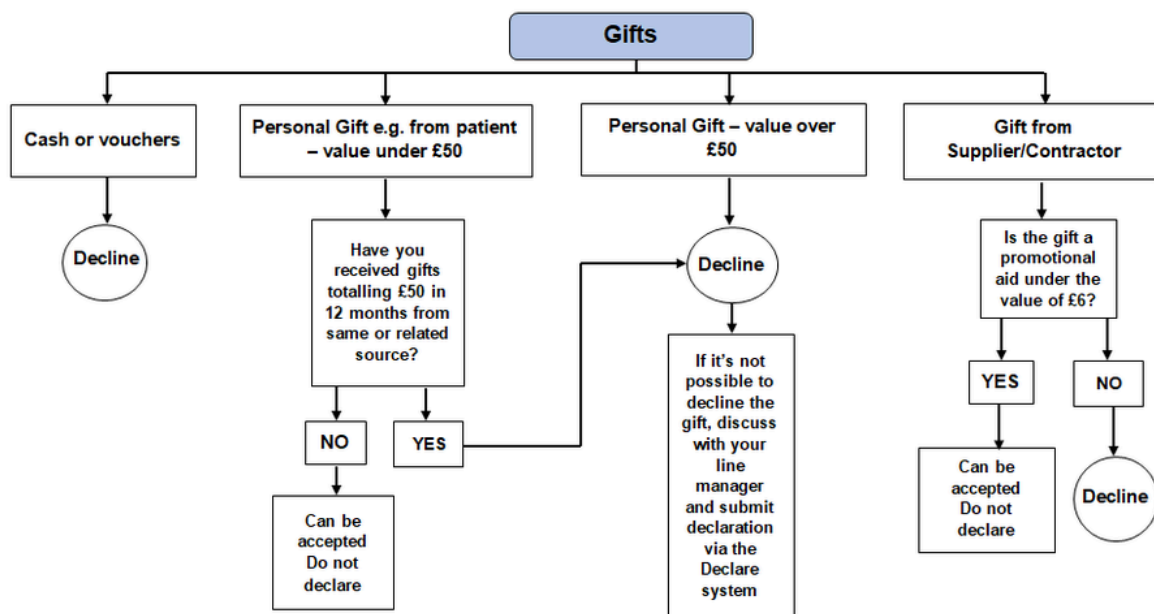
Freedom to Speak Up Policy

## 16. APPENDICES

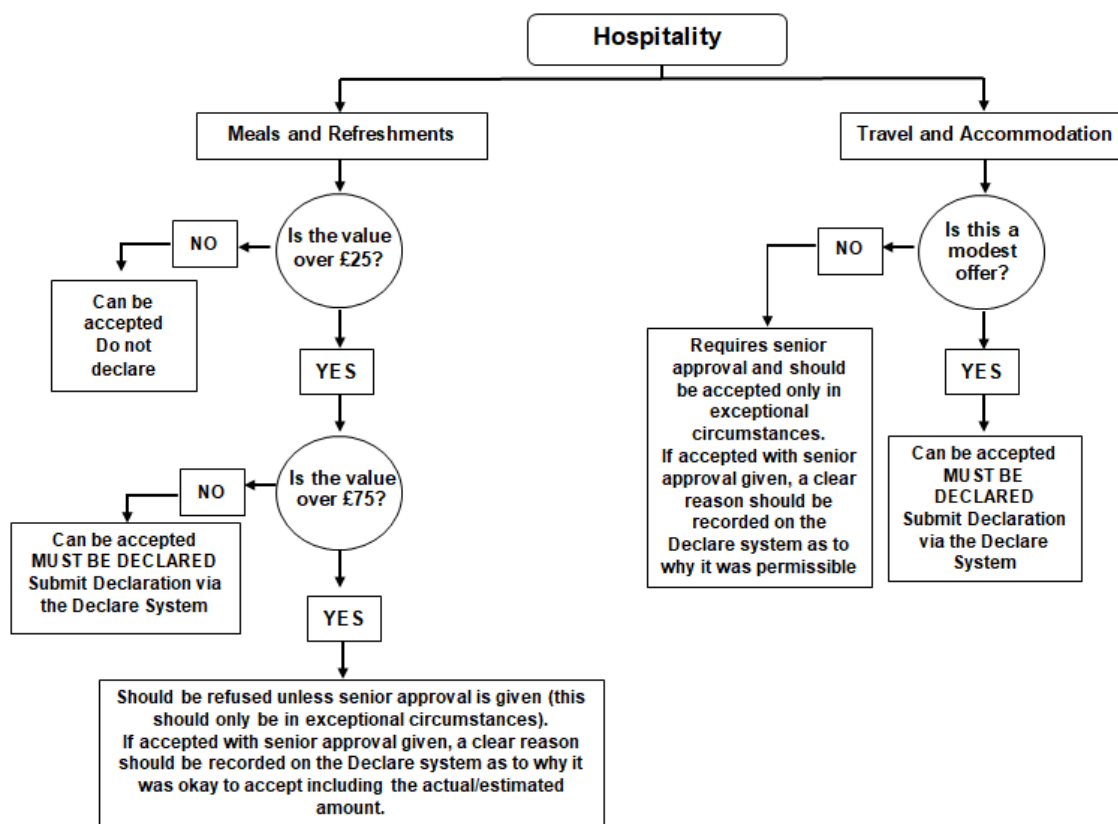
Appendix A – Flowchart for the receipt of gifts

Appendix B – Flowchart for the receipt of hospitality.

### **Appendix A – Flowchart for the receipt of gifts**



## Appendix B– Flowchart for the receipt of hospitality



**Need to make a declaration?** You must do this within 28-days by visiting: [Harrogate and District NHS Foundation Trust](#).

## Annex 1: Consultation Summary

<p><b>Those listed opposite have been consulted and any comments/actions incorporated as appropriate.</b> The author must ensure that relevant individuals/groups have been involved in consultation as required prior to this document being submitted for approval.</p>	<p><b>List Groups and/or Individuals Consulted</b></p> <p><b>Company Secretary</b></p> <p><b>Assistant Company Secretary</b></p> <p><b>Executive Director of People and Culture</b></p> <p><b>Policy Advisory Group – will go to for approval</b></p> <p><b>Partnership Forum – once approved by PAG goes to PF</b></p>
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- A. <sup>^</sup> The £6 value has been selected with reference to existing industry guidance issued by the ABPI: <http://www.pmcpa.org.uk/thecode/Pages/default.aspx>
- B. <sup>^</sup> 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>
- C. <sup>^</sup> Hospital Consultants are already required to provide their employer with this information by virtue of Para.3 Sch. 9 of the Terms and Conditions – Consultants (England) 2003: [https://www.bma.org.uk/-/media/files/pdfs/practical\\_advice\\_at\\_work/contracts/consultanttermsandconditions.pdf](https://www.bma.org.uk/-/media/files/pdfs/practical_advice_at_work/contracts/consultanttermsandconditions.pdf)
- D. <sup>^</sup> 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](https://www.bma.org.uk/-/media/files/pdfs/practical_advice_at_work/contracts/consultanttermsandconditions.pdf)



## Approval Signatures

Step Description	Approver	Date
SMT	SMT Senior Management Team [RH]	28 Oct, 2024
Partnership Forum	Steven Tovey: Human Resources Business Partner	19 Sep, 2024
Policy Advisory Group	Alison Crabbe: HR Officer	17 Sep, 2024
Policy Governance Team Review	Paula Chyzy: Administration Assistant	21 Aug, 2024
Policy Governance Team Review	PGT Policy Governance Team [KK]	19 Aug, 2024
	Rachel Hewson: Administrative Assistant	19 Aug, 2024

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