



**Joint Policy for Cumbria Partnership Foundation Trust & North Cumbria  
University Hospital NHS Trust**

**Policy Title: Standards of Business Conduct Policy  
(Joint)**

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## Policy On A Page

### **SUMMARY & AIM**

#### **What is this policy for?**

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

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

### **TARGET AUDIENCE:**

Who is involved with this policy?

This is a joint policy for Cumbria Partnership Foundation Trust & North Cumbria University Hospital NHS Trust. It 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
- All prospective employees – who are part-way through recruitment
- Contractors and sub-contractors
- Doctors in training (with breaches managed by lead employers)
- Agency staff
- Committee, sub-committee and advisory group members (who may not be directly employed or engaged by the organisation) and
- All Non-Executive Directors

### **TRAINING:**

There is no mandatory training for this policy. For advice on interest materiality speak to your line manager or HR representative.

### **KEY REQUIREMENTS**

#### **What do I need to follow?**

- Declare an interest if an actual or potential conflict, and if material to your role. (refer to Key Terms)
- However, must declare ALL interests of monies received i.e. gifts, hospitality, outside employment, clinical private practice, whether material or not.

**If in doubt – DECLARE.**

#### **When should I declare an interest?**

All staff should identify and declare 'material' interests at the earliest opportunity (and in any event within 28 days).

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.
- At the start of strategic meetings

#### **How do I make a declaration?**

For secondary employment and clinical private practice, use the Secondary Employment Form.

For all other interests, use the Declaration of Interest Form

#### **Who do I make declaration to?**

Initially to your line manager to discuss and decide if it needs to be added to the register of interests.

#### **What is published on the internet?**

All registered interests for 'Decision Makers' (refer to section 7)

Registered declarations of Monies Received for all staff of gifts, hospitality, donations, sponsored events, sponsored posts.

#### **What if a breach?**

Staff should report any concerns about breaches.

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

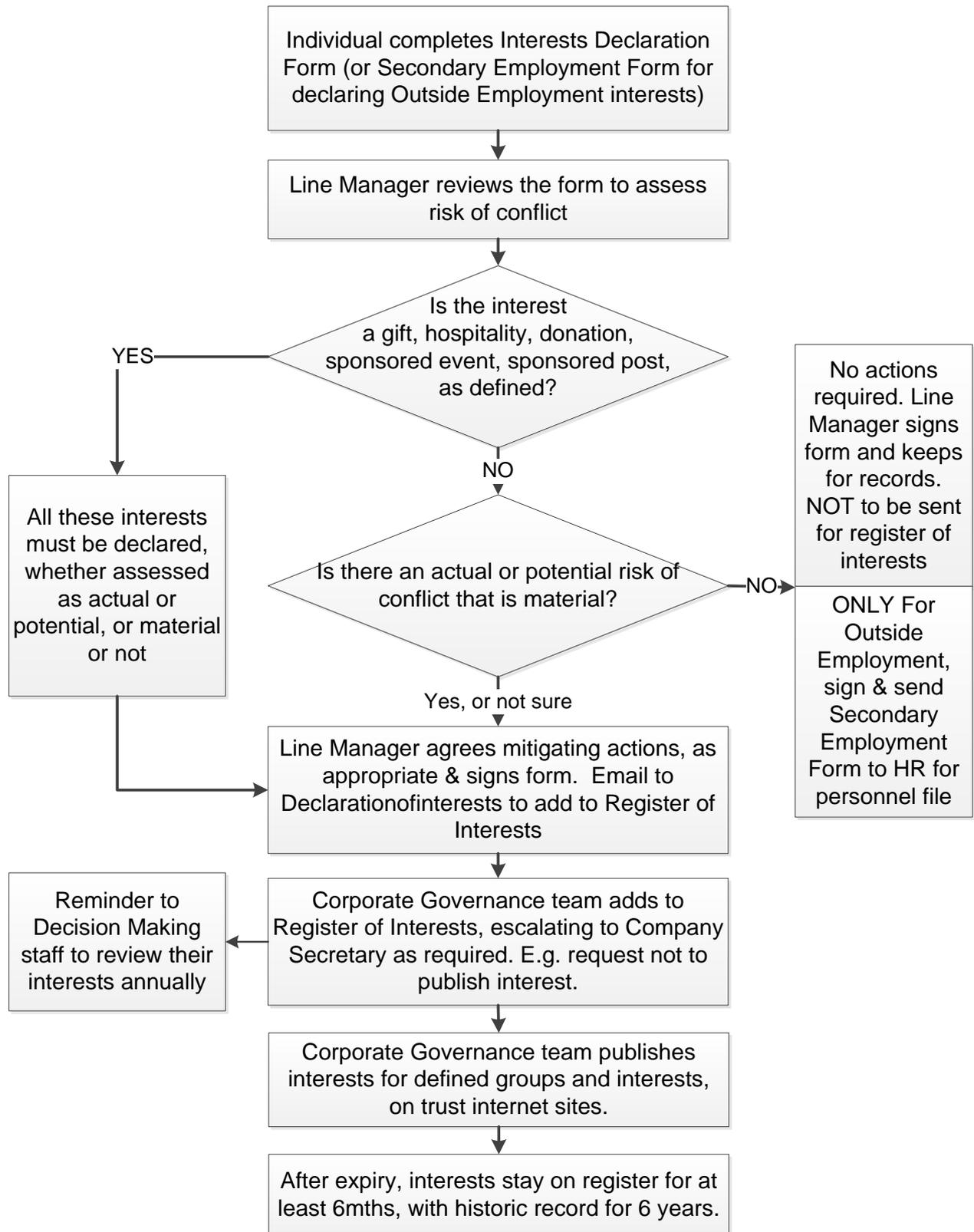
As a member of staff you should...	As an organisation we will...
<ul style="list-style-type: none"> <li>• Familiarise yourself with this policy and follow it. Refer to the guidance for the rationale behind this policy on NHS England website: <a href="https://www.england.nhs.uk/ourwork/coi/">https://www.england.nhs.uk/ourwork/coi/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

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Summary flowchart: – Declaring & Publishing Interests



## 1. INTRODUCTION

Cumbria Partnership Foundation Trust & North Cumbria University Hospital NHS Trust (the 'organisations'), and the people who work with and for us, collaborate closely with other organisations, delivering high quality care for our patients.

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

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

This is a joint policy for Cumbria Partnership Foundation Trust & North Cumbria University Hospital NHS Trust with integrated systems and processes where appropriate.

## 2. PURPOSE

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

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

This policy should be considered alongside these other organisational policies:

<b>Cumbria Partnership Foundation Trust Policies</b>	<b>North Cumbria University Hospital NHS Trust policies</b>
Raising Concerns ( Whistleblowing) Policy	Raising Concerns (Whistleblowing) Policy
FOI - Freedom of Information Policy	FOI (Freedom of Information Act) Policy
Standing Orders, Reservation and Delegation of Powers and Standing Financial Instructions	Standing Orders, Reservation and Delegation of Powers and Standing Financial Instructions
Intellectual Property Rights Policy	N/A
Counter Fraud, Bribery & Corruption Policy (Joint) POL/FIN/002	
Disciplinary Policy & Procedure (Joint) POL/WOR/004	
Freedom of Information Act 2000 (Joint) POL/IG/006	
Personal Relationships in the Workplace (Joint) POL/WOR/011	

Personal conduct may be covered by other policies.

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### 3. POLICY DETAILS

#### 3.1 Interests

Interests fall into the following categories:

- **Financial interests:**  
Where an individual may get direct financial benefit<sup>1</sup> 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<sup>2</sup> 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.

<sup>1</sup> This may be a financial gain, or avoidance of a loss.

<sup>2</sup> A common sense approach should be applied to the term 'close association'. Such an association might arise, depending on the circumstances, through relationships with close family members and relatives, close friends and associates, and business partners.

For definitions of a 'conflict of interest' and 'material' interest, refer to section on Definitions.

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.

#### 3.2 Staff (those who need to comply with this policy)

Both organisations use the skills of a wide range of 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
- All prospective employees – who are part-way through recruitment
- Contractors and sub-contractors
- Doctors in training (with breaches managed by lead employers)
- Agency staff
- Committee, sub-committee and advisory group members (who may not be directly employed or engaged by the organisation) and

- All Non-Executive Directors

CPFT Governors follow a separate Governors Council – Code of Conduct.

For further information please refer to frequently asked questions for specific staff groups (including NHS Provider Managers, Clinical Staff and Medical Staff) on the issues posed and how the guidance applies to them. These can be found here under Supporting Information: <https://www.england.nhs.uk/ourwork/coi/>

### 3.3 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 these organisations are:

- All Executive and non-executive directors (or equivalent roles)
- Members of advisory groups which contribute to direct or delegated decision making on the commissioning or provision of taxpayer funded services. E.g. members of the System Leadership Board; regional reviews of service delivery.
- Those at Agenda for Change band 8c and above
- Medical grades – Deputy and Associate Medical Directors, Clinical Directors and all Consultants
- Administrative and clinical staff who have the power to enter into contracts on behalf of their organisation – those budget holders with £20k limit or above, as per Standing Financial Instructions (SFI's)
- Administrative and clinical staff involved in decision making concerning the commissioning of services, purchasing of good, medicines, medical devices or equipment, and formulary decisions
- Individual members of Medical Devices Procurement Group; Estates & Facilities Advisory Group.
- Business Managers

This is not an exhaustive list. Anyone with a decision-making influence in the use of taxpayers' money has a responsibility to declare any interests.

Staff should refer to the following policies:

CPFT Policies	NCUH Policies
Standing Orders, Reservation and Delegation of Powers and Standing Financial Instructions	Standing Orders, Reservation and Delegation of Powers and Standing Financial Instructions

### 3.4 Identification, Declaration and Review of Interests

#### 3.4.1 Identification & Declaration and Review of Interests (including gifts and hospitality)

Refer to the Summary Flowchart.

All staff should identify and declare 'material' interests (see Key Terms for definition and further guidance under section 11) at the earliest opportunity (and in any event within 28 days). However, note that all outside/secondary employment must be declared, whether material or not.

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).

The forms for declaring interests are:

- Secondary Employment Form – for declaring all secondary or outside employment, including Clinical Private Practice.
- Declaration of interest Form – for all other types of interests.

These can be accessed from the CPFT and NCUH intranet website pages.

<http://cptportal.cumbria.nhs.uk/SiteDirectory/WF-OD/Shared%20Documents/Business%20Conduct/SECONDARY%20EMPLOYMENT%20FORM.docx>

All declarations must be discussed with the Line Manager to review to assess the conflict and agree any mitigating actions.

Declarations should be made to: the Corporate Governance team using generic email address – [DeclarationOfInterests@cumbria.nhs.uk](mailto:DeclarationOfInterests@cumbria.nhs.uk)

In the first instance for advice on materiality on any interest speak to your line manager or HR representative.

<b>For CPFT staff</b>
HRHelpdeskCPFT@cumbria.nhs.uk

After expiry, an interest will remain on register(s) for a minimum of 6 months and a private record of historic interests will be retained for a minimum of 6 years. The following teams or individuals are responsible for implementing the Managing Conflicts of Interest in the NHS guidance, including:

	CPFT	NCUH
Reviewing current policies and bringing them in line with this guidance	The owners of individual policies impacted, with the support of HR Advisor for Workforce policies and the Corporate Governance Manager for other support services policies.	

Providing advice, training and support for staff on how interests should be managed.	HR Advisor in the first instance, referring to the Joint Company Secretary as necessary.
Maintaining register(s) of interests	Corporate Governance team for both CPFT and NCUH
Auditing policy, process and procedures relating to this guidance at least every three years	Corporate Governance team for both CPFT and NCUH
Monitoring compliance with this policy	Corporate Governance team for both CPFT and NCUH

### 3.4.2 Proactive Review of Interests

We will prompt decision making staff annually to review declarations they have made and, as appropriate, update them or make a nil return. This reminder may make use of current HR systems.

## 3.5 Records and Publication

### 3.5.1 Maintenance

The organisations will maintain a single database record of declared interests (as defined in section 3.7 of this policy) for both CPFT and NCUH.

All declared interests that are 'material' will be promptly transferred to the register by the Corporate Governance Team.

### 3.5.2 Publication

We will:

- Publish separate registers for CPFT and NCUH
- Publish the interests declared in two registers
  - Declarations of decision making staff
  - Declarations of Monies Received (this is declarations from all staff of gifts, hospitality, donations, sponsored events, sponsored post)
- Refresh this information at least on an annual basis.
- Make the relevant information available on the internet websites for CPFT and NCUH.

CPFT Internet location	NCUH Internet location
The Trust / Publications /	About Us / Freedom of Information / Lists and registers – for both registers  About Us / Key people – for just Declarations of Decision Making Staff

If decision making staff have substantial grounds for believing that publication of their interests should not take place then they should detail this on the Declaration Form 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.

### **3.5.3 Wider transparency initiatives**

Both organisations fully support 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> and follow Quicklinks to Disclosure UK.

However, all payments received (i.e. gifts, hospitality, outside employment, clinical private practice) have to be declared whether material or not, to the organisations as described in Section 3.7.

### **3.6 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 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 CPFT and NCUH 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.

If further advice is required on possible management action then managers should contact their HR Advisor.

### 3.7 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.

The Trust needs to be aware of all cases where an employee or his or her spouse/close relative or associate, has a controlling and/or significant financial interest in a business (including a private company, public sector organisation, other NHS Employer and/or voluntary organisation) or in any other activity or pursuit, which may compete for an NHS contract to supply either goods or services to the Trust. All staff are to declare such interests to their employer, when it comes to the knowledge of the employee that a contract is being discussed, in order that it may be known to and in no way promoted to the detriment of either the Trust or the patients whom it serves. In addition there are specific requirements Directors are to fulfil in accordance with Trust Standing Orders.

One particular area of potential conflict of interest which may directly affect patients is when employees hold a self-beneficial interest in private care homes or hostels. While it is for employees to declare such interest to the Trust, the Trust has a responsibility to introduce whatever measures it considers necessary to ensure that its interests and those of patients are adequately safeguarded. This may for example take the form of a contractual obligation on employees to declare any such interests. Advice on professional conduct issued by the General Medical Council recommends that when a doctor refers a patient to a private care home or hostel in which he or she has an interest, the patient must be informed of that interest before referral is made.

Employees must make sure they understand the guidelines on Standards of Business Conduct and consult their line manager if they are not sure.

Employees must make sure they are not in a position where their private interests and NHS duties may conflict.

**Employees must declare any relevant interests or potential conflicts to their employer.**

**If employees are in doubt they must ask:-**

- 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?
- could my outside interest(s) be in any way detrimental to the NHS or to patients' interests?
- do I have any other reason to think I may be risking a conflict of interest?
- When it is not easy to decide between what is and is not acceptable in terms of gifts of hospitality, the offer should be declined or advice sought from the employee's line manager.

If staff are still unsure whether to declare, then they should declare it. All declarations should be made using the:

- Secondary Employment Form – for declaring all secondary or outside employment
- Declaration of Interest Form – for all other types of interests.

These forms, along with Q&A can be accessed from the CPFT and NCUH intranet website pages.

### **3.7.1 Gifts**

Staff should not accept gifts that may affect, or be seen to affect, their professional judgement. A common sense approach should be taken by staff and line managers when reviewing the below guidance:

Gifts from suppliers or contractors:

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

(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> )

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 a (ward of service or charity) and 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.
- Individual employees must not seek or accept preferential rates or benefits in kind for private transactions carried out with companies with which they have had, or may have, official dealings on behalf of their NHS employer (this does not apply to concessionary agreements negotiated with companies by NHS management, or by recognised employee interests, on behalf of all employees - for example, NHS employee benefits schemes).

#### **3.7.1.1 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).

### 3.7.2 Hospitality

Visits at Suppliers expense to inspect equipment etc are not to be undertaken without prior approval of the Joint Company Secretary.

- 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.

Meals and refreshments:

- Under a value of £25 - may be accepted and need not be declared.
- Of a value between £25 and £75<sup>4</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 organisations' 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).

<sup>4</sup>The £75 value has been selected with reference to existing industry guidance issued by the ABPI on <http://www.pmcpa.org.uk/thecode/Pages/default.aspx>

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 organisations themselves 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 organisations' 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.

#### 3.7.2.1 What should be declared

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

### 3.7.3 Outside Employment

- Staff should declare any existing outside employment on appointment and any new when it arises.
- Where a risk of conflict of interest arises, the 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 their organisation to engage in outside employment.

The organisations 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. For example, to monitor hours in relation to secondary employment to comply with Working Time Regulations – further guidance can be provided by the Human Resources department where required.

Please complete the Secondary Employment form for all outside employment. The form includes examples of types of employment.

This form can be accessed from the CPFT and NCUH intranet website pages.

<http://cptportal.cumbria.nhs.uk/SiteDirectory/WF-OD/Shared%20Documents/Business%20Conduct/SECONDARY%20EMPLOYMENT%20FORM.docx>

If on discussion with the staff member's line manager, it is decided there is no conflict, then the Secondary Employment Form is only sent to HR for personnel records.

CPFT HR email	NCUH HR contact
HRHelpdesk@cumbria.nhs.uk	Send to HR Advisor for their Division/team

#### 3.7.3.1 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).

#### 3.7.4 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 their 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.

#### 3.7.4.1 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).

#### 3.7.5 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 their organisation.
- Staff should seek prior permission from their organisation before entering into any agreement with bodies regarding product development, research, work on pathways etc, where this impacts on their 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.

Staff should refer to the following policies:

CPFT	NCUH
Intellectual Property Rights Policy	N/A

#### 3.7.5.1 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)

#### 3.7.6 Loyalty Interests

Loyalty interests should be declared by any member of 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.

Staff should refer to the following policy

<b>CPFT</b>	<b>NCUH</b>
Personal Relationships in the Workplace (Joint) POL/WOR/011	

### 3.7.6.1 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).

### 3.7.7 Donations

- Donations made by suppliers or bodies seeking to do business with the organisations 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 organisations, 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 their line manager 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. Line managers are to use their professional judgment when considering requests.
- 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.

#### 3.7.7.1 What should be declared

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

### 3.7.8 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 organisations 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 organisations 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 organisations.

#### **3.7.8.1 What should be declared**

- The organisations will maintain records regarding sponsored events in line with the above principles and rules.

#### **3.7.9 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 organisations.

#### **3.7.9.1 What should be declared**

- The organisations 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).

#### **3.7.10 Sponsored posts, attendance at courses and conferences**

- External sponsorship of a post requires prior approval from their 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.
- Acceptance by employees of commercial sponsorship for attendance at relevant conferences and courses is acceptable, but only where the employee seeks permission in advance and the Trust manager giving authorisation is satisfied, after making proportionate due diligence enquiries, that acceptance will not compromise purchasing decisions in any way. It is important that local consideration of the risk of potentially breaching sections 1, 2 and 7 of the Bribery Act 2010 is undertaken, appropriate safeguards are agreed and a record of decisions taken by the Trust manager is kept in case it is needed for reference later.

#### **3.7.10.1 What should be declared**

- The organisations 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.

#### **3.7.11 Clinical Private Practice**

Clinical staff should declare all private practice on appointment, and/or any new private practice when it arises<sup>5</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>6</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.

Staff must complete the Secondary Employment form. This form, along with FAQs can be accessed from the CPFT and NCUH intranet website pages.

<http://cptportal.cumbria.nhs.uk/SiteDirectory/WF-OD/Shared%20Documents/Business%20Conduct/SECONDARY%20EMPLOYMENT%20FORM.docx>

<sup>5</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%20advice%20at%20work/contracts/consultanttermsandconditions.pdf)

<sup>6</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%20advice%20at%20work/contracts/consultanttermsandconditions.pdf))

#### **3.7.11.1 What should be declared**

- Staff name and their role with their 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).

#### **3.7.12 Commercial in Confidence**

Employees must not make public or use internal information of a "commercial interests" nature, particularly if its disclosure would prejudice the principle of a purchasing system based on fair competition. This principle applies whether private competitors or other NHS providers are concerned, and whether or not disclosure is prompted by the expectation of personal gain.

However, it must not be a cause of excessive secrecy on matters which are not strictly commercial per se. For example, the terms "commercial interests" must not be taken to include information about service delivery and activity levels which must be publicly available. Nor must it inhibit the free exchange of data for medical audit purposes, for example, subject to the normalities governing patient confidentiality and data protection. In all circumstances the overriding consideration must be the best interests of the patient and comply with the disclosure of information in accordance with the Freedom of Information Act.

### **3.8 Management of Interests – advice in specific contexts**

#### **3.8.1 Strategic decision making groups**

In common with other NHS bodies, the organisations use 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:

CPFT	NCUH
Board of Directors	
Audit & Risk Committee	Audit & Risk Committee
Finance, Investment & Performance Committee	
Clinical Management Group	
Procurement Steering Groups	Procurement Steering Groups

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.
- Chairs decide whether an interest is material or not to the agenda, and the actions/approaches to take.
- All interests declared should be minuted, whether material or not.
- Any new interests identified that assessed as material should be added to the organisations' register(s), by the member completing a Declaration of Interest Form.
- 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 that is material to the agenda items, 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.

### 3.8.2 Other meetings

In a similar way, chairs of other meetings (at a lower level than the strategic decision making groups) are responsible for asking members, at the start of the a meeting, if there are any interests to declare that have a potential or actual material conflict with items being discussed. Actions should be considered and minuted.

### 3.8.3 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.

For further information regarding procurement please refer to the policies below and the following contact: Head of Procurement & Supplies.

CPFT	NCUH
Procurement Policy	N/A
Trust Standing Financial Instructions	Trust Standing Financial Instructions

### 3.9 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'.

#### 3.9.1 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 in one of the following ways:

- Line Manager
- Local counter fraud team by phone on 07980 729654 or via email to TEWV.reportfraudcumbria@nhs.net
- Joint Company Secretary
- Freedom to Speak Up Guardian
- Human Resources

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, refer to the following:

CPFT	NCUH
Raising Concerns ( Whistleblowing) Policy	Raising Concerns / Whistleblowing Policy

The organisations 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. The team carrying out these investigations will be determined by the nature of the breach. This is most likely to be HR, Corporate Governance or Counter Fraud teams, or a combination thereof.

Following investigation the organisations will:

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

### 3.9.2 Taking action in response to breaches

Action taken in response to breaches of this policy 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 to whether formal investigation under the organisations disciplinary policies is appropriate.

Staff should refer to the following policies:

CPFT	NCUH
Disciplinary Policy	Disciplinary & Dismissal Policy and Procedures
Disciplinary and Capability Policy for Medical and Dental Staff	

- 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 organisations 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 organisations can and will consider the range of possible sanctions that are available, in a manner which is proportionate to the breach. This includes:

- Appropriate action in line with Trust policies e.g. disciplinary or capability policy.
- 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.

### **3.9.3 Learning and transparency concerning breaches**

To ensure that lessons are learnt and management of interests can continually improve, reports on known breaches, the impact of these, and action taken will be considered by the relevant Audit & Risk Committee in an annual report. Anonymised information on breaches, the impact of these, and action taken may be prepared and published on the trusts websites as appropriate, or made available for inspection by the public on request.

### **3.10 Bribery and Corruption**

The Bribery Act 2010 came into force on 1 July 2011 and repeals previous corruption legislation. The Act has introduced the criminal offences of both offering and receiving a bribe. It also places specific responsibility on trusts to have in place adequate procedures to prevent bribery and corruption taking place.

Bribery can generally be defined as offering, promising or giving a financial or other advantage to influence others to use their position in an improper way (i.e. to obtain a business advantage). A benefit can be money, gifts, rewards etc. and does not have to be of substantial financial value. No actual gain or loss has to be made.

A person has committed a criminal offence of offering a bribe even if the offer is declined, as does a person who accepts a bribe, even if they don't receive it.

A bribe does not have to be in cash; it may be the awarding of a contract, provision of a gift, hospitality or sponsorship or another benefit.

Anyone found guilty of either offering or receiving a bribe could face a custodial sentence of up to 10 years imprisonment.

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

All staff are reminded that they should be transparent in respect of recording any gifts, hospitality or sponsorship.

Section 7 of the Bribery Act 2010 introduced a new corporate offence of failure of commercial organisations to prevent bribery. The trust can be held liable when someone associated with it bribes another in order to obtain or retain business for the trust, and be

subject to an unlimited fine. However, the trust will have a defence if it can demonstrate that it had adequate procedures in place designed to prevent bribery.

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

Employees of the Trust must not request or receive a bribe from anybody, nor imply that such an act might be considered. This means they will not agree to receive or accept a financial or other advantage from a former, current or future client, business partner, contractor or supplier or any other person as an incentive or reward to improperly perform their function or activities.

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

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

#### 4. TRAINING AND SUPPORT

There is no mandatory training for this policy. For advice on interest materiality speak to your line manager or HR representative.

For further information please refer to frequently asked questions for specific staff groups on the issues posed and how the guidance applies to them. These can be found here under Supporting Information: [www.england.nhs.uk/ourwork/coi](http://www.england.nhs.uk/ourwork/coi)

#### 5. PROCESS FOR MONITORING COMPLIANCE

The process for monitoring compliance with the effectiveness of this policy is as follows:

Aspect being monitored	Monitoring Methodology	Reporting		
		Presented by	Committee	Frequency
Policy compliance and effective use of policy	Annual report – Business Conduct to include the following elements: -	Joint Company Secretary	Clinical Management Group, then Audit & Risk Committee	Annual
Known breaches, the impact of these, and action taken	Annual report – Business Conduct includes review of records of breaches from HR, Counter Fraud and Corporate Governance teams.			
Strategic decision making group members are	Annual report – Business Conduct includes comparison			

Aspect being monitored	Monitoring Methodology	Reporting		
		Presented by	Committee	Frequency
sending declared interests to be included in database of interests	of meeting minutes with register entries			
Review of interests declared, including focus on loyalty interests	Analysis of database of declared interests, by interest type and roles. <ul style="list-style-type: none"> <li>Annual report – Business Conduct</li> <li>Annual report – Declared conflicts of interest</li> </ul>	Joint Company Secretary	Clinical Management Group, then Audit & Risk Committee  Clinical Management Group	Annual  Annual – between reports above
Payments received from the pharmaceutical industry	Disclosure UK dbase reviewed quarterly and cross referenced with the 'Monies received' register. Anomalies addressed with the respective Care Groups with lessons learned shared through Business Managers.	Joint Company Secretary	Clinical Management Group	Annual
Awareness of this policy needs to be regularly tested	Survey of a sample of random employee's. As part of Annual Report – Business Conduct	Joint Company Secretary	Clinical Management Group, then Audit & Risk Committee	Annual

Wherever the above monitoring has identified deficiencies, the following must be in place:

- Action plan
- Progress of action plan monitored by the relevant Clinical Management Group or Audit & Risk Committee minutes
- Risks will be considered for inclusion in the appropriate risk registers

## 6. REFERENCES:

List any references for example national guidance or literature associated with this policy using Harvard referencing style.

National guidance:

NHS England, Managing Conflicts of Interest in the NHS: Guidance for Staff and Organisations. Available at: [www.england.nhs.uk/ourwork/coi](http://www.england.nhs.uk/ourwork/coi)

NHS England, Managing Conflicts of Interest in the NHS: Guidance for Staff and Organisations. Available at: <https://www.england.nhs.uk/wp-content/uploads/2017/02/guidance-managing-conflicts-of-interest-nhs.pdf>

## 7. ASSOCIATED DOCUMENTATION:

The following Trust policies are linked to this policy. .

<b>Cumbria Partnership Foundation Trust Policies</b>	<b>North Cumbria University Hospital NHS Trust policies</b>
These can be found on CPFT Intranet - Staff Web, under the Quick Links: <a href="http://www.cumbriapartnership.nhs.uk/policy-documents.htm">http://www.cumbriapartnership.nhs.uk/policy-documents.htm</a>	These can be found on NCUH Intranet under Trust:  <a href="http://nww.staffweb.cumbria.nhs.uk/policies/index.aspx">http://nww.staffweb.cumbria.nhs.uk/policies/index.aspx</a>
Raising Concerns ( Whistleblowing) Policy	Raising Concerns (Whistleblowing) Policy
Standing Orders, Reservation and Delegation of Powers and Standing Financial Instructions	Standing Orders, Reservation and Delegation of Powers and Standing Financial Instructions
Intellectual Property Rights Policy	N/A
<b>Joint Policy Documents</b>	
Counter Fraud, Bribery & Corruption Policy (Joint) POL/FIN/002	
Disciplinary Policy & Procedure (Joint) POL/WOR/004	
Freedom of Information Act 2000 (Joint) POL/IG/006	
Personal Relationships in the Workplace (Joint) POL/WOR/011	

## 8. DUTIES (ROLES & RESPONSIBILITIES):

### 8.1 Chief Executive / Trust Board Responsibilities:

The Chief Executive and Trust Board jointly have overall responsibility for the strategic and operational management of the Trust, including ensuring that Trust policies comply with all legal, statutory and good practice requirements.

### 8.2 Executive Director Responsibilities – Director of Workforce and OD:

All policies have a designated Executive Director and it is their responsibility to be involved in the development and sign off of the policies, this should ensure that Trust policies meet statutory legislation and guidance where appropriate. They must ensure the policies are kept up to date by the relevant author and approved at the appropriate committee.

**8.3 Managers Responsibilities:**

Line managers are responsible for reviewing declared interests from their staff to consider & agree appropriate mitigating actions. They must register interests in line with this policy.

**8.4 Staff Responsibilities:**

'Staff' as defined in this policy should familiarise themselves with this policy; regularly consider what interests they have and declare them as they arise to their line manager; to consider if any actions are required.

Decision making staff, as defined, must consider and register their interests for them to be published. They must review them annually.

Members of strategic decision making groups must declare interests at the start of meetings to make the Chair aware of them.

**8.5 Approving Committee Responsibilities:**

The Chair of the approving committee (Joint HR Policy Group; and Joint Partnership Forum) will ensure the policy approval is documented in the final section of the Policy Author Checklist. The committee will agree the approval of the final draft of the policy.

**9. ABBREVIATIONS / DEFINITION OF TERMS USED**

ABBREVIATION	DEFINITION
Organisation	Cumbria Partnership Foundation Trust & North Cumbria University Hospital NHS Trust
Staff	<ul style="list-style-type: none"> <li>• All salaried employees</li> <li>• All prospective employees – who are part-way through recruitment</li> <li>• Contractors and sub-contractors</li> <li>• Doctors in training (with breaches managed by lead employers)</li> <li>• Agency staff; and</li> <li>• Committee, sub-committee and advisory group members (who may not be directly employed or engaged by the organisation)</li> <li>• All Non-Executive Directors</li> </ul>

TERM USED	DEFINITION
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,

TERM USED	DEFINITION
	<p>commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold.”</p> <p>A conflict of interest may be:</p> <ul style="list-style-type: none"><li>• Actual - there is a material conflict between one or more interests</li><li>• Potential – there is the possibility of a material conflict between one or more interests in the future</li></ul>
A ‘material’ interest is	One which a reasonable person would take into account when making a decision regarding the use of taxpayers’ money because the interest has relevance to that decision.

**DOCUMENT CONTROL**

<b>Equality Impact Assessment Date</b>	April 2018 & reviewed Dec 2018
<b>Sub-Committee &amp; Approval Date</b>	JPF 09/01/2019

**History of previous published versions of this document:**

Trust	Version	Ratified Date	Review Date	Date Published	Disposal Date
Joint Trusts	1.0	06/06/2018	31/11/2019	06/06/2018	30/06/2028
CPFT POL/004/013	3.0	11/10/2016	April 2017	Oct 2016	31/10/2026
NCUH	5.0	20/08/2015	30/11/2017	13/11/2015	31/08/2025

**Statement of changes made from previous version – Joint policy v1.0**  
**(Key changes from the individual trust policies into the Joint policy have been left detailed, as these changes were recent and considerable)**

Version	Date	Section & Description of change
1.1	14/12/18  11/01/2019	<p>Key Changes</p> <ul style="list-style-type: none"> <li>Text added of legal fact in new section 3.10 Bribery and Corruption to include the Trusts' stance with its measures to counter bribery, following Trusts' assessment against the NHS Counter fraud Standards</li> <li>Pathname to Secondary Employment Form added on pages 19 and 15 to make easier for staff to find.</li> <li>Title updated in tables on pages 6 and 26 to reflect that individual Trust policies now replaced by joint Counter Fraud, Bribery &amp; Corruption Policy.</li> <li>Policy references within the document updated to reflect the availability of joint policy documents resulting from the ongoing alignment of policies programme.</li> </ul>

**List of Stakeholders who have reviewed the document**

(the following list were consulted for the changes from the individual Trust policies. Due to the nature of this change to v1.1 being a statement of legal fact, it was agreed that consultation was not required for this)

Name	Job Title	Date
Meeting members	CPFT Trust Wide Clinical Governance Group	16/1/18 by email
Meeting members	CPFT Medical Staffing Committee	17/1/18 by email

Meeting members	CPFT Local Negotiating Committee	17/1/18 by email
Meeting members	NCUH Local Negotiating Committee	17/1/18 by email
Rod Harpin	Medical Director - NCUH	17/1/18 by email
Andrew Brittlebank	Medical Director - CPFT	17/1/18 by email
Sam Dearman	Director of Medical Education - CPFT	17/1/18 by email
Diane McCormick	Information Governance Compliance Officer	20/3/18
<b>Support Services Managers:</b>		
Julie Hull	Workforce & OD - both	17/1/18 by email
Jim Collins	Procurement, Morecambe Bay - both	17/1/18 by email
Stephen Prince	Associate Director of Estates & Facilities - both	17/1/18 by email
Rhia Heron	Head of Communications - both	17/1/18 by email
David Edwards	Assistant Director of Finance - NCUH	17/1/18 by email
Michael Billinghamurst	Deputy Director of Finance - CPFT	17/1/18 by email
Farouq Din	Associate Director of E-health - both	17/1/18 by email
David Allen	Head of Programme Management Office - NCUH	17/1/18 by email
Diane Teasdale	Head of Strategic Planning & Risk	17/1/18 by email
Suzanne Hamilton	Deputy Director of Workforce & OD - CPFT	17/1/18 by email
Dave Eldon	Head of Mental Health Legislation Unit, Legal Services - CPFT	17/1/18 by email
Simon Clarkson	Counter Fraud, Audit One - both	17/1/18 by email
<b>CPFT Triumvirates &amp; Business managers</b>		
Linda Bennetts	ADN, Mental Health	17/1 by email
Pam Travers	ADO, Mental Health	17/1/18 by email
Paul Dobie	Business Manager, Mental Health	17/1/18 by email
Craig Melrose	AMD, Community Care	17/1/18 by email

Salli Pilcher	ADN, Community Care	17/1/18 by email
Caroline Evans	ADO, Community Care - Nth	17/1/18 by email
Dee Houghton	ADO, Community Care - South	17/1/18 by email
Pauline Preston	Business Manager, Community Care South	17/1/18 by email
Richard Lloyd	Business Manager, Community Care Nth	17/1/18 by email
Raj Verma	AMD, Children & Families	17/1/18 by email
Lyn Moore	ADO, Children & Families	17/1/18 by email
Amy Thompson	Business manager, Childrens	17/1/18 by email
Cathy Hay	AMD, Specialist Services	17/1/18 by email
Lesley Dodd	AD Quality & Nursing, Specialist Services	17/1/18 by email
Nina Hill	ADO, Specialist Services	17/1/18 by email
Andrew Wilkinson	Business Manager, Specialist Services	17/1/18 by email
<b>NCUH Divisional Managers – Surgery &amp; Critical Care; Medicines</b>		
John Wayman	Associate Medical Director – Surgery	17/1/18 by email
Dr Ruth O'Dowd	CD for Patient Safety	17/1/18 by email
Yvonne Fairbairn	Associate Chief Operating Officer	17/1/18 by email
Nick Strong	AMD - Womens etc	17/1/18 by email
Christina Cuncarr	AD of Midwifery	17/1/18 by email
Claire Moore	Chief Matron & safeguarding	17/1/18 by email
Dr Denis Burke	Associate Medical Director - Medicines	17/1/18 by email
Mary Hewson	CD for Patient Safety	17/1/18 by email
Fraser Cant	Associate Chief Operating Officer	17/1/18 by email

