



Policy Governance Group

Date

Item Ref

TITLE OF PAPER	Extension To Review Date - CG001 Managing Conflicts of Interest in the NHS
TO BE PRESENTED BY	Amber Wild Head of Corporate Assurance
AUTHOR	Amber Wild Head of Corporate Assurance

1. Purpose

For approval	For assurance	For collective decision	To seek input	To report progress	For information	Other (Please state)
✓						

2. Summary

<u>Policy</u>	<u>Author</u>	<u>Old review date</u>	<u>New review date</u>
Managing Conflicts of Interest in the NHS	Amber Wild	31/10/2023	25/03/2024

Rationale

The current policy expires on 31/10/2023. The current policy is 'fit for purpose' and the author confirms that extending the review date to 25/03/2024 is low risk. The Executive lead, the Director of Corporate Governance is in agreement with the extension request.

An extension until March 2043 is requested to carry out a consultation and for an overview of the approach taken elsewhere, particularly in relation to clarification of decision-making staff. Declarations of Interest for 2023-24 are about to be called in and there is a need for all declarations to be aligned to the current policy to ensure that the process is completed in time for reporting to Audit and Risk Committee.

The policy author confirms they will be able to satisfy the five tests for policy approval by the new proposed review date. The five-way tests for policy approval are:

- Test 1. That the policy has been developed using current best practice/evidence practice

- Test 2. Evidence that it has been through appropriate consultation
- Test 3. That there is an agreed plan for dissemination and training
- Test 4. That audit arrangements have been clearly identified and agreed
- Test 5. That staff wellbeing has not been negatively impacted, or that the policy update has positively impacted staff wellbeing, and how

PGG are asked to approve this request to extend the review date, as per the full rationale above, and are asked to note that the new review date requested, also takes into account the requirement to submit such requests to the Audit and Risk Committee (ARC)

- Test 1. That the current policy is fit for purpose
- Test 2. That extension of the review date is 'low risk'
- Test 3. That the grounds for extension are reasonable
- Test 4. The policy author confirms they will be able to satisfy the five tests for policy approval (detailed above) by the new proposed review date

3. Next Steps

Once the new review date is approved by PGG, a recommendation for ratification will be submitted to Audit and Risk Committee (ARC)

Once ratified –

- Policy Governance to work with the author to ensure that the front sheet of the current policy is amended to reflect the new review date.
- Policy Governance to arrange for the amended policy to be replaced on the intranet and internet. A message will not need adding to Connect in this instance.

4. Required Actions

PGG are asked to agree to the above extension to review date, taking into account all rationale.

5. Monitoring Arrangements

To be Confirmed.

6. Contact Details

For further information, please contact:

Amber.wild@shsc.nhs.net

Head of Corporate Assurance

Bethan.devonald@shsc.nhs.uk

Executive Assistant 0114 27 11358



Policy:

CG 001 - Managing Conflicts of Interest in the NHS

Executive Director Lead	Director of Corporate Governance (Board Secretary)
Policy Owner	Director of Corporate Governance (Board Secretary)
Policy Author	Deputy Board Secretary

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Date of Approval By PGG	12/10/2020
Ratified By	Audit and Risk Committee (ARC)
Date of Ratification	20/10/2020
Date of Issue	19/10/2020
Date for review	31/10/2023 or sooner should national guidance change

Summary of policy

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

Target audience	All staff
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Keywords	Conflicts, interest, gifts, hospitality, sponsorship
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Storage

Version 2.0 of this policy is stored and available through the SHSC intranet and website. This version of the policy supersedes the previous version (V1.0 November 2017). Any copies of the previous policy held separately should be destroyed and replaced with this version.

Version Control and Amendment Log

Version No.	Type of Change	Date	Description of change(s)
0.1	New draft policy created	Sept 13	New policy commissioned by Audit and Risk Committee.
1.0	Ratification and issue	March 14	Amendments made during consultation, prior to ratification.
1.0	Review / ratification / issue	Mar – Oct 17	New policy title. Whole scale revision of previous policy in line with new national guidance. Further versions following a period of consultation
2.0	Review/ratification/issue	Sept - Dec 2020	Minor amendments to form and job titles

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Flowchart: circumstances in which a declaration is required



1 Policy Summary

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"> • Familiarise yourself with this policy and follow it. Refer to the guidance for the rationale behind this policy https://www.england.nhs.uk/wp-content/uploads/2017/02/guidance-managing-conflicts-of-interest-nhs.pdf • Use your common sense and judgement to consider whether the interests you have could affect the way taxpayers' money is spent • Regularly consider what interests you have and declare these as they arise. If in doubt, declare. • NOT misuse your position to further your own interests or those close to you • NOT be influenced, or give the impression that you have been influenced by outside interests • NOT allow outside interests you have to inappropriately affect the decisions you make when using taxpayers' money 	<ul style="list-style-type: none"> • Ensure that this policy and supporting processes are clear and help staff understand what they need to do. • Identify a team or individual with responsibility for: <ul style="list-style-type: none"> ▪ Keeping this policy under review to ensure they are in line with the guidance. ▪ Providing advice, training and support for staff on how interests should be managed. ▪ Maintaining register(s) of interests. ▪ Auditing this policy and its associated processes and procedures at least once every three years. • NOT avoid managing conflicts of interest. • NOT interpret this policy in a way which stifles collaboration and innovation with our partners

2 Introduction

Sheffield Health and Social Care NHS Foundation Trust (the 'Trust'), and the people who work with and for us, collaborate closely with other organisations, delivering high quality care for our patients.

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

Providing best value for taxpayers and ensuring that decisions are taken transparently and clearly, are both key principles in the NHS Constitution. We are committed to maximising our resources for the benefit of the whole community. As an organisation and as individuals, we have a duty to ensure that all our dealings

are conducted to the highest standards of integrity and that NHS monies are used wisely so that we are using our finite resources in the best interests of patients.

This Policy supersedes the Trust's *Declaration of Interests and Standards of Business Conduct Policy* (March 2014).

3 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:

- Counter Fraud, Bribery and Corruption Policy;
- Conflict of Interest Guidance: Mental Health Act;
- Intellectual Property Management Policy;
- Whistleblowing (Speaking Up) Policy
- Fit and Proper Persons Protocol; and
- Any other relevant Trust policy.

This policy should also be considered alongside:

- Sheffield Health and Social Care NHS Foundation Trust Constitution, including Standing Orders, Standing Financial Instructions and Scheme of Reservation and Delegation
- Procurement Standard Operating Procedures

In particular the following sections:

- Section 15 – Council of Governor Disqualification and Removal;
 - Section 18 – Council of Governor Standing Orders;
 - Section 20 – Council of Governor Conflicts of Interest of Governors;
 - Section 25 – 31 Board of Directors – various sections;
 - Section 34 – Board of Directors Conflicts of Interest of Directors;
 - Annex 5 – Model Rules for Election;
 - Annex 7 – Standing Orders – Council of Governors; and
 - Annex 8 – Standing Orders – Board of Directors.
- Sheffield Health and Social Care NHS Foundation Trust Provider Licence [https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/294004/Sheffield Health and Social Care NHS Foundation Trust - licence_090413.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/294004/Sheffield_Health_and_Social_Care_NHS_Foundation_Trust_-_licence_090413.pdf) . In particular condition G4 – Fit and proper persons as Governors and Directors (also applicable to those performing equivalent or similar functions)
 - The Trust's Research Strategy.

4 Key terms

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.

5 Interests

Interests fall into the following categories:

- **Financial interests:**
Where an individual may get direct financial benefit¹ 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 association² 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.

6 Staff

¹ This may be a financial gain, or avoidance of a loss.

² 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.

At the Trust we use the skills of many different people, all of whom are vital to our work. This includes people on differing employment terms, and some people who are not employed (as detailed below) but, who for the purposes of this policy we refer to generically as 'staff' and are listed below:

- All salaried employees;
- All prospective employees – who are part-way through recruitment;
- Contractors, sub-contractors and External Consultants;
- Agency staff, those seconded to the Trust from other organisations, those covered by a letter of authority/honorary contract, apprentices, trainees and those on work experience;
- Board, Committee, sub-committee, and advisory group members (who may not be directly employed or engaged by the Trust);
- Council of Governor members (who are not directly employed or engaged by the Trust);
- Service Users and Carers involved in engagement activities with the Trust (who are not directly employed or engaged by the Trust); and
- Volunteers (who are not directly employed or engaged by the Trust).

NHS England has published some frequently asked questions for specific staff groups on the issues posed and how the guidance applies to them. These can be found by following the link at www.england.nhs.uk/ourwork/coi

7 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 (or equivalent roles) who have decision making roles which involve the spending of taxpayers' money;
- Members of advisory groups which contribute to direct or delegated decision making on the commissioning or provision of taxpayer funded services;
- Those specified as delegated budget holders in Scheme of Reservation and Delegation. This list incorporates those at Agenda for Change band 8c and above, associate clinical and service directors;
- Administrative and clinical staff who have the power to enter into contracts on behalf of the Trust; and
- Administrative and clinical staff involved in decision making concerning the commissioning of services, purchasing of good, medicines, medical devices or equipment, prescribing and formulary decisions.

It is especially important that Board members, governors, staff with responsibility for purchasing, estates professionals, IT professionals, senior managers, pharmacists and doctors declare all interests, gifts, sponsorships arrangements. These staff must also submit an annual signed declaration of interest form, even if there are no interests to declare. It will be the responsibility of the relevant operational director to ensure declarations are made and submitted to the Board Secretary. This shall be done annually in April and the Audit and Assurance

Committee will be informed when declarations have been sought. The Committee will also be provided with information about declarations received.

8 Identification, declaration and review of interests

8.1 Identification & declaration of interests (including gifts and hospitality)

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).

A declaration form is available at Appendix 3 and also on the intranet, alongside this policy.

Declarations should be made to the Director of Corporate Governance (Board Secretary) at foundation.trust@shsc.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 Director of Corporate Governance (Board Secretary) will also:

- Review current policies and ensure that they are in line with relevant guidance;
- Provide advice, training and support for staff on how interests should be managed;
- Maintain register(s) of interests; and
- Audit policy, process and procedures relating to this policy and supporting guidance at least every three years.

8.2 Proactive review of interests

We will prompt decision making staff and Governors annually to review declarations they have made and, as appropriate, update them or make a nil return. The Director of Corporate Governance (Board Secretary) will manage this process. The Director of Corporate Governance (Board Secretary) will also provide reports to the Audit and Risk Committee and Trust Board periodically, but at least annually, on any declarations relating to this policy.

9 Records and publication

9.1 Maintenance

The organisation will maintain:

- a Declaration of Interest Register; and
- a Gifts, Hospitality and Sponsorship Register.

All declared interests that are material will be promptly transferred to the register(s) by the Director of Corporate Governance (Board Secretary).

9.2 Publication

We will:

- Publish the interests declared by decision making staff in either a Declaration of Interest Register or a Gifts, Hospitality and Sponsorship Register;
- Refresh this information at least annually; and
- Make this information available <https://www.shsc.nhs.uk/about-us/board-directors>

If decision making staff have substantial grounds for believing that publication of their interests should not take place then they should contact the Director of Corporate Governance (Board Secretary) to explain why. In exceptional circumstances, for instance where publication of information might put a member of staff at risk of harm, information may be withheld or redacted on public registers. However, this would be the exception and information will not be withheld or redacted merely because of a personal preference.

9.3 Wider transparency initiatives

The Trust fully supports wider transparency initiatives in healthcare, and we encourage staff to engage actively with these. The Trust's overarching position on this is covered in the paragraphs below and in more detail in sections 9.3.1 and 9.3.2 of this policy.

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>

9.3.1 Sponsorship for attendance at course and conferences

Acceptance by staff of commercial sponsorship for attendance at relevant courses and conferences is only acceptable when the employee seeks permission in advance. In addition, the member of staff and the Associate Clinical Director, Chief Pharmacist or Executive Medical Director must be satisfied that acceptance will not compromise purchasing or prescribing decisions or the employee's behaviour in any way.

In the case of doctors, or those with prescribing responsibilities, attending conferences organised or sponsored by the pharmaceutical industry, approval must be sought, in advance from the Chief Pharmacist and Executive Medical Director.

9.3.2 **Good practice in relationships with the pharmaceutical industry**

Guidance on how to foster healthy relationships with the pharmaceutical industry are covered in the Association of British Pharmaceutical Industry (ABPI) Disclosure UK initiative. Further information about the scheme can be found on the ABPI website: <http://www.abpi.org.uk/our-work/disclosure/about/Pages/default.aspx>

In addition, all medical professionals should be familiar with, and are required to follow, the guidelines set down by the Royal College of Psychiatrists (RCP) *Good Psychiatric Practice: Relationships with Pharmaceutical and other Commercial Organisations*. Further information about the scheme can be found on the RCP website at <http://www.rcpsych.ac.uk/publications/collegereports/cr/cr148.aspx>

Pharmacists employed by the Trust should only accept individual opportunities sponsored by pharmaceutical companies where it complies with the criteria in this policy and in addition only if it is approved by the Chief Pharmacist and the Executive Medical Director.

As a general principle, doctors of all grades, including trainees, should not meet with representatives from the pharmaceutical industry during working hours or in their professional capacity without prior approval from an Associate Clinical Director or the Executive Medical Director.

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 the Trust will always clarify the circumstances and issues with the individuals involved. Staff should maintain a written audit trail of information considered and actions taken.

Staff who declare material interests should make their line manager or the person(s) they are working to aware of their existence.

In the event of a possible dispute the Director of Corporate Governance (Board Secretary) should be contacted to advise on the most appropriate management action.

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

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

Gifts from suppliers or contractors:

- Gifts from suppliers or contractors doing business (or likely to do business) with the organisation should be declined, whatever their value.
- Low cost branded promotional aids such as pens or post-it notes may, however, be accepted where they are under the value of £6³ in total, and need not be declared.

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

- Gifts of cash and vouchers to individuals should always be declined.
- Staff should not ask for any gifts.
- Gifts valued at over £25 should be treated with caution and only be accepted on behalf of Sheffield Health and Social Care NHS Foundation Trust General Fund, which is a Charitable Fund, not in a personal capacity. Staff must seek the approval of their relevant Associate Director (for clinical services) or service Director (for corporate services) who in turn should seek the approval of the relevant Executive Director before accepting the gift to charitable funds. These should be declared by staff.
- Modest gifts accepted under a value of £25 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 £25 where the cumulative value exceeds £25.
- There may occasionally be circumstances where it would be inappropriate to decline gifts under the value of £50 where they are offered to teams or wards for the benefit of the whole team or ward e.g. chocolates, biscuits etc. or where diplomatic or cultural sensitivities would cause offence. In these circumstances approval of the gift must be sought from an appropriate senior manager. The gift must also be declared.

11.1.1 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).

11.2 Hospitality

- Staff should not ask for or accept hospitality that may affect, or be seen to affect, their professional judgement.

³ 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>

- 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 prior to any acceptance of hospitality in the circumstances detailed in this section.

Meals and refreshments:

- Under a value of £25 - may be accepted and need not be declared.
- Of a value between £25 and £75⁴ - 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).

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.

11.2.1 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).

11.3 Outside Employment

- 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.
- Staff must comply with conditions within their contract of employment relating to outside employment. In order to comply with contractual terms and conditions, as well as Working Time Regulations, staff should gain the prior written agreement from their line manager, before undertaking additional

⁴ 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>

work. As the primary employer, the Trust must be able to fully understand full working patterns, and to ensure there is no conflict of interest. Failure to disclose may constitute a case of serious misconduct.

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 donate 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

- No sponsorship can be accepted without the *prior* approval of the relevant senior manager (associate/clinical director).

- Sponsorship of events by appropriate external bodies will only be approved if a reasonable person would conclude that the event will result in clear benefit the organisations and the NHS.
- 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.
- All pharmaceutical companies entering into sponsorship agreements must comply with the ABPI code of practice. All sponsorship agreements between the Trust and pharmaceutical companies will require the approval of the Chief Pharmacist and Executive Medical Director **prior** to the event.

11.8.1 Authorisation procedure for sponsored event

Authorisation is required prior to acceptance of any sponsorship for events. The authorisation process is detailed in the table below.

Sponsorship value	Authorisation required
Less than £25	<ul style="list-style-type: none"> • No authorisation required • Staff report the sponsorship to the Associate Clinical/Service Director depending on the nature of the sponsorship
£25 - £500	<ul style="list-style-type: none"> • Staff submit proposal to their Associate Clinical/Service Director depending on the nature of the sponsorship • Associate Clinical/Service Director reviews the request and either approves or rejects the proposal. In the case of sponsorship from pharmaceutical companies, approval must be sought from the Chief Pharmacist and Executive Medical Director. • Executive Medical Director to send proposal to Board Secretary. • Board Secretary will approve or reject and advise the member of staff and all the Directors of the decision and will update the Trust's Register of Gifts, Hospitality and Sponsorship
£500 or above	<ul style="list-style-type: none"> • Staff submit proposal to their Associate Clinical/Service Director depending on the nature of the sponsorship or if pharmaceutical, staff submit proposal to Chief Pharmacist. • Associate Clinical/Service Director or Chief Pharmacist reviews the request and either approves or rejects the proposal. If approved forwards to either: <ul style="list-style-type: none"> ▪ Executive Director of Finance for all non-pharmaceutical sponsorship; or

Sponsorship value	Authorisation required
	<ul style="list-style-type: none"> ▪ Executive Medical Director for all pharmaceutical sponsorship. • If approved or rejected the Executive Director of Finance or Executive Medical Director will forward the form to the Board Secretary who will advise the member of staff of the outcome and update the Trust's Register of Gifts, Hospitality and Sponsorship
<p>Note: all proposals over £25, whether supported or not, will be included on the Gifts, Hospitality and Sponsorship Register held by the Board Secretary. Regular reports (at least annually) on the use of sponsorship will be submitted to the Trust's Audit and Risk Committee and Trust Board.</p>	

11.8.2 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 Authorisation process for sponsored research

Authorisation is required prior to acceptance of any sponsored research. The authorisation process is detailed in the table in Section 11.8.1.above.

11.9.2 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 Authorisation process for sponsored posts

Authorisation is required prior to acceptance of any sponsored posts. The authorisation process is detailed in the table in Section 11.8.1 above.

11.10.2 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 at Personal Development Reviews (PDR) / Appraisal, and/or any new private practice when it arises⁵ 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.
- Seek prior approval for any time shifting which is required which would need approval by the Associate Clinical Director.
- Ensure that, where there would otherwise be a conflict or potential conflict of interest, NHS commitments take precedence over private work.⁶
- 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

Neither Medical Consultants, Hospital Consultants nor other health professionals should initiate discussions about providing their Private Professional Services for NHS patients, nor should they ask other staff to initiate such discussions on their behalf.

⁵ 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

⁶ 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

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 the Trust uses a variety of different groups to make key strategic decisions about things such as:

- Entering into (or renewing) large scale contracts.
- Awarding grants.
- Making procurement decisions.
- Selection of medicines, equipment, and devices.

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:

- Trust Board;
- Audit and Risk Committee;
- Finance and Investment Committee;
- Workforce and Organisation Development Committee;
- Digital Transformation Board;
- Council of Governors;
- Executive Directors Group; and
- Business Planning 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.

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 Corporate Governance (Board Secretary) in the first instance

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 under the Counter Fraud, Bribery and Corruption Policy, the Whistleblowing (Speaking Up) Policy and any other relevant Trust 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 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 (Section 13.2).

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 Trust and could involve Trust 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 Counter Fraud Authority, 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 wrongdoing or fault then the organisation can and will consider the range of possible sanctions that are available, in a manner which is proportionate to the breach. This includes:

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

13.3 Learning and transparency concerning breaches

Reports on breaches, the impact of these, and action taken will be considered by the Trust's Audit and Risk 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 Trust's website as appropriate, or made available for inspection by the public upon request.

14 Associated Documentation

Freedom of Information Act 2000

ABPI: The Code of Practice for the Pharmaceutical Industry (2014)
ABHI Code of Business Practice
NHS Code of Conduct and Accountability (July 2004)
Trust policies as detailed in Section 3 of this document.

15 Dissemination, Storage and Archiving (Control)

This policy is available on the SHSC intranet/website and available to all staff. An email will be sent to “All SHSC” staff informing them in the event of a policy revision.

The Chair of the Audit and Risk Committee will, on an annual basis, write to all staff reminding them of their responsibilities with regard this policy. This will be undertaken electronically, via staff email.

All new starters will be informed of the policy during the Corporate Induction process.

The previous policy entitled ‘Declaration of Interests & Standards of Business Conduct Policy *including Potential Conflicts of Interest, Ethical Standards, Hospitality, Gifts, Research and Commercial Sponsorship* will be removed from the intranet and replaced with the current version. Managers are also responsible for ensuring hard copies of the previous policy are removed from any policy / procedure manuals or files held locally.

The Director of Corporate Governance (Board Secretary) is responsible for ensuring current versions are available on the intranet for future reviews of the policy.

16 Training and Other Resource Implications

All managers are responsible for ensuring their staff are aware of this policy and their individual responsibilities for adherence to it, and that they are equipped to fulfil those responsibilities. This will include covering the policy in corporate and local induction programmes.

17 Audit, Monitoring and Review

The Audit and Risk Committee will ensure arrangements are established to test compliance of actual working practices with the provisions of this policy in order to identify areas requiring attention.

The Policy will be reviewed in three years’ time in 2020, unless an earlier review is required, e.g. if major changes occur in legislation, guidance or policies which have an impact on the provisions of this policy. The review will be led by the Director of Corporate Governance (Board Secretary).

Monitoring Compliance Template						
Minimum Requirement	Process for Monitoring	Responsible Individual/ Group/ Committee	Frequency of Monitoring	Review of Results process (e.g. who does this?)	Responsible Individual/group/ committee for action plan development	Responsible Individual/group/ committee for action plan monitoring and implementation
	Review and Audit	Audit & Risk Committee	3 yearly or when changes to legislation occur	Audit & Risk Committee	Director of Corporate Governance (Board Secretary)	Audit & Risk Committee

18 Implementation Plan

Action / Task	Responsible Person	Deadline
Replace policy on intranet with amended policy	Director of Corporate Governance (Board Secretary)	December 2020
Update forms on intranet with amended forms	Director of Corporate Governance (Board Secretary)	December 2020
Remind all staff of the policy of their responsibilities with regard to it through periodic article in Connect	Director of Corporate Governance	Periodically

19 Links to Other Policies, Standards & Legislation (Associated Documents)

See sections 3 and 15.

20 Contact details

Title	Name	Phone	Email
Director of Corporate Governance (Board Secretary)	David Walsh	3050727	david.walsh@shsc.nhs.uk
Executive Director of Finance	Phillip Easthope	3050765	Phillip.easthope@shsc.nhs.uk
Executive Medical Director	Dr Mike Hunter	2264838	mike.hunter@shsc.nhs.uk
Interim Chief Pharmacist	Chris Hall	2718630	Chris.Hall1@shsc.nhs.uk

21 References

See section 15.

Appendix 1: Equality Impact Assessment Process and Record for Written Policies

Stage 1 – Relevance - Is the policy potentially relevant to equality i.e. will this policy potentially impact on staff, patients or the public? This should be considered as part of the Case of Need for new policies.

<p>NO – No further action is required – please sign and date the following statement.</p>	<p><i>I confirm that this policy does not impact on staff, patients or the public.</i> Samantha Stoddart, Deputy Board Secretary 28 September 2020</p>
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Stage 2 Policy Screening and Drafting Policy - Public authorities are legally required to have ‘due regard’ to eliminating discrimination, advancing equal opportunity and fostering good relations in relation to people who share certain ‘protected characteristics’ and those that do not. The following table should be used to consider this and inform changes to the policy (indicate yes/no/ don’t know and note reasons). Please see the SHSC Guidance and Flow Chart.

Stage 3 – Policy Revision - Make amendments to the policy or identify any remedial action required and record any action planned in the policy implementation plan section

SCREENING RECORD	Does any aspect of this policy or potentially discriminate against this group?	Can equality of opportunity for this group be improved through this policy or changes to this policy?	Can this policy be amended so that it works to enhance relations between people in this group and people not in this group?
Age	No	No	No
Disability	No	No	No
Gender Reassignment	No	No	No
Pregnancy and Maternity	No	No	No
Race	No	No	No
Religion or Belief	No	No	No
Sex	No	No	No
Sexual Orientation	No	No	No
Marriage or Civil Partnership	No		

Please delete as appropriate: - Policy Amended / Action Identified (see Implementation Plan) / no changes made.

<p>Impact Assessment Completed by: Samantha Stoddart, Deputy Board Secretary 28 September 2020</p>

Appendix 2: Review/New Policy Checklist

This checklist to be used as part of the development or review of a policy and presented to the Policy Governance Group (PGG) with the revised policy.

		Tick to confirm
Engagement		
1.	Is the Executive Lead sighted on the development/review of the policy?	✓
2.	Is the local Policy Champion member sighted on the development/review of the policy?	n/a
Development and Consultation		
3.	If the policy is a new policy, has the development of the policy been approved through the Case for Need approval process?	n/a
4.	Is there evidence of consultation with all relevant services, partners and other relevant bodies?	n/a
5.	Has the policy been discussed and agreed by the local governance groups?	n/a
6.	Have any relevant recommendations from Internal Audit or other relevant bodies been taken into account in preparing the policy?	n/a
Template Compliance		
7.	Has the version control/storage section been updated?	✓
8.	Is the policy title clear and unambiguous?	✓
9.	Is the policy in Arial font 12?	✓
10.	Have page numbers been inserted?	✓
11.	Has the policy been quality checked for spelling errors, links, accuracy?	✓
Policy Content		
12.	Is the purpose of the policy clear?	✓
13.	Does the policy comply with requirements of the CQC or other relevant bodies? (where appropriate)	✓
14.	Does the policy reflect changes as a result of lessons identified from incidents, complaints, near misses, etc.?	n/a
15.	Where appropriate, does the policy contain a list of definitions of terms used?	✓
16.	Does the policy include any references to other associated policies and key documents?	✓
17.	Has the EIA Form been completed (Appendix A)?	✓
Dissemination, Implementation, Review and Audit Compliance		
18.	Does the dissemination plan identify how the policy will be implemented?	✓
19.	Does the dissemination plan include the necessary training/support to ensure compliance?	✓
20.	Is there a plan to i. review ii. audit compliance with the document?	✓
21.	Is the review date identified, and is it appropriate and justifiable?	✓

Appendix 3: Interests/Gifts/Hospitality/Sponsorship Declaration Form

Name	Role	Description of Interest (including value where applicable)	Relevant Dates		Comments
			From	To	
<i>E.g. Mr John Smith</i>	<i>e.g. Senior Operational Manager, Crisis & Emergency Care</i>	<i>e.g. Hospitality received - £95 from Organisation Z to pay for travel to speak at conference on Managing Conflicts of Interest on 21/12/16</i>	<i>e.g. 21/12/2016</i>	<i>e.g. 21/12/2016</i>	<i>e.g. Approval to attend event and accept hospitality given by Mary Baker, Line Manager</i>

Please see below for information on how to populate the above boxes

The information submitted will be held by Sheffield Health & Social Care NHS Foundation Trust for personnel or other reasons specified on this form and to comply with the organisation's policies. This information may be held in both manual and electronic form in accordance with the Data Protection Act 2018. Information may be disclosed to third parties in accordance with the Freedom of Information Act 2000 and published in registers that Sheffield Health & Social Care NHS Foundation Trust holds.

I confirm that the information provided above is complete and correct. I acknowledge that any changes in these declarations must be notified to Sheffield Health & Social Care NHS Foundation Trust as soon as practicable and no later than 28 days after the interest arises. I am aware that if I do not make full, accurate and timely declarations then civil, criminal, internal disciplinary, or professional regulatory action may result.

I **do / do not [delete as applicable]** give my consent for this information to published on registers that Sheffield Health & Social Care NHS Foundation Trust holds.

If consent is NOT given please give reasons:

Signed:		Date:	

For gifts, sponsorship and/or hospitality

Signed Associate Clinical/Service Director:		Date:	
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Signed Chief Pharmacist: (only for pharmaceutical sponsorship, hospitality or gifts)		Date:	
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Signed Executive Medical Director: (only for pharmaceutical sponsorship, hospitality or gifts)		Date:	
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Signed Executive Director of Finance: (only for non-pharmaceutical sponsorship or hospitality above £500)		Date:	
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Approval and signature of Director of Corporate Governance/Board Secretary

Signed:		Date:	
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**Please return this form to David Walsh, Director of Corporate Governance (Board Secretary),
Fulwood House, Old Fulwood Road, Sheffield S10 3TH
Or email to david.walsh@shsc.nhs.uk**

GUIDANCE NOTES FOR COMPLETION OF INTERESTS DECLARATION FORM

Name and Role: Insert your name and your position/role in relation to the return you are making

Description of Interest: Provide a description of the interest that is being declared. This should contain enough information to be meaningful (e.g. detailing the supplier of any gifts, hospitality, sponsorship, etc). That is, the information provided should enable a reasonable person with no prior knowledge should be able to read this and understand the nature of the interest.

Types of interest:

Financial interests - This is where an individual may get direct financial benefits from the consequences of a decision they are involved in making

Non-financial professional interests - This is 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 status or promoting their professional career

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

A benefit may arise from both a gain or avoidance of a loss.

Relevant Dates: Detail here when the interest arose and, if relevant, when it ceased

Comments: This field should detail any action taken to manage an actual or potential conflict of interest. It might also detail any approvals or permissions to adopt certain course of action

Appendix 4: Declaration of Outside Employment Form



Sheffield Health and Social Care
NHS Foundation Trust

**Declaration of Outside Employment
Request for permission to undertake
Outside Employment**

- 1. Part 1 of this form is to be completed by the SHSC employee.
- 2. To be discussed and approved by the line manager (see Part 2) prior to agreeing (or otherwise) any additional work outside SHSC.

PART 1

Employee Name:			
Current Role:			
Working hours:		Base:	

<p>1. Details of additional work being considered: <i>Include type of work, length of the contract, when employment would commence etc</i></p>
<p>2. Potential Implications for work within SHSC: <i>For example, may it result in any of the following: working excessive hours; conflict of interest with your Trust role or professional obligations; being in competition with Trust services, restrict your ability to fulfil any of your normal Trust duties? Are there any potential positive implications for the performance of your role or SHSC?</i></p> <p><i>Include any plans that you are suggesting to resolve any potential issues</i></p>

<p>3. Implications for SHSC NHS Resources: <i>Trust resources such as admin, rooms, equipment etc cannot be used for outside employment without prior agreement and if used, there may be a cost implication to this.</i></p>	
<p>4. Proposals regarding use of Trust Resources: <i>(if applicable)</i></p>	
<p>5. How has this work arisen? <i>N.B. In the course of their NHS duties and responsibilities, NHS employees should not initiate discussions about providing private services for NHS patients, nor should they ask other NHS staff to initiate such discussions on their behalf.</i></p>	
<p>Please submit this form to your line manager for approval.</p>	
<p>Submitted for approval to:</p>	
<p>Date submitted for approval:</p>	

The Line Manager must now complete Part 2 of the form.

PART 2: To be completed by the line manager

1. How may this work impact on performance of the individual's role and/or the provision of SHSC services?	
2. What is your assessment of the implications for SHSC, both positive and/or negative? <i>(Where any implications relate only to working arrangements, the line manager can make the decision. Where there are potentially adverse implications for the performance of the role or the use of Trust resources then the line manager should discuss with Service directors/Professional Director before any approval is given. Where there are potentially implications involving a conflict of interest or competition with SHSC services then there needs to be discussion with the relevant Executive Director before any approval is given.)</i>	
3. Taking the above into account what is your recommendation regarding whether this outside employment should be approved and if approved, how it would operate?	
4. Outside Employment Approved: Yes <input type="checkbox"/> No <input type="checkbox"/> Referred for Approval to Service Director, <input type="checkbox"/> Professional Director or Executive Director (see Part 3)	
Any additional information:	
Completed by:	
Signed: Manager)	(Line Date:

Now Complete Part 3

PART 3

1. Outcome of Approval Process by Service Director / Professional Director or Executive Director:	
Outside Employment Approved: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Completed by:	
Signed: (Associate Service Director, Professional Director or Executive Director)	Date:

A copy of the completed form should be retained in the employee's personal file.