

Conflicts of Interest Policy

Document Control

Document Reference	SX003
Version	3.0
Policy Sponsor	Chief Finance Officer
Policy Lead	Senior Risk and Corporate Services Manager
Approval	NHS Sussex Board
Issued on	29/01/2025
To be reviewed by	31/07/2026

Accessibility help

Zoom in or out by holding down the Control key and turning the mouse wheel.
CTRL and click on the table of contents to navigate.
Press CTRL and Home key to return to the top of the document
Press Alt-left arrow to return to your previous location.

NHS Sussex will consider requests for publications in other language or formats such as large print. Please contact the corporate EHIA inbox: sxicb.ehia@nhs.net

Change Record

Date	Change	Comments
01/07/22	New policy	
December 2022	Addition of Appendix D	Appendix D added and approved in accordance with the Policy on Policies. Approved by Chief of Corporate Affairs 23/11/22. Approved by two further Chief Officers: Chief Finance Officer 25/11/22 and Chief People Officer 17/12/22
05/07/23	Approval	Revised policy approved by the NHS Sussex Board.
26/06/24	Approval	Revised policy approved by the NHS Sussex Board, following endorsement by both the Audit and Risk Management Committee (ARMC) on 18/04/24 and Executive Committee on 04/06/24.
27/11/24	Interim Review – Major Changes	<ul style="list-style-type: none"> Director of Governance and Assurance replaced by Corporate Governance Lead throughout. Section 2.1 bullet point added on Provider Selection regime. Section 3.10 – Donation and Gift entries added to the table of definitions. More details added to the Interests entry of the table of definitions. E.g. four more examples of Financial interests, one more example of a Non-financial professional interest and a clarification

		<p>around Indirect interests that it is considered unrealistic to expect staff to know of all the of family of close friends, but any material interest they could reasonably be expected to know should be declared.</p> <ul style="list-style-type: none"> • Section 4.9 – Sentence added that NHS Sussex aims to manage interests sensibly and proportionately and that a management action plan may be required if a material interest is declared. Two more examples of management actions added at the start of the list. • Section 4.10 – Added that no action may be warranted around a management plan and an audit trail of action taken must be maintained. • Section 6.2 – Added that the interests should be documented and understood. • Section 6.3 – Reference to Workforce and Remuneration Committee amended to “Remuneration Committee”. • Section 6.4 – Bullet point added on Terms of Reference for groups to refer to the Conflicts of Interest policy • Section 6.5 added on approaches for the chair if a member has an action or potential interest. • Section 6.6 – Example added for a chair’s response to a material interest of a committee member. • Sections 6.11 to 6.15 added to cover the effective management of conflicts of interest with committees. • Sections 7.2 and 7.3 added to give more information around gifts in the NHS. • Section 7.8 – “regardless of value” added to Staff should not ask for any gifts. • Section 7.10 – Added to gifts valued at over £50 that are accepted “The declaration should provide a clear reason as to why it was considered permissible to accept the gift, alongside the actual or estimated value”. • Section 7.13 – Added to give more information around hospitality in the NHS. • Section 7.18 – Link added to industry guidance issued by the Association of the British Pharmaceutical Industry (ABPI). • Section 7.22 – A non-exhaustive list of examples of travel and hospitality added as a bullet list. • Section 7.23 - Added to give more information around outside employment in the NHS. • Section 7.26 – “for outside” added to clarify what the potential COIs for employment were for. • Section 7.30 – Added to give more information around shareholdings and other ownership issues. • Sections 7.34 and 7.35 – Added to give more information around patents.
--	--	--

		<ul style="list-style-type: none"> • Sections 7.40 and 7.41 – Added to give more information around loyalty interests. • Section 7.43 – Added to specify that general management actions for conflicts of interests are applied loyalty interests. • Section 7.44 – Added to give more information around donations. • Section 7.50 – Added to state that NHS Sussex will maintain records under charity law. • Sections 7.51 and 7.52 – Added to give more information on clinical private practice. • Section 7.54 – Added to include a link to the terms and conditions for hospital consultants. • Section 8.7 – Added to link to Appendix C for the principles underpinning sponsorship and joint working. • Sections 9.4 to 9.9 – Added to cover the Provider Selection Regime (PSR) and procurement. • Section 10.7 – Text added on the reputational damage of breaches. • Sections 10.9 to 10.12 – Added detail on the different sanctions that may be imposed as a result of breaches. • Section 10.16 – Added to cover the publication of breaches on the NHS Sussex website. • Section 11 Accountabilities, Duties and Responsibilities table – Rows added on the “Dos and Don’ts” responsibilities of NHS Sussex and Staff. • Section 15.5 – Thrive added as the host for COI training. • Section 17 References – All links reviewed and updated where necessary and links added to Governance Functional Standard on Counter Fraud, the Health Care Services (PSR) Regulations 2023, NHSBSA Code of Conduct and Accountability, NHSCFA – NHS requirements Government Functional Standard, NHSE ICB counter fraud statutory guidance, NHSE Managing COI in the NHS and NHSE Provider Selection Regime statutory guidance. • Appendices C and D of the policy related to sponsorship and joint working, and how to apply combined. • Appendix C – Paragraphs added to give more information around sponsored events, sponsored research and sponsored posts
03/12/24	Interim Review – Major Changes	Executive Committee endorsed policy.

11/12/24	Interim Review – Major Changes	The Audit and Risk Management Committee, subject to minor amendments, endorsed the reviewed Conflict of Interest policy for onward forwarding to the NHS Sussex Board for approval.
29/01/25	Interim Review – Major Changes	Revised policy approved by the NHS Sussex Board.

Contents

1. Introduction	7
2. Purpose and objectives	7
3. Definitions	7
4. Identification, declaration and review of interests	13
5. Publication of registers	15
6. Management of interests in meetings and strategic decision-making groups	15
7. Interests to be declared	18
8. Sponsorship and joint working	23
9. Procurement and contract monitoring	24
10. Raising concerns and breaches	26
11. Accountabilities, Duties and Responsibilities	29
12. Training	31
13. Implementation	31
14. Ratification Process and Review	32
15. Monitoring Compliance and Effectiveness	32
16. Equality	33
17. References	33
APPENDIX A – Nolan Principles, the Seven Key Principles of the NHS Constitution and the Good Governance Standards of Public Services	36
APPENDIX B – Procedures for the management of Conflicts of Interest	40
APPENDIX C – Principles of Sponsorship and Joint Working and How to Apply	42

1. Introduction

- 1.1 NHS Sussex is committed to improving the health of local people. NHS Sussex Board members and staff including interim and temporary staff; volunteers; contractors; other third parties and seconded staff) have a duty to ensure that all their dealings are conducted to the highest standards of integrity and that NHS monies are used wisely so that finite resources are used in the best interests of patients.
- 1.2 Partnerships with other organisations 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. NHS Sussex must ensure the integrity of the processes that it follows when making decisions for its communities, so that they are taken without the influence (or perceived influence) of external or private interests.
- 1.3 Board members (and regular participants at Board meetings) and staff of NHS Sussex, as guardians of public money, need to have regard to the Good Governance Standards of Public Services and holders of public office need to uphold the Seven Principles of Public Life (the Nolan Principles). Providing best value for taxpayers and ensuring that decisions are taken transparently and clearly (accountability to the public, communities and patients) are also key principles in the NHS Constitution. Further details on the Seven Principles of Public Life (the Nolan Principles) can be found at [Appendix A](#).
- 1.4 There are also specific statutory requirements for managing conflicts of interest under the National Health Service Act 2006 (as inserted by the Health and Care Act 2022) and under the NHS (Procurement, Patient Choice and Competition) (No. 2) Regulations 2013 (and related substantive guidance).

2. Purpose and objectives

- 2.1. This policy will help NHS Sussex manage conflicts of interest risks effectively. It:
 - Supports good judgement about how to approach and manage interests;
 - Takes account of the introduction of the Provider Selection Regime and early findings on the management of conflicts of interest; and
 - Introduces consistent principles and rules for the management of interests.
- 2.2. This policy should be read in conjunction with the NHS Sussex Standards of Business Conduct Policy and the conflicts of interest procedures outlined in [Appendices B and C](#).

3. Definitions

- 3.1. A conflict of interest (COI) is defined by NHS England in its “Managing Conflicts of Interest in the NHS” guidance (2017) as:

“a set of circumstances by which a reasonable person would consider that an individual’s ability to exercise judgement or act, in the context of delivering, commissioning or assuring taxpayer funded health and care services, is or could be, or is seen to be or could be seen to be, impaired or influenced by his or her involvement in another role or relationship.”

3.2. 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.
- **Perceived** – there is a possibility that a reasonably well-informed person could properly have a reasonable belief that an actual conflict of interest exists, even where that is not the case in fact.

3.3. Staff may hold interests for which they cannot see potential conflict, but others may see the situation differently. The perception of wrongdoing, impaired judgement or undue influence can be as damaging as it actually occurring. All interests should be declared where there is a risk of perceived improper conduct.

3.4. Examples of potential and actual conflicts which should be regarded as relevant, and material include but are not limited to:

- Consultancies and / or direct employment.
- Directorships, including non-executive directorships, held in private companies who do, will or could conduct their business in the field of Health and Social Care.
- Fee Paid work, e.g. for work conducted outside employment or as part of private practice.
- Shareholdings (more than 5%) of companies in the field of health and social care.
- Any connection with an organisation (public, private or voluntary) contracting for NHS services.
- A position of authority in an organisation (e.g., charity or voluntary organisation) in the field of health and social care.

3.5. This is explored in more detail in **section 7** of the policy, Interests to be declared.

3.6. Under the Bribery Act (2010), it is a criminal offence for an employee to:

- Offer, promise or give a bribe;
- Request, agree to receive or accept a bribe;
- Bribe a foreign public official to obtain or retain business; and
- Make a representation that is false for personal or other gain or that puts the NHS Sussex at risk of loss.

3.7. It is also a criminal offence for the NHS Sussex to fail to prevent bribery.

3.8. Bribery can be money, gifts, hospitality or anything else that may be of benefit to the person, which in turn creates a conflict between their own interests and the interests of

those that they are expecting to be serving (e.g. NHS Sussex and its patients).

3.9. The Bribery Act (2010) also covers individuals who have an association with an organisation - an 'associated person'. This term is not just limited to NHS Sussex staff or board members, but any person, company or legal entity the carries out a service under NHS Sussex's name, represents the NHS Sussex in an official capacity, acts on behalf of NHS Sussex or in the place of other NHS Sussex staff or representatives. The maximum penalty for bribery is 10 years imprisonment for individuals engaging in bribery and an unlimited fine for NHS Sussex.

3.10. The below table provides key definitions in the field of Conflicts of Interests.

	<i>Definition</i>
Decision Making Staff	<p>For the purposes of this policy, some staff are considered "Decision Making" as they are more likely than others to have an influence on the use of taxpayers' money. These include:</p> <ul style="list-style-type: none"> • Executive and non-executive directors (or equivalent roles) who have decision making roles which involve the spending of taxpayers' money. • Members of advisory groups (including those not directly employed by NHS Sussex) which contribute to direct or delegated decision making on the commissioning or provision of taxpayer funded services, for example, members of the Sussex Health and Care Assembly, the Integrated Care Partnership in Sussex. • Members of procurement evaluation panels. • Those at Agenda for Change Band 8a and above. • Administrative and clinical staff (of any grade) who have the power to enter into contracts on behalf of their organisation. • Administrative and clinical staff (of any grade) involved in decision making concerning the commissioning of services, purchasing of goods, medicines, medical devices or equipment, and formulary decisions. <p>For the purposes of the public publication of registers, NHS Sussex includes all employed staff at Band 8a and above, which includes NHS Sussex Board members and Clinical Leads in this category.</p>
Breaches	<p>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 are referred to as "breaches".</p>
Donations	<p>A donation is a charitable financial payment, which can be in the form of direct cash payment or through the application of a will or similar directive. Charitable giving and other donations are often used to support the provision of health and care services.</p>

	Definition
Gifts	A gift is defined as any item of cash or goods, or any service that is provided for personal benefit, free of charge or at less than its commercial value.
Hospitality	Hospitality is the offer of meals, refreshments, travel, accommodation, and other expenses in relation to attendance at meetings, conferences, education and training events, etc.
Interests	<p>Interests fall into one of the following four categories:</p> <ul style="list-style-type: none"> Financial interests - Where an individual may get direct financial benefit. This may be a financial gain, or avoidance of a loss from the consequences of a decision they are involved in making. For example: <ul style="list-style-type: none"> A director, including a non-executive director, or senior employee in a private company, public limited company or other organisation which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations. A shareholder (or similar owner interests), a partner or owner of an organisation which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations. A management consultant for a provider in secondary employment. Someone in outside employment. Someone in receipt of secondary income. Someone in receipt of a grant. Someone in receipt of other payments (e.g. honoraria, day allowances, travel or subsistence). Someone in receipt of research sponsorship. 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. For example: <ul style="list-style-type: none"> An advocate for a particular group of patients. A clinician with special interests. An active member of a particular specialist professional body (although routine GP membership of the RCGP, BMA or a medical defence organisation would not usually by itself amount to an interest which needed to be declared). An advisor for Care Quality Commission (CQC) or National Institute for Health and Care Excellence (NICE). Undertaking a research role, particularly sponsored research. Non-financial personal interests - Where an individual may

	Definition
	<p>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. This could include where an individual is a member of a voluntary sector board or has a position of authority within a voluntary sector organisation or is a member of a lobbying or pressure group with an interest in health and care. For example:</p> <ul style="list-style-type: none"> ○ A voluntary sector champion for a provider. ○ A volunteer for a provider. ○ A member of a voluntary sector board or has any other position of authority in or connection with a voluntary sector organisation. ○ Suffering from a particular condition requiring individually funded treatment. ○ A member of a lobbying or pressure group with an interest in health and social care. <p>• Indirect interests - Where an individual has a close association with another individual who has a financial interest, a non-financial professional interest or a non-financial personal interest and could stand to benefit from a decision they are involved in making. 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. It is considered unrealistic to expect staff to know of all the interests that people in these classes might hold. However, if staff do know of material interests (or could be reasonably expected to know about these) then these should be declared. Examples of a “close association” include:</p> <ul style="list-style-type: none"> ○ Spouse / partner. ○ Close relative e.g., parent, grandparent, child, grandchild or sibling. ○ Close friend. ○ Business partner.
Material interest	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.
Outside Employment	Outside employment means employment and other engagements, outside of formal employment arrangements. This can include directorships, non-executive roles, self-employment, consultancy work, charitable trustee roles, political roles and roles within not-for-profit organisations, paid advisory positions and paid honorariums which relate to bodies likely to do business with an organisation. Clinical private practice is considered in a separate section.

	Definition
Pharmaceutical Industry	<ul style="list-style-type: none"> Companies, partnerships or individuals involved in the manufacture, sale, promotion or supply of medicinal products subject to the licensing provisions of the Medicines Act. Companies, partnerships or individuals involved in the manufacture, sale, promotion or supply of medical devices, appliances, dressings and nutritional supplements that are used in the treatment of patients within the NHS. Trade associations representing companies involved with such products. Companies, partnerships or individuals who are directly concerned with research, development or marketing of a medicinal product that is being considered by or would be influenced by decisions taken by NHS Sussex. Pharmaceutical industry related industries, including companies, partnerships or NHS Sussex staff directly concerned with enterprises that may be positively or adversely affected by decisions taken by NHS Sussex.
Sponsorship	<p>Definition of sponsorship includes:</p> <ul style="list-style-type: none"> Funding provided to the NHS from an external commercial source, whether in cash, goods, services, or other benefits in kind. This includes funding all or part of the costs of a member of staff, staff training, training of primary care contractors and their staff, pharmaceuticals, medical devices, dressings, nutritional supplements, equipment, meeting rooms, costs associated with meetings, meals, gifts, hospitality, hotel and transport costs, provision of free services (for example speakers), buildings or premises. <p>This list is not exhaustive, and it would be prudent to include any other benefits, goods or services that would otherwise be funded through NHS resources</p>
Joint working	<p>Definition of joint working includes:</p> <ul style="list-style-type: none"> Where, for the benefit of patients, organisations pool skills, experience and / or resources for the joint development and implementation of patient-centred projects and share a commitment to successful delivery. <p>Joint working differs from sponsorship, where pharmaceutical companies (or other third-party organisations) simply provide funds for a specific event or work programme.</p>

4. Identification, declaration and review of interests

- 4.1. All staff should identify and declare interests at the earliest opportunity (and in any event within **28 calendar days** of the circumstances outlined below). If staff have no interests to declare, then a **nil declaration must be made**.
- 4.2. Declarations (including nil returns) should be made:
 1. On appointment to the organisation;
 2. When staff move to a new role or their responsibilities change significantly;
 3. At the beginning of a new project / piece of work / procurement;
 4. 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); and
 5. At an annual review of interests.
- 4.3. Declarations are uploaded and managed by individuals on an online web-portal at <https://nhssussex.mydeclarations.co.uk/home>. For the purposes of the public publication of registers, NHS Sussex includes all employed staff at Band 8a and above. Help and advice on completing and uploading declarations are available from the Corporate Governance team or by email at: sxicb.declarations@nhs.net.
- 4.4. When a Declaration of Interests (DOI) is completed, the Corporate Governance team will check that sufficient information has been provided in order to complete the register and will request clarification from the declarer if needed.
- 4.5. The Corporate Governance team will check on materiality of the declaration(s) and ensure there is a suitable management action plan for each material declaration. If any issues arise that are complex or unclear, the Corporate Governance team will refer to the Conflicts of Interest (COI) Guardian for advice or a decision.

Materiality of Interests

- 4.6. If staff are in any doubt as to whether an interest is material then they should declare it, so that it can be considered by the Corporate Governance team.
- 4.7. Advice on materiality of an interest is available from the Corporate Governance team. If an interest is declared but it is deemed there is no risk of a conflict arising for NHS Sussex's business, then no action is warranted. A record of the decision will be kept.
- 4.8. If unclear, materiality of a declared interest will be decided by the COI Guardian and / or Corporate Governance lead.

Management Actions

- 4.9. NHS Sussex aims to manage interests sensibly and proportionately. Staff who declare material interests should discuss them with their line manager or the person(s) they are working to and a management action plan for mitigation of the risks is required to be agreed. The general management actions that could be applied include:
 - Ensuring staff are compliant with the Conflicts of Interest policy.
 - Ensuring staff are proactively declaring interests at the point they become

involves in decision-making.

- 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.

4.10. Additionally, it may be considered that no action is warranted. An audit trail of action taken must be maintained.

4.11. Each case will be different and context-specific, and the Corporate Governance team will clarify the circumstances, risks and issues with the individuals involved. Staff should maintain a written audit trail of information considered and actions taken. Advice on management actions can be obtained from the Corporate Governance team. In the case of disputes about the most appropriate management action, the individual or their line manager should refer to the COI Guardian or the Corporate Governance lead.

Proactive Review of Interests

4.12. Staff will be prompted at least annually to review the declarations they have made by the Corporate Governance team.

4.13. All staff are required to submit either a declaration of interests or a nil declaration **annually**.

Leavers

4.14. Register entries for leavers will be removed from the live register after a period of six months and stored separately for a minimum of **six years**.

Expired Interests

4.15. After expiry, an interest will remain on the register for a minimum of **six months**. After six months, the Corporate Governance team will remove the interest from the live register and a private record of historic interests will be retained by NHS Sussex for a minimum of **six years**.

Management of COIs during Recruitment

4.16. Potential conflicts of interest for NHS Sussex Board members, Executives and roles at Band 8d and above, should be considered during the recruitment process. Following shortlisting for interview, candidates will be asked to complete a DOI so that any conflicts can be considered prior to and during interview. NHS Sussex will need to consider whether the individual (or anyone they have a close association with) could benefit from any decision NHS Sussex might make, which may cause an individual to be excluded from being appointed to the relevant role. These will have to be considered on a case-by-case basis.

4.17. Key considerations when appointing NHS Sussex Board members or Executives include:

- Whether COIs should exclude individuals from appointment.

- Assessing materiality of interests.
- Determining the extent of the interest.

4.18. Advice on managing COIs during recruitment is available from the Corporate Governance team or the COI Guardian.

5. Publication of registers

5.1. NHS Sussex will maintain one or more Register(s) of Conflicts of Interest (COI), Gifts and Hospitality, Procurement decisions and Sponsorship and Joint Working. All declared interests that are material will be available on the appropriate register.

5.2. NHS Sussex will:

- Publish the interests declared by decision making staff in one or more register(s) of COI, Gifts and Hospitality and Sponsorship and Joint Working.
- Refresh this information at least annually.
- Make this information available on the NHS Sussex website.

Requests for non-publication of interests

5.3. If decision making staff have substantial grounds for believing that publication of their interests should not take place then they should contact the Corporate Governance team to explain why. In exceptional circumstances, for instance where the publication of information might put a member of staff at risk of harm, information may be withheld or redacted on public registers.

5.4. All requests for non-publication will be considered by the COI Guardian and / or the Corporate Governance lead. Non-publication of interests would only be agreed as the exception and information will not be withheld or redacted merely because of a personal preference. NHS Sussex will retain a confidential, un-redacted version of the register(s).

6. Management of interests in meetings and strategic decision-making groups

6.1. NHS Sussex 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.

6.2. The interests of those who are involved in these groups should be well known, documented and understood so that they can be managed effectively. The principles outlined in this policy apply to all committees and groups that have the power to make

decisions on behalf of NHS Sussex, such as those in relation to the spending of taxpayers' money, procurements, purchasing of goods, medicines, medical devices or equipment, formulary decisions and contract monitoring.

- 6.3.** NHS Sussex Board sub-committees are Assurance Committees, however, the Audit and Risk Management Committee (ARMC) and Remuneration Committee do have some specific decision-making authority delegated to them and this is also outlined in NHS Sussex's Constitution, Scheme of Reservation and Delegation (SoRD) and Governance Handbook, all accessible on the NHS Sussex website and intranet. The Executive Committee (ExCo) is also decision-making, in that delegations to the Chief Executive Officer are enacted through ExCo and the ExCo sub-group, Commissioning Group, is also decision-making and is referenced in the SoRD as the Chief Delivery and Strategy Officer has delegated commissioning authority and this is enacted through this group.
- 6.4.** Committees should adopt the following principles:
- Chairs should consider any known interests of members in advance, and begin each meeting by asking for declarations 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.
 - Terms of reference for such groups should refer to the Conflicts of Interest policy and procedures and should set out any specific requirements which apply to the group.
- 6.5.** 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.
- 6.6.** 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. An example is the need for clinical involvement, when clinicians may hold and represent a diversity of interests. Good judgement is required to ensure proportionate management of risk. The composition of groups should be kept under review to ensure effective participation.
- 6.7.** The Chair of a meeting or committee has ultimate responsibility for deciding whether there is a conflict of interest (COI) and for taking the appropriate course of action to manage the conflict of interest.

- 6.8.** If the Chair of a meeting has a COI, the Vice-Chair is responsible for deciding the appropriate course of action to manage the conflict of interest. If the Vice-Chair is also conflicted then the remaining non-conflicted voting members of the meeting should agree how to manage the conflict(s).
- 6.9.** In making such decisions, the Chair, Vice-Chair or remaining non-conflicted members may wish to consult with the COI Guardian or Corporate Governance lead.
- 6.10.** It is imperative that NHS Sussex ensure complete transparency in their decision-making processes through robust record keeping. If any conflicts of interest are declared or otherwise arise at a meeting the Chair must ensure that the following information is recorded in the minutes:
- Who has the interest;
 - The nature of the interest and why it gives cause to a conflict;
 - The items on the agenda to which the items relate;
 - How the conflict was agreed to be managed; and
 - Evidence that the conflict was managed as intended.
- 6.11.** The effective management of conflicts of interest is an issue that will arise in both delegation and joint working arrangements with ICBs. The guiding principle for NHS organisations in dealing with these conflicts will be that decisions must be made in the public interest, avoiding any undue influence from other interests.
- 6.12.** The significant NHS provider involvement within each ICB's membership will require any conflicts of interest to be assessed on a case-by-case basis.
- 6.13.** Guidance does not currently impose conditions on functions where their delegation or joint exercise gives rise to inherent conflicts of interest that cannot be managed, therefore NHS Sussex should consider carefully whether this is an issue in their specific circumstances and make appropriate arrangements for their management.
- 6.14.** NHS organisations convening joint committees will be able to determine the membership of committees – which organisations are represented and on what basis. Committees could include individuals who are not employees of the 'convening organisations'. For example, the joint committee could include a clinician who has expertise relevant to matters delegated to the committee but who is not an employee of any of the bodies participating in the joint committee. As with any internal committees of an ICB, a joint committee should ensure the appropriate management of conflicts of interest relating to any of its members.
- 6.15.** An example of this could be an individual from a social enterprise that provides mental health services may give a reasoned and evidence-based opinion that a certain type of online therapy is better for supporting people who experience anxiety – but it might also be that the social enterprise is currently the only provider of that service in the ICS footprint. This should not mean that individual's contribution is discounted – but their conflicting interests should be recognised and taken into account when considering the final decision.

7. Interests to be declared

- 7.1. This section explains the types of interest that should be declared. Further advice on what should be declared or on any of these processes is available from the Corporate Governance team.

Gifts

- 7.2. Staff in the NHS offer support during significant events in people's lives. For this work they may sometimes receive gifts as a legitimate expression of gratitude. However, in situations where the acceptance of gifts could give rise to conflicts of interest, these should be avoided.

- 7.3. Staff and NHS Sussex as an organisation should be mindful that even gifts of a small value may give rise to perceptions of impropriety and might influence behaviour if not handled in an appropriate way.

- 7.4. NHS Sussex staff should not accept gifts that may affect, or be seen to affect, their professional judgement.

Gifts from suppliers or contractors

- 7.5. Gifts offered directly to individuals from suppliers or contractors doing business or likely to do business with the organisation should be declined, whatever their value, and should be declared.
- 7.6. 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 Association of British Pharmaceutical Industries (ABPI).

Gifts from other sources (for example patients, families, service users)

- 7.7. Any personal gift of cash or cash equivalents (for example: vouchers, tokens or offers of remuneration to attend meetings while working for or representing NHS Sussex), whatever their value, should always be declined and should be declared.
- 7.8. Staff should not ask for any gifts, regardless of value.
- 7.9. Modest gifts under a value up to £50 may be accepted and do not need to be declared.
- 7.10. Gifts valued at over £50 should be treated with caution and only accepted on behalf of NHS Sussex and not in a personal capacity and should be declared by staff. The declaration should provide a clear reason as to why it was considered permissible to accept the gift, alongside the actual or estimated value.
- 7.11. 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).

- 7.12. 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.

Hospitality

- 7.13. Delivery of services across the NHS relies on working with a wide range of partners (including industry and academia) in different places and, sometimes, outside of 'traditional' working hours. As a result, staff will sometimes appropriately receive hospitality. Staff receiving hospitality should always be prepared to justify why it has been accepted and be mindful that even hospitality of a small value may give rise to perceptions of impropriety and might influence behaviour.
- 7.14. NHS Sussex staff should not ask for or accept hospitality that may affect, or be seen to affect, their professional judgement.
- 7.15. Hospitality must only be accepted when there is a legitimate business reason and it is proportionate to the nature and purpose of the event.
- 7.16. Particular caution should be exercised when hospitality is offered by actual or potential suppliers or contractors. This hospitality can be accepted if modest and reasonable, but approval from a Chief Officer must be obtained and a declaration made.

Meals and refreshments

- 7.17. Under a value of £25 may be accepted and need not be declared.
- 7.18. Of a value between £25 and £75 may be accepted and must be declared with reference to existing industry [guidance](#) issued by the ABPI.
- 7.19. Over a value of £75 should be refused unless (in exceptional circumstances) approval is given in advance by a Chief Officer. A clear reason should be recorded on the Gifts and Hospitality Register as to why it was permissible to accept.
- 7.20. 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

- 7.21. 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.
- 7.22. Offers which go beyond modest, or are of a type that the organisation itself might not usually offer, need approval in advance by a Chief Officer, should only be accepted in exceptional circumstances, and must be declared. A non-exhaustive list of examples includes:
- Offers of business class or first-class travel and accommodation (including domestic travel); or
 - Offers of foreign travel and accommodation.

Outside employment

- 7.23.** The NHS relies on staff with good skills, broad knowledge and diverse experience. Many staff bring expertise from sectors outside the NHS, such as industry, business, education, government and beyond. The involvement of staff in these outside roles alongside their NHS Sussex role can therefore be of benefit, but the existence of these should be well known so that conflicts can be either managed or avoided.
- 7.24.** Staff should declare any existing outside employment (including self-employment, contracted engagements and other similarly remunerated situations) to their line manager on appointment and any new outside employment when it arises.
- 7.25.** NHS Sussex Board members should disclose any outside employment, along with any other conflicts of interest (COI), as requested during the recruitment process and any new outside employment when it arises.
- 7.26.** Potential COIs for outside employment include:
- Employment with another NHS body;
 - Employment with another organisation which might be in a position to supply goods or services to the groups;
 - Self-employment, including consultancy and / or private practice, in a capacity which might conflict with the work of NHS Sussex or which might be in a position to supply goods or services to the NHS Sussex;
 - Directorship of a GP Federation; and
 - Working whilst on sick leave.
- 7.27.** Where a risk of COI arises, the general management actions outlined in this policy should be considered and applied to mitigate risks.
- 7.28.** 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.
- 7.29.** 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.

Shareholdings and other ownership issues

- 7.30.** Holding shares or other ownership interests can be a common way for staff to invest their personal time and money to seek a return on investment. However, conflicts of interest can arise when staff personally benefit from this investment because of their role within NHS Sussex. For instance, if they are involved in the procurement of products or services which are offered by a company they have shares in, then this could give rise to a conflict of interest. In these cases, the existence of such interests should be well known so that they can be effectively managed.
- 7.31.** 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.

- 7.32.** 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.
- 7.33.** There is no need to declare shares or securities held in collective investment or pension funds or units of authorised unit trusts.

Patents

- 7.34.** The development and holding of patents and other intellectual property rights allows staff to protect something that they create, preventing unauthorised use of products or the copying of protected ideas. Staff are encouraged to be innovative in their practice and therefore this activity is welcomed.
- 7.35.** However, conflicts of interest can arise when staff who hold patents and other intellectual property rights are involved in decision making and procurement. In addition, where product development involves use of time, equipment or resources from NHS Sussex, then this too could create risks of conflicts of interest, and it is important that NHS Sussex is aware of this and it can be managed appropriately.
- 7.36.** 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.
- 7.37.** Staff should seek prior permission from the organisation before, for example, entering into any agreement with bodies regarding product development, research, and work on pathways, where this impacts on the organisation's own time, or uses its equipment, resources or intellectual property.
- 7.38.** Where holding of patents and other intellectual property rights gives rise to a conflict of interest then the general management actions outlined in this policy should be considered and applied to mitigate risks.
- 7.39.** The Corporate Governance team will keep a register to record all patents / intellectual property. Gains from external work benefitting NHS Sussex can give rise to conflicts of interest and actions to take to mitigate the risks should be agreed with Corporate Governance lead.

Loyalty interests

- 7.40.** As part of their jobs, staff need to build strong relationships with colleagues across the NHS and in other sectors. These relationships can be hard to define as they may often fall in the category of indirect interests. They are unlikely to be directed by any formal process or managed via any contractual means – it can be as simple as having informal access to people in senior positions. However, loyalty interests can influence decision making.

7.41. Conflicts of interest can arise when decision making is influenced subjectively through association with colleagues or organisations out of loyalty to the relationship they have, rather than through an objective process. The scope of loyalty interests is potentially huge, so judgement is required for making declarations.

7.42. 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.

7.43. Where holding loyalty interests gives rise to a conflict of interest then the general management actions outlined in this guidance should be considered and applied to mitigate risks.

Donations

7.44. As a major public sector employer the NHS holds formal and informal partnerships with national and local charities. Staff will, in their private lives, undertake voluntary work or fundraising activities for charity. A supportive environment across the NHS and charitable sector should be promoted. However, conflicts of interest can arise.

7.45. 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.

7.46. Staff should not actively solicit charitable donations unless this is a prescribed or expected part of their duties for the organisation.

7.47. 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.

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

7.49. 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.

- 7.50. NHS Sussex will maintain records in line with its wider obligations under charity law, in line with the above principles and rules.

Clinical private practice

- 7.51. Service delivery in the NHS is done by a mix of public, private and not-for-profit organisations. The expertise of clinicians in the NHS is in high demand across all sectors and the NHS relies on the flexibility that the public, private and not-for-profit sectors can provide. It is therefore not uncommon for clinical staff to provide NHS funded care and undertake private practice work either for an external company, or through a corporate vehicle established by themselves.
- 7.52. Existing provisions in contractual arrangements make allowances for this to happen and professional conduct rules apply. However, these arrangements do create the possibility for conflicts of interest arising. Therefore, these provisions are designed to ensure the existence of private practice is known so that potential conflicts of interest can be managed. These provisions around declarations of activities are equivalent to what is asked of all staff in the section on outside employment.
- 7.53. Clinical staff should declare all private practice on appointment, and / or any new private practice when it arises including:
- Where they practise (name of private facility);
 - What they practise (specialty, major procedures);
 - When they practise (identified sessions or 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; and
 - Not accept direct or indirect financial incentives from private providers.
- 7.54. GPs and Hospital Consultants should not initiate discussions about providing their Private Professional Services with NHS patients, nor should they ask other staff to initiate such discussions on their behalf. These provisions already apply to hospital consultants by virtue of paragraphs 5 and 20, schedule 9 of the [Terms and conditions – consultants \(England\)](#).

8. Sponsorship and joint working

- 8.1. The Department of Health and Social Care recognises that joint working with the pharmaceutical industry or other third-party organisations, where the benefits to patient care and the difference it could make to their health and wellbeing are clearly advantageous, should be considered by NHS organisations and their employees.
- 8.2. NHS organisations are required to consider fully the impact of any sponsorship arrangement on wider healthcare services and the risks of conflicts of interest.

- 8.3. Joint working agreements and management arrangements are conducted in an open and transparent manner.
- 8.4. Joint working differs from sponsorship where organisations simply provide funds for a specific event or work programme.
- 8.5. Examples of acceptable / unacceptable practices at sponsored events include:
 - Attendance at event or conference sponsored / hosted by an external organisation, e.g. clarify with the sponsor and record the sponsor's expectation from providing the sponsorship concerning attendance. If there are no known expectations from the sponsor the attendance can be acceptable but agreed by a line manager in advance and a declaration form completed.
 - Offers of individual funding to allow staff member to attend educational courses / obtain professional qualification - the offer should be declined and recorded on declaration form.
- 8.6. The philosophy underpinning the relationship between NHS Sussex and the pharmaceutical industry is such that NHS Sussex:
 - Acknowledges the interdependent relationship between the pharmaceutical industry and the NHS.
 - Seeks to explore and develop the relationship between itself and the pharmaceutical industry for the benefit of their populations within a clear ethical framework.
 - Recognises the needs of the pharmaceutical industry to maintain profitability and promote specific drugs and the needs of the NHS to ensure there is evidence-based decision making, value for money and equity.
 - Believes that ethical members of the pharmaceutical industry hold a clear desire to improve health and health care as well as to maintain profitability.
 - Recognises the requirement of the pharmaceutical industry to promote its products in an ethical manner to the prescribing practitioners aligned to NHS Sussex.
- 8.7. The principles underpinning sponsorship and joint working, and how to apply for it, can be found at [Appendix C](#).

9. Procurement and contract monitoring

- 9.1. Procurements 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.
- 9.2. NHS Sussex obtains expert advice and support on procurement from South, Central and West Commissioning Support Unit (SCW CSU). Conflicts of interest (COI) management is still needed where a third-party organisation leads the bidding process.

- 9.3. At the start of a procurement project and, as the members of the procurement team are identified, the members will be asked to ensure their declarations within Declare are up-to-date and reflects any interests pertinent to bidders. If there is a nil declaration, this will need to be reconfirmed. Until these steps are completed assessors cannot receive bidder information.
- 9.4. The Provider Selection Regime (PSR) replaced existing procurement rules on 1 January 2024. The PSR allows for providers to make representations to the ICB about its contract award decisions in certain circumstances within a specified timeframe ('standstill period'). The NHS Sussex Procurement Strategy has been updated to take account of the PSR.
- 9.5. NHS Sussex is required to comply with the PSR when arranging for the provision of "relevant health care services" either on their own or as part of a "mixed procurement" and needs to take appropriate measures to effectively prevent, identify and remedy conflicts of interest arising in the conduct of procurement processes.
- 9.6. NHS Sussex is required to comply with the rules on public procurement set out in the Public Contracts Regulations 2015 ('PCR') when arranging for the provision of goods and services that are not "relevant health care services", unless they form part of a "mixed procurement," which meets the test for the application of the PSR. The Procurement Act 2023 ('Procurement Act') will soon replace the PCR.
- 9.7. NHS Sussex will need to take all reasonable steps to identify, and keep under review, in relation to any procurement under the Procurement Act any conflicts of interest or potential conflicts of interest.
- 9.8. Although the PSR permits discretion as to which procurement process to follow, ICBs generally follow competitive process. However, where there is a direct award to a private business, which would result in a personal gain for an ICB board or sub-committee member, employee, or their associates, the ICB should ensure that the individual is recused from the decision-making process, and that record-keeping is especially clear and thorough.
- 9.9. In relation to the PSR, as is already established practice in the NHS, where decisions are being taken as part of a formal competitive procurement of services, any individual who is associated with an organisation that has a vested interest in the procurement should recuse themselves from the process.
- 9.10. The NHS Sussex project lead, with the support of SCW CSU, should keep records that show a clear audit trail of how COIs have been identified and managed as part of procurement processes. At every stage of the procurement steps should be taken to identify and manage COIs to ensure and to protect the integrity of the process.
- 9.11. Discussions around COIs should take place when procurement specifications are produced, bids are scored, and in meetings where final procurement decisions are made.
- 9.12. COIs should be a standing agenda item for procurement and contract meetings.

Single Tender Actions

- 9.13.** COIs should be considered prior to the approval of single tender waivers and be recorded on the Register of Procurement Decisions.
- 9.14.** Procurement decisions and mitigation of COIs should be recorded in the Registers of Procurement Decisions that are maintained by the Finance Directorate.
- 9.15.** The Register of Procurement Decisions will include all new services, extensions, contract variations and single tender actions.
- 9.16.** The Registers of Procurement Decisions are published on the NHS Sussex website at six monthly intervals.
- 9.17.** Further information and guidance can be obtained from the NHS Sussex Procurement policy and the Chief Finance Officer.

10. Raising concerns and breaches

- 10.1.** There will be situations when interests will not be identified, declared or managed appropriately and effectively. This may happen innocently, accidentally, or because of the deliberate actions of staff or other organisations. For the purposes of this policy these situations are referred to as “breaches”. Failing to respond to a request for information in relation to this policy, including a request to submit a declaration, will also be considered a breach of this policy.

Identifying and reporting breaches

- 10.2.** Staff who are aware of actual breaches of this policy, or who are concerned that there has been, or may be, a breach should report these concerns to the Corporate Governance team.
- 10.3.** 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. All staff should be familiar with the NHS Sussex Freedom to Speak Up (FTSU): Raising Concerns policy, available on the staff intranet, which sets out procedures and guidance to staff on raising concerns. NHS Sussex has a FTSU Guardian to whom staff may raise concerns. [Further details on the role of FTSU Guardian and contacting them can be found on the NHS Sussex intranet.](#)
- 10.4.** NHS Sussex 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. Investigations will be organised by the Corporate Governance team and, following investigation, the Conflicts of Interest (COI) Guardian and / or the Corporate Governance lead 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.

Taking action in response to breaches

- 10.5.** Action taken in response to breaches of this policy will be in accordance with the disciplinary procedures of NHS Sussex and could involve the organisational leads for staff support (for example Human Resources), fraud (for example Local Counter Fraud Specialists), or members of the management or executive teams and organisational auditors.
- 10.6.** 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 or 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 and Improvement or the CQC), and / or health professional regulatory bodies.
- 10.7.** Inappropriate or ineffective management of interests can have serious implications for the organisation and staff. A failure to manage conflicts of interest (including the perception of such a failure) can lead to reputational damage and undermine confidence in the integrity of the decision-making process and give the impression that the organisation or individual has not acted in the public interest.
- 10.8.** There will be occasions where it is necessary to consider the imposition of sanctions for breaches. Sanctions should not be considered until the circumstances surrounding breaches have been properly investigated. However, if such investigations establish wrong-doing or fault then the organisation can and will consider the range of possible sanctions that are available, in a manner which is proportionate to the breach.

Disciplinary sanctions

- 10.9.** Staff who fail to disclose any relevant interests or who otherwise breach the rules and policies at NHS Sussex relating to the management of conflicts of interest are subject to investigation and, where appropriate, to disciplinary action. This may include:
- Employment law action such as:
 - informal action – such as reprimand or signposting to training and/or guidance
 - formal action – such as formal warning, the requirement for additional training, re-arrangement of duties, redeployment, demotion or dismissal
 - referring incidents to regulators
 - contractual action against organisations or staff
 - Where the staff member is not a direct employee, a review of their appointment to the role that has given rise to the conflict.

Professional regulatory sanctions

- 10.10.** Statutorily regulated healthcare professionals who work for, or are engaged by, organisations are under professional duties imposed by their relevant regulator to act appropriately with regard to conflicts of interest. NHS Sussex will consider reporting

statutorily regulated healthcare professionals to their regulator if they believe that they have acted improperly, so that these concerns can be investigated. These healthcare professionals should be made aware that the consequences for inappropriate action could include fitness to practise proceedings being brought against them, and that they could, if appropriate be struck off by their professional regulator as a result.

- Employment law action against staff, which might include:
 - Informal action (such as reprimand, or signposting to training and / or guidance); or
 - 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 there 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 sanctions

10.11. If conflicts of interest are not effectively managed, NHS Sussex could face civil challenges to decisions it makes – for instance, if interests were not disclosed that were relevant to the bidding for, or performance of contracts. If a decision-maker has a conflict of interest, then the decision is also potentially vulnerable and could be overturned on judicial review. In extreme cases, staff and other individuals could face personal civil liability, for example a claim for misfeasance in public office.

Criminal sanctions

10.12. Failure to manage conflicts of interest could lead to criminal proceedings including for offences such as fraud, bribery and corruption. This could have implications for the organisation concerned and linked organisations, and the individuals who are engaged by them.

10.13. The Local Counter Fraud Specialist (LCFS) works with key colleagues and stakeholders to promote anti-fraud work and effectively respond to system weaknesses and investigate allegations of fraud and corruption. This will include the undertaking of risk assessments to identify fraud, bribery, and corruption risks at NHS Sussex.

10.14. Suspected fraud, bribery and corruption can be reported to the LCFS: Leanne Burns who can be contacted on leanne.burns2@nhs.net, and using the NHS Fraud and Corruption Reporting Line on Freephone 0800 028 40 60 or by filling in an online form at www.reportnhsfraud.nhs.uk as an alternative to internal reporting procedures and if staff wish to remain anonymous.

Learning and transparency concerning breaches

10.15. Reports on breaches, the impact of these, and action taken will be considered by the Corporate Governance lead and reported to the Integrated Assurance Group (IAG) on a bimonthly basis, and to the Audit and Risk Management Committee (ARMC) on a

quarterly basis to ensure lessons are learned and the management of interests can continually improve.

- 10.16.** Anonymised information relating to breaches and how those breaches have been managed will be published on the NHS Sussex website quarterly and held on the website for a year.

11. Accountabilities, Duties and Responsibilities

	<i>Responsibilities</i>
<i>Board</i>	The NHS Sussex Board members have ongoing responsibility for ensuring the robust management of conflicts of interest across NHS Sussex. Operational responsibility has been delegated to the Chief Finance Officer. All references to staff in this policy also apply to NHS Sussex Board members.
<i>Chief Finance Officer</i>	<p>The Chief Finance Officer has lead responsibility for overseeing the operational management of conflicts of interest across NHS Sussex and for ensuring that all appropriate steps are taken to ensure that all staff are aware of, and working in compliance with, the national statutory guidance on Conflicts of Interest, with support from the Corporate Governance lead.</p> <p>The Chief Finance Officer is responsible for approving applications for Sponsorship and Joint Working valued at £500 or less and for convening a Working Panel to consider applications for Sponsorship and Joint Working valued at more than £500.</p>
<i>Conflicts of Interest (COI) Guardian</i>	<p>This role is undertaken by a Non-Executive Director on the NHS Sussex Board. It further strengthens scrutiny and transparency of NHS Sussex's decision-making processes. The COI Guardian is supported by the Corporate Governance lead and the Corporate Governance team to:</p> <ul style="list-style-type: none"> • Act as a conduit for GP practice staff, members of the public and healthcare professionals who have any concerns regarding conflicts of interest. • Be a safe point of contact for staff (as defined above) to raise concerns in relation to this policy. • Support the rigorous application of COI principles and policies • Provide independent advice and judgement to staff and members where there is any doubt about how to apply COI policies and principles. • Provide advice on minimising the risks of COIs.
<i>Corporate Governance team</i>	The Corporate Governance team is responsible for managing COI processes and monitoring compliance.
<i>Line Managers</i>	Line Managers have a responsibility to ensure their staff comply with NHS Sussex policies and standards within their areas of responsibility. Line

	Responsibilities
	Managers also have a responsibility to ensure that all conflicts of interest declared by their staff have an appropriate management action plan.
Meeting Chairs	Meeting Chairs have responsibility for ensuring that declarations of interest are a standing agenda item and addressed at the start of all meetings.
NHS Sussex	<p>In line with NHS England guidance, NHS Sussex as an organisation should / should not:</p> <p>Do:</p> <ul style="list-style-type: none"> • Ensure that it has clear and well communicated processes in place to help staff understand what they need to do. • Identify a team or individual with responsibility for: <ul style="list-style-type: none"> ○ Reviewing current policies and bringing them in line with NHS England guidance; ○ Providing advice, training and support for staff on how interests should be managed; ○ Maintaining register(s) of interests; and ○ Auditing policy, process and procedures relating to this guidance at least every 3 years. <p>Don't:</p> <ul style="list-style-type: none"> • Avoid managing conflicts of interest. • Interpret and deploy NHS England guidance in a way that stifles the collaboration and innovation that the NHS needs. <p>NHS Sussex should ensure this policy as a minimum meets the NHS England guidance, however, is able to introduce local requirements that are more stringent, on the basis of its own circumstances, should it be deemed necessary.</p>
Organisational Development team	The Organisational Development team is responsible for ensuring all staff can access mandatory COI training, monitoring compliance against the NHS England standards and for reporting on compliance to the Corporate Governance team.
Responsible Committee	Reports in relation to conflicts of interest (including Gifts and Hospitality, and Sponsorship and Joint Working) will be received by NHS Sussex's Audit and Risk Management Committee.
Staff	<p>Employed or engaged staff have a duty to comply with NHS Sussex policies and standards as outlined in their contracts of employment and codes of conduct.</p> <p>In line with NHS England guidance, NHS Sussex staff should / should not:</p> <p>Do:</p>

	Responsibilities
	<ul style="list-style-type: none"> Familiarise themselves with this policy, the Standards of Business Conduct policy and the NHS England guidance under section 17.26, and follow them. Use common sense and judgement to consider whether the interests they have could affect the way taxpayers' money is spent Regularly consider what interests they have and declare these as they arise. If in doubt, declare. <p>Don't:</p> <ul style="list-style-type: none"> Misuse their position to further their own interests or the interests of those close to them. Be influenced, or give the impression that they have been influenced, by outside interests. Allow outside interests that they hold to inappropriately affect the decisions they make about spending taxpayers' money.

12. Training

- 12.1. NHS England provides an online training package for conflicts of interest, *Managing conflicts of interest: online training for ICBs*. All staff must complete this training every three years, in line with the Organisational Development strategy.
- 12.2. Monthly reports of compliance with mandatory Conflicts of Interest (COI) training are provided to the Corporate Governance team by the Organisational Development team.
- 12.3. Achievement of 80% in the assessment is required to pass the module.
- 12.4. Newly recruited staff should complete the training within two weeks of starting to enable completion of their initial Declaration of Interests before 28 days.
- 12.5. All individuals involved in procurements, including patient representatives and those from third party organisations, will be required to complete the training before undertaking evaluation of bids. The procurement lead manager can contact the Corporate Governance team to request access for those who do not have an NHS email address.
- 12.6. Details on accessing the training are via individual induction packs and on the staff Intranet. Word versions of the training modules, which are suitable for screen readers, can be made available upon request to the Corporate Governance team.

13. Implementation

- 13.1. NHS Sussex Senior Managers, or their designated representatives, will implement this policy by:

- Notifying all staff of its existence. New staff will be informed of this policy as part of their induction.
- Destroying all superseded paper-based versions of the policy and electronic versions retained in their area.
- Having adequate knowledge of, and / or access to, all relevant legislation in order to ensure that compliance with such legislation is maintained.
- Discussing with staff as part of their regular one-to-ones how they seek to achieve their individual objectives around Conflicts of Interest.
- Providing training and updates for all employees to attend and to ensure compliance with these.
- Ensuring themselves and their teams remain compliant, and relevant declarations are made in line with the policy.

14. Ratification Process and Review

- 14.1.** This document will be reviewed annually, or sooner if required, in order to ensure that it is current, relevant and reflects the strategic aims, objectives, organisational structures and responsibilities of NHS Sussex.

15. Monitoring Compliance and Effectiveness

- 15.1.** NHS Sussex will review its performance in the area of managing Conflicts of Interest through a specific internal audit on the associated processes undertaken every two years. This audit is submitted to the Audit and Risk Management Committee (ARMC) and is reflected in the annual Head of Internal Audit Opinion on the organisational arrangements for conflicts of interest management.
- 15.2.** The Chief Executive Officer will review compliance with, and effectiveness of conflicts of interest management and system of internal control annually in preparing the Annual Report.
- 15.3.** Any trends resulting from possible policy non-compliance will be raised with staff through management routes.
- 15.4.** Relevant Committee Terms of Reference are reviewed annually to maintain accuracy and appropriate focus, and this includes responsibilities in relation to the conflicts of interest.
- 15.5.** Conflicts of interest training compliance is held within Thrive and the Corporate Governance team obtain information on compliance on a monthly basis. For individuals who are not compliant, they will be followed up with directly on an individual basis, escalated within the relevant directorate to ensure compliance and to the Integrated Assurance Group (IAG) after multiple escalations via the relevant Chief Officer to ensure compliance is achieved as quickly as possible.

- 15.6. Reports on breaches, the impact of these, and action taken will be considered by the Corporate Governance lead and reported to the IAG on a bimonthly basis, and to the ARMC on a quarterly basis to ensure lessons are learned and the management of interests can continually improve.

16. Equality

- 16.1. In applying this policy, NHS Sussex will have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity, and provide for good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the Equality Act (2010); age, disability, sex, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation, in addition to offending background, trade union membership, or any other protected or personal characteristic.

17. References

Acts of Parliament

- 17.1. Bribery Act 2010: www.legislation.gov.uk/ukpga/2010/23/contents
www.gov.uk/government/publications/bribery-act-2010-guidance
- 17.2. Equality Act 2010: www.legislation.gov.uk/ukpga/2010/15/contents
www.gov.uk/guidance/equality-act-2010-guidance
- 17.3. European Public Contracts Regulations 2015:
www.legislation.gov.uk/uksi/2015/102/contents/made
www.gov.uk/government/publications/public-contracts-regulations-2015-for-nhs-commissioners
- 17.4. Fraud Act 2006: www.legislation.gov.uk/ukpga/2006/35/contents
- 17.5. Freedom of Information Act 2000: www.legislation.gov.uk/ukpga/2000/36/contents
ico.org.uk/for-organisations/guide-to-freedom-of-information/what-is-the-foi-act/
- 17.6. Government Functional Standard 013: Counter Fraud:
www.gov.uk/government/publications/government-functional-standard-govs-013-counter-fraud
- 17.7. Health and Care Act 2022:
www.legislation.gov.uk/ukpga/2022/31/contents/enacted
<http://nhsproviders.org/topics/governance/health-and-care-act-2022>
- 17.8. The Health Care Services (Provider Selection Regime) Regulations 2023:
www.legislation.gov.uk/ukdsi/2023/9780348252613
www.england.nhs.uk/commissioning/how-commissioning-is-changing/nhs-provider-selection-regime/
www.england.nhs.uk/publication/the-provider-selection-regime-statutory-guidance/

www.nhsconfed.org/publications/nhs-provider-selection-regime

- 17.9.** Medicines (Monitoring of Advertising) Regulations 1994:
<https://www.legislation.gov.uk/ukxi/1994/1933/made>
- 17.10.** The Money Laundering Regulations 2007:
www.legislation.gov.uk/ukxi/2007/2157/contents/made
- 17.11.** National Health Service Act 2006: www.legislation.gov.uk/ukpga/2006/41/contents
- 17.12.** Proceeds of Crime Act 2002: www.legislation.gov.uk/ukpga/2002/29/contents
- 17.13.** Public Contracts Regulations 2015 (PCR 2015):
www.legislation.gov.uk/ukxi/2015/102/contents/made

Other documents

- 17.14.** Association of the British Pharmaceutical Industry (ABPI) and Department of Health toolkit on joint working between the NHS and the pharmaceutical industry:
www.abpi.org.uk/partnerships/working-with-the-nhs/joint-working-a-toolkit-for-industry-and-the-nhs/
- 17.15.** Association of the British Pharmaceutical Industry (ABPI) code of practice:
www.abpi.org.uk/reputation/abpi-2021-code-of-practice/
- 17.16.** British Medical Association (BMA). Guidance on Conflicts of Interest for GPs in their role as commissioners and providers:
www.bma.org.uk/advice-and-support/ethics/personal-ethics/transparency-for-doctors-with-competing-interests
- 17.17.** Department of Health - Confidentiality: NHS Code of Practice:
www.gov.uk/government/publications/confidentiality-nhs-code-of-practice
- 17.18.** e-Learning for Healthcare Hub: <https://portal.e-lfh.org.uk/>
- 17.19.** European Procurement Directives and the UK Regulations:
www.gov.uk/guidance/transposing-eu-procurement-directives
- 17.20.** General Medical Council (GMC):
www.gmc-uk.org/guidance/good_medical_practice.asp
www.gmc-uk.org/guidance/ethical_guidance.asp
www.gmc-uk.org/about/council/register_code_of_conduct.asp
- 17.21.** Good Governance Standards of Public Services:
www.jrf.org.uk/report/good-governance-standard-public-services
- 17.22.** NHS Code of Conduct and Accountability:
www.nhsbsa.nhs.uk/sites/default/files/2017-02/Sect_1_-_D_-_Codes_of_Conduct_Acc.pdf

- 17.23. NHS Counter Fraud Authority: cfa.nhs.uk/
- 17.24. NHS Counter Fraud Authority – NHS requirements Government Functional Standard: cfa.nhs.uk/government-functional-standard/NHS-requirements
- 17.25. [NHS England](#) – Integrated care boards counter fraud statutory guidance July 2022: www.england.nhs.uk/wp-content/uploads/2022/07/B1586-Integrated-care-boards-counter-fraud-statutory-guidance-July-2022.pdf
- 17.26. NHS England - Managing conflicts of interest in the NHS: guidance for staff and organisations: www.england.nhs.uk/publication/managing-conflicts-of-interest-in-the-nhs-guidance-for-staff-and-organisations/
- 17.27. NHS England - The Provider Selection Regime (PSR) statutory guidance: www.england.nhs.uk/publication/the-provider-selection-regime-statutory-guidance/
- 17.28. NHS England - Standards of Business Conduct for NHS Staff: www.england.nhs.uk/publication/standards-of-business-conduct-policy/
- 17.29. Nolan Principles: www.gov.uk/government/publications/the-7-principles-of-public-life
- 17.30. Seven Key Principles of the NHS Constitution: www.gov.uk/government/publications/the-nhs-constitution-for-england
- 17.31. NHS National Commercial and Procurement Hub: www.england.nhs.uk/digitaltechnology/digital-primary-care/commercial-procurement-hub/

APPENDIX A – Nolan Principles, the Seven Key Principles of the NHS Constitution and the Good Governance Standards of Public Services

Nolan Principles

1. Selflessness

Holders of public office should act solely in terms of the public interest. They should not do so to gain financial or other benefits for themselves, their family or their friends.

2. Integrity

Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.

3. Objectivity

In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

4. Accountability

Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

5. Openness

Holders of public office should be as open as possible about all the decisions and actions they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

6. Honesty

Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

7. Leadership

Holders of public office should promote and support these principles by leadership and example.

The Seven Key Principles of the NHS Constitution.

The NHS provides a comprehensive service, available to all

It is available to all irrespective of:

- Age
- Disability
- Gender reassignment
- Marriage or civil partnership
- Pregnancy and maternity
- Race

- Religion or belief
- Sex
- Sexual orientation

The service is designed to improve, prevent, diagnose and treat both physical and mental health problems with equal regard. It has a duty to each and every individual that it serves and must respect their human rights.

At the same time, it has a wider social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population.

Access to NHS services is based on clinical need, not an individual's ability to pay
NHS services are free of charge, except in limited circumstances sanctioned by Parliament.

The NHS aspires to the highest standards of excellence and professionalism

It provides high quality care that is safe, effective and focused on patient experience; in the people it employs, and in the support, education, training and development they receive; in the leadership and management of its organisations; and through its commitment to innovation and to the promotion, conduct and use of research to improve the current and future health and care of the population.

Respect, dignity, compassion and care should be at the core of how patients and staff are treated not only because that is the right thing to do but because patient safety, experience and outcomes are all improved when staff are valued, empowered and supported.

NHS services must reflect the needs and preferences of patients, their families and their carers

It should support individuals to promote and manage their own health. NHS services must reflect, and should be coordinated around and tailored to, the needs and preferences of patients, their families and their carers.

As part of this, the NHS will ensure that in line with the Armed Forces Covenant, those in the armed forces, reservists, their families and veterans are not disadvantaged in accessing health services in the area they reside. Patients, with their families and carers, where appropriate, will be involved in and consulted on all decisions about their care and treatment.

The NHS will actively encourage feedback from the public, patients and staff, welcome it and use it to improve its services.

The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population

It works in partnership with other organisations in the interest of patients, local communities and the wider population.

The NHS is an integrated system of organisations and services bound together by the principles and values reflected in the Constitution.

The NHS is committed to working jointly with other local authority services, other public sector organisations and a wide range of private and voluntary sector organisations to provide and deliver improvements in health and wellbeing.

The NHS is committed to providing best value for taxpayers' money and the most cost-effective, fair and sustainable use of finite resources

It is committed to providing the most effective, fair and sustainable use of finite resources. Public funds for healthcare will be devoted solely to the benefit of the people that the NHS serves.

The NHS is accountable to the public, communities and patients that it serves

The NHS is a national service funded through national taxation, and it is the government which sets the framework for the NHS and which is accountable to Parliament for its operation.

However, most decisions in the NHS, especially those about the treatment of individuals and the detailed organisation of services, are rightly taken by the local NHS and by patients with their clinicians.

The system of responsibility and accountability for taking decisions in the NHS should be transparent and clear to the public, patients and staff. The government will ensure that there is always a clear and up-to-date statement of NHS accountability for this purpose.

The Good Governance Standards of Public Services

Focusing on the organisation's purpose and on outcomes for citizens and service users

- Being clear about the organisation's purpose and its intended outcomes for citizens and service users
- Making sure that users receive a high-quality service
- Making sure that taxpayers receive value for money.

Performing effectively in clearly defined functions and roles

- Being clear about the functions of the governing body
- Being clear about the responsibilities of non-executives and the executive, and making sure that those responsibilities are carried out
- Being clear about relationships between governors and the public.

Promoting values for the whole organisation and demonstrating the values of good governance through behaviour

- Putting organisational values into practice
- Individual governors behaving in ways that uphold and exemplify effective governance.

Taking informed, transparent decisions and managing risk

- Being rigorous and transparent about how decisions are taken
- Having and using good quality information, advice and support
- Making sure that an effective risk management system is in operation.

Developing the capacity and capability of the governing body to be effective

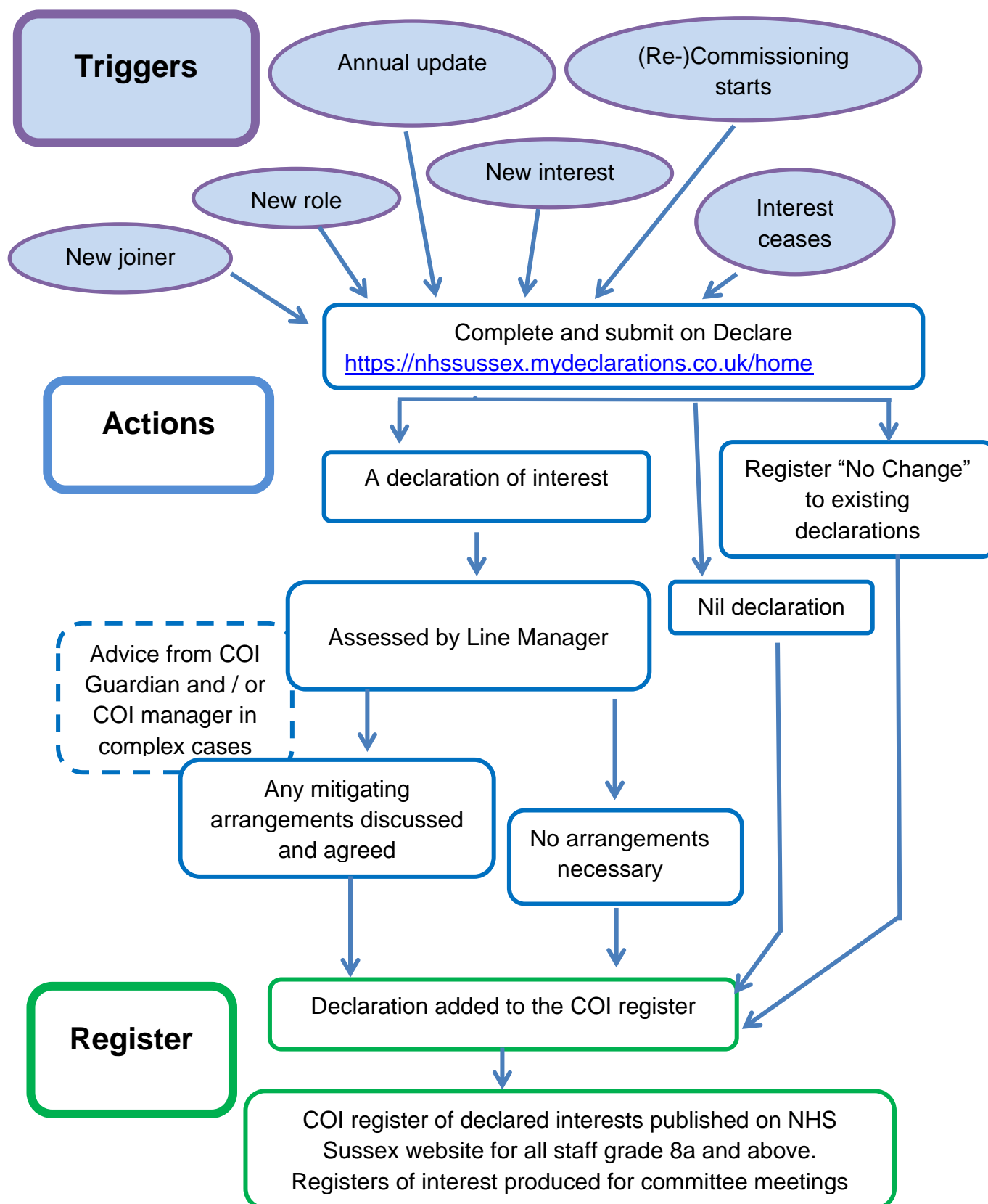
- Making sure that appointed and elected governors have the skills, knowledge and experience they need to perform well
- Developing the capability of people with governance responsibilities and evaluating their performance, as individuals and as a group
- Striking a balance, in the membership of the governing body, between continuity and renewal.

Engaging stakeholders and making accountability real

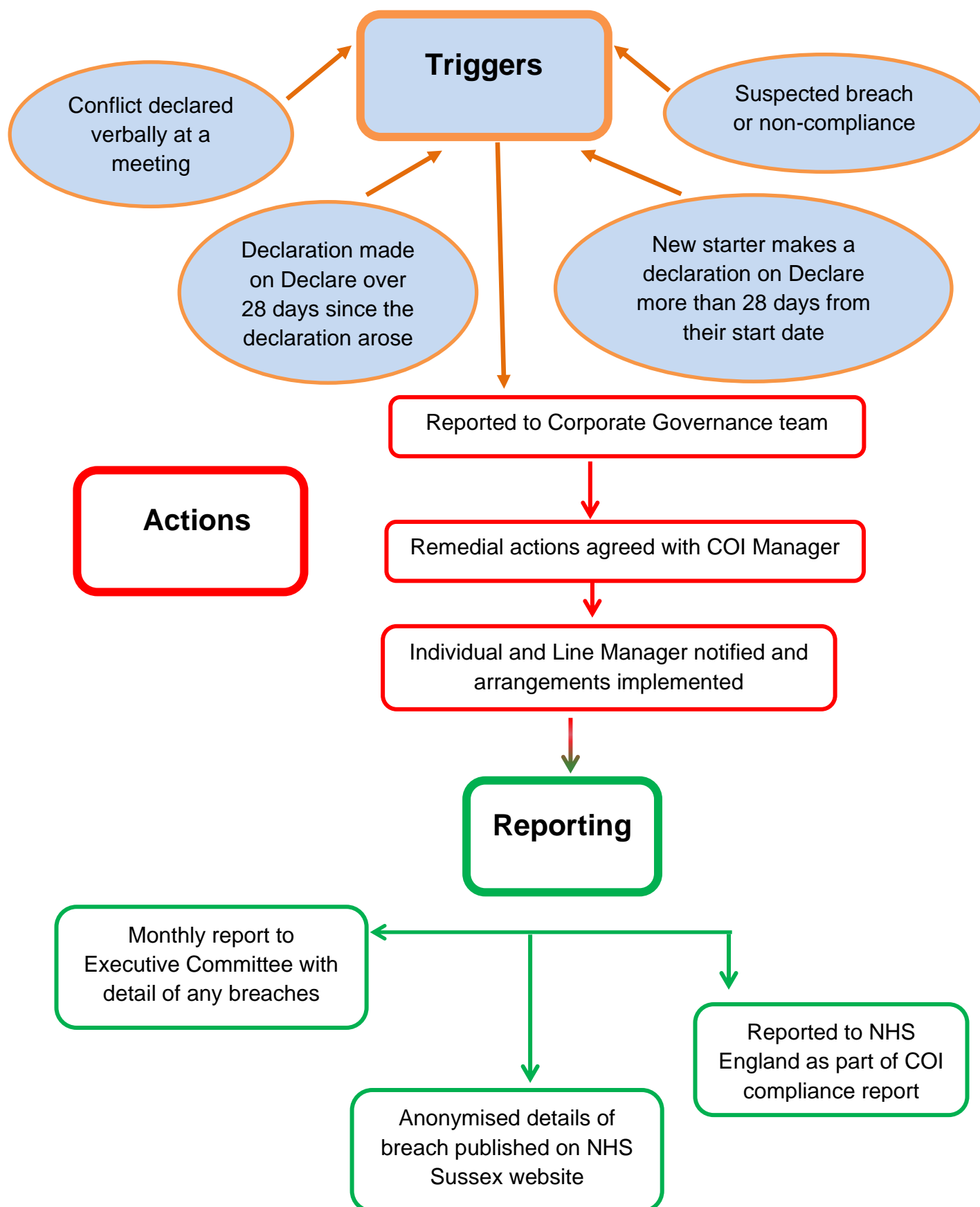
- Understanding formal and informal accountability relationships
- Taking an active and planned approach to dialogue with and accountability to the public
- Taking an active and planned approach to responsibility to staff
- Engaging effectively with institutional stakeholders.

APPENDIX B – Procedures for the management of Conflicts of Interest

Process Chart – Declarations, Assessment and Recording



Process Chart – Scrutiny, Assurance, Breaches and Publication



APPENDIX C – Principles of Sponsorship and Joint Working and How to Apply

Working in the interests of patients to deliver high quality care

- Joint projects between NHS Sussex and the pharmaceutical industry must be for the benefit of their populations.
- Any joint project must adequately respect and safeguard confidential patient information.
- Any relationship between the pharmaceutical industry and NHS Sussex must promote and enhance equitable access to evidence-based high-quality healthcare for their populations.
- Joint working between NHS Sussex and the pharmaceutical industry must promote evidence-based medicine and support only those drugs and treatments that have an acceptable evidence base and which have local formulary approval where applicable.

Supporting the delivery of NHS Sussex strategic objectives and local needs

- NHS Sussex will not undertake joint working or accept sponsorship from the pharmaceutical industry to support projects that are contrary to their strategic priorities.
- NHS Sussex will consider the implications for the entire Health and Social Care community and other key stakeholders of any proposal prior to approving the joint working project.
- The continuity of any services funded through sponsorship or joint working must be fully considered before entering into any arrangements.

Selection and approval of sponsorship and joint working partners

- Where sponsorship or joint working is being sought by NHS Sussex, the opportunity to participate should be offered to an appropriate range of companies within the pharmaceutical industry.
- All joint working or sponsorship must be assessed and declared.
- NHS Sussex may pursue joint working with any interested company of good standing within the pharmaceutical industry regardless of its size.

Transparency and openness

- All relationships with the pharmaceutical must be handled in an open and transparent manner as befits publicly funded bodies.
- Joint working or sponsorship will not be accepted for projects that have the prime objective of increasing the usage of a specific brand of pharmaceutical or other product.

Relationship between NHS Sussex and the pharmaceutical industry

- NHS Sussex seek to develop long term relationships with the pharmaceutical industry and will look favourably on undertaking joint projects with companies that have a proven history of ethical and productive joint working.
- NHS Sussex will preferentially support sponsorship and joint working that develops the expertise and capabilities of the employees and organisations within the Health and Social Care community to provide high quality care for their populations.

- All joint working projects and associated materials must comply with the current Association of the British Pharmaceutical Industry (ABPI) code of practice, whether or not the company is a member of the ABPI.
- Any learning or products (such as protocols, guidelines, intellectual property) developed through joint working will be the property of NHS Sussex unless specifically agreed otherwise in a signed contract with the company(ies) and may be shared with other NHS organisations. NHS Sussex will consider supporting the dissemination of lessons learned from joint working, but retain the right of approval of associated literature and material.

Sponsored Events

- Sponsorship of NHS events by external parties is valued. Offers to meet some or part of the costs of running an event secures their ability to take place, benefiting NHS staff and patients. Without this funding there may be fewer opportunities for learning, development and partnership working. However, there is potential for conflicts of interest between the organiser and the sponsor, particularly regarding the ability to market commercial products or services. As a result, there should be proper safeguards in place to prevent conflicts occurring.
- Sponsorship of events by appropriate external bodies will only be approved if a reasonable person would conclude that the event will result in clear benefit to the organisation and the NHS.
- During dealings with sponsors there must be no breach of patient or individual confidentiality or data protection rules and legislation.
- No information should be supplied to the sponsor from which 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.

What should be declared?

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

Sponsored Research

- Research is vital in helping the NHS to transform services and improve outcomes. Without sponsorship of research some beneficial projects might not happen. More broadly, partnerships between the NHS and external bodies on research are important for driving innovation and sharing best practice. However, there is potential for conflicts of interest to occur, particularly when research funding by external bodies does or could lead to a real or perceived commercial advantage. There needs to be transparency and any conflicts of interest should be well managed.

- 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.

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

Sponsored Posts

- Sponsored posts are positions within NHS Sussex that are funded, in whole or in part, by organisations external to the NHS. Sponsored posts can offer benefits to the delivery of care, providing expertise, extra capacity and capability that might not otherwise exist if funding was required to be used from the NHS budget. However, safeguards are required to ensure that the deployment of sponsored posts does not cause a conflict of interest between the aims of the sponsor and the aims of NHS Sussex, particularly in relation to procurement.
- 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.

What should be declared?

- The organisation will retain written records of the 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.

Joint working

- Joint working must be for the benefit of patients or of the NHS and preserve patient care.
- Any joint working between the NHS and the pharmaceutical industry should be conducted in an open and transparent manner.
- Arrangements should be of mutual benefit; the principal beneficiary being the patient.
- The length of the arrangement, the potential implications for patients and the NHS, together with perceived benefits for all parties, should be clearly outlined before entering into any joint working arrangement.
- A mutually agreed and effective exit strategy will be required at the outset of any joint working arrangement.

What should be declared

- The organisation will retain written records of joint working, 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.

Approval process for Sponsorship and Joint Working

- The application form for sponsorship or joint working is available from the Corporate Governance team.

Applications for sponsorship or joint working valued at £500 or less

- The lead manager must complete a declaration of Sponsorship or Joint Working Approval and submit it to the Chief Finance Officer (CFO).
- The CFO will ensure the declaration complies with this policy before giving approval.
- The lead manager will be informed in writing (via email) of the outcome of the application following the CFO's review.
- Following approval, the lead manager will be able to take forward the arrangements as outlined in their application. No significant amendments to the arrangements may be made after approval.
- The details will be logged on the Register of Sponsorship and Joint Working and the Audit and Risk Management Committee (ARMC) will be informed.

Applications for sponsorship or joint working valued at over £500

- The lead manager must complete a declaration of Sponsorship or Joint Working Approval and submit it to the Chief Finance Officer (CFO).
- The CFO will convene a sponsorship and joint working panel to consider the application.
- The lead manager will be informed in writing (via email) of the outcome of the application following review by the panel.
- Following approval, the lead manager will be able to take forward the arrangements as outlined in their application. No significant amendments to the arrangements may be made after approval.
- The details will be logged on the Register of Sponsorship and Joint Working and the ARMC will be informed.