

Conflicts of Interest Policy



To inspire hope and provide unparalleled care for the people of Cheshire, helping them to enjoy life to the fullest.

Please be advised that the Trust discourages the retention of hard copies of policies and procedures and can only guarantee that the policy on the Trust Intranet is the most up to date version

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1. Policy Summary

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

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

2. Introduction

Mid Cheshire Hospitals NHS Foundation Trust (the 'organisation'), and the people who work with and for us, collaborate closely with other organisations, delivering high quality care for our patients.

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

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

3. Purpose

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

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

This policy should be considered alongside these other organisational policies:

- Corporate Governance Framework Manual including Standing Financial Instructions, Standing Orders, Scheme of Reservation and Delegation
- Trust Constitution
- Bribery Policy
- Other Workforce policies

4. Key Terms

A 'conflict of interest' is:

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

A conflict of interest may be:

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

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

5. Interests

Interests fall into the following categories.

- **Financial Interests:**
Where an individual may get direct financial benefit from the consequences of a decision they are involved in making.
- **Non-financial personal interests:**
Where an individual may obtain a non-financial professional benefit¹ from the consequences of a decision they are involved in making, such as increasing their professional reputation or promoting their professional career
- **Non-financial personal interests:**
Where an individual may benefit personally in ways which are not directly linked to their professional career
- **Indirect interests:**
Where an individual has a close association² with another individual who has a financial interest, a non-financial professional interest or a non-financial personal interest and could stand to benefit from a decision they are involved in making

6. Staff

At Mid Cheshire Hospitals NHS Foundation Trust, we use the skills of many people, all of whom are vital to our work. This includes people on different employment terms, who for the purposes of this policy we refer to as 'staff' and are listed below:

- All salaried employees
- All prospective employees – who are part way through recruitment
- Agency staff
- Committee, and advisory group members (who may not be directly employed or engaged by the organisation)
- Contactors and sub-contractors

7. Decision making staff

Some staff are more likely than others to have a decision-making influence on the use of taxpayers' money, because of the requirements of their role. There is a mandatory requirement for this group of staff to complete and return a declaration of interest each including a 'NIL' return.

For the purpose of this guidance these people are referred to as 'decision making staff'.

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

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

Decision making staff in this organisation are:

- Executive and Non-Executive Directors (or equivalent roles) who have decision making roles which involve the spending of taxpayers' money
- All members of the Council of Governors
- Members of advisory groups which contribute to direct or delegated decision making on the commissioning or provision of taxpayer funded services
- Those at Agenda for Change Band 8c and above.
- Administrative and clinical staff who have the power to enter into contracts on behalf of their organisation e.g., senior finance and procurement staff
- Administrative and clinical staff involved in decision making concerning the commissioning of services, purchasing of goods, medicines, medical devices or equipment and formulary decisions
- All senior staff within the Pharmacy department³
- All staff within the Procurement department
- All staff with involvement with Limited Liability Partnerships (LLPs)
- All medical Consultants

Please remember if you are in one of the above categories and have nothing to declare, you still have to go onto the system and input a 'nil' declaration; this is required each year.

8. Identification, declaration and review of interests

8.1 Identification and Declaration of interests (including gifts and hospitality)

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

- On appointment with the organisation
- When staff move to a new role, or their responsibilities change significantly
- At the beginning of a new project/piece of work
- As soon as circumstances change, and new interests arise (for instance in a meeting when interests staff hold are relevant to the matters in discussion)

8.1.1 How to make a declaration

The Trust uses an electronic system, 'Declare'. Staff members requiring advice and guidance on the system should email corporate.governance@mcht.nhs.uk

The responsibility for the management of the trust's conflict of interests' process, including the review of this policy lies with the Director of Corporate Affairs. Executive responsibility lies with the Chief Financial Officer.

The Trust's register is a public facing document and available to view throughout the year.

³ Band 6 and above as agreed with Director of Pharmacy

After expiry, an interest will remain on the register(s) for a minimum for 6 months and a private record of historic interest will be retained for a minimum of 6 years.

8.2 Proactive review of interests

The Corporate Governance team will prompt decision-making staff on an annual basis to review declarations they have made and, as appropriate, update them or make a nil return. We will also ensure regular communications to staff groups to ensure ongoing awareness of the requirements to declare interests.

9. Records and publication

9.1 Maintenance

The organisation will maintain a register for each of the following groups/areas:

- The Board of Directors
- The Council of Governors
- Staff with declared interests, including gifts, hospitality and sponsorship

9.2 Publication

We will:

- publish the interests set out above at least annual on the Trust website
- ensure the Trusts electronic system is accessible to staff all year round
- ensure compliance rates will be noted annually at the Trust Board in April
- provide an annual Conflict of Interest report and biannual update report to the Audit Committee

9.3 Wider Transparency initiatives

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

10. Records and publication

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

- restricting staff involvement in associated discussions and excluding them from decision-making
- removing staff from the whole decision-making process
- removing staff responsibility for an entire area of work

- removing staff from their role altogether if they are unable to operate effectively in it because the conflict is so significant.

Each case will be different and context-specific, and Mid Cheshire Hospitals NHS Foundation Trust will always clarify the circumstances and issues with the individuals involved. Staff should maintain a written audit trail of information considered and actions taken.

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

The Trust will review and if necessary, follow up non-returns of the annual declarations of interest and benefits in kind listed via the ABPI (The Association of the British Pharmaceutical Industry) database published each year.

11. Management of Interests – common situations

This section sets out the principles and rules to be adopted by staff in common situations and what information should be declared.

11.1 Gifts

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

Gifts from suppliers or contractors:

- Gifts from suppliers or contractors doing business (or likely to do business) with the organisation should be declined, whatever their value
- Low cost branded promotional aids such as pens or post-it notes may, however be accepted where they are under the value of £6⁴ in total and need not be declared.

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

- Gifts of cash and vouchers (regardless of value) to individuals, should always be declined. In the event these cannot be returned, staff can donate these to a registered charity and record as such in the declaration.
- Staff should not ask for any gifts
- Gifts valued at over £50 should be treated with caution and only accepted on behalf of the organisation following consultation with the Corporate Governance team and/or the Chief Financial Officer. These should be declared by staff.
- Modest gifts accepted under a value of £50 do not need to be declared
- A common sense approach should be applied to the valuing of gifts (using an actual amount, if known, or an estimate that a reasonable person would make as to its value)

⁴ The £6 value has been selected with reference to exiting industry guidance issued by the ABPI

<http://www.pmcpsa.org.uk/thecode/Pages/default.aspx>

- Multiple gifts from the same source over a 12 month period should be treated in the same way as a single gift over £50 where the cumulative value exceeds £50.

11.1.1 What should be declared

- Staff name, title and their role within the organisation
- A description of the nature and value of the gift, including its source
- Date of receipt
- Any other relevant information (e.g., circumstances surrounding the gift, action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

11.2 Hospitality

- Staff should not ask for or accept hospitality that may affect, or be seen to affect, their professional judgement.
- Hospitality must only be accepted when there is a legitimate business reason, and it is proportionate to the nature and purpose of the event.
- Particular caution should be exercised when hospitality is offered by actual or potential suppliers or contractors. This can be accepted, and must be declared, if modest and reasonable. Senior approval must be obtained.

Meals and refreshments:

- Under a value of £50 - may be accepted and need not be declared.
- Of a value between £50 and £100 - may be accepted and must be declared.
- Over a value of £100 - should be refused unless (in exceptional circumstances) senior approval is given. A clear reason should be recorded on the organisation's register(s) of interest as to why it was permissible to accept.
- A common sense approach should be applied to the valuing of meals and refreshments (using an actual amount, if known, or a reasonable estimate).

Travel and accommodation:

- Modest offers to pay some or all of the travel and accommodation costs related to attendance at events may be accepted and must be declared.
- Offers which go beyond modest or are of a type that the organisation itself might not usually offer, need approval by senior staff, should only be accepted in exceptional circumstances, and must be declared. A clear reason should be recorded on the organisation's register(s) of interest as to why it was permissible to accept travel and accommodation of this type. A non-exhaustive list of examples includes:
 - offers of business class or first-class travel and accommodation (including domestic travel)
 - offers of foreign travel and accommodation.

11.2.1 What should be declared

- Staff name, title and their role with the organisation.

- The nature and value of the hospitality including the circumstances.
- Date of receipt.
- Name and title of senior staff member authorising the hospitality or accommodation/travel
- Any other relevant information (e.g. action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

11.3 Outside Employment

- Staff should declare any existing outside employment on appointment and any new outside employment when it arises.
- Where a risk of conflict of interest arises, the general management actions outlined in this policy should be considered and applied to mitigate risks.
- Where contracts of employment or terms and conditions of engagement permit, staff may be required to seek prior approval from the organisation to engage in outside employment.

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

11.3.1 What should be declared

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

11.4 Shareholdings and other ownership issues

- Staff should declare, as a minimum, any shareholdings and other ownership interests in any publicly listed, private or not-for-profit company, business, partnership or consultancy which is doing, or might be reasonably expected to do, business with the organisation.
- Where shareholdings or other ownership interests are declared and give rise to risk of conflicts of interest, then the general management actions outlined in this policy should be considered and applied to mitigate risks.
- There is no need to declare shares or securities held in collective investment or pension funds or units of authorised unit trusts.

11.4.1 What should be declared

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

11.5 Patents

- Staff should declare patents and other intellectual property rights they hold (either individually, or by virtue of their association with a commercial or other organisation), including where applications to protect have started or are ongoing, which are, or might be reasonably expected to be, related to items to be procured or used by the organisation.
- Staff should seek prior permission from the organisation before entering into any agreement with bodies regarding product development, research, work on pathways etc, where this impacts on the organisation's own time, or uses its equipment, resources or intellectual property.
- Where holding of patents and other intellectual property rights give rise to a conflict of interest, then the general management actions outlined in this policy should be considered and applied to mitigate risks.

11.5.1 What should be declared

- Staff name, title and their role with the organisation.
- A description of the patent.
- Relevant dates.
- Other relevant information (e.g., action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy)

11.6 Loyalty interests

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

- Hold a position of authority in another NHS organisation or commercial, charity, voluntary, professional, statutory or other body which could be seen to influence decisions they take in their NHS role.
- Sit on advisory groups or other paid or unpaid decision-making forums that can influence how an organisation spends taxpayers' money.
- Are, or could be, involved in the recruitment or management of close family members and relatives, close friends and associates, and business partners.
- Are aware that their organisation does business with an organisation in which close family members and relatives, close friends and associates, and business partners have decision making responsibilities.

11.6.1 What should be declared

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

11.7 Donations

- Donations made by suppliers or bodies seeking to do business with the organisation should be treated with caution and not routinely accepted. In exceptional circumstances they may be accepted but should always be declared. A clear reason should be recorded as to why it was deemed acceptable, alongside the actual or estimated value.
- Staff should not actively solicit charitable donations unless this is a prescribed or expected part of their duties for the organisation, or is being pursued on behalf of the organisation's own registered charity or other charitable body and is not for their own personal gain.
- Staff must obtain permission from the organisation if in their professional role they intend to undertake fundraising activities on behalf of a pre-approved charitable campaign for a charity other than the organisation's own.
- Donations, when received, should be made to a specific charitable fund (never to an individual) and a receipt should be issued.
- Staff wishing to make a donation to a charitable fund in lieu of receiving a professional fee may do so, subject to ensuring that they take personal responsibility for ensuring that any tax liabilities related to such donations are properly discharged and accounted for.

11.7.1 What should be declared

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

11.8 Sponsored events

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

11.8.1 What should be declared

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

11.9 Sponsored research

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

11.9.1 What should be declared

- The organisation will retain written records of sponsorship of research, in line with the above principles and rules.
- Staff should declare:
 - their name and their role with the organisation.
 - Nature of their involvement in the sponsored research.
 - relevant dates.
 - Other relevant information (e.g., what, if any, benefit the sponsor derives from the sponsorship, action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

11.10 Sponsored posts

- External sponsorship of a post requires prior approval from the organisation.
- Rolling sponsorship of posts should be avoided unless appropriate checkpoints are put in place to review and withdraw if appropriate.
- Sponsorship of a post should only happen where there is written confirmation that the arrangements will have no effect on purchasing decisions or prescribing and dispensing habits. This should be audited for the duration of the sponsorship. Written agreements should detail the circumstances under which organisations have the ability to exit sponsorship arrangements if conflicts of interest which cannot be managed arise.
- Sponsored post holders must not promote or favour the sponsor's products, and information about alternative products and suppliers should be provided.
- Sponsors should not have any undue influence over the duties of the post or have any preferential access to services, materials or intellectual property relating to or developed in connection with the sponsored posts.

11.10.1 What should be declared

- The organisation will retain written records of sponsorship of posts, in line with the above principles and rules.
- Staff should declare any other interests arising as a result of their association with the sponsor, in line with the content in the rest of this policy.

11.11 Clinical private practice

Clinical staff should declare all private practice on appointment, and/or any new private practice when it arises⁵ including:

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

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

- Seek prior approval of their organisation before taking up private practice.
- Ensure that, where there would otherwise be a conflict or potential conflict of interest, NHS commitments take precedence over private work.⁶
- Not accept direct or indirect financial incentives from private providers other than those allowed by Competition and Markets Authority guidelines:
https://assets.publishing.service.gov.uk/media/542c1543e5274a1314000c56/Non-Divestment_Order_amended.pdf

Hospital Consultants should not initiate discussions about providing their Private Professional Services for NHS patients, nor should they ask other staff to initiate such discussions on their behalf.

11.11.1 What should be declared

- Staff name, title and their role with the organisation.
- A description of the nature of the private practice (e.g., what, where and when staff practise, sessional activity, etc).
- Relevant dates.
- Any other relevant information (e.g., action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

⁵ Hospital Consultants are already required to provide their employer with this information by virtue of Para.3 Sch. 9 of the Terms and Conditions – Consultants (England) 2003: https://www.bma.org.uk/-/media/files/pdfs/practical_advice_at_work/contracts/consultanttermsandconditions.pdf

⁶ These provisions already apply to Hospital Consultants by virtue of Paras.5 and 20, Sch. 9 of the Terms and Conditions – Consultants (England) 2003: https://www.bma.org.uk/-/media/files/pdfs/practical_advice_at_work/contracts/consultanttermsandconditions.pdf

12 Management of interests – advice in specific contexts

12.1 Strategic decision-making groups

In common with other NHS bodies, Mid Cheshire Hospitals NHS Foundation Trust uses a variety of different groups to make key strategic decisions about things such as:

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

The interests of those who are involved in these groups should be well known so that they can be managed effectively. For this organisation, these groups are generally the Committees of the Board or the Board of Directors itself.

These groups should adopt the following principles:

- Chairs should consider any known interests of members in advance and begin each meeting by asking for declaration of relevant material interests i.e., in items on the agenda.
- Members should take personal responsibility for declaring material interests at the beginning of each meeting and as they arise.
- Any new interests identified should be added to the organisation's register(s).
- The vice chair (or other non-conflicted member) should chair all or part of the meeting if the chair has an interest that may prejudice their judgement.

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

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

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

12.2 Procurement

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

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

13. Dealing with breaches

There will be situations when interests will not be identified, declared or managed appropriately and effectively. This may happen innocently, accidentally, or because of the deliberate actions of staff or other organisations. For the purposes of this policy, these situations are referred to as 'breaches'.

13.1 Identifying and reporting breaches

Staff who are aware about actual breaches of this policy, or who are concerned that there has been, or may be, a breach, should report these concerns to the Director of Corporate Affairs.

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.

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

Following investigation, the organisation will:

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

13.2 Taking action in response to breaches

Action taken in response to breaches of this policy will be in accordance with the disciplinary procedures of the organisation and could involve organisational leads for staff support (e.g., Human Resources), fraud (e.g., Local Counter Fraud Specialists), members of the management or executive teams and organisational auditors.

Breaches could require action in one or more of the following ways:

- Clarification or strengthening of existing policy, process and procedures.

- Consideration as to whether HR/employment law/contractual action should be taken against staff or others.
- Consideration being given to escalation to external parties. This might include referral of matters to external auditors, NHS Protect, the Police, statutory health bodies (such as NHS England, NHS Improvement or the CQC), and/or health professional regulatory bodies.

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

Sanctions should not be considered until the circumstances surrounding breaches have been properly investigated. However, if such investigations establish wrong-doing or fault, then the organisation can and will consider the range of possible sanctions that are available, in a manner which is proportionate to the breach. This includes:

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

13.3 Learning and transparency concerning breaches

Reports on breaches, the impact of these, and action taken will be considered by the Audit Committee via the annual report on compliance with the conflicts of interest policy.

14 Review

This policy will be reviewed in three years' time unless an earlier review is required. This will be led by the Director of Corporate Affairs.

15 Associated documentation

Freedom of Information Act 2000

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

ABHI Code of Business Practice

NHS Code of Conduct and Accountability (July 2004)

Monitoring and Review

The table below must be completed in the document to demonstrate effective monitoring of all documents.

Standard/process/issue required to be monitored	Monitoring and Audit			
	Process for monitoring e.g. audit	Responsible individual /group	Frequency of monitoring	Responsible committee
Policy	Audit	Corporate Governance	Every 3 years	Audit Committee

Where audit/monitoring is used as monitoring tool the data collection tool should be included as an appendix to this document.

10 References / Bibliography

11 Appendices

- A Version Control Document
- B Communication / Training plan
- C Equality Impact and Assessment Tool
- D Audit/Monitoring tool

APPENIDX A - Control Sheet

This must be completed and form part of the document appendices each time the document is updated and approved.

VERSION CONTROL SHEET			
Date dd/mm/yy	Version	Author	Reason for changes
11/10/2022	1.0	Caroline Keating, Director of Corporate Affairs	Initial policy
Nov 2022	2.0	Caroline Keating, Director of Corporate Affairs	Revisions following Audit Committee discussions
09/02/2023	3.0	Caroline Keating, Director of Corporate Affairs	Clarification of decision makers and changes to limits of gifts and hospitality
12/04/2023	4.0	Caroline Keating, Director of Corporate Affairs	Junior medical staff removed from scope as per Medical Director
10/01/2024	5.0	Louise Brereton, Deputy Director of Corporate Affairs	All pharmacy staff amended to senior pharmacy staff (Band 6 or above) as per Director of Pharmacy

APPENDIX B - Training needs analysis

Communication/Training Plan (for all new / reviewed documents)	
Goal/purpose of the communication/training plan	
Target groups for the communication/training plan	
Target numbers	
Methodology – how will the communication or training be carried out?	
Communication/training delivery	
Funding	
Measurement of success. Learning outcomes and/or objectives	
Review effectiveness – learning outputs	
Issue date of Document	
Start and completion date of communication/training plan	
Support from Learning & Development Services	

All communication via Declare system

APPENDIX C - Equality Impact Assessment

Please read the Guide to Equality Impact Assessment before completing this form.

The completed assessment is to form part of the policy/proposal/business case appendices when submitted to governance-policies@mcht.nhs.uk for consideration and approval.

POLICY/DOCUMENT/SERVICE.....

SECTION A

A	Does the document, proposal or service affect one group less or more favourably than another on the basis of:	Yes/No	Justification & data sources. Include nature of impact. Also record provisions already in place to mitigate impact.
1	Race, ethnic origins (including gypsies and travellers) or nationality	No	
2	Sex	No	
3	Transgender	No	
4	Pregnancy or maternity	No	
5	Marriage or civil partnership	No	
6	Sexual orientation including lesbian, gay and bisexual people	No	
7	Religion or belief	No	
8	Age	No	
9	Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
10	Economic/social background	No	

B	Human Rights – are there any issues which may affect human rights		
1	Right to Life	No	
2	Freedom from Degrading Treatment	No	
3	Right to Privacy or Family Life	No	
4	Other Human Rights (see guidance note)	No	

Name: Caroline Keating

Role: Director of Corporate Affairs

Date: 09 January 2023

Where an impact has been identified in Section A, please outline the actions that have been agreed to reduce or eliminate risks in Section B.

If there are no impacts identified in Section A, completion of Section B is not necessary.

SECTION B

Please expand tables below as necessary

SECTION B NUMBER A1-10, B1-4	NATURE OF IMPACT	EVIDENCE	STAKEHOLDER INVOLVEMENT	ACTION	COST	LEAD	TIMESCALE	RISK SCORE