

Managing Conflicts of Interest Policy (GP07)			
Meeting	Board of Directors		
Date	1 May 2019	Agenda item	17
Lead Director	Alison Hughes, Director of Corporate Affairs		
Author(s)	Alison Hughes, Director of Corporate Affairs		
To Approve	<input checked="" type="checkbox"/>	To Note	<input type="checkbox"/>
		To Assure	<input type="checkbox"/>

Link to strategic objectives & goals - 2017-19	
<i>Please mark ✓ against the strategic goal(s) applicable to this paper</i>	
Our Patients and Community - To be an outstanding trust, providing the highest levels of safe and person-centred care	
We will deliver outstanding, safe care every time	✓
We will provide more person-centred care	✓
We will improve services through integration and better coordination	✓
Our People - To value and involve skilled and caring staff, liberated to innovate and improve services	
We will improve staff engagement	✓
We will advance staff wellbeing	✓
We will enhance staff development	✓
Our Performance - To maintain financial sustainability and support our local system	
We will grow community services across Wirral, Cheshire & Merseyside	✓
We will increase efficiency of corporate and clinical services	✓
We will deliver against contracts and financial requirements	✓

Link to Principal Risks in the Board Assurance Framework - please mark ✓ against the principal risk(s) - does this paper constitute a mitigating control?	
Failure of organisations across the system to delegate appropriate authority to support the integrated care system (Healthy Wirral)	✓
Failure to engage staff to secure ownership of the Trust's vision and strategy	✓
Increasing fragility of the social care market	✓
The impact of the outcome of the Urgent Care Review compromising financial stability and the future model of care	✓
Services fail to remain compliant with the CQC fundamentals of care leading to patient safety incidents and regulatory enforcement action and a loss of public and system confidence	✓
Inability to implement the Trust's clinical transformation strategy and preferred model of care - Neighbourhood care	✓
Commissioning decisions do not promote integrated working across the health and care system	✓

Failure to build the workforce skills and infrastructure to transform services to meet the demographic needs of the workforce and population	✓
Security of public health funding and subsequent contractual decisions impacting on the range of services provided to Wirral & Cheshire East	✓
Failure to foster, establish and manage the right partnerships that enable a response to commissioning intentions	✓
Development of place-based care outside of Wirral, limits the Trust's ability to expand/retain services in these areas	✓
Failure to deliver the efficiency programme	✓
Failure to achieve all the relevant financial statutory duties	✓
The impact of the outcome of the Carter Review on community services benchmarking on commissioning decisions	✓
Impact of supporting the delivery of the 3-year financial plan and future sustainability of the Wirral system	✓

Link to the Organisational Risk Register (Datix)

Has an Equality Impact Assessment been completed?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
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Paper history		
Submitted to	Date	Brief Summary of Outcome
Audit Committee	November 2017	The Audit Committee received the draft Managing Conflicts of Interest Policy for review and approval. The policy was a new document to reflect the new NHS England guidance issued on Managing Conflicts of Interest. The Audit Committee approved the new policy.
Audit Committee	February 2019	The Audit Committee received the refreshed Conflicts of Interest Policy for review and approval in the new Trust format. The Audit Committee approved the policy.
Board of Directors	March 2019	The Board of Directors received the refreshed Conflicts of Interest Policy for review and approval and for dissemination across the organisation. The Board of Directors approved the Policy.
Audit Committee	April 2019	The Audit Committee received the refreshed Conflicts of Interest Policy, which included two minor amendments in response to recommendations from internal auditors, for review and approval. The Audit Committee approved the policy.

Managing Conflicts of Interest Policy (GP07)

Purpose

1. The purpose of this paper is to present the Board of Directors for review and approval, the slightly revised trust-wide Managing Conflicts of Interest Policy, which includes two minor amendments in response to recommendations from internal auditors.
2. In April 2019, the Audit Committee received for information the Trust action plan in response to the recommendations made in the report from Mersey Internal Audit Agency (MIAA) Managing Conflicts of Interest Review 2018-19. As part of the response to the report, the Trust slightly revised the Trust-wide Managing Conflicts of Interest Policy. This revised Policy was presented to the Audit Committee, and the Audit Committee approved the policy for ratification by the Board of Directors.

Executive Summary

3. The Managing Conflicts of Interest Policy (GP07) was a newly prepared policy in 2018 to reflect the new NHS England guidance that was issued on managing conflicts of interest. The Audit Committee approved this policy in November 2017.
4. Last year Mersey Internal Audit Agency (MIAA) reported on an advisory piece of work for the Trust, which evaluated the design and operating effectiveness of the arrangements that the Trust has in place to manage conflicts of interest and gifts and hospitality, including compliance with NHS England's statutory guidance on Managing Conflicts of Interest in the NHS. This report (April 2018) included recommendations for improvement, and the Trust has been working to address these.
5. In March 2019 MIAA undertook a follow-up piece of advisory work that covered the same scope as the 2018 review, together with a follow-up on the progress made by the Trust in response to the recommendations made in the 2018 report.
6. The MIAA 2019 review includes recommendations for the Trust which have been agreed, and the Trust has developed an action plan to address these recommendations.
7. Many of these actions are already underway, including the development of a toolkit to sit alongside the Policy. As part of delivering the action plan the trust has made two minor alterations to the Managing Conflicts of Interest Policy (GP07), which was presented to the Audit Committee for review and was approved in April 2019.
8. Following the Audit Committee in April 2019, the Trust logo was updated with the new logo to reflect the change in name to Wirral Community Health and Care NHS Foundation Trust. During this process, the two appendices for the Working Time Directive were combined into one document. As a result the number of some of the appendices altered slightly, and this was updated throughout the Policy. The name and contact details for the new Counter Fraud Specialist were added to the Policy, following the rotation of the Mersey Internal Audit Agency staff.



**Wirral Community
Health and Care**
NHS Foundation Trust

Board Action

9. The Board of Directors is asked to review and approve the revised Trust-wide Managing Conflicts of Interest Policy (GP07) for dissemination across the organisation

Alison Hughes
Director of Corporate Affairs

24 April 2019

Managing Conflicts of Interest Policy

GP07

Version 3

TRUST-WIDE NON-CLINICAL

Document detail	
Policy Number	GP07
Version	2019 Version 3
Approved by	Audit Committee/ Board of Directors for ratification
Effective from	05/2019
Date of last review	04/2019
Date of next review	04/2022
Lead Director	Director of Corporate Affairs
Responsible Lead	Director of Corporate Affairs
Superseded documents	Managing Conflicts of Interest Policy version two
Document summary	<p>New guidance from NHS England on Managing Conflicts of Interest in the NHS. This policy has been revised to align with the model policy developed by NHS England. It</p> <ul style="list-style-type: none"> introduces common principles and rules for managing conflicts of interest provides simple advice to staff and organisations about what to do in common situations supports good judgement about how interests should be approached and managed sets out the issues and rationale behind the policy.

Document History		
Version number	Comments	Approved by
1	New Policy to reflect new NHS England guidance issued on Managing Conflicts of Interest	Audit Committee / Board of Directors for ratification
2	Reviewed at review date, and transferred into the new trust policy template. Review date amended to three years.	Audit Committee / Board of Directors for ratification
3	Two minor amendments in response to recommendations from internal auditors 6.7.2 reporting on breaches added, and refresh of Appendix 1 declaration of interests form	Audit Committee

Policy on a page

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. • <u>NOT</u> misuse your position to further your own interests or those close to you • <u>NOT</u> be influenced, or give the impression that you have been influenced by outside interests • <u>NOT</u> 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. • <u>NOT</u> avoid managing conflicts of interest. • <u>NOT</u> interpret this policy in a way which stifles collaboration and innovation with our partners

SUPPORTING STATEMENTS

This document should be read in conjunction with the following statements:

SAFEGUARDING IS EVERYBODY'S BUSINESS

All Wirral Community Health and Care NHS Foundation Trust employees have a statutory duty to safeguard and promote the welfare of children and adults, including:

- being alert to the possibility of child/adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child/adult;
- knowing how to deal with a disclosure or allegation of child/adult abuse;
- undertaking training as appropriate for their role and keeping themselves updated;
- being aware of and following the local policies and procedures they need to follow if they have a child/adult concern';
- ensuring appropriate advice and support is accessed either from managers, *Safeguarding Ambassadors* or the trust's safeguarding team;
- participating in multi-agency working to safeguard the child or adult (if appropriate to your role; ensuring contemporaneous records are kept at all times and record keeping is in strict adherence to Wirral Community Health and Care NHS Foundation Trust policy and procedures and professional guidelines. Roles, responsibilities and accountabilities, will differ depending on the post you hold within the organisation;
- ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session.

EQUALITY AND HUMAN RIGHTS

Wirral Community Health and Care NHS Foundation Trust recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the protected characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation. The Equality Act also requires regard to socio-economic factors including pregnancy/maternity and marriage/civil partnership.

The trust is committed to equality of opportunity and anti-discriminatory practice both in the provision of services and in our role as a major employer. The trust believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

Wirral Community Health and Care NHS Foundation Trust also is aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires all public authorities to uphold and promote Human Rights in everything they do. It is unlawful for a public authority to perform any act which contravenes the Human Rights Act.

Wirral Community Health and Care NHS Foundation Trust is committed to carrying out its functions and service delivery in line with a Human Rights based approach and the FREDA principles of **Fairness, Respect, Equality Dignity and Autonomy.**

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1. PURPOSE AND RATIONALE

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

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

1.2 This policy should be considered alongside other organisational policies including standards of business conduct, the standing orders (SOs) and standing financial instructions (SFIs), the NHS Foundation Trust Code of Governance, the Fraud & Corruption Policy (FP03) and HR policies including;

- Performance Management (HRP 24)
- Policy for Professional, Clinical & Medical Registration (HRP19)
- Conduct & Disciplinary (HRP01)
- NHS Foundation Trust Code of Governance

2. OUTCOME FOCUSED AIMS AND OBJECTIVES

2.1 Wirral Community Health and Care 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.

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

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

2.4 All members of the Board of Directors, members of board committees and all staff should be aware of this policy and be familiar with the detailed provisions.

3. SCOPE

3.1 The content of the policy reflects the NHS England model policy for managing conflicts of interest and applies to all staff whether they are employed by the trust permanently, temporarily, through an agency or bank arrangement, are students on placement, are party to joint working arrangements or are contractors delivering services on the trust's behalf.

4. DEFINITIONS (Glossary of Terms)

4.1 The Table below outlines key terms and their definitions used in this Policy

Glossary of Terms	Definition
A 'conflict of interest' is	"A set of circumstances by which a reasonable person would consider that an individual's ability to apply judgement or act, in the context of delivering, 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:	<ul style="list-style-type: none"> • 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
Interests fall into the following categories:	<p>Financial interests: Where an individual may get direct financial benefit¹ from the consequences of a decision they are involved in making.</p> <p>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.</p> <p>Non-financial personal interests: Where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit, because of decisions they are involved in making in their professional career.</p> <p>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.</p>
Staff	<p>At Wirral Community Health and Care NHS Foundation Trust we use the skills of many different people, all of whom are vital to our work. This includes people on differing employment terms, who for the purposes of this policy we refer to as 'staff' and are listed below;</p> <ul style="list-style-type: none"> • All salaried employees • All prospective employees - who are part-way through recruitment • Contractors and sub-contractors • Agency staff; and • Committee, sub-committee and advisory group members (who may not be directly employed or engaged by the organisation)

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.

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

5. RESPONSIBILITIES, ACCOUNTABILITIES AND DUTIES

5.1 DECISION MAKING STAFF

Some staff are more likely than others to have a decision making influence on the use of taxpayers' money, because of the requirements of their role.

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

Decision making staff in this organisation are categorised as;

- Executive and Non-Executive directors (or equivalent roles) who have decision making roles which involve the spending of taxpayers' money
- All those at Agenda for Change band 8b and above
- Administrative and clinical staff who have the power to enter into contracts on behalf of their organisation (e.g. procurement staff)
- Administrative, non-clinical and clinical staff involved in decision making concerning the commissioning of services, purchasing of good, medicines, medical devices or equipment, and formulary decisions

5.2 The Board of Directors

The Board has responsibility for the implementation of this policy and the assurance monitoring of compliance.

The Board of Directors have overall responsibility for ensuring that the trust delivers high quality services that are efficient and effective. The Board is made up of the Chairman, Chief Executive, Executive Directors including the Medical Director and Non-Executive Directors. The composition of the Board of Directors (voting and non-voting members) is confirmed in the Trust's standing orders.

The Board oversees the running of the trust, making decisions that shape future direction, monitoring performance and accountability outlined in the Board Assurance Framework and Business Strategy.

In accordance with the FT Code of Governance, all members of the Board are required to declare interests at least annually (or as soon as they arise) and ensure the register of interests is available publicly and reported in the trust's Annual Report.

5.3 Relevant Sub Board Committee

The Audit Committee is the responsible committee for receiving and approving this policy ensuring appropriate implementation through the organisation.

5.4 Chief Executive

The Chief Executive is responsible for the statutory duty of corporate governance, clinical governance and quality and takes overall responsibility for this policy.

5.5 The Director of Corporate Affairs

The Director of Corporate Affairs is the identified lead Director for this policy and is responsible for ensuring effective implementation of this policy through the organisation and compliance with the requirements of NHS England guidance. The Director of Corporate Affairs is also responsible for ensuring the register(s) of interest are maintained and made publicly available as required.

5.6 Joint Union Staff Side (Trade Unions)

JUSS representatives have an important part to play in providing advice, support and if required, representation to their members as well as working in partnership with managers and the HR team to ensure the Managing Conflicts of Interest policy is applied fairly and consistently across the Trust.

5.7 Head of Service

The Head of Service is responsible for understanding the trust's responsibilities in relation to Managing Conflicts of Interest and providing support and guidance to teams in declaring interests in accordance with this policy.

They must make themselves aware of this policy and NHS England guidance to ensure that all staff within their teams has access to the appropriate means of declaring an interest

5.6 All Staff

All staff must;

- Be aware of the policy and understand the requirements and the process for declaring and managing interests
- To declare any interests as soon as they arise in accordance with the guidance set out in this policy
- To follow the process described in this policy when declaring interests

6 PROCESS

6.1 IDENTIFICATION, DECLARATION AND REVIEW OF INTERESTS

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

Declarations should be made;

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

Staff can access a declaration of interests form via Staff Zone and attached to this policy document at annex 1.

Declarations should be made to the Corporate Affairs Team for the attention of the Director of Corporate Affairs.

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

6.1.1 Proactive review of interests

All decision making staff should review their declarations annually to update them or make a nil return.

6.2 RECORDS AND PUBLICATION

6.2.1 Maintenance

The trust will maintain a gifts and hospitality register and a separate register of interests for the Board of Directors, Council of Governors and decision-making staff.

All declared interests that are material will be promptly transferred to the registers by the Corporate Affairs Team.

6.2.2 Publication

The trust will;

- Publish the interests declared by decision making staff in the appropriate register of interests on an annual basis via the Trust's website and where required the Trust's Annual Report.

If decision making staff have substantial grounds for believing that publication of their interests should not take place then they should contact the Corporate Affairs Team 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.

6.2.3 Wider transparency initiatives

The Trust fully supports wider transparency initiatives in healthcare, and we encourage staff to engage actively with these.

Relevant staff are strongly encouraged to give their consent for payments they receive from the pharmaceutical industry to be disclosed as part of the Association of British Pharmaceutical Industry (ABPI) Disclosure UK initiative. These "transfers of value" include payments relating to;

- Speaking at and chairing meetings
- Training services
- Advisory board meetings
- Fees and expenses paid to healthcare professionals
- Sponsorship of attendance at meetings, which includes registration fees and the costs of accommodation and travel, both inside and outside the UK
- Donations, grants and benefits in kind provided to healthcare organisations

Further information about the scheme can be found on the ABPI website:

<http://www.abpi.org.uk/our-work/disclosure/about/Pages/default.aspx>

6.3 MANAGEMENT OF INTERESTS - GENERAL

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

- restricting staff involvement in associated discussions and excluding them from decision making
- removing staff from the whole decision making process
- removing staff responsibility for an entire area of work
- removing staff from their role altogether if they are unable to operate effectively in it because the conflict is so significant

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

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

of their existence.

6.4 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.

Gifts

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

Gifts from suppliers or contractors:

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

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

- Gifts of cash and vouchers to individuals should always be declined.
- Staff should not ask for any gifts.
- Any gifts or hospitality or offers of gifts or hospitality which exceed the £25 threshold must be declared. This is in line with the trust's approved Standing Financial Instructions.
- Multiple gifts from the same source over a 12 month period should be treated in the same way as single gifts over £25 where the cumulative value exceeds £25.

What should be declared?

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

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 £25 - may be accepted and need not be declared.
- Of a value between £25 and £75⁴ - may be accepted and must be declared.
- Over a value of £75 - should be refused unless (in exceptional circumstances) senior approval is given. A clear reason should be recorded on the organisation's register(s) of interest as to why it was permissible to accept.
- A common sense approach should be applied to the valuing of meals and refreshments (using an actual amount, if known, or a reasonable estimate).

Travel and accommodation

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

³ The £6 value has been selected with reference to existing industry guidance issued by the ABPI:
<http://www.pmcpcpa.org.uk/thecode/Pages/default.aspx>

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

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.

What should be declared?

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

Outside Employment

General principles

In accordance with the Standards of Business Conduct for NHS;

- Staff are advised not to engage in outside employment which may conflict with their NHS work, or be detrimental to it
- Staff are advised to inform the trust if they wish to undertake secondary employment through their appropriate Divisional Manager or Service Lead
- The trust will be responsible for judging whether the interests of patients could be harmed by a member of staff undertaking such secondary employment
- This also applies to private clinical practice

Registering outside employment

- Staff should declare any existing outside employment on appointment and as part of their NHS employment check process, and any new outside employment when it arises with their line manager/service lead
- 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.
- Staff should use the Declaration of Outside Employment Form at annex 2 and return a completed copy to their line manager.
- The line manager will submit completed forms to HR where a register of outside employment declarations will be held and monitored

What should be declared?

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

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.

What should be declared?

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

to depart from the terms of this policy).

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.

What should be declared?

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

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.

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).

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/as an employee of the Trust 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.

What should be declared?

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

Sponsored events

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

What should be declared?

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

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.

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).

It is recognised that on occasion when the Trust is working with third parties these principles would apply.

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.

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.

6.5 MANAGEMENT OF INTERESTS - ADVICE IN SPECIFIC CONTEXTS

6.5.1 Strategic decision making groups

In common with other NHS bodies the trust uses a variety of different groups to make key strategic decisions about things such as:

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

The interests of those who are involved in these groups should be well known so that they can be managed effectively.

For the trust these groups are the Board of Directors, the committees of the Board, Executive Leadership Team, the Senior Leadership Team and the Council of Governors.

These groups should adopt the following principles:

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

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

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

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

6.5.2 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.

The trust has a dedicated procurement team that should always be involved in and consulted on the procurement of services or materials for the trust.

6.6 FRAUD, BRIBERY AND CORRUPTION

Staff must be aware of and act in accordance with this policy, and understand that in certain circumstances breach of this policy could potentially result in criminal proceedings being brought against individuals, the TRUST, and linked organisations. Policy breach could also result in civil legal challenge.

The TRUST does not tolerate acts of fraud, bribery or corruption committed against it or in the wider NHS.

The **Fraud Act 2006** created a criminal offence of fraud and defines three ways of committing it:

- Fraud by false representation
- Fraud by failing to disclose information and
- Fraud by abuse of position.

In simple terms fraud can be defined as theft by deception. An offender's conduct must be dishonest and their intention must be to make a gain, or a cause a loss (or the risk of a loss) to another; the offence includes where the fraudster fails to get what they intended through their fraud, the focus being on the dishonest intention.

The **Bribery Act 2010** makes it easier to tackle this offence in public and private sectors. A bribe is a financial or other advantage intended to induce or reward the 'improper performance' of a person's official public functions or work activities. Generally, this means offering or receiving something of value to influence a transaction that someone shouldn't do (although offences include offering, promising, giving, requesting, accepting, or agreeing to accept). Bribery can be committed by a body corporate. Commercial organisations, including NHS bodies, will be exposed to criminal liability, punishable by an unlimited fine, for failing to prevent bribery unless they can prove that they had in place adequate proportionate procedures designed to prevent bribery occurring on its behalf.

Fraud and Bribery are criminal offences, and carry maximum sentences of 10 years imprisonment and/or unlimited fines.

Corruption is where the integrity or honesty of a person, government, company or organisation is manipulated for personal gain. It is an umbrella term covering a number of different offences, including bribery.

NHS staff have a right and duty to raise legitimate concerns in the public interest about malpractice or wrongdoing at work; this includes criminal offences. The TRUST expects that staff do not ignore their suspicions, but report as soon as possible. Staff should not initiate their own investigations or discuss with others as this could jeopardise any formal investigation.

The Trust's Freedom to Speak up Guardian, Mr Brian Simmons, Non-Executive Director is available to provide advice in relation to raising concerns by contacting Wirral Community Health and Care NHS Foundation Trust, telephone number 0151 514 2888.

There are a number of ways to report reasonable suspicions of fraud, bribery or corruption; you do not need solid proof or evidence to raise concerns, and you can remain anonymous if you wish.

6.6.1 Internal channels:

- Anti-Fraud Specialist (AFS), Alun Gordon tel: 0151 285 4500 email: alunjames.gordon@nhs.net or alun.gordon@miaa.nhs.uk address: MIAA, ground floor, Regatta Place, Summers Road, Brunswick Business Park, Liverpool, L3 4BL.
- Chief Finance Officer, Mark Greatrex.
- Raising Concerns Policy (NB this includes options to raise concerns externally in certain situations)

6.6.2 External channels:

- National Fraud and Corruption Reporting Line: 0800 020 4060 (freephone 24/7 powered by Crimestoppers)
- Online reporting form at www.reportnhsfraud.nhs.uk. This is a national service independent to the rest of the NHS. User rights are protected and information is treated confidentially. Users are able to update their referral at a later date if they wish to.

For further guidance and information refer to the TRUST's Raising Concerns Policy (GP51), and the Fraud, Bribery and Corruption Policy (FP03), located on the intranet.

6.7 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'.

6.7.1 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. For further information about how concerns should be raised please refer to Raising Concerns Policy (GP51).

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 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.

6.7.2 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 will **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.

All genuine suspicions of fraud and corruption can be reported to the Anti-Fraud Specialist (AFS), or through the NHS Fraud and Corruption Reporting Line (FCRL) on freephone 0800 028 40 60.

6.7.3 Learning and transparency concerning breaches

Reports on breaches, the impact of these, and actions taken will be considered by the key organisational governance group(s) at least annually, and that anonymised reports of these should be prepared and published on a regular basis.

To ensure that lessons are learnt and the management of interests can continually improve, anonymised information on breaches, the impact of these, and action taken will be prepared and published on the trust website as appropriate, or made available for inspection by the public upon request.

6.8 ASSOCIATED DOCUMENTATION

NHS England guidance for staff and organisations can be accessed on-line via <https://www.england.nhs.uk/wp-content/uploads/2017/02/guidance-managing-conflicts-of-interest-nhs.pdf>

Staff should refer to Staff Zone to access copies of the Declaration of Interests Form and the Declaration of Outside Employment Forms at appendix 1 - 3.

The flowchart at appendix 4 details the process all staff should follow as described in this policy.

7. CONSULTATION

This Policy has been developed closely in line with the national guidance produced by NHS England. The trust's draft Policy was shared with Staff Side Representatives for information and also with the Audit Committee prior to ratification by the Board of Directors.

8. TRAINING AND SUPPORT

Awareness raising and training is provided to staff throughout their time at the trust, starting during the recruitment process and the on-boarding processes and local induction. At each Committee meeting the agenda includes a standing item for declarations of conflicts of interest. A consideration of conflict of interest is also included within the trust's procurement and programme and project management processes.

9. MONITORING

An overarching process is in place to monitor adherence to the policy document. This process includes both annual and in year monitoring and declarations. The table setting out the monitoring processes including how this will be monitored, how often, who will lead this process and where the outcomes will be reported to is in annex 5.

10. EQUALITY AND HUMAN RIGHTS ANALYSIS

In line with the trust's commitment to meet its statutory requirements outlined in the Equality and Diversity Strategy each procedural document is screened using an Equality Impact Assessment (EIA) Screening Tool. This demonstrates the trust's commitment to equality and human rights by recognising that the experiences and needs of every individual are unique and strives to value and respect the diversity of staff, patients, carers and the public.

EIA's support organisations to avoid discrimination on any grounds including age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation. Carers are also protected from discrimination, as they are associated with people with a protected characteristic i.e. disabled people. Should staff become aware of any exclusions that do not comply with this statement would need to complete an incident form and an appropriate action plan put in place.

11. LINKS TO OTHER POLICIES

The policy supports the implementation of: Standards of Business Conduct, the standing orders (SOs) and standing financial instructions (SFIs), the NHS Foundation Trust Code of Governance, the Fraud & Corruption Policy (FP03), raising Concerns Policy (GP51) and HR policies including;

- Performance Management (HRP 24)
- Policy for Professional, Clinical & Medical Registration (HRP19)
- Conduct & Disciplinary (HRP01)
- NHS Foundation Trust Code of Governance

12. REFERENCES

NHS England guidance for staff and organisations can be accessed on-line via <https://www.england.nhs.uk/wp-content/uploads/2017/02/guidance-managing-conflicts-of-interest-nhs.pdf>

NHS England has published some frequently asked questions for specific staff groups on the issues posed and how the guidance applies to them. This is available at www.england.nhs.uk/ourwork/coi

DECLARATION OF INTEREST

APPENDIX 1

Name:

Position/role:

Type of interest * see the following page for guidance notes	Description of Interest	Date interest relates From:	Date interest relates to:	Actions to be taken to mitigate the risk (to be agreed with the line manager or a senior trust manager)

**Add additional rows as required.*

The information submitted will be held by **Wirral Community Health & Care NHS Foundation Trust** for personnel or other reasons specified on this form and to comply with the organisation's policies. This information may be held in both manual and electronic form in accordance with the Data Protection Act 1998. Information may be disclosed to third parties in accordance with the Freedom of Information Act 2000 and published in registers that **Wirral Community Health & Care NHS Foundation Trust** holds.

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

I do/do not (delete as applicable) give my consent for this information to be published on registers that Wirral Community NHS Health & Care Foundation Trust holds.

If consent is not given please give reasons why;

--

Name	Position held	Signed	Date
Name of Line manager/senior trust manager	Position held	Signed	Date

Please return this form to: Cathy Gallagher, Corporate Affairs, 1st floor Wing 5, St Catherine's Health Centre, Birkenhead, CH42 0LQ

GUIDANCE NOTES FOR COMPLETION OF DECLARATIONS OF INTEREST FORM

- Name and Role:** Insert your name and your position/role in relation to the Organisation you are making the return to.
- Description of Interest:** Provide a description of the interest that is being declared. This should contain enough information to be meaningful (e.g. detailing the supplier of any gifts, hospitality, sponsorship, etc). That is, the information provided should enable a reasonable person with no prior knowledge should be able to read this and understand the nature of the interest.
- Types of interest:**
- Financial interests** - This is where an individual may get direct financial benefits from the consequences of a decision they are involved in making.
- Non-financial professional interests** - This is where an individual may obtain a non-financial professional benefit from the consequences of a decision they are involved in making, such as increasing their professional reputation or status or promoting their professional career.
- Non-financial personal interests** - This is where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit, because of decisions they are involved in making in their professional career.
- Indirect interests** - This is where an individual has a close association with another individual who has a financial interest, a non-financial professional interest or a non-financial personal interest who would stand to benefit from a decision they are involved in making.
- A benefit may arise from both gain or avoidance of a loss.
- Relevant Dates:** Detail here when the interest arose and, if relevant, when it ceased.
- Comments:** This field should detail any action taken to manage an actual or potential conflict of interest. It might also detail any approvals or permissions to adopt certain course of action.

DECLARATION OF OUTSIDE WORK

SECTION 1	
In addition to your work with Wirral Community Health and Care NHS Foundation Trust, do you undertake work outside of the Trust e.g. paid work/ voluntary work?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Should you undertake any outside work during your employment with Wirral Community Health and Care NHS Foundation Trust you must declare the details to your Line Manager/Service Lead and complete this form.

Employee Details						
Name:						
Job Title:						
Band/ Payscale:						
Service/ Department:						
Telephone Contact Details:						
Details of Employment with Wirral Community Health and Care NHS Foundation Trust:						
Hours worked per week with the Trust:						
Please outline your work pattern within Wirral Community Health and Care NHS Foundation Trust (e.g. days worked, shift pattern):						
Details of Outside Work						
Other Employers Name:						
Nature/ Type of Business:						
Job Title/ Role						
Type of contract	Permanent	Temporary	Bank	Voluntary	Self employed	Other (see below)
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						
Date commenced in this role (Month/year)						
No. of hours worked per week in other employment:						
Please outline your work pattern in other employment (e.g. days worked, shift pattern):						
Will you be working more than 48 hours per week in total or more than 12 hours in any one 24 hour period as a result of your combined employment?*					<input type="checkbox"/> NO <input type="checkbox"/> YES	
<i>Employees should complete a WTD opt out agreement (appendix 3) if they are wishing to work in excess of 48 hours per week.</i>						
Any other relevant information you wish to disclose: i.e. action taken to mitigate against a conflict						

*In regard to the Working Time Directive (WTD) please see additional forms within the policy and refer to - <http://www.legislation.gov.uk> and <https://www.gov.uk>

SECTION 2 – Declaration & Authorisation	
To be completed by Employee	
I state that the information provided is correct and that outside work in this instance will not have a detrimental effect on my employment at the Trust. I will inform my line manager if there are any changes to the above.	
Name:	
Signature:	
Date:	
To be completed by Line Manager/ Service Lead	
Do you envisage a conflict of interest between 'outside work' and the employee's employment with Wirral Community Health and Care NHS Foundation Trust?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please provide details and liaise with HR	
Name of Line manager/ Service Lead:	
Signature:	
Date:	
Note for line manager – please retain the completed form on file and forward a copy onto the HR Department: Wing 5, St Catherine's Health Centre, Derby Road, Birkenhead CH42 0LQ	

Appendix 3

WORKING TIME DIRECTIVE (WTD) EXEMPTION OPT-OUT AGREEMENT

Under the provisions of the Working Time Regulations 1998, if you wish to work more than 48 hours per week, you are required to sign an individual agreement to do so. This is often referred to as an 'opt out agreement'.

The regulations are designed to protect your health and safety. The Trust is committed to the wellbeing of all its staff, but also recognises that some may wish to work in excess of the statutory 48 hours "working week" limit.

You should make sure that you take your break during the working day as it is not allowed to take the daily rest break at the beginning or end of the day.

Refer to - <http://www.legislation.gov.uk> and <https://www.gov.uk> for further information regarding WTD

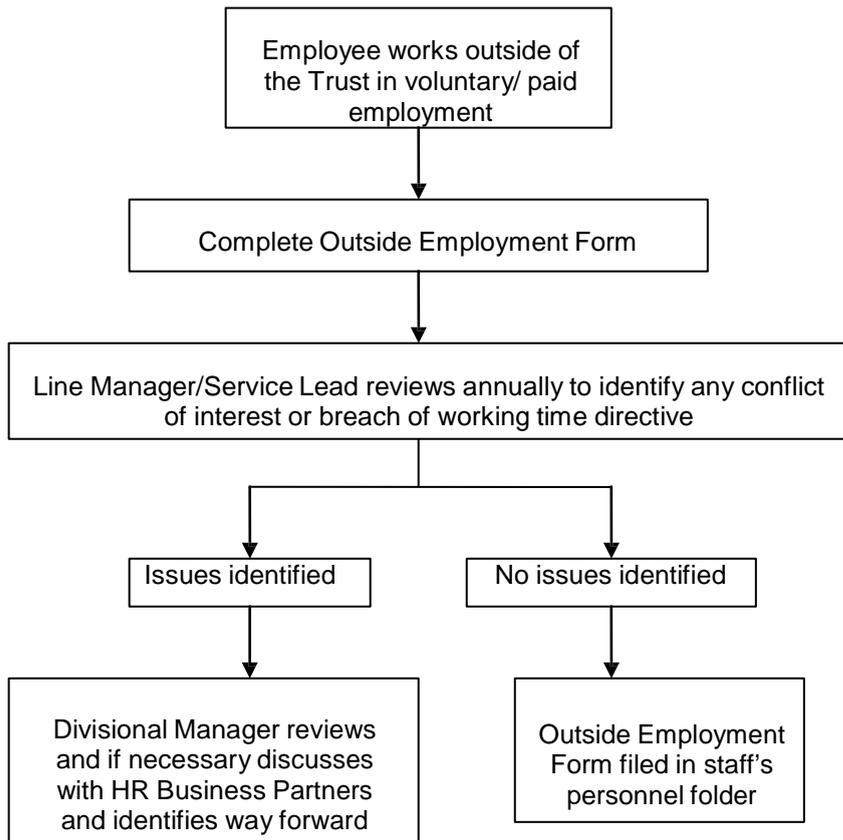
Please complete this form and return it to your line manager if you wish to work for more than an average of 48 hour as a result of your employment. If you have more than one job, the 48 hour limit applies to the total hours you work.

If you undertake work outside the trust, please ensure that you also complete the declaration of outside work form (appendix 2).

SECTION 1	
Employee Details	
Name:	
Job Title:	
Band/ Payscale:	
Service/ Department:	
Telephone Contact Details:	

SECTION 2 – Declaration & Authorisation	
To be completed by Employee	
By signing this form, I agree that I may work for more than an average of 48 hours per week.	
If I change my mind or my circumstances change I will provide one week's notice by notifying my employer (Wirral Community Health and Care NHS Foundation Trust) in writing to end this agreement.	
I state that the information provided is correct and I will inform my line manager if there are any changes to the above.	
Name:	
Signature:	
Date:	
To be completed by Line Manager/ Service Lead	
Name of Line manager/ Service Lead:	
Signature:	
Date:	
<p>Note for line manager – please retain the completed form on file and forward a copy onto the HR Department: <i>Wing 5, St Catherine's Health Centre, Derby Road, Birkenhead CH42 0LQ</i></p>	

FLOWCHART FOR OUTSIDE EMPLOYMENT



Appendix 5

MONITORING TOOL

Minimum requirement to be monitored	Process for monitoring (eg audit)	Responsibility Individual/ group/committee	Frequency of Monitoring	Evidence	Responsible individual for Development of Action Plans	Responsible committee for Monitoring of action plan and implementation
How the Board members declare interests	Audit	Director of Corporate Affairs	Annually	Completion of an annual return. Report of the annual returns to the Board of Directors, and published on the trust website	Director of Corporate Affairs	Audit Committee
How the Governors declare interests	Council of Governors	Director of Corporate Affairs	Annually	Completion of an annual return. Report of the annual returns to the Board of Directors, and published on the trust website	Director of Corporate Affairs	Board of Directors Audit Committee

How the staff groups that are classified as decision making staff, including Agenda for Change band 8b and above, staff who have the power to enter into contracts on behalf of the their organisation, or are involved in decision making concerning commissioning and purchasing.	Audit	Director of Corporate Affairs	Annually	Completion of an annual return. Report of the annual returns to the Board of Directors, and published on the trust website	Director of Corporate Affairs	Board of Directors Audit Committee
How staff members register outside employment	Audit	Director of Corporate Affairs	Annually	HR records	Director of Corporate Affairs	Audit Committee
Actions for Line Managers/Service Leads to take if staff members are engaged in outside employment which may pose a conflict of interest	Audit	HR and Line Managers/Service Leads	Once in a financial year	HR records	HR	Education and Workforce Committee Audit Committee
Outside employment database to be maintained by Human Resources and monitored annually by Line Managers/Service Leads for accuracy	Audit	HR and Line Managers/Service Leads	Once in a financial year	HR records	HR	Education and Workforce Committee Audit Committee