**The Grange Medical Centre**

**Greenview Medical Centre**

**Kinsley Medical Centre**

**Anti-Corruption, Conflict of Interest and Bribery Policy**

**Version:** V5

**Author:** Angela Marwood and Kate Lamb

**Date issued:** July 2021

**Review date:** July 2023

**Version Control Sheet**

**Document Title:**  Anti-Corruption, Conflict of Interest and Bribery Policy

**Version:** V5

Drafts: 0.1, 0.2 etc.

First Approved Version: V1

Draft Reviews of approved versions: V1.1, V2.1 etc.

Next approved version: V5

The table below logs the history of the steps in the development of the document.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Version** | **Date** | **Author** | **Status** | **Comment** |
| 0.1 | 27 July 2013 | Angela Marwood  Practice Manager | Draft | Awaiting approval by GP partners at next partners meeting |
| V1 | 19 November 2014 | Angela Marwood Practice Manager | First  Approved  Version | Approved at partners meeting 19.11.14 |
| V1.1 | 10 November 2016 | Angela Marwood Practice Manager | Draft Review of  Second  Version | Awaiting approval by GP partners at next partners meeting |
| V2 | 16 November 2016 | Angela Marwood Practice Manager | Second  Version  Approved | Approved at Partners meeting – 16.11.16 |
| V2.1 | 11 May 2017 | Kate Lamb | Draft Review of Second Version | To include NHS England - Conflicts of Interest Guidance. |
| V3 | 21 June 2017 | Angela Marwood  Practice Manager  Kate Lamb  Assistant Practice Manager | Third Approved Version | Approved at partners meeting – 21.06.17 |
| V3.1 | 1 August 2019 | Angela Marwood Practice Manager | Draft Review of  Third  Version | Awaiting approval by GP partners at next partners meeting |
| V4 | 21 August 2019 | Angela Marwood Practice Manager | Fourth  Version  Approved | Approved at partners meeting – 21.08.19 |
| V4.1 | 15 July 2021 | Angela Marwood Practice Manager | Draft Review of  Fifth  Version | Awaiting approval by GP partners at next partners meeting |
| V5 | 30 July 2021 | Angela Marwood Practice Manager | Fifth  Version  Approved | Approved by partners via email 30.07.21 |

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**1 Introduction**

The Grange Medical Centre recognises its responsibility under the laws relevant to countering bribery and corruption, including the Bribery Act 2010, in respect of our conduct.

The practice is committed to ensuring that all of our business and activities are conducted in an honest and ethical manner, taking a zero-tolerance approach to bribery and corruption. We are committed to acting professionally, fairly and with integrity in all our dealings and relationships wherever we operate and implementing and enforcing effective systems to counter bribery.

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 Aims and Objectives**

To ensure our legal responsibilities under relevant laws are met, and that our business is conducted in an honest and ethical manner.

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

**3 Scope of the Policy**

This policy applies to all healthcare professionals and staffworking for the practice involved in caring for patients. It must be followed by all staff who work for The Grange Medical Centre, including those on temporary contracts.

This policy is also applicable to individuals who may be sub-contracted to the practice.

**4 Accountability**

The Practice Manager is responsible for this policy.

The Practice Manager is responsible for monitoring compliance with this policy.

The GP Partners are responsible for the formal approval of this policy.

1. **Equality Impact Assessment**

The Grange Medical Centre aims to design and implement services, policies and measures that meet the diverse needs of our service users, population and workforce, ensuring that none are placed at a disadvantage over others.

1. **Implementation & Dissemination**

This policy will, following approval by the GP Partners, be disseminated directly to staff and sub-contractors via the Line Managers.

A copy of the policy can be found in all Line Managers Policies and Procedures files; a copy is also held electronically in the Library.

All staff and sub-contractors are required to sign the signature sheet to confirm that they have read and understood the policy.

**7 Monitoring Compliance with and the Effectiveness of Procedural Documents**

Implementation of this policy will be subject to regular review by the Practice Manager, who will ensure that the document is revised and modified to reflect changes in practice and/or regulatory requirements.

**8 Training**

All staff will be made aware of this policy.

All new staff will be introduced to the policy as part of their induction.

Details of training where applicable are noted in the training records which are held by each of the Line Managers.

**9 Legalities**

Bribery and corruption are punishable for individuals by up to ten years' imprisonment. If we are found to have taken part in corruption we could face an unlimited fine, be excluded from tendering for public contracts, and face damage to our reputation. We therefore take our legal responsibilities very seriously.

A ‘conflict of interest’ is:

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

A conflict of interest may be:

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

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

Third party means any individual or organisation you come into contact with during the course of your work for us, and includes visiting clinicians, patients, clients and potential clients, customers, suppliers, distributors, business contacts, agents, advisers, and government and public bodies, including their advisors, representatives and officials, politicians and political parties.

In this policy, a bribe means an inducement or reward offered, promised or provided in order to gain any commercial, contractual, regulatory or personal advantage (“relevant advantage”).

This policy does not prohibit normal and appropriate hospitality (given and received) to or from third parties. However, the giving or receiving of gifts is only permitted if the following requirements are met:

* it is not made with the intention of influencing a third party to obtain or retain or a relevant advantage, or to reward the provision or retention of a relevant advantage, or in explicit or implicit exchange for favours or benefits;
* it is given in our name, not in your name;
* it does not include cash or a cash equivalent (such as gift cards/certificates or vouchers)
* it is appropriate in the circumstances, e.g. it is customary for small gifts to be given at Christmas time
* taking into account the reason for the gift, it is of an appropriate type and value, and given at an appropriate time;
* it is given openly, not secretly; and
* gifts should not be offered to, or accepted from, government officials or representatives, or politicians or political parties, without the prior approval of the GP Partners.

It is not acceptable for you (or someone on your behalf) to:

* give, promise to give, or offer, a payment, gift or hospitality with the expectation or hope that a relevant advantage will be received, or to reward a relevant advantage already given;
* give, promise to give, or offer, a payment, gift or hospitality to a government official, agent or representative to "facilitate" or expedite a routine procedure;
* accept payment from a third party that you know, or suspect is offered with the expectation that it will obtain a relevant advantage for them;
* accept a gift or hospitality from a third party if you know or suspect that it is offered or provided with an expectation that a relevant advantage will be provided by us in return;
* threaten or retaliate against another worker who has refused to commit a bribery offence or who has raised concerns under this policy; or
* engage in any activity that might lead to a breach of this policy.

**10 Interests**

Interests fall into the following categories:

* **Financial interests:**

Where an individual may get direct financial benefit[[1]](#footnote-1) from the consequences of a decision they are involved in making.

* **Non-financial professional interests:**

Where an individual may obtain a non-financial professional benefit from the consequences of a decision they are involved in making, such as increasing their professional reputation or promoting their professional career.

* **Non-financial personal interests:**

Where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit, because of decisions they are involved in making in their professional career.

* **Indirect interests:**

Where an individual has a close association[[2]](#footnote-2) 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.

**11 Decision Making Staff**

Some staff are more likely than others to have a decision-making influence on the use of taxpayers’ money, because of the requirements of their role. For the purposes of this guidance these people are referred to as ‘decision making staff.’

Decision making staff in this organisationare:

* Partner and Salaried GP’s
* Senior and Line Managers
* Administrative and Clinical staff involved in decision making concerning the commissioning of services, purchasing of goods, medicines, medical devices or equipment and formulary decisions.

**12 Identification, Declaration and Review of Interests (including gifts and hospitality)**

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

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

Declarations should be made using the [*Declaration of Interest Form*](file:///\\wdpct-gp.xthis.nhs.uk\GP_Practice\Shared\The%20Grange%20Medical%20Centre\Library\Staff%20Forms\Declaration%20of%20Interests%20Form%20May%2017.xlsx) *saved in Library/Staff Forms* and sent to the Practice Manager.

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.

**13 Proactive Review of Interests**

We will prompt decision making staff at least annually to review declarations they have made and, as appropriate, update them or make a nil return. This will be done by senior managers and line managers.

**14 Records and Publication**

We will maintain a [Template of Interests Register](file:///\\wdpct-gp.xthis.nhs.uk\GP_Practice\Shared\The%20Grange%20Medical%20Centre\Library\Management\Conflict%20of%20Interest) *saved in Library /Management/Conflict of Interest*

We will;

* Publish the interests declared by decision making staff in the Template of Interests Register
* Refresh this information annually
* Make this information available on The Grange website (<https://www.grangemedicalcentre.co.uk/>)

If decision making staff have substantial grounds for believing that publication of their interests should not take place, then they should contact the Practice Managerto explain why. In exceptional circumstances, i.e. 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.

**15 Wider Transparency Initiatives**

The Grange, Greenview and Kinsley Medical Centres fully support wider transparency initiatives in healthcare, and we encourage staff to engage actively with these.

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

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

Further information about the scheme can be found on the ABPI website: <https://www.abpi.org.uk/our-ethics/disclosure-uk/>

**16 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 from 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 Grange, Greenview and Kinsley Medical Centreswillalways 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.

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# 17 Management of interests – common situations

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

## 17.1 Gifts

* Staff should not accept gifts that may affect, or be seen to affect, their professional judgement.
* **All gifts or offers of gifts must be declared.**

Gifts from suppliers or contractors:

* Gifts from suppliers or contractors likely to do business with the organisation should be declined, whatever their value.
* Low-cost items such as biscuits, pens or post-it notes may, however, be accepted where they are under the value of £6[[3]](#footnote-3) in total; they still need to be declared.

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

* Gifts of cash and vouchers to individuals should always be declined but still declared
* If you are offered gifts of cash or vouchers, these must be declared within 2 working days.
* Staff should not ask for any gifts.
* Gifts valued at over £50 should be treated with caution and only be accepted on behalf of The Grange, Greenview and Kinsley Medical Centres, and not in a personal capacity. These should be declared by staff.
* A common-sense approach should be applied to the valuing of gifts (using an actual amount, if known), or an estimate that a reasonable person would make as to its value).
* Multiple gifts from the same source over a 12-month period should be treated in the same way as single gifts over £50 where the cumulative value exceeds £50.

### 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:

* Any meals or refreshments offered must be declared within 2 working days
* Over a value of £75 - should be refused unless (in exceptional circumstances) and 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.

### 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, and details of any approvals given to depart from the terms of this policy).

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## 17.3 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.

### 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).

## 17.4 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.

### 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 and details of any approvals given to depart from the terms of this policy).

## 17.5 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.

### 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 and details of any approvals given to depart from the terms of this policy)

## 17.6 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.

### 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 and details of any approvals given to depart from the terms of this policy).

## 17.7 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 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.

### 17.7.1 What should be declared

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

## 17.8 Sponsored events

Sponsorship of events by appropriate external bodies will only be approved if a reasonable person would conclude that the event will result in clear benefit to the organisations and the NHS.

During dealings with sponsors there must be no breach of patient or individual confidentiality or data protection rules and legislation.

No information should be supplied to the sponsor from whom they could gain a commercial advantage, and information which is not in the public domain should not normally be supplied.

At the organisation’s discretion, sponsors or their representatives may attend or take part in the event, but they should not have a dominant influence over the content or the main purpose of the event.

The involvement of a sponsor in an event should always be clearly identified.

Staff within the 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.

## 17.9 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.

## 17.10 Clinical private practice

Clinical staff should declare all private practice on appointment, and/or any new private practice when it arises[[4]](#footnote-4) 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.[[5]](#footnote-5)
* 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.

### What should be declared

* Staff name and their role within 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).

# Management of interests – advice in specific contexts

## Procurement

Procurement should be managed in an open and transparent manner, compliant with procurement and other relevant law, to ensure that 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.

# 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’.

## 19.1 Identifying and reporting breaches

Staff who are aware of actual breaches of this policy, or who are concerned that there has been, or may be, a breach, should report these concerns to their line manager, a senior manager or a partner GP.

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 also refer to the Incident Management Policy and Whistleblowing Policy.

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

Following investigation the organisation will:

* Decide if there has been or there 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.

## 19.2 Taking action in response to breaches

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

## 19.3 Learning and transparency concerning breaches

Reports on breaches, the impact of these, and action taken will be considered by the Partner GP’s and Practice Manager at least annually.

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

**20 References**

* Advice and legalities wording given by Praesidium - employment law advisors
* Managing Conflicts of Interest in the NHS – Model policy contents for organisations – Provided by NHS England Commissioning Strategy Directorate

**21 Associated Documentation**

Disciplinary Policy

Incident Reporting Policy

Whistleblowing Policy

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)

**Appendix 1**

**Signature Sheet**

I have read and understood the Anti-Corruption, Conflict of Interest and Bribery Policy V5

|  |  |  |  |
| --- | --- | --- | --- |
| **Name (please print)** | **Job Title** | **Date** | **Signature** |
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1. This may be a financial gain, or avoidance of a loss. [↑](#footnote-ref-1)
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. [↑](#footnote-ref-2)
3. The £6 value has been selected with reference to existing industry guidance issued by the ABPI: <http://www.pmcpa.org.uk/thecode/Pages/default.aspx> [↑](#footnote-ref-3)
4. 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. [↑](#footnote-ref-4)
5. 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.nhsemployers.org/sites/default/files/media/Terms-and-Conditions-consultants-April-2018_0.pdf> [↑](#footnote-ref-5)