Managing Conflicts of Interest for Staff at Leeds Teaching Hospitals NHS Trust

(Underpinned by the national policy - Managing Conflicts of Interest in the NHS)

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Contents

Context

In 2017 NHS England (NHSE) issued revised guidance on Managing Conflicts of Interest in the NHS applicable to all CCG's, NHS Trusts, and NHS Foundation Trusts.

In addition, West Yorkshire (WY) Integrated Care Board (ICB) has defined a Conflict of Interest Policy across the WY Health and Care Partnership for all ICB employees, co-opted members, members of the Board and its Committees who must comply with the arrangements outlined in its Policy. Any individual who holds a relationship with the ICB, and who would potentially be in a position to benefit from the ICBs decision, are required to declare any relevant interests with their organisation.

Every year the taxpayer entrusts NHS organisations with over £160 billion to care for millions of people. This money must be spent well and free from undue influence. The public rightly expect the highest standards of behaviour in the NHS and for it to act responsibly as custodians of taxpayer money.

To deliver high quality and innovative care organisations need to work collaboratively with other organisations and wider partners across the system. Partnership working brings many benefits, but also creates the risk of conflicts of interest. Decisions involving the use of NHS funds should never be influenced by outside interests or expectations of private gain, but it is recognised that conflicts of interest are unavoidable in complex systems.

NHS staff should be empowered to use good judgement in managing conflicts of interest effectively and need to be safeguarded so they can continue to work innovatively with partners whilst also providing transparency to the taxpayer.

This guidance:

- 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.

In addition to this guidance further information is available on the NHSE website at:

- **https://www.england.nhs.uk/ourwork/coi/**
- **https://www.england.nhs.uk/commissioning/pc-co-comms/coi/**

At LTHT all conflicts of interest are declared through the online LTHT Declare system.

Information on using and accessing this system is available through the staff intranet pages.

Policy Summary

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

As a member of staff, you should…	As an organisation we will…
• Familiarise yourself with this policy and follow it. Refer to the guidance for the rationale behind this policy: https://www.england.nhs.uk/ourwork/coi/ • Use your common sense and judgement to consider whether the interests you have could affect the way taxpayers' money is spent. • Regularly consider what interests you have and declare these as they arise. If in doubt, declare. • NOT misuse your position to further your own interests or those close to you. • NOT be influenced or give the impression that you have been influenced by outside interests. • NOT allow outside interests you have to inappropriately affect the decisions you make when using taxpayers' money. • Act in accord with the NHS Code of Conduct.	• 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: ➢ 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 a register(s) of interests. ➢ Auditing this policy and its associated processes and procedures at least once every three years. • NOT avoid managing conflicts of interest. • NOT interpret this policy in a way which stifles collaboration and innovation with our partners.

Summary Overview - What to Declare and Where?

Staff need to register interests under the following criteria- with more detailed information set out in the policy. ***Remember the general principle - if in doubt better to declare***

Criteria *(Cross referenced against description within the policy)*	Who	Action Required
7.1 Gifts (>£25) **7.2** Hospitality (including invitations to speak) (>£25)	*Gifts and Hospitality should be declined where appropriate and manager approval sought before acceptance.* All staff - accepted or declined	Any Gifts/ Hospitality received and/ or offered should be registered on the LTHT Declare System (accessible through the Training Interface) within 28 days of receipt.
7.3 Outside Employment	All staff - on appointment or as arises *(Defined as a requirement within the Consultant and AfC contract)*	Declare through the LTHT Declare System (accessible through the Training Interface) within 28 days of arising.
7.4 Shareholdings and Other Ownership Interests	All staff - where a conflict may perceivably arise with the Trust/ your role	Declare through the LTHT Declare System (accessible through the Training Interface) within 28 days of arising.
7.5 Patents and Intellectual Property	All staff - where a conflict may perceivably arise with the Trust/ your role	Declare through the LTHT Declare System (accessible through the Training Interface) within 28 days of arising.
7.6 Loyalty Interests	Staff involved in; decision making, spending NHS money, recruitment & business - conflicts re friends, family etc.) *This includes partnership working groups across the city, region and nationally* (e.g. WYAA, a co-opted member of the ICB Board or it's Committee/s)	Declare through the LTHT Declare System (accessible through the Training Interface) within 28 days of arising.
7.7 Donations	All staff: ➢ Suppliers seeking to do business - Not accepted. ➢ Donations to Leeds Hospital Charity - Charity Record and responsible for governance. Follow Leeds Hospitals Charity Fundraising policy. ➢ Fundraising activities - Seek approval from line manager and Declare through the LTHT Declare System (accessible through the Training Interface). ➢ Donations in lieu of personal fees (e.g. speaker fees) *(NB. Personal tax issues)* - Declare through the LTHT Declare System.	
7.8 Sponsored Events	All staff - involved in sponsored events within the organisation.	Declare through the LTHT Declare System (accessible through the Training Interface).
7.9 Sponsored Research	Staff with responsibility over funds for sponsored research.	Primarily recorded through the EDGE Research Data base
7.10 Sponsored Posts	All posts need approval of an Executive Director, who will inform Jo Bray, Company Secretary to register the post on the Declare System	
7.11 Clinical Private Practice	Clinical staff - on appointment or as arises	Declare through the LTHT Declare System (accessible through the Training Interface) within 28 days of arising.
8.1 Strategic Decision Making Group **8.2** Procurement	All staff should declare conflicts of interest as defined in the Trust Policy and recorded on the appropriate register. Staff involved in Trust, regional, national, or international decision making groups or procurement processes are required to declare their relevant registered conflicts of interest at the start of any meeting to be recorded in the minutes.	

1. Purpose

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

- Introducing consistent principles and rules;
- Providing simple advice about what to do in common situations;
- Supporting good judgement about how to approach and manage interests.

Associated and supporting organisational policies and guidance are listed at section 13 of this policy.

2. Background/ Context

Every year the taxpayer entrusts NHS organisations with over £160 billion to care for millions of people. This money must be spent well and free from undue influence. To deliver high quality and innovation care organisations need to work collaboratively with each other, local authorities, industry, and other public, private and voluntary bodies. Partnership working brings many benefits, but also creates the risk of conflicts of interest. It is especially important for the Trust to demonstrate transparency for staff who are budget holders or can influence our purchasing decisions.

Conduct in public life is now scrutinised more than ever before and there is an absolute need for all members of staff to be open and honest and also to be seen to be behaving in ways that will not attract accusations of impropriety.

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.

NHSE issues strict guidance which defines the requirements for **all** staff to adhere to a high standard of personal and professional conduct, regarding tight rules and regulations on counter fraud and corruption along with regard to bribery. This policy will support and inform staff of their requirements within this guidance.

It is a requirement of NHSE that all declarations are reported in the public domain, LTHT maintain a public register of interests displayed on the Trust website.

3. Definitions

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. Interests fall into the following categories:

- **Financial interests:** Where an individual may get direct financial benefit from the consequences of a decision they are involved in making.
- **Non-financial 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 [1]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.

NHSE have published some frequently asked questions for specific staff groups (clinical, medical and mangers) on the issues posed and how the guidance applies to them, available at www.england.nhs.uk/ourwork/coi

At LTHT we use the skills of many different people, all of whom are vital to our work. This includes people on differing employment terms. This policy is applicable to all staff, and for the purpose of this policy this is defined as:

- All salaried employees;
- All prospective employees – who are part-way through recruitment;
- Contractors and sub-contractors;
- Staff in Honorary roles;
- Agency staff; and
- Committee, sub-committee, and advisory group members (who may not be directly employed or engaged by the organisation).

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 at Leeds Teaching Hospitals NHS Trust are defined as - all staff at AfC Band 7 and above and all Consultants.**

[1] A common sense approach should be applied to the term 'close association'. Such an association may arise, depending on the circumstances, through relationships with close family members and relatives, close friends and associates, and business partners.

4. Identification, Declaration and Review of Interests

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

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

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

All declarations of interest should be registered through the online LTHT Declare system which is accessible through the staff Training Interface: http://traininginterface.leedsth.nhs.uk/

The policy owner is the Chief Executive with the administrator Jo Bray, Company Secretary, who manages all aspects of the policy, including any changes to national guidance. All staff are made aware of their duties to record interests at corporate induction, annual appraisal, and internal communication aligned to the year-end declaration processes within the organisation. Advice on any issues to be declared should be sought from line managers and where escalation is required referred to Jo Bray, Company Secretary.

An annual report of compliance against this policy will be reported internally to the Executive Team and externally through the Chief Executive Annual Report. Internal Audit will, at least every three years, audit compliance against the policy.

The policy at LTHT aligns the archiving of the electronic register of interests to each financial year and will be retained in the system for a minimum of six years.

4.2 Proactive review of interests

At LTHT staff classed within this policy as ‘decision makers’ are required to make an annual declaration (either a nil or positive) aligned to each financial year.

All other grades of staff are required to make positive declarations (as they arise) only.

From the 1st of April (the start of each new financial year), decision making staff will be able to make nil declarations attributed to the previous financial year - *NB. The electronic system will not enable staff to make a nil declaration until the year-end is reached.*

Internal communication at the start of each new financial year will prompt staff, as will the processes embedded within the Trust wide AfC appraisal documentation that must be completed during Quarter 1 of the financial year (and defined as the appraisal season within the organisation which runs until the end of June). The final question of Trust wide appraisal documentation requires staff to make a statement that they are compliant in declaring interests and have reported these to their line managers. It is the responsibility of

line managers to review individual declarations during appraisals to ensure they are appropriate.

All Consultant staff must answer a question relating to **probity issues** within their appraisal, by which **assurance is required that they are compliant with declaring appropriate conflicts of interests**. Failure to do so could result in further action by the General Medical Council (GMC).

Internal communication via 'Our Week', the weekly update from the Chief Executive will include a summary of the requirements for all staff annually during the first week of April and the Trust wide screen saver will be used during the final week of June, both with the aim of prompting staff as to their requirements and compliance with the policy.

The electronic register of interests is underpinned by the Electronic Staff Record (ESR) and has in built systems to recognise the non-compliance of staff within the defined group of staff 'decision makers' - those at band 7 and above and all consultants. It is programmed to send out electronic reminders via email, until the correct submissions have been made during Quarter 1 of the new financial year, for declarations aligned to the previous financial year.

All Clinical Service Unit (CSU) triumvirate and corporate management teams along with Executive Directors hold administration rights to the electronic register of interests attributed to their respective CSUs / Corporate areas, to enable review and oversight of the actual details of the declarations made by staff. They are responsible for scrutinising and monitoring the content, number and appropriateness of any interests declared and will take action to explore further with individual staff members where this is appropriate.

5. Records and Publication

5.1 Maintenance

At LTHT, all declarations will be held on one central electronic register with records aligned by financial year.

5.2 Publication

The LTHT register of interest is displayed on the Trust website as required by the guidance from NHSE and as set out within the terms of the commissioning contract with NHSE and endorsed by the Caldicott Guardian at LTHT.

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.

5.3 Wider transparency initiatives

LTHT 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 cost 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. 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 organisation 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.

If staff or managers have any concerns or disputes about the appropriate management action they should contact Jo Bray, Company Secretary for advice.

7. 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.

7.1 Gifts

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

Gifts from suppliers or contractors:

- Gifts from suppliers or contractors doing business (or likely to do business) with the organisation should be declined, whatever their value.
- Low cost branded promotional aids such as pens or post-it notes may, however, be accepted where they are under the value of £6 in total, [2]and need not be declared.
- Where gifts are over the value of £25 (for a single item) they should be declared by all staff, even if they have been declined.

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

- Gifts of cash and vouchers to individuals should whenever possible be declined.
- Staff should not ask for any gifts.
- Gifts valued at over £25 should be treated with caution and only be accepted on behalf of LTHT (and not in a personal capacity) and paid directly into charitable funds by declaring in keeping with the procedures defined by the Leeds Cares charity as set out in the Responding to Donations Policy
- Modest gifts accepted under a value of £25 do not need to be declared.
- A common sense approach should be applied to the valuing of gifts (using an actual amount, if known, or an estimate that a reasonable person would make as to its value)
- Multiple gifts from the same source over a 12 month period should be treated in the same way as single gifts over £25 where the cumulative value exceeds £25.
- If a member of staff is unsure about accepting a gift, they should discuss with their line manager fully understand the sentiment, intention, or purpose of the gift. Should any further advice be required contact Jo Bray, Company Secretary.

The Consultant Contract defines…

14. Gifts and Gratuities

You are required to comply with our rules and procedures governing the acceptance of gifts and hospitalities.

7.1.1 What should be declared

- Staff name and their role with the organisation.
- A description of the nature and value of the gift, including its source.
- Date of receipt.
- Any other relevant information (e.g. circumstances surrounding the gift, action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).
- Whether line manager approval was sought.
- The register is maintained within the public domain therefore caution should be taken not to identify any patient or confidential information within the description.

7.2 Hospitality (including invitations to speak)

- 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.

[2] The value £6 has been selected with reference to existing industry guidance issues by the ABPI

Meals and refreshments:

- Under a value of £25 - may be accepted and need not be declared.
- Of a value between £25 and £75 [3]- may be accepted and must be declared.
- Over a value of £75 - should be refused unless (in exceptional circumstances) senior approval is given. A clear reason should be recorded on the organisation's register(s) of interest as to why it was permissible to accept.
- A common sense approach should be applied to the valuing of meals and refreshments (using an actual amount, if known, or a reasonable estimate).

Travel and accommodation:

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

7.2.1 What should be declared

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

7.3 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.
- Clinical staff should declare any remunerated advisory roles with private companies

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.

The standard contract of employment for Agenda for Change staff at LTHT states;

18. OUTSIDE INTERESTS

18.1 The Trust policy on Standards of Business Conduct is available from your line manager, your Human Resources Department, or the Trust intranet. All staff must abide by this policy.

[3] The £75 value has been selected with reference to existing industry guidance issued by the ABPI.

18.2 You must declare to the Trust any other employment, including self-employment, business interest or relationship you have which may impact on your employment with the Trust.

The standard Consultant contract of employment at LTHT states;
11 Fee Paying Services and Private Professional Services
11.1 Minimising Potential for Conflicts of Interest:
In carrying out any Fee Paying Services or Private Professional Services, you will observe the provisions in Schedule 9 of the Terms and Conditions in order to help minimise the risk of any perceived conflicts of interest to arise with your work for the NHS.
11.2 Fee Paying Services and NHS Programmed Activities:
Examples of Fee Paying Services are set out in Schedule 10 of the Terms and Conditions. You will not carry out Fee Paying Services during your Programmed Activities except where you and your clinical manager have agreed otherwise. Where your clinical manager has agreed that you may carry out Fee Paying Services during your Programmed Activities, you will remit to us the fees for such services except where you and your clinical manager have agreed that providing these services involves minimal disruption to your NHS duties. Schedule 11 of the Terms and Conditions refers.
11.3 Private Professional Services and NHS Programmed Activities:
Subject to the provisions in Schedule 9 of the Terms and Conditions, you may not carry out Private Professional Services during your Programmed Activities.
11.4 Publications, lectures, etc. You shall be free, without our prior consent, to publish books, articles, etc., and to deliver any lecture or speak, whether on matters arising out of your NHS service or not.

7.3.1 What should be declared

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

7.4 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.

7.4.1 What should be declared

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

7.5 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 on-going, which are, or might be reasonably expected to be, related to items to be procured or used by the organisation as set out in the LTHT Intellectual Property Policy.
- 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.

7.5.1 What should be declared

- Staff name and their role with the organisation.
- A summary 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)

7.6 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 (*this includes partnership working groups across the city, region and nationally e.g. WYAAT).*
- A co-opted member or member of the ICB or its Committee/s.
- Sit on advisory groups or other paid or unpaid decision making forums that can influence how an organisation spends taxpayers' money.
- Are, or could be, involved in the recruitment or management of close family members and relatives, close friends and associates, and business partners.
- Are aware that their organisation does business with an organisation in which close family members and relatives, close friends and associates, and business partners have decision making responsibilities.

7.6.1 What should be declared

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

7.7 Donations

- Donations made by suppliers or bodies seeking to do business with the organisation should be treated with caution and not routinely accepted. In exceptional circumstances they may be accepted but should always be declared. A clear reason should be recorded as to why it was deemed acceptable, alongside the actual or estimated value.

- Staff should not actively solicit charitable donations unless this is a prescribed or expected part of their duties for the organisation, or is being pursued on behalf of the organisation's own registered charity or other charitable body and is not for their own personal gain.
- Staff must obtain permission from the organisation if in their professional role they intend to undertake fundraising activities on behalf of a pre-approved charitable campaign for a charity other than the organisation's own.
- Donations, when received, should be made to Leeds Hospitals Charity (never to an individual) and a receipt should be issued in keeping with the LTHT Policy; Responding to Donations and Leeds Hospitals Fundraising Manual.
- 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 must record this via LTHT Declare system.

7.7.1 What should be declared

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

7.8 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.

7.8.1 What should be declared

- Staff name and their role within the organisation.
- Summary overview of role within the event and receiving charity.
- For sponsored events in relation to Leeds Hospitals Charity see section 7.7.

7.9 Sponsored research

- Funding sources for research purposes must be transparent.
- Any proposed research must go through the relevant health research authority or other approvals process.
- There must be a written protocol and written contract between staff, the organisation, and/or institutes at which the study will take place and the sponsoring organisation, which specifies the nature of the services to be provided and the payment for those services.

- The study must not constitute an inducement to prescribe, supply, administer, recommend, buy, or sell any medicine, medical device, equipment, or service.
- Staff should declare involvement with sponsored research to the organisation and all staff are required, by LTHT, to comply with the Research Governance Policy, where all research is recorded on the EDGE Research Database managed by the R&I Department.

Funding recorded on the EDGE Research Database should not be duplicated on the LTHT Declare System however research donations that fall outside of the EDGE remit should be captured through the conflicts of interest process.

7.9.1 What should be declared

The organisation will retain written records of sponsorship of research, in line with the above principles and rules.

Staff should declare:

- Their name and their role with the organisation.
- Nature of their involvement in the sponsored research.
- Relevant dates.
- Value and purpose of funding.
- 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).

7.10 Sponsored posts

- External sponsorship of a post requires prior approval from the organisation, via a member of the Executive Team, who will notify Jo Bray, Company Secretary to record the sponsored post on the LTHT Declare system.
- 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.

7.10.1 What should be declared

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

7.11 Clinical private practice

Clinical staff should declare all private practice on appointment, and/or any new private practice when it arises [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]
- Not accept direct or indirect financial incentives from private providers other than those allowed by Competition and Markets Authority guidelines

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.

7.11.1 What should be declared

- Staff name and their role with the organisation.
- A description of the nature of the private practice (e.g. what, where and when staff practise, sessional activity, etc.).
- Relevant dates *(NB. Once entered your declaration will remain 'live' on the system until an end date is entered).*
- 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).

8. Management of Interests – Advice in Specific Contexts

8.1 Strategic decision making groups

In common with other NHS bodies Leeds Teaching Hospitals NHS 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.

All staff are governed by the principles set out in LTHT Standing Orders, Standing Financial Instructions and Scheme of Delegation.

NB. This includes partnership working groups across the city, region and nationally e.g. WYAAT

[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: https://www.bma.org.uk/-/media/files/pdfs/practical advice at work/contracts/consultanttermsandconditions.pdf

[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.bma.org.uk/-/media/files/pdfs/practicaladvice at work/contracts/consultanttermsandconditions.pdf)

The interests of those who are involved in these groups should be well known so that they can be managed effectively. For this organisation we recognise that our staff could be involved in internal, regional, national, or international decision making groups.

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.

Staff declaring interests within decision making groups should have registered such interests in the electronic register of interests via the LTHT Declare system.

8.2 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, or via regional, national, or international initiatives 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. Staff declaring interests within procurement processes should have registered such interests in the electronic register of interests via the LTHT Declare system.

More information and advice about procurement policies and procedures can be found on the intranet. Procurement Guidance is set out in the LTHT Purchasing Procedures Manual,

where declarations are required by all staff at the start of any procurement process and are also acknowledged within any final report setting out the recommendations of the procurement group.

9. 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'.

9.1 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 a Trust Counter Fraud Specialist as set out in the LTHT Counter Fraud, Bribery and Corruption policy.

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 are set out in the Freedom to Speak Up Policy.

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

Following investigation the organisation will:

- Decide if there has been or is potential for a breach and if so 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.

9.2 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. 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, or the CQC), and/or health professional regulatory bodies.

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

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

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

9.3 Learning and transparency concerning breaches
Reports on breaches, the impact of these, and action taken will be considered by CSU Management and /or Executive Team, as and when these may occur.

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

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

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 these cases 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. Fraud carries a maximum sentence of 10 years imprisonment and/or a fine and can be committed by a body corporate.

The Bribery Act 2010 makes it easier to tackle this offence in public and private sectors. Bribery is generally defined as giving or offering someone a financial or other advantage to

encourage a person to perform certain activities and 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.

The offences of bribing another person or being bribed carries a maximum sentence of 10 years imprisonment and/or a fine. In relation to a body corporate the penalty for these offences is a fine.

10. Equality Analysis

This Policy has been assessed for its impact upon equality. The Equality Analysis can be seen in annex 1.

LTHT is committed to ensuring that the way that we provide services and the way we recruit and treat staff reflects individual needs, promotes equality and does not discriminate unfairly against any particular individual or group.

11. Consultation and Review Process

This policy is driven by NHSE and is also a requirement set out in the Trusts contract with NHSE. This policy will be reviewed every three years unless an earlier review is required. This will be led by Jo Bray, Company Secretary.

12. Standards/ Key Performance Indicators

Compliance with this policy will be reported annually to the Executive Team and through the Chief Executive Annual Report.

13. Associated Documentation

- Freedom of Information Act 2000
- ABPI: The Code of Practice for the Pharmaceutical Industry (2014)
- ABHI Code of Business Practice
- NHS Code of Conduct and Accountability (July 2004)
- Conflicts of Interest Policy West Yorkshire Integrated Care Board (July 2023)

The following Trust policies should be cross-referenced (as appropriate) within the guidance set out within this policy:

- Standing Orders
- Standing Financial Instructions and Scheme of Delegation
- Freedom to Speak Up Policy (Whistleblowing)
- Counter Fraud, Bribery and Corruption
- The Purchasing Procedures Manual
- Capital Procedures
- Appraisal policy
- The Leeds Hospitals Charity Fundraising Policy

- Responding to Donations Policy
- LTHT Intellectual Property Policy
- Guidance on the Management of Private Practice and Fee-Paying Services within LTHT
- Heath Research Authority approval process
- Research Governance Policy
- Industry Funded Research Policy
- Non-Commercial research Policy

Appendix A - Monitoring Compliance and Effectiveness

Policy element to be monitored	Standards/ Performance indicators	Process for monitoring	Individual or group responsible for monitoring	Frequency or monitoring	Responsible individual or group for development of action plan	Responsible group for review of assurance reports and oversight of action plan
Annual compliance for decision making staff - positive or nil return included in the annual register aligned to the financial year	*Evaluate compliance*	*Annual Report during Q3 (reporting on the previous financial year) to the Executive Team and a statement of compliance to be included in the CEO Annual Report*	*Exec Management Team - supported by the Company Secretary and Trust Board Administrator*	*Annual Report during Q3* *Every three years - internal audit review (due 2020/21)*	*Company Secretary with the support of the Trust Board Administrator*	*Executive Management Group (Committee escalation if required)*

Appendix B - Supporting Information: The Nolan Principles.

THE SEVEN PRINCIPLES OF PUBLIC LIFE SET OUT BY THE COMMITTEE ON STANDARDS IN PUBLIC LIFE (THE NOLAN PRINCIPLES)

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

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

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

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

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

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

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

Appendix C - Purchasing, Supply and Contracting Information

(i) The Chartered Institute of Purchasing and Supply (CIPS)

Code of Ethics

Use of the Code

Members of CIPS are required to uphold this code and to seek commitment to it by all those with whom they engage in their professional practice. Members are expected to encourage their organisation to adopt an ethical purchasing policy based on the principles of this code and to raise any matter of concern relating to business ethics at an appropriate level. The Institute's Royal Charter sets out a disciplinary procedure which enables the CIPS Council to investigate complaints against any of our members and, if it is found that they have breached the code, to take appropriate action. Advice on any aspect of the code is available from the CIPS.

This code was approved by the CIPS Council on 11th March 2009.

As a member of The Chartered Institute of Purchasing & Supply, I will:

- maintain the highest standard of integrity in all my business relationships;
- reject any business practice which might reasonably be deemed improper;
- never use my authority or position for my own personal gain;
- enhance the proficiency and stature of the profession by acquiring and applying knowledge in the most appropriate way
- foster the highest standards of professional competence amongst those of whom I am responsible;
- optimise the use of resources which I have influence over for the benefit of my
- organisation; and
- comply with both the letter and the intent of:
    - the law of countries in which I practise
    - agreed contractual obligations; and
    - CIPS guidance on professional practice.

(ii) NHS England 2016/17 Contract – General Condition 27 'Conflict of Interest'

GC27 Conflicts of Interest and Transparency on Gifts and Hospitality
27.1 If a Party becomes aware of any actual or potential conflict of interest which is likely to affect another Party's decision (that Party acting reasonably) whether or not to contract or continue to contract substantially on the terms of this Contract, the Party aware of the conflict must immediately declare it to the other. The other Party may then, without affecting any other right it may have under Law, take whatever action under this Contract as it deems necessary.

27.2 The Provider (LTHT) must ensure that, in delivering the Services, all Staff comply with Law, Guidance and Good Practice in relation to gifts, hospitality and other inducements and actual or potential conflicts of interest.

27.3 The Provider (LTHT) must ensure that all Staff promptly disclose to the Provider full and accurate details of:
27.3.1 all gifts, hospitality or other inducements received by or offered to them by or on behalf of any manufacturer, distributor or vendor of pharmaceuticals, medical devices, consumables or equipment of a type which is or could be used in the delivery of the Services; and
27.3.2 any other actual or potential conflicts of interest on their part in relation to the delivery of the Services. The Provider must maintain and publish on its website an up-to-date register containing full and accurate details of all such gifts, hospitality, inducements and actual or potential conflicts of interest.

Appendix D - Personal Relationships at Work

For the purposes of this policy a personal relationship is one between employees who work together and who are married/civil partners, co-habiting, dating, immediate family members or any other individuals regarded as having a familial or Personal Relationship.

The Trust recognises that employees who work together may form personal friendships and, in some cases, Personal Relationships. Whilst it does not wish to interfere with these Personal Relationships, and it will presume that the relationship will not affect employees, it is necessary for the Trust to ensure that all employees behave in an appropriate and professional manner at work.

Personal Relationships at work may unintentionally impair operational efficiency or affect the integrity of service delivery. Examples of potential areas of concern are:

- Involvement with recruitment, selection, discipline, grievance.
- Inflexibility, for example with regards to annual leave, duties, location etc.
- Difficulties in team building, other staff may fear favouritism.
- Can affect the working environment, cause discomfort or affect public or staff perception of fairness, impartiality or objectivity.
- Failure to adhere to, impose or report breaches of obligations under the Standards of Business Conduct for NHS Staff.

The principles in this policy have been devised to safeguard the objectivity and fairness of employees where they are in a personal relationship with a junior/senior. It also seeks to prevent the perception of bias/favouritism, whether mistaken or correct.

The policy will apply to all employees regardless of their job or level of seniority.

As a matter of policy:

- Recruiting managers should seek to avoid recruiting new staff or existing staff into a post where the individual has a personal relationship with a line manager or direct subordinate in the same department.

- It is not appropriate for any employee to sit on an interview panel or take any part in a recruitment selection process in circumstances where they are in a Personal Relationship with one of the candidates.
- Any employee who embarks on a Personal Relationship with a colleague working in the same department must declare the relationship to his/her manager immediately if they are in a position of influence or are the manager of the person with whom they are having a relationship. If the relationship is between a manager/supervisor and an employee whom he/she supervises, the relationship should be declared to a senior manager. The information declared will be recorded on the personal files of both employees and treated in strict confidence.
- In order to avoid a situation in which an employee has managerial authority over another with whom he/she is having a Personal Relationship, the Trust may elect to transfer one or both of the employees involved in the relationship to a job in other departments or divisions. In these circumstances, the Trust will consult both of the employees and seek to reach a satisfactory agreement regarding the transfer of one or both of them
- In such a situation if it is not possible to transfer at least one of the employees (for example if no suitable vacancies exist, or if an employee refuses to transfer), the Trust reserves the right to require alternative arrangements to be put in place in relation to appraisals, recruitment, discipline and decisions which relate to pay.
- Similar principles apply to an employee who begins a Personal Relationship with a contractor or supplier. If the employee's job allows him/her authority over the contractor or supplier (for example if the employee has the authority to decide to whom to award contracts), the relationship must be declared to the employee's manager immediately. In these circumstances, the Trust reserves the right to transfer the employee following consultation with him/her.
- Any employee who is involved in a Personal Relationship with a colleague, contractor, client, customer or supplier must not allow their relationship to influence his/her conduct whilst at work. Intimate behaviour during work time, for example kissing or other displays of affection, is expressly prohibited. This rule applies during all working time, irrespective of location.
- Where the Trust acquires evidence that a relationship between employees is having a negative effect either in the workplace amongst staff or third parties it reserves the right to take appropriate action to resolve the situation. In situations where employees are unwilling to agree to alternative arrangements such as a transfer or change in reporting line the Trust may consider terminating one or both employees' contracts of employment.
- If employees are found not to have complied with the terms of this policy the Trust reserves the right to take action pursuant to its disciplinary policy.

Appendix E - Code of Conduct

Staff and independent contractors working in the NHS should adhere to the following:

- Act impartially in all their work;
- Refuse gifts, benefits, hospitality or sponsorship of any kind which might reasonably be seen to compromise their personal judgement or integrity, and to avoid seeking to exert influence to obtain preferential consideration. All such gifts should be returned and hospitality refused;
- Declare and register gifts, benefits, or sponsorship of any kind, in accordance with time limits agreed locally, (provided that they are worth at least £25), whether refused or accepted. In addition gifts should be declared if several small gifts worth a total of over £100 are received from the same or closely related source in a 12 month period.
- Declare and record financial or personal interest (e.g. company shares, research grant) in any organisation with which they have to deal, and be prepared to withdraw from those dealings if required, thereby ensuring that their professional judgement is not influenced by such considerations;
- Make it a matter of policy that offers of sponsorship that could possibly breach the Code be reported to the Board through their line manager;
- Not misuse their official position or information acquired in the course of their official duties, to further their private interests or those of others;
- Ensure professional registration (if applicable) and/or status are not used in the promotion of commercial products or services;
- Beware of bias generated through sponsorship, where this might impinge on professional judgement and impartiality;
- Neither agree to practise under any conditions which compromise professional independence or judgement, nor impose such conditions on other professionals.

Appendix F - Guidance on the Management of Private Practice and Fee-Paying Services within LTHT

Introduction

The code of practice that applies to all consultants, governing the performance of private practice and fee-paying services was introduced in 2003 and updated in January 2004. There are also certain new contractual requirements relating to these aspects of consultant practice that definitely apply to those consultants who took up the new contract, and which may also apply to those consultants remaining on the old contract. To reiterate, the Code of Private Practice applies to all Consultants.

The Trust's approach to private practice within Trust premises and within time that is being paid for the NHS based on these requirements, in order to clarify how consultants should undertake their practice in these areas in future. This is aimed at helping consultants to avoid working in any way that could leave them open to criticism or accusations which can range from minor infringement of the code to fraud. It should be noted that this aspect of consultant practice is likely to be increasingly subject to NHS and external audit scrutiny.

Guidance and all nationally agreed documents take precedence. This guidance has been produced in conjunction with the LNC and a sub-committee of the JCNC [6]will continue to meet as the "Private Practice Committee" to address specific issues relating to the application of this guidance within the Trust. The group will discuss such specific issues as anonymised examples and will continue to produce policy direction and principles to address issues that may be raised by individuals or groups.

[6] JCNC - The Joint Consultative and Negotiating Committee. This is the forum for the Local Negotiating Committee (which is a sub-committee of the Senior Hospital Medical Staff Committee) to meet with representatives from Trust Management to discuss and agree terms and conditions for Medical Staff.