

MANAGING CONFLICTS OF INTEREST IN THE NHS: NEW RULES 1.6.17

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Trust Board paper S

Executive Summary

Context

New rules come into force on 1 June 2017 for managing conflicts of interests in the NHS. The new rules have been formulated by a task and finish group established by NHS England in collaboration with other national bodies and agencies, and have been informed by the results of public consultation.

The aim of the proposals developed by that task and finish group was to strengthen public confidence and ensure that the NHS could:

- actively manage conflicts of interest and associated issues of gifts, hospitality, other payments and influence;
- provide the public with accessible information so that they could see what was happening and, where appropriate, ask questions;
- proactively support individuals to ensure that they knew what was and was not acceptable – to prevent wrongdoing from occurring, and
- take firm and decisive action when individual or organisational wrongdoing was discovered – including (where appropriate) disciplinary action, legal action and professional regulatory action.

The requirement to make appropriate declarations applies to all staff. Although the need to declare gifts, hospitality and interests is **not new**, the new rules do envisage a **much more proactive approach** (particularly for “decision-making staff” who are required to make a proactive annual return as outlined below) to declaring and publishing interests relating to a range of different issues:-

Gifts	Hospitality	Outside employment	Shareholdings and other ownership issues
Patents	Loyalty interests	donations	Sponsored events
Sponsored research	Sponsored posts	Clinical private practice	

In its guidance, NHS England set out what needs to be declared for each of these categories – that detail is replicated in the Trust’s new (draft) ‘Conflicts of Interests Policy’. That document also sets out who staff should contact to seek senior approval for declarations (in those instances where senior approval is required – again, those instances are as set out by NHS England).

Appropriate communications will take place advising staff of the system for logging declarations – this will include a desktop information notice, a news item on Insite, email communication, and cascade information via the Chief Executive’s briefings. NHS England intended to make a suite of tools and supporting materials (ie FAQs for specific staff groups) available during May 2017, but

publication of these has been delayed due to purdah. Once available, those FAQs will be incorporated into Trust communications as appropriate. Specific communications and HR action plans have been developed, and the new requirements have also been reported to the Joint Staff Consultation and Negotiation Committee and the Research and Innovation Committee.

Key points of the new requirements:-

- there is a greater emphasis on making and obtaining declarations, and therefore NHS organisations need to be better at collecting those declarations;
- a register of interests must be maintained, and interests should remain on the register for a minimum of 6 months after the interest has expired;
- **all staff** should declare any applicable interests;
- **“decision-making staff”** should have their interests published in a prominent place on the organisation’s website. The format should be accessible to the public and contain meaningful information. *The proposed definition of UHL “decision-making staff takes account of NHSE guidance on this issue. At the 23.5.17 Executive Performance Board meeting it was agreed to review further the proposed categories of “decision-making staff” listed in the draft Trust policy (with specific regard to budget-holders), and the Director of Corporate and Legal Affairs will report verbally on this matter at the 1.6.17 Trust Board accordingly;*
- the new rules also cover the issue of dealing with “breaches” (instances where interests have not been identified, declared or managed appropriately), and
- processes need to be embedded into annual ‘business-as-usual’ activity.

The Trust will use a specific self-declaration IT system to enable staff to register any interests centrally. Access will be enabled from the staff member’s UHL email address, which will be taken from ESR data. The Trust’s IM&T team and the Head of Privacy are content with this proposal, and the HR team running ESR have been closely involved in the discussions.

Questions

1. Does the Trust Board have any questions about the new NHSE requirements on managing conflicts of the interests in the NHS ?
2. Is the Trust Board content with the proposed measures to implement the new requirements, including the draft policy ?

Conclusion

The new rules require a much more proactive approach to seeking and managing declarations of interests. Implementation of the new rules will be managed by the Trust Administration team within Corporate and Legal Affairs. The Trust is in the process of reviewing relevant existing policies to ensure that they appropriately reflect the new requirements and link to the new UHL Conflicts of Interests Policy. This new Trust policy (attached) will replace the existing UHL ‘Code of Business Conduct for Staff’, and has been reviewed by the Executive Performance Board, Policy and Guideline Committee, and Audit Committee. Following Audit Committee consideration on 26.5.17 it recommended for Trust Board approval accordingly.

Input Sought

The Trust Board is invited to note the new national requirements in respect of managing conflicts of interest in the NHS due to come into force on 1 June 2017, endorse the proposed process to

implement those new requirements, and approve the draft Trust Policy on Managing Conflicts of Interests.

For Reference

Edit as appropriate:

1. The following **objectives** were considered when preparing this report:

Safe, high quality, patient centred healthcare	[Not applicable]
Effective, integrated emergency care	[Not applicable]
Consistently meeting national access standards	[Not applicable]
Integrated care in partnership with others	[Not applicable]
Enhanced delivery in research, innovation & ed'	[Not applicable]
A caring, professional, engaged workforce	[Not applicable]
Clinically sustainable services with excellent facilities	[Not applicable]
Financially sustainable NHS organisation	[Not applicable]
Enabled by excellent IM&T	[Not applicable]

2. This matter relates to the following **governance** initiatives: implementation of new rules on transparency and accountability in relation to conflicts of interests

Organisational Risk Register	Board Assurance Framework
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3. Related **Patient and Public Involvement** actions taken, or to be taken: N/A

4. Results of any **Equality Impact Assessment**, relating to this matter: N/A

5. Scheduled date for the next paper on this topic: Committee	6-monthly reports to the Audit
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6. Executive Summaries should not exceed 1 page .	[My paper does not comply]
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7. Papers should not exceed 7 pages .	[My paper does not comply]
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MANAGING CONFLICTS OF INTEREST IN THE NHS* (*including gifts and hospitality)

Approved By:	Trust Board
Date of Original Approval:	1 June 2017
Trust Reference:	Axx/2017
Version:	1
Supersedes:	Code of Business Conduct for Staff (A6/2001)
Trust Lead:	Helen Stokes – Senior Trust Administrator Steve Murray – Assistant Director CLA, Head of Legal Services
Board Director Lead:	Stephen Ward – Director of Corporate and Legal Affairs
Date of Latest Approval	-
Next Review Date:	June 2018

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REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW

New policy reflecting the new NHSE rules on conflicts of interests in the NHS as of 1.6.17 and based on the NHSE model policy template. This new policy replaces the Code of Business Conduct for Staff (A6/2001)

KEY WORDS

Declaration, declarations, register, publication, charity, donation, gifts

1 INTRODUCTION AND OVERVIEW

- 1.1 This document sets out the University Hospitals of Leicester (UHL) NHS Trust's Policy and Procedures for managing conflicts of interests in the NHS. Adhering to this policy will help to ensure that UHL uses NHS money wisely, providing best value for taxpayers and accountability to our patients for the decisions we take. This policy is based on the NHS England model policy for managing NHS conflicts of interests and reflects new rules in place as of 1 June 2017.
- 1.2 UHL and the people who work with and for us, collaborate closely with other organisations, delivering high quality care for our patients. These partnerships have many benefits and should help ensure that public money is spent efficiently and wisely. But there is a risk that conflicts of interest may arise.
- 1.3 Providing best value for taxpayers and ensuring that decisions are taken transparently and clearly, are both key principles in the NHS Constitution. We are committed to maximising our resources for the benefit of the whole community. As an organisation and as individuals, UHL has a duty to ensure that all its dealings are conducted to the highest standards of integrity and that NHS monies are used wisely so that it is using its finite resources in the best interests of patients.
- 1.4 This policy helps staff manage conflicts of interests 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

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

As a member of staff you should...	As an organisation we will...
<p>your own interests or those close to you</p> <ul style="list-style-type: none"> • 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 	<p>three years.</p> <ul style="list-style-type: none"> • Within UHL NHS Trust this responsibility sits with the Assistant Director (Head of Legal Services) and the Senior Trust Administrator • NOT avoid managing conflicts of interest. ○ NOT interpret this policy in a way which stifles collaboration and innovation with our partners

2 POLICY SCOPE

- 2.1 This policy applies to all UHL staff, as all staff are required to declare material interests covered by this policy as they arise and within a maximum of 28 days.
- 2.2 Staff deemed to be “**decision-making staff**” are also required proactively to make an annual declaration, either updating any interests they have already declared or actively registering a “nil return”. Their declarations will be published at least annually.
- 2.3 NHS England guidance in the form of FAQs for different staff groups can be accessed here: www.england.nhs.uk/ourwork/coi

3 DEFINITIONS AND ABBREVIATIONS

3.1 conflict of interest:

“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.

3.2 “decision-making staff”

Some staff are more likely than others to have a decision making influence on the use of taxpayers’ money, because of the requirements of their role. For the purposes of this policy UHL classes the following as “decision-making staff”:

- Executive and Non-Executive Directors;
- all staff at Agenda for Change band 8d and above (and any staff on any other salary scales at that level and above – for the avoidance of doubt this will include eg all Consultant medical staff);
- all UHL budget holders, and
- staff involved in decision-making re: commissioning and procurement.

3.3 interests

Interests fall into the following categories:

- *Financial interests:*

Where an individual may get direct financial benefit from the consequences of a decision they are involved in making.

- *Non-financial 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 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.

3.4 material interest:

NHS England February 2017 guidance defines a material interest as “*one which a reasonable person would take into account when making a decision regarding the use of taxpayers’ money because the interest has relevance to that decision*”

4 ROLES

4.1 Responsibilities within the Organisation

4.1.1 **Executive Lead** – Director of Corporate and Legal Affairs.

4.1.2 **Corporate and Legal Affairs (CLA) staff** – the Senior Trust Administrator is the operational lead for this policy. This responsibility includes providing management advice on the declaration requirements (including any requests to have part or all of the declaration redacted), reviewing (jointly with the Head of Legal Services) any

reported breaches in conjunction with HR and local senior managers and advising on any required escalation.

- 4.1.3 **Senior management staff** – for the purposes of this policy senior management staff comprise CMG Heads of Operations and Clinical Directors, Corporate/Executive Directors, the Chief Executive and the Chairman. With advice from the Senior Trust Administrator, senior management staff are responsible for reviewing and approving declarations of interests (where senior management approval is required), keeping an audit record of those decisions, deciding whether such declarations constitute a conflict of interests (and taking appropriate management action if a conflict is identified), and reviewing any reported breaches of the declaration requirements in conjunction with the Senior Trust Administrator and HR.
- 4.1.4 **HR Business Partners** – are responsible for providing any HR advice to senior managers and CLA staff on the issues covered by this policy, for being involved in reviewing reported breaches of the declaration requirements and for investigating any reported breaches which are escalated following that initial review.
- 4.1.5 **“Decision-making staff”** (see definition in section 3.2) – in addition to the declaration requirements placed on all staff, staff who are deemed to be “decision-making staff” are also required to make an annual declaration confirming whether or not they have any conflicts of interests. If they have no conflicts or interests to declare, then they must proactively register a ‘nil return’
- 4.1.6 **All staff** – are required to declare material interests as they arise and within a maximum of 28 days, and to inform their line manager of any such material interests.
- 4.1.7 **Audit Committee** – receives 6-monthly reports on compliance with the policy and the outcome of any reported breaches.

5. POLICY IMPLEMENTATION AND ASSOCIATED DOCUMENTS

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

- 5.1.1 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).

5.1.2 Where senior approval of declarations is required, staff must seek that senior approval **prior to** registering the declaration. The categories of declaration for which senior approval is required are covered in section 5.7 and outlined in the ‘at a glance’ guides at appendix 1 of this policy. The varying levels of senior approval required are listed below:-

Staff making a declaration	Where it is required, ‘senior approval’ will be provided by
Clinical staff	Staff member’s CMG Head of Operations or Clinical Director
Corporate staff	Staff member’s Corporate or Executive Director
Heads of Operations	Chief Operating Officer
Clinical Directors	Chief Operating Officer
Executive Directors	Chief Executive
Chief Executive and Non-Executive Directors	Trust Chairman
Trust Chairman	NHS Improvement

The reporting routes above also apply to instances where management action is required because a conflict of interests has been identified (see section 5.6.1).

5.1.3 Staff can make a declaration by accessing the electronic MES Declare system at xxxx (*hyperlink to be inserted here*).

In line with national guidance, declarations will ensure that – as a minimum – the following information is captured:

- the returnee’s name and their role with the organisation
- a description of the interest declared (reflecting the content of Section 5 of the NHSE guidance for common situations)
- relevant dates relating to the interest
- space for comments (e.g. action taken to mitigate conflict)

5.1.4 In line with national requirements, the system used by the Trust will enable members of the public to view the declarations made by “decision-making staff”. The publicly-accessible register will be accessed through the Trust’s external website.

5.1.5 Declarations will remain on the public register for at least 6 months after their expiry. A historic record will be retained by Trust Administration for the required 6-year period (as a minimum).

5.2 **Proactive review of interests**

5.2.1 As per section 2.2 above, Trust Administration will prompt decision-making staff annually to review declarations they have made and (as appropriate) update them or make a “nil return”.

5.3 **Maintenance**

5.3.1 UHL will maintain a single register of interests which will be publicly available via the Trust’s external website. Staff will make their own declarations on the system, which will be managed by the Senior Trust Administrator.

5.4 **Publication**

- 5.4.1 It is recognised that in some cases it might not be appropriate to publish information about the interests of some “decision-making staff”, or some of their identifying information might need to be redacted. If “decision-making staff” have substantial grounds for believing that publication of their interests should not take place then they should contact the Senior Trust Administrator (0116 258 8590) to explain why. In exceptional circumstances, for instance where publication of information might put a member of staff at risk of harm, information may be withheld or redacted on public registers. However, this would be the exception and information will not be withheld or redacted merely because of a personal preference. The decision will also be appropriate informed by input from local senior managers.

5.5 **Wider transparency initiatives**

- 5.5.1 UHL fully supports wider transparency initiatives in healthcare, and encourages staff to engage actively with these.

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

- speaking at and chairing meetings
- training services
- advisory board meetings
- fees and expenses paid to healthcare professionals
- sponsorship of attendance at meetings, which includes registration fees and the costs of accommodation and travel, both inside and outside the UK
- donations, grants and benefits in kind provided to healthcare organisations

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

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

5.6 **Management of interests – general**

- 5.6.1 ***Management action:*** 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 and a conflict is identified, 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 UHL will always clarify the circumstances and issues with the individuals involved. Senior staff reviewing the declarations should maintain a written audit trail of information considered and actions taken, using a standard template available from Trust Administration.

5.7 **Management of interests – common situations**^{***}

***** ‘At a glance’ guides on what should be declared for each category of interest, and what other considerations need to be taken into account, are detailed in appendix 1 *****

5.7.1 **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, other than low cost branded promotional aids such as pens or post-it notes which may be accepted where they are under the value of £6¹ in total, and **need not be** declared.

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

- Gifts of cash and vouchers to individuals should always be declined.
- Staff should not ask for any gifts.
- Gifts valued at over £50 should be treated with caution and not be accepted in a personal capacity. They should only be accepted on behalf of the ward/CMG and be paid into the appropriate ward/CMG charitable fund, where it can only be used for the benefit of that ward/CMG. These should be declared by staff.
- Modest gifts accepted under a value of £50 **do not need** to be declared. A common sense approach should be applied to the valuing of gifts (using an actual amount, if known, or an estimate that a reasonable person would make as to its value).
- 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 information 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).

¹The £6 value has been selected with reference to existing industry guidance issued by the ABPI:
<http://www.pmcpa.org.uk/thecode/Pages/default.aspx>

5.7.2 **Hospitality**

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

Meals and refreshments (per person):

- Under a value of £25 - may be accepted and **need not be** declared.
- Of a value between £25 and £75² - may be accepted and **must** be declared.
- Over a value of £75 - should be refused unless (in exceptional circumstances) senior approval is given by appropriate approver as per section 5.1.2. 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. See section 5.1.2 for the appropriate approver. 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 information 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).

5.7.3 **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 by appropriate senior management staff as per sections 5.1.2 and 5.6.1, 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.

²The £75 value has been selected with reference to existing industry guidance issued by the ABPI
<http://www.pmcpa.org.uk/thecode/Pages/default.aspx>

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 information 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).

5.7.4 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 by appropriate senior management staff as per sections 5.1.2 and 5.6.1, 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 information 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).

5.7.5 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 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 by appropriate senior management staff as per sections 5.1.2 and 5.6.1, and applied to mitigate risks.

What information should be declared

- Staff name and their role with the organisation.
- A description of the patent.
- Relevant dates.

- Other relevant information (e.g. action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy)

5.7.6 **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.
- 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 information 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).

5.7.7 **Donations**

- Further advice is available within the Fundraising on UHL Sites Policy (Trust ref: B32/2016) or from the Head of Fundraising (0116 258 8658).
- 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 charitable appeals teams 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.

What information should be declared

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

5.7.8 **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 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 by making the appropriate declaration on the self-declaration IT system.

What information should be declared

- The organisation will maintain records (via the self-declaration IT system) regarding sponsored events in line with the above principles and rules.

5.7.9 **Sponsored research**

- Further advice is available from the Assistant Director of Research & Innovation (0116 258 4199)
- 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 also declare involvement with sponsored research, by making the appropriate declaration via MES Declare.

What information should be declared

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

5.7.10 **Sponsored posts**

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

What information should be declared

- The organisation will retain written records of sponsorship of posts, in line with the above principles and rules.
- Using the declaration of interests system (MES Declare), 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.

5.7.11 **Clinical private practice**

Clinical staff should declare all private practice on appointment, and/or any new private practice when it arises³ 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.⁴
- 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.

³Hospital 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](https://www.bma.org.uk/-/media/files/pdfs/practical_advice_at_work/contracts/consultanttermsandconditions.pdf)

⁴These provisions already apply to Hospital Consultants by virtue of Paras.5 and 20, Sch. 9 of the Terms and Conditions – Consultants (England) 2003: [https://www.bma.org.uk/-/media/files/pdfs/practical advice at work/contracts/consultanttermsandconditions.pdf](https://www.bma.org.uk/-/media/files/pdfs/practical_advice_at_work/contracts/consultanttermsandconditions.pdf)

What information 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.
- 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).

The Trust recognises that Consultant medical staff already provide some of this information through the annual Consultant job planning system. A separate declaration of interests re: clinical private practice is nonetheless required via MES Declare to capture all of the information required by NHS England.

5.8 Management of interests – advice in specific contexts

5.8.1 Strategic decision making groups

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

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

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

- Trust Board
- Audit Committee
- Remuneration Committee
- Integrated Finance, Performance and Investment Committee
- Quality Assurance Committee
- Charitable Funds Committee
- Executive Boards (Executive Quality Board, Executive Strategy Board, Executive IM&T Board, Executive Workforce Board, Executive Performance Board)
- Revenue Investment Committee
- Capital Investment and Monitoring Committee

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.

5.8.2 **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 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.

5.9 **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'.

5.9.1 **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 the Senior Trust Administrator (0116 258 8590).

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 refer to the Trust's Whistleblowing in the NHS Policy (Public Interests Disclosure Act 1998 [Trust ref: A15/2001] or contact the appropriate CMG/Corporate Directorate HR Business Partner.

Once reported, each case will be further reviewed by the Senior Trust Administrator and the Assistant Director, Head of Legal Services with appropriate input from local managers, HR and Local Counter-Fraud Services to assess the circumstances behind the breach. Breaches may be accidental or deliberate. Following review, the Trust will decide if there has been or is potential for a breach and if so the what 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, and take appropriate action as set out in the next section.

If further more formal action is required, this will be undertaken by HR and local managers (and Local Counter-Fraud Services as appropriate) in line with the UHL

Disciplinary Policy (Trust ref: A6/2004). The actions open to the Trust to handle such breaches will depend on the nature of each instance, and the parties involved will be given the opportunity to explain and clarify any relevant circumstances.

5.9.2 ***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. Local Counter Fraud Specialists), members of the management or executive teams and organisational auditors.

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

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

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

Sanctions should not be considered until the circumstances surrounding breaches have been properly investigated. However, if such investigations establish wrongdoing 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.

5.9.3 ***Learning and transparency concerning breaches***

Reports on breaches, the impact of these, and action taken will be considered by the Executive Team and the Audit Committee on a 6-monthly basis.

To ensure that lessons are learned and management of interests can continually improve, anonymised information on breaches, the impact of these, and action taken will be prepared and published on the Trust's Freedom of Information Act publication scheme, or made available for inspection by the public upon request.

6 EDUCATION AND TRAINING REQUIREMENTS

- 6.1 Training on the administrative use of the IT system for declaring interests will be provided to Trust Administration staff by the system provider. Staff FAQs will outline how staff can populate the system when making their declarations.

7 PROCESS FOR MONITORING COMPLIANCE

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements Who or what committee will the completed report go to.
Compliance with the Conflicts of Interest Policy	Senior Trust Administrator	Interrogation of the interests entered into MES Declare system data and comparison with other relevant systems (eg Consultant job planning, R&I research sponsorship data)	6-monthly	Audit Committee
Level of reported breaches	Senior Trust Administrator	Interrogation of the MES Declare system data	6-monthly	Audit Committee

8 EQUALITY IMPACT ASSESSMENT

- 8.1 The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.
- 8.2 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

9 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES

NHS England February 2017 guidance “Managing Conflicts of Interest in the NHS
Guidance for staff and organisations”

Prevention of Bribery Policy (Trust ref: B35/2011)

Intellectual Property Policy (Trust ref: B35/2010)

Counter-Fraud and Corruption Policy (Trust ref: A1/2010)

Disciplinary Policy and Procedure (Trust ref: A6/2004)

Fundraising on UHL Sites Policy (Trust ref: B32/2016)

Standing Financial Instructions (Trust ref: A8/2001)

Standing Orders (Trust ref:A7/2001)

Policy for Managing Company Representatives (Trust ref: B40/2016)

Whistleblowing in the NHS Policy (Public Interests Disclosure Act 1998) (Trust ref: A15/2001)

Recruitment and Selection Policy (Trust ref: B43/2009)

Private Practice and Fee-Paying Services Guidance for Medical Staff (Trust ref: B12/2016)

10 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW

- 10.1 Once this Policy has been approved by the Trust Board, Trust Administration will allocate the appropriate Trust Reference number for version control purposes.
- 10.2 The updated version of the Policy will then be uploaded and available through INsite Documents and the Trust's externally-accessible Freedom of Information publication scheme. It will be archived through the Trust's PAGL system.
- 10.3 This Policy will be reviewed every three years and it is the responsibility of the Trust Lead for this Policy to commission the review

Managing Conflicts of Interest in the NHS Policy – Summary Guides

Attached are a series of guides relating to the following circumstances:

- Gifts & Hospitality;
- Shareholding & Other Ownership Issues;
- Outside Employment;
- Patents;
- Loyalty Interests;
- Donations;
- Sponsored Events;
- Sponsored Research;
- Sponsored Posts, and
- Private Clinical Practice.

Summary Guide re Gifts & Hospitality

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

Declarations – Staff must make a self-declaration by accessing the MES Declare System at (hyperlink to be inserted here).

In the event of queries, further advice can be sought from the Trust Administration Office on 0116 258 8590.

Type of Gift	Can I accept it?	Do I need to declare it?	When do I need to declare it?	What do I declare?
Gifts from Suppliers or Contractors doing business (or likely to do business with the Trust).	No except for low cost branded promotional items (e.g. pens and post-it notes) which may be accepted where they are under the value of £6 in total	Yes declare the offer and non-acceptance of the gift, except where gifts are under the value of £6 in total – these do not need to be declared	As soon as possible (and in any event within 28 days)	<ul style="list-style-type: none"> Staff name and role; a description of the gift and its value, including details of who has offered the gift; date of receipt (or offer) and any other relevant information (surrounding circumstances etc)
Gifts from other sources (e.g. patients, families, service users) specifically:				
Gifts of cash and vouchers to individuals	No but they can be donated to the ward/CMG charitable fund	Yes declare the offer and non-acceptance of the gift	As soon as possible (and in any event within 28 days).	<ul style="list-style-type: none"> Staff name and role; a description of the gift and its value, including details of who has offered the gift, and date of gift offer and any other relevant information (surrounding circumstances etc)
Gifts valued at over £50	No not in a personal capacity	Yes	As soon as possible (and in any event within 28 days)	As above
	Yes if on behalf of the ward/CMG and paid into the appropriate charitable fund			
Modest gifts under a value of £50 (to the ward/CMG).	Yes	No	Not applicable	Not applicable
Note: 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 is greater than £50.				

Type of Hospitality	Can I accept it?	Do I need to declare it?	When do I need to declare it?	What do I declare?
<i>Hospitality – must only be accepted where there is a legitimate business reason and it is proportionate to the nature and purpose of the event. A common sense approach should be applied to the valuing of meals (using an actual amount, if known, or an estimate).</i>				
Hospitality offered by actual or potential suppliers or contractors.	Yes (with caution) if: - it is modest and reasonable, and - senior approval has been given	Yes	As soon as possible (and in any event within 28 days)	<ul style="list-style-type: none"> Staff name and role; nature and value of hospitality, including circumstances; date of receipt, and any other relevant information (e.g. action taken to mitigate against conflict).
Meal and refreshments under a value of £25.	Yes	No	Not applicable	Not applicable.
Meal and refreshments of a value between £25 - £75.	Yes	Yes	As soon as possible (and in any event within 28 days)	<ul style="list-style-type: none"> Staff name and role; nature and value of hospitality, including circumstances; date of receipt, and any other relevant information (e.g. action taken to mitigate against conflict).
Meal and refreshments over a value of £75	No unless (in exceptional circumstances) senior approval is given.	Yes with a clear reason recorded on the organisational register of interest as to why it was permissible to accept it OR declare the non-acceptance of the offered hospitality)	As soon as possible (and in any event within 28 days)	<ul style="list-style-type: none"> Staff name and role; nature and value of hospitality, including circumstances; date of receipt, and any other relevant information (e.g. action taken to mitigate against conflict).
Travel and accommodation:				
Modest offers to pay some or all of the travel and accommodation costs related to attendance at events.	Yes	Yes	As soon as possible (and in any event within 28 days)	<ul style="list-style-type: none"> Staff name and role; nature and value of hospitality, including circumstances; date of receipt, and any other relevant information (e.g. action taken to mitigate against conflict).
Offers which go beyond modest (or are of a type that the organisation itself might not usually offer), e.g. business or first class travel and accommodation / offers of foreign travel and accommodation).	No other than in exceptional circumstances, with the approval of senior staff.	Yes with a clear reason recorded on the organisational register of interest as to why it was permissible to accept it.	As soon as possible (and in any event within 28 days)	<ul style="list-style-type: none"> Staff name and role; nature and value of hospitality, including circumstances; date of receipt, and any other relevant information (e.g. action taken to mitigate against conflict).

Summary Guide for Declarations relating to Shareholding and Other Ownership Issues

Declarations – Staff must make a self-declaration by accessing the MES Declare System at (hyperlink to be inserted here).

In the event of queries, further advice can be sought from the Trust Administration Office on 0116 258 8590.

Nature of Declaration	Do I need to declare it?	When do I need to declare it?	What do I declare?	Other Factors to consider
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 be doing, business with UHL.	Yes	Upon appointment with UHL or when it arises.	<ul style="list-style-type: none"> • Staff name and role; • The nature of the shareholding / other ownership interest; • relevant dates, and • any other relevant information (e.g. action taken to mitigate against a conflict etc). 	<ul style="list-style-type: none"> • Where shareholdings or other ownership interests are declared and give rise to conflicts of interest, the general management actions outlined in the 'Managing Conflicts of Interest in the NHS' Policy should be considered and applied to mitigate risks.
Shares or Securities held in collective investment or pension funds or units of authorised unit trusts.	No.	Not applicable.	Not applicable.	Not applicable.

Summary Guide for Declarations relating to Outside Employment

Declarations – Staff must make a self-declaration by accessing the MES Declare System at (hyperlink to be inserted here).

In the event of queries, further advice can be sought from the Trust Administration Office on 0116 258 8590.

Nature of Declaration	Do I need to declare it?	When do I need to declare it?	What do I declare?	Points to Note
The employment of a UHL staff member outside of UHL NHS Trust.	Yes	Upon appointment with UHL or when it arises (if the outside employment takes place after appointment with UHL).	<ul style="list-style-type: none"> • Staff name and role; • The nature of the outside employment (e.g. who it is with, a description of duties, time commitment); • relevant dates, and • any other relevant information (e.g. action taken to mitigate against a conflict etc). 	<ul style="list-style-type: none"> • 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, and • Where a risk of conflict of interest arises, the general management actions outlined in the 'Managing Conflicts of Interest in the NHS' Policy should be considered and applied to mitigate risks.

Summary Guide for Declarations relating to Patents

Declarations – Staff must make a self-declaration by accessing the MES Declare System at (hyperlink to be inserted here).

In the event of queries, further advice can be sought from the Trust Administration Office on 0116 258 8590.

Nature of Declaration	Do I need to declare it?	When do I need to declare it?	What do I declare?	Points to Note
<p>Patents (i.e. the right to exclude others from making, using or selling an invention) and other intellectual property rights held (either individually or by 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.</p>	<p>Yes</p>	<p>Upon appointment with UHL or when it arises (if this takes place after appointment with UHL).</p>	<ul style="list-style-type: none"> • Staff name and role; • A description of the patent; • relevant dates, and • any other relevant information (e.g. action taken to mitigate against a conflict etc). 	<ul style="list-style-type: none"> • Staff should seek prior permission from the organisation before entering into 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, and • Where holding of patents and other intellectual property rights give rise to a conflict of interest, the general management actions outlined in the 'Managing Conflicts of Interest in the NHS' Policy should be considered and applied to mitigate risks.

Summary Guide for Declarations relating to Loyalty Interests

Declarations – Staff must make a self-declaration by accessing the MES Declare System at (hyperlink to be inserted here).

In the event of queries, further advice can be sought from the Trust Administration Office on 0116 258 8590.

Nature of Declaration	Do I need to declare it?	When do I need to declare it?	What do I declare?	Points to Note
<p>Loyalty Interests where staff are involved in decision-making where they:-</p> <ul style="list-style-type: none"> • 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 taken in their NHS role; • sit on advisory groups or other paid or unpaid decision-making forums that can influence how an organisation spends taxpayer's money, • are, or could be, involved in the recruitment or management of close family members and relatives, close friends and associates and business partners, and • 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. 	<p>Yes</p>	<p>Upon appointment with UHL or when it arises (if this takes place after appointment with UHL).</p>	<ul style="list-style-type: none"> • Staff name and role; • Nature of the loyalty interest; • relevant dates, and • any other relevant information (e.g. action taken to mitigate against a conflict etc). 	<ul style="list-style-type: none"> • Where staff have a loyalty interest, the general management actions outlined in the 'Managing Conflicts of Interest in the NHS' Policy should be considered and applied to mitigate risks.

Summary Guide re Donations

Declarations – Staff must make a self-declaration by accessing the MES Declare System at (hyperlink to be inserted here)

In the event of queries, further advice can be sought from the Trust Administration Office on 0116 258 8590.

Nature of Declaration	Can I accept it?	Do I need to declare it?	When do I need to declare it?	What do I declare?	Points to Note
<p>Donations made by suppliers or bodies seeking to do business with the organisation.</p>	<p>No, not routinely.</p> <p>In exceptional circumstances, donations may be accepted.</p> <p>Donations, when received, must be made to a specific charitable fund (never to an individual) and a receipt should be issued.</p>	<p>Yes – if declined or if accepted (with a clear reason as to why it was deemed acceptable along with the actual or estimated value).</p>	<p>As soon as possible (and in any event within 28 days).</p>	<p>The organisation will maintain records in line with the principles and rules outlined and relevant obligations under charitable law.</p>	<ul style="list-style-type: none"> • 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 organisations' own registered charity or other charitable body and is not for 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, and • 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.

Summary Guide re Sponsored Events

Declarations – The Staff Member organising the event must make a self-declaration by accessing the MES Declare System at (hyperlink to be inserted here).

In the event of queries, further advice can be sought from the Trust Administration Office on 0116 258 8590.

Nature of Declaration	Can I accept / attend it?	Do I need to declare it?	When do I need to declare it?	What do I declare?	Points to Note
<p>Staff organising an event sponsored by appropriate external bodies.</p>	<p>Yes, <u>but only if</u> a reasonable person would conclude that the event will result in clear benefit to the Trust and the NHS.</p> <p>Staff do not need to declare their attendance at these events, unless the nature of the hospitality received at the event needs to be declared under the Gifts and Hospitality requirements – please see ‘Gifts and Hospitality Summary Guide’.</p>	<p>Yes (organiser only, not attendees).</p>	<p>As soon as possible (and in any event within 28 days).</p>	<p>The organisation will maintain records in line with the principles and rules outlined and relevant obligations under charitable law.</p>	<ul style="list-style-type: none"> • 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 main purpose of the event; • The involvement of a sponsor in an event should always be clearly identified, and • 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 material relating to the event.

Summary Guide re Sponsored Research

Declarations – Staff must make a self-declaration by accessing the MES Declare System at (hyperlink to be inserted here)

In the event of queries, further advice can be sought from the Trust Administration Office on 0116 258 8590.

Nature of Declaration	Do I need to declare it?	When do I need to declare it?	What do I declare?	Points to Note
Sponsored Research	Yes – staff should declare involvement in sponsored research to the organisation.	As soon as possible (and in any event within 28 days).	<p>The organisation will retain written records of sponsorship of research in line with the principles and rules detailed in the 'Managing Conflicts of Interest in the NHS' Policy.</p> <p>Staff should declare:-</p> <ul style="list-style-type: none"> • their name and role in the organisation; • nature of their involvement in the sponsored research; • relevant dates, and • other relevant information (e.g. what, if any, benefit the sponsor derives from the sponsorship, action taken to mitigate against a conflict etc). 	<ul style="list-style-type: none"> • 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, and • The study must not constitute an inducement to prescribe, supply, administer, recommend, buy or sell any medicine, medical device, equipment or service.

Summary Guide re Sponsored Posts

Declarations – Staff must make a self-declaration by accessing the MES Declare System at (hyperlink to be inserted here)

In the event of queries, further advice can be sought from the Trust Administration Office on 0116 258 8590.

Nature of Declaration	Do I need to declare it?	When do I need to declare it?	What do I declare?	Points to Note
External sponsorship of a post (the prior approval of which is required from the Trust).	Yes	As soon as possible (and in any event within 28 days).	<p>The organisation will retain written records of sponsorship of research in line with the principles and rules detailed in the 'Managing Conflicts of Interest in the NHS' Policy.</p> <p>Staff should declare any other interests arising as a result of their association with the sponsor, in line with the content of the 'Managing Conflicts of Interest in the NHS' Policy.</p>	<ul style="list-style-type: none"> • 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.

Summary Guide re Private Clinical Practice

Declarations – Staff must make a self-declaration by accessing the MES Declare System at (hyperlink to be inserted here).

In the event of queries, further advice can be sought from the Trust Administration Office on 0116 258 8590.

Nature of Declaration	Do I need to declare it?	When do I need to declare it?	What do I declare?	Points to Note
Private practice	Yes	Upon appointment and/or any new private practice as it arises.	<ul style="list-style-type: none"> • Staff name and role; • Where you practice (name of private facility); • What you practice (specialty, major procedures); • When you practise (identified sessions / time commitment); • relevant dates, and • any other relevant information (e.g. action taken to mitigate against a conflict etc). 	<ul style="list-style-type: none"> • Clinical staff should (unless existing contractual provisions require otherwise or unless emergency treatment for private patients is needed): <ul style="list-style-type: none"> - seek the 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; - not accept direct or indirect financial incentives from private providers other than those allowed by Competition and Markets Authority guidelines, and • Hospital Consultants should not initiate discussions about providing their Private Professional Services for NHS patients, nor should they ask other staff to initiate discussions on their behalf.