

Conflicts of Interests Policy for Airedale NHS Foundation Trust

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1 Policy Summary

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

As a member of staff, you should...	As an organisation the Trust will...
- Familiarise yourself with this policy and follow it. Refer to the guidance for the rationale behind this policy NHS England » Managing conflicts of interest in the NHS - Use your common sense and judgement to consider whether the interests you have could affect the way taxpayers' money is spent. - Regularly consider what interests you have and declare these as they arise. If in doubt, declare. <u>NOT</u> misuse your position to further your own interests or those close to you. <u>NOT</u> be influenced or give the impression that you have been influenced by outside interests. <u>NOT</u> allow outside interests you hold to inappropriately affect the decisions you make when using taxpayers' money.	- Ensure the policy is clear and well communicated to help staff understand what they need to do. - Identifying a team or individual with responsibility for: - Reviewing current policies and bringing them in line with this guidance. - Providing advice, training, and support for staff on how interests should be managed. - Maintaining register(s) of interests. - Auditing policy, process and procedures relating to this guidance at least every 3 years. <u>NOT</u> avoid managing conflicts of interest. <u>NOT</u> interpret and deploy this guidance in a way that stifles the collaboration and innovation that the NHS needs.

2 Introduction

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

These partnerships 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.

Providing best value for taxpayers and ensuring that decisions are taken transparently and clearly, are both key principles in the NHS Constitution. The Trust 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.

Purpose

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

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

This policy should be considered alongside these other organisational policies:

- Bribery Corruption and Anti-Fraud Policy.
- Conduct and Capability (Medical and Dental Staff) Procedure and Policy.
- Grievance and Resolution Policy.
- Freedom to Speak Up and Whistleblowing Policy.
- Disciplinary Procedures Policy.
- Intellectual Property (IP) Policy.
- Research Governance Policy.
- Fit and Proper Person Standard Operating Procedure.
- Wellbeing at Work Policy.

4 Key terms

A 'conflict of interest' is defined as:

"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.

5 Interests

'Interests' can arise in several different contexts. A material interest is one which a reasonable person would consider when making a decision regarding the use of taxpayers' money because the interest has relevance to that decision.

A benefit may arise from the making of a gain or the avoidance of a loss. Interests fall into the following categories:

- **Financial interest** – 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 who would stand to benefit from a decision they are involved in making. These associations may arise through relationships with close family members and relatives, close friends and associates, and business partners.

A common-sense approach should be applied to these terms. It would be unrealistic to expect staff to know of all the interests that people in these classes might hold. However, if staff do know of material interests (or could be reasonably expected to know about these) then these should be declared.

Further guidance on how to interpret these categories can be found in [annex A](#).

6 Staff

Airedale NHS Foundation Trust uses the skills of many different people, all of whom are vital to our work. This includes people on differing employment terms, who for the purposes of this policy are referred to as 'staff' and are listed below:

- All salaried employees.
- All prospective employees – who are part-way through recruitment.
- Contractors, sub-contractors, and agency staff.
- Committee, sub-committee, and advisory group members (who may not be directly employed or engaged by the organisation).
- Members of the Council of Governors.

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

7 Decision Making Staff

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

The following non-exhaustive list describes who these individuals are likely to be:

- Executive and Non-Executive Directors who have decision-making roles which involve the spending of taxpayers' money (equivalent roles in different organisations carry different titles and these should be considered on a case-by-case basis).
- Members of advisory groups which contribute to direct or delegated decision-making on the commissioning or provision of taxpayer-funded services.
- Those at Agenda for Change band 8D and above (reflecting [guidance](#) issued by the Information Commissioner's Office with regard to freedom of information legislation).
- Administrative and clinical staff who have the power to enter contracts on behalf of their organisation.
- Administrative and clerical staff involved in decision-making concerning the commissioning of services, purchasing of goods, medicines, medical devices or equipment and formulary decisions.
- Members of the Council of Governors.

Identification, Declaration, and Review of Interests

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

All staff must be aware of how and to whom declarations should be made to, declaring material interests at the earliest opportunity (and in any event within 28 days) via a positive declaration to their organisation. Therefore, declarations should be made:

- On appointment with an organisation.
- When a person moves 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.

All declarations at Airedale NHS Foundation Trust are to be made via the DECLARE system which can be accessed via the Trust's Intranet, but also from anywhere via a web-based login [Airedale NHS Foundation Trust \(mydeclarations.co.uk\)](https://mydeclarations.co.uk)

All declarations made via the forms on the DECLARE system for each type of declaration is detailed within the form and staff are required to complete, as a minimum, all fields marked as compulsory.

Those staff who experience issues accessing the system should contact the Corporate Governance Team at anhsft.corporategovernance@nhs.net

The Corporate Governance Team are responsible for implementing the policy which includes:

- Ensuring staff comply with the policy and proactively declare interests at the point they become involved in decision-making.
- Provide advice, training, and support for staff on how interests should be managed.
- Consider a range of actions to appropriately manage the interests.
- Maintaining the Trust register(s) of interests.
- Maintaining a clear audit trail of actions.
- Reviewing current policies at least every three years or when new guidance requirements are published.

8.2 Proactive Review of Interests

The Trust will prompt decision making staff via the Declare system, which will increase in frequency to no less than monthly from September onwards to make or review declarations they have made and, as appropriate, update them or make a nil

return. The Corporate Governance Team will monitor compliance and will be a direct contact for individuals for any clarification needed.

Records and Publication

9.1 Maintenance

The organisation will maintain a single register of interests, incorporating gifts, hospitality, and sponsorship, which is held on the Trust Declare system (CIVICA Declare Software).

All declared interests that are material will be promptly transferred to the register and maintained by the Corporate Governance Team

anhsft.corporategovernance@nhs.net.

After any declaration has expired, this will remain as an interest on register(s) for a minimum of 6 months and a private record of historic interests will be retained for a minimum of 6 years.

9.2 Publication

All organisations are required to public the interests of decision-making staff at least annually on their website.

The Trust will:

- Publish the interests declared by decision making staff within the Declare system.
- Refresh this information at least annually.
- Make this information available via the Declare system: [Airedale NHS Foundation Trust \(mydeclarations.co.uk\)](https://mydeclarations.co.uk)

If decision making staff have substantial grounds for believing that publication of their interests should not take place, then they should contact the Corporate Governance Team at anhsft.corporategovernance@nhs.net. 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.

9.3 Wider Transparency Initiatives

Airedale NHS Foundation Trust fully supports wider transparency initiatives in healthcare and encourages staff to engage actively with these.

Staff who are subject to wider transparency initiatives 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:

[Association of the British Pharmaceutical Industry \(ABPI\) Disclosure UK scheme.](#)

10 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 an individual from their role altogether if the conflict is so significant that they are unable to operate effectively in the role.

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

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

In the case of any possible disputes about the most appropriate management actions taken relating to interests, the Corporate Governance Team should be contacted in the first instance.

Management of Interests – Common Situations

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

11.1 Gifts

Staff in the NHS offer support during significant events in people's lives. For this work they may sometimes receive gifts as a legitimate expression of gratitude. Whilst the Trust is proud that its services are so valued, situations where the acceptance of gifts could give rise to conflicts of interest should be avoided. Staff

and organisations should be mindful that even gifts of a small value may give rise to perceptions of impropriety and might influence behaviour if not handled in an appropriate way.

A gift means any item of cash or goods, or any service, which is provided for personal benefit, free of charge, or at less than its commercial value.

- 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 an organisation should be declined, whatever their value.
- Subject to this, low-cost branded promotional aids may be accepted where they are under the value of a common industry standard of £6 in total and need not be declared. The £6 value has been selected with reference to the Association of the British Pharmaceutical Industry's (ABPI) [Code of practice for the pharmaceutical industry 2021](#).

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

- Gifts of cash and vouchers should always be declined.
- Staff should not ask for any gifts, regardless of value.
- Gifts valued at over £50 should be treated with caution and only be accepted on behalf of an organisation (ie to an organisation's charitable funds), not in a personal capacity. Staff should declare such gifts and provide a clear reason as to why it was considered permissible to accept the gift, alongside the actual or estimated value.
- Modest gifts 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.

11.1.1 What should be declared

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

11.2 Hospitality

Delivery of services across the NHS relies on working with a wide range of partners (including industry and academia) in different places and, sometimes, outside of 'traditional' working hours. As a result, staff will sometimes appropriately receive

hospitality. Staff receiving hospitality should always be prepared to justify why it has been accepted and be mindful that even hospitality of a small value may give rise to perceptions of impropriety and might influence behaviour.

Hospitality means offers of meals, refreshments, travel, accommodation, and other expenses in relation to attendance at meetings, conferences, education, and training events, etc.

- 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.
- Caution should be exercised when hospitality is offered by actual or potential suppliers or contractors. These can be accepted if modest and reasonable, but individuals should always obtain senior approval and declare these.

Meals and refreshments:

- Under a value of £25 – may be accepted and need not be declared.
- A value between £25 and £75 – may be accepted and must be declared. The £75 value has been selected with reference to existing industry [guidance](#) issued by the ABPI.
- Over a value of £75 – should be refused unless (in exceptional circumstances) senior approval is given. A clear reason should be recorded on an 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 an estimate that a reasonable person would make as to its value).

Travel and accommodation:

- Modest offers to pay some or all 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:
 - o offers of business class or first-class travel and accommodation (including domestic travel).
 - o offers of foreign travel and accommodation.

11.2.1 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).

11.3 Outside Employment

The NHS relies on staff with good skills, broad knowledge, and diverse experience. Many staff bring expertise from sectors outside the NHS, such as industry, business, education, government and beyond. The involvement of staff in these outside roles alongside their NHS role can therefore be of benefit, but the existence of these should be well known so that conflicts can be either managed or avoided.

Outside employment means employment and other engagements, outside of formal employment arrangements. This can include directorships, non-executive roles, self-employment, consultancy work, charitable trustee roles, political roles, and roles within not-for-profit organisations, paid advisory positions and paid honorariums which relate to bodies likely to do business with an organisation. (Clinical private practice is considered in a separate section).

- 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.
- Organisation may 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. Nothing in this policy prevents such enquiries being made.

11.3.1 What should be declared

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

11.4 Shareholdings and Other Ownership Issues

Holding shares or other ownership interests can be a common way for staff to invest their personal time and money to seek a return on investment. However, conflicts of interest can arise when staff personally benefit from this investment because of their role with an organisation. For instance, if they are involved in their organisation's procurement of products or services which are offered by a company, they have shares in then this could give rise to a conflict of interest. In these cases, the existence of such interests should be well known so that they can be effectively managed.

- 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 their organisation.

- There is no need to declare shares or securities held in collective investment or pension funds or units of authorised unit trusts.
- 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 guidance should be considered and applied to mitigate the risks.

11.4.1 What should be declared

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

11.5 Patents

The development and holding of patents and other intellectual property rights allows staff to protect something that they create, preventing unauthorised use of products or the copying of protected ideas. Staff are encouraged to be innovative in their practice and therefore this activity is welcomed.

However, conflicts of interest can arise when staff who hold patents and other intellectual property rights are involved in decision making and procurement. In addition, where product development involves use of time, equipment, or resources from their organisation, then this too could create risks of conflicts of interest, and it is important that the organisation is aware of this, and it can be managed appropriately.

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

11.5.1 What should be declared

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

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

11.6 Loyalty Interests

As part of their jobs, staff need to build strong relationships with colleagues across the NHS and in other sectors. These relationships can be hard to define as they may often fall in the category of indirect interests. They are unlikely to be directed by any formal process or managed via any contractual means – it can be as simple as having informal access to people in senior positions. However, loyalty interests can influence decision making.

Conflicts of interest can arise when decision making is influenced subjectively through association with colleagues or organisations out of loyalty to the relationship they have, rather than through an objective process. The scope of loyalty interests is potentially huge, so judgement is required for making declarations.

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 their 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 with whom close family members and relatives, close friends and associates, and business partners have decision making responsibilities.
- Where holding loyalty interests gives rise to a conflict of interest then the general management actions outlined in this guidance should be considered and applied to mitigate risks.

11.6.1 What should be declared

- Staff name and their role with the organisation.
- A description of the loyalty interest.
- 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).

11.7 Donations

A donation is a charitable financial payment, which can be in the form of direct cash payment or through the application of a will or similar directive. Charitable giving and other donations are often used to support the provision of health and care services. As a major public sector employer, the NHS holds formal and informal partnerships with national and local charities. Staff will, in their private lives, undertake voluntary work or fundraising activities for charity. A supportive environment across the NHS and charitable sector should be promoted. However, conflicts of interest can arise.

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

11.7.1 What should be declared

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

11.8 Sponsored events

Sponsorship of NHS events by external parties is valued. Offers to meet some or part of the costs of running an event secures their ability to take place, benefiting NHS staff and patients. Without this funding there may be fewer opportunities for learning, development and partnership working. However, there is potential for conflicts of interest between the organiser and the sponsor, particularly regarding the ability to market commercial products or services. As a result, there will be proper safeguards in place to prevent conflicts occurring.

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

- During dealings with sponsors there must be no breach of patient or individual confidentiality or data protection rules and legislation.
- No information should be supplied to the sponsor from which they could gain a commercial advantage, and information which is not in the public domain should not normally be supplied.
- At an 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 in the interest of transparency.
- Organisations 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 should declare involvement with arranging sponsored events to their organisation.

11.8.1 What should be declared

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

11.9 Sponsored research

Research is vital in helping the NHS to transform services and improve outcomes. Without sponsorship of research some beneficial projects might not happen. More broadly, partnerships between the NHS and external bodies on research are important for driving innovation and sharing best practice. However, there is potential for conflicts of interest to occur, particularly when research funding by external bodies does or could lead to a real or perceived commercial advantage. There needs to be transparency and any conflicts of interest should be well managed.

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

11.9.1 What should be declared

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

- Staff should declare:
 - Their name and their role with the organisation.
 - A description of their involvement in the sponsored research.
 - Relevant dates.
 - Other relevant information (e.g. what, if any, benefit the sponsor derives from the sponsorship, action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

11.10 Sponsored Posts

Sponsored posts are positions with an organisation that are funded, in whole or in part, by organisations external to the NHS. Sponsored posts can offer benefits to the delivery of care, providing expertise, extra capacity and capability that might not otherwise exist if funding was required to be used from the NHS budget. However, safeguards are required to ensure that the deployment of sponsored posts does not cause a conflict of interest between the aims of the sponsor and the aims of the organisation, particularly in relation to procurement.

- Staff who are establishing the external sponsorship of a post should seek formal prior approval from their organisation.
- Rolling sponsorship of posts should be avoided unless appropriate checkpoints are put in place to review and confirm the appropriateness of arrangements continuing.
- 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. For the duration of the sponsorship, auditing arrangements should be established to ensure this is the case. Written agreements should detail the circumstances under which organisations can exit sponsorship arrangements if conflicts of interest which cannot be managed arise.
- Sponsored post holders must not promote or favour the sponsor's specific products, and information about alternative products and suppliers should be provided.
- Sponsors should not have any undue influence over the duties of the post or have any preferential access to services, materials or intellectual property relating to or developed in connection with the sponsored posts.

11.10.1 What should be declared

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

11.11 Clinical private practice

Service delivery in the NHS is done by a mix of public, private and not-for-profit organisations. The expertise of clinicians in the NHS is in high demand across all sectors and the NHS relies on the flexibility that the public, private and not-for-profit sectors can provide. It is therefore not uncommon for clinical staff to provide NHS funded care and undertake private practice work either for an external company, or through a corporate vehicle established by themselves.

Existing provisions in contractual arrangements make allowances for this to happen and professional conduct rules apply. However, these arrangements do create the possibility for conflicts of interest arising. Therefore, these provisions are designed to ensure the existence of private practice is known so that potential conflicts of interest can be managed. These provisions around declarations of activities are equivalent to what is asked of all staff in the section on [outside employment](#).

Clinical staff should declare all private practice on appointment, and/or any new private practice when it arises¹ including:

- Where they practise (name of private facility.)
- What they practise (specialty, major procedures).
- When they practise (identified sessions/time commitment).
- Hospital consultants are already required to provide their employer with this information by virtue of paragraph 3, schedule. 9 of [Terms and conditions – consultants \(England\)](#)

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 (these provisions already apply to hospital consultants by virtue of paragraphs 5 and 20, schedule 9 of the [Terms and conditions – consultants \(England\)](#)).
- Not accept direct or indirect financial incentives from private providers.

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 (these provisions already apply to hospital consultants by virtue of paragraphs 5 and 20, schedule 9 of the [Terms and conditions – consultants \(England\)](#)).

Where clinical private practice gives rise to a conflict of interest then the general management actions outlined in this guidance should be considered and applied to mitigate risks.

¹ 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](https://www.bma.org.uk/-/media/files/pdfs/practical%20advice%20at%20work/contracts/consultanttermsandconditions.pdf)

11.11.1 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.
- Any other relevant information (e.g. action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

Management of Interests – Advice in Specific Contexts

12.1 Strategic decision making groups

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

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

These are referred to in this guidance as **‘strategic decision-making groups’**.

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 Board of Directors, Finance, Performance and Digital Committee, Securing the Future Committee, Quality and Safety Committee, People Committee, Executive Directors’ Group, Capital Investment Group, Securing the Future Programme Board, AGH Solutions Board of Directors.

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.
- Terms of reference for such groups should refer to the organisation’s policy and procedures for managing conflicts of interest and should set out any specific requirements which apply to the group.

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. The composition of groups should be kept under review to ensure effective participation.

12.2 Procurement

Procurement should be managed in an open and transparent manner, compliant with procurement and other relevant law. Procurement processes should be conducted in a manner that does not constitute anti-competitive behaviour - which is against the interest of patients and the public.

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

The provider selection regime (PSR) came into force on 1 January 2024. The PSR is a set of rules for procuring health services which are designed to be a more flexible and proportionate decision-making process for selecting providers to deliver healthcare services.

As a Trust we need to comply with the PSR when arranging for the provision of “relevant health care services,” either on their own or as part of a “mixed procurement”.

As a Trust we need to take appropriate measures to effectively prevent, identify and remedy conflicts of interest arising in the conduct of procurement processes under The Health Care Services (Provider Selection Regime) Regulations 2023 ('PSR Regulations'). The definition of conflicts of interest for the purposes of the PSR is set out in regulation 21(2)(a) of the PSR Regulations. Integrated care board (ICBs) should note the specific carve-out from this definition in regulation 21(3) relating to ICB board members. Further information about the PSR, including about the management of conflicts of interest, can be found within [the PSR statutory guidance](#).

As a Trust we need to comply with the rules on public procurement set out in the Public Contracts Regulations 2015 ('PCR') when arranging for the provision of

goods and services that are not “relevant health care services”, unless they form part of a “mixed procurement,” which meets the test for the application of the PSR.

The Procurement Act 2023 (‘Procurement Act’) is expected to come into force later in 2024, at which point it will replace the PCR. Organisations will need to take all reasonable steps to identify, and keep under review, in relation to any procurement under the Procurement Act any conflicts of interest or potential conflicts of interest. “**Conflict of interest**” is defined for the purposes of the Procurement Act in Section 81. The Procurement Act will impose new duties on organisations with regards to the assessment and management of conflicts of interest^[5]. For the avoidance of doubt, nothing in this section or this guidance waives or modifies any existing legal requirements relating to conflicts of interest and procurement decisions.

If you are unsure of the process or require further advice, you should contact the Corporate Governance Team. anhsft.corporategovernance@nhs.net.

The Trust procurement operates through fully transparent processes and procedures for all contracting, tendering and quotations which are supported and underpinned by the following:

- Internal procurement operational policies and procedures.
- Full compliance with the Trust’s Standing Orders, Standing Financial Instructions and Scheme of Delegation.

13 Dealing with Breaches

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

13.1 Identifying and Reporting Breaches

Staff who are aware of actual breaches of this policy, or who are concerned that there has been, or may be, a breach, should report these concerns to the Corporate Governance Team (anhsft.corporategovernance@nhs.net), or directly to Audit Yorkshire Local Counter Fraud Specialist at lee.swift1@nhs.net.

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 through the Freedom to Speak Up and Whistleblowing Policy.

The Trust 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 Trust will:

- Decide if there has been or is potential for an actual breach and the severity.
- 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 of the breach.
- Take appropriate action, such as clarifying existing policy, acting against the staff member(s) responsible for the breach, or escalating to external parties such as auditors, the NHS Counter Fraud Authority, the Police, statutory health bodies and/or regulatory bodies.

13.2 Taking action in Response to Breaches

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

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

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

When dealing with instances of breach, the Trust may want to take legal or other appropriate advice prior to imposing sanctions which could have serious consequences for those involved. A range of responses should be considered in terms of proportionate sanctions for breaches, including:

- employment law action
- reporting incidents to external bodies
- contractual or legal consequences

Further information on the consequences of breaches and the range of potential sanctions is at [annex B](#).

13.3 Learning and transparency concerning breaches

Reports on breaches, the impact of these, and action taken will be considered by the Audit and Risk Committee at least on an annual basis.

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 made available for inspection by the public upon request.

14 Review

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

15 Associated Documentation

Freedom of Information Act 2000 [Freedom of Information Act 2000](#)

ABPI: The Code of Practice for the Pharmaceutical Industry (2014)
<https://www.abpi.org.uk/publications/code-of-practice-for-the-pharmaceutical-industry-2014/>

ABHI Code of Business Practice <https://www.abhi.org.uk/membership/code-of-ethical-business-practice/>

NHS Code of Conduct and Accountability (July 2004) Counter

Counter Fraud, Bribery and Corruption Policy

16 Equality Impact Assessment

Department/ Function:	Corporate Governance		
Completed by:	Interim Head of Corporate Governance		
Assessment Completion Date:	23/01/2026		
Which groups have you consulted with?	Patients/ Relatives/ Public	N	Please give details here: <i>(ie, what information have you considered as part of the EIA process?)</i> The Conflicts of Interest Policy describes the Trust's approach to managing actual and potential conflicts of interests. The Trust has a duty to ensure that all our dealings are conducted to the highest standards of integrity and that NHS monies are used wisely so finite resources are used in the best interests of patients and the wider public. The purpose of this policy is to provide consistent principles and rules, provide simple advice about what to do in common situations and support good judgement about how to approach and manage interests. The Policy is derived from NHSE national guidance 'Managing Conflicts of Interests in the NHS', that came in to force on 1 June 2017. The policy has been reviewed and approved by the Executive Directors Group and ratified by Policy Ratification Group.
	Departmental Colleagues	Y	
	Staff side colleagues	N	
	Staff Networks	N	
	Other (inc external organisations)	Y	
1) What is the impact on the following equality groups?			
Positive: • Advance Equality of opportunity • Foster good relations between different groups • Address explicit needs of Equality target groups	Negative: • Unlawful discrimination, harassment and victimisation • Failure to address explicit needs of Equality target groups	Neutral: • It is quite acceptable for the assessment to come out as Neutral Impact. • Be sure you can justify this decision with clear reasons and evidence if you are challenged	

Equality Groups	Neutral	Policy applies to all equality groups
Race (all ethnic groups)	Neutral	Policy applies to all races.
Disability	Neutral	Policy applies to all disabilities
Sex	Neutral	Policy applies to all sexes
Gender Reassignment	Neutral	Policy applies to all genders
Religion or belief	Neutral	Policy applies to all religions
Sexual Orientation	Neutral	Policy applies to all sexual orientations
Age	Neutral	Policy applies to all ages
Marriage and Civil Partnership	Neutral	Policy applies to all relationship scenarios
Pregnancy and Maternity	Neutral	Policy applies to all staff
Carers	Neutral	Policy applies to all staff

If your assessment identifies a negative impact on equality groups you must develop an action plan to avoid discrimination and ensure opportunities for promoting equality, diversity and inclusion are maximised. This should include where it has been identified that further work will be undertaken to further explore the impact on equality groups. This plan should be reviewed annually.