



# Conflicts of Interest Policy

V1.2 6 May 2025

## Version control

|                      |  |
|----------------------|--|
| Policy Title         | Conflicts of Interest Policy   |
| Version number       | 1.2  |
| Reference            | CORP002  |
| Category             | Corporate  |
| Target Audience      | Decision-making staff and all staff  |
| Approved by (Step 1) | Director of Corporate Governance   |
| Ratified by (Step 2) | Audit and Risk Committee   |
| Executive Director   | Director of Corporate Governance   |
| Date Ratified        | 6 May 2025   |
| Date of Next Review  | May 2028   |
| Policy Author        | Assistant Director of Corporate Governance   |
| Email contact        | <a href="mailto:nlft.Trust.Secretary@nhs.net">nlft.Trust.Secretary@nhs.net</a>   |
| Reviewed by          | Director of Corporate Governance, Assistant Director of Corporate Governance and LCFS – 20 March 2025<br>Partnership Executive Team – 5 July 2023<br>BEH Monthly Policy Review Group - 4 July 2023<br>Finance, LCFS, Procurement, HR – June/July 2023<br>BEH – 20 September 2021<br>C&I – October 2019 |
| Key words            | Conflicts, declarations, decision makers, interests, gifts, hospitality, outside employment, shareholdings, patents, loyalty, sponsored event, sponsored research, sponsored post, clinical private practice   |

## Key changes to policy document

| Version | Date            | Summary of key changes  |
|---------|-----------------|---|
| 1.2     | 23 April 2025   | Reviewed against updated guidance from September 2024 <a href="#">NHS England » Managing conflicts of interest in the NHS</a> (previously 2017)<br>Updated to NLFT from Partnership and updated renewal date.<br>Reviewed by Director of Corporate Governance and LCFS.   |
| 1.1     | 29 January 2024 | Minor edits prior to launch of CIVICA Declare system: <ul style="list-style-type: none"> <li>To adopt Partnership policy template in some areas: 'policy on a page', version control, numbering and statement on front page</li> <li>To revise the references to registers to reflect the use of CIVICA Declare</li> <li>To correct an error on hospitality (to be declared £25 to £75 rather than £50 to £75)</li> <li>To update references to Corporate Governance team rather than Partnership Secretariat team and remove candi emails</li> </ul> |
| 1.0     | July 2024       | To revise the BEH Standards of Business Conduct Policy and C&I COR 44 Gifts, Hospitality and Interests Policy with a Partnership policy based on  |

|  |  |   |
|--|--|---|
|  |  | the NHSE model policy template and to reflect the use of CIVICA Declare to implement the policy |
|--|--|---|

## Contents

|   |    |
|---|----|
| Contents .....  | 4  |
| 1 Policy Summary .....  | 5  |
| 2 Purpose .....   | 7  |
| 2.1 Bribery Act 2010 and the Fraud Act 2006 .....                                     | 7  |
| 2.2 Organisational policies .....   | 8  |
| 3 Key terms .....   | 8  |
| 4 Staff .....   | 9  |
| 5 Decision Making Staff .....   | 10 |
| 6 Identification, declaration and review of interests .....                           | 10 |
| 6.1 Identification & declaration of interests (including gifts and hospitality) ..... | 11 |
| 6.2 Proactive review of interests .....   | 11 |
| 7 Records and publication .....   | 12 |
| 7.1 Maintenance .....   | 12 |
| 7.2 Publication .....   | 12 |
| 7.3 Wider transparency initiatives .....  | 12 |
| 8 Management of interests – general .....   | 12 |
| 9 Management of interests – common situations .....                                   | 13 |
| 9.1 Gifts .....   | 13 |
| 9.2 Hospitality .....   | 14 |
| 9.3 Shareholdings and other ownership issues .....                                    | 15 |
| 9.4 Patents .....   | 16 |
| 9.5 Loyalty interests .....   | 16 |
| 9.6 Donations .....   | 17 |
| 9.7 Sponsored events .....  | 17 |
| 9.8 Commercial sponsorship for collaborative partnerships .....                       | 18 |
| 9.9 Commercial sponsorship for attendance at courses and conferences .....            | 19 |
| 9.10 Sponsored research .....   | 19 |
| 9.11 Sponsored posts .....  | 20 |
| 9.12 Outside employment .....   | 20 |
| 9.13 Clinical private practice .....  | 21 |
| 10 Management of interests – advice in specific contexts .....                        | 22 |
| 10.1 Strategic decision making groups .....   | 22 |
| 10.2 Procurement .....  | 23 |
| 11 Dealing with breaches .....  | 25 |
| 11.1 Identifying and reporting breaches .....   | 25 |
| 11.2 Taking action in response to breaches .....                                      | 25 |
| 11.3 Learning and transparency concerning breaches .....                              | 26 |
| 11.4 Dissemination, implementation and training .....                                 | 26 |
| 12 Review .....   | 26 |
| 13 Associated external documentation .....  | 27 |

# 1 Policy Summary

Adhering to this policy will help to ensure that the North London NHS Foundation Trust (NLFT) uses NHS money wisely, provides best value for taxpayers and accountability to our patients for the decisions we take.

| As a member of staff...   | As a Trust...   |
|---|---|
| <p><b>Do:</b></p> <ul style="list-style-type: none"> <li>familiarise yourself with this guidance and your organisational policies and follow them</li> <li>use your common sense and judgement to consider whether the interests you have could affect the way taxpayers' money is spent</li> <li>regularly consider what interests you have and declare these as they arise. If in doubt, declare</li> </ul> <p><b>Don't:</b></p> <ul style="list-style-type: none"> <li>misuse your position to further your own interests or the interests of those close to you</li> <li>be influenced, or give the impression that you have been influenced, by outside interests</li> <li>allow outside interests that you hold to inappropriately affect the decisions you make about spending taxpayers' money</li> </ul> | <p><b>We will:</b></p> <ul style="list-style-type: none"> <li>ensure that we have clear and well communicated processes in place to help staff understand what you need to do</li> <li>identify the Director of Corporate Governance and their team as having responsibility for: <ul style="list-style-type: none"> <li>reviewing current policies and bringing them in line with this guidance</li> <li>providing advice, training and support for staff on how interests should be managed</li> <li>maintaining register(s) of interests</li> <li>auditing policy, process and procedures relating to this guidance at least every 3 years</li> </ul> </li> </ul> <p>Contact: <a href="mailto:nlft.Trust.Secretary@nhs.net">nlft.Trust.Secretary@nhs.net</a></p> <p><b>We will not:</b></p> <ul style="list-style-type: none"> <li>avoid managing conflicts of interest</li> <li>interpret and deploy this guidance in a way that stifles the collaboration and innovation that the NHS needs</li> </ul> |

## POLICY ON A PAGE: CONFLICTS OF INTEREST

### What does the policy cover?

- Implements NHSE [Managing Conflicts of Interest in the NHS](#) guidance 2024 to ensure staff do not misuse their position to further their interests or those close to them
- Requires all **outside employment** to be declared
- Sets out how **‘decision-making’** staff declare and manage a range of conflicts: **gifts, hospitality, shareholdings, patents, loyalty interests, donations, sponsored events/research or posts, commercial sponsorship, outside employment including clinical private practice, strategic decision-making groups and procurement**
- A conflict may be **actual** (material) or **potential** (possible in the future). It can be **financial** (eg shares or voting rights), **non-financial** (eg professional reputation) or **indirect** (eg benefits a family member)
- Declarations by decision makers are required to be made **annually** and new conflicts within **28 days**
- Conflicts must be managed appropriately (eg restricting or removing staff involvement in discussions / decisions)
- Use of [Civica Declare](#) to manage declarations
- Decision-makers include **Band 8d and above** and **budget holders**
- Active declarations by decision-makers are countersigned by line managers and **published** on our website
- Decision-makers with no declarations to make a **nil return**
- **Audit and Risk Committee** acts as **Conflicts Guardian**

### To whom does the policy apply?

- All staff. All **outside employment** must be declared.

All **‘decision-making’** staff:

- All **executive** and NEDs and **Governors**
- Members of **advisory groups** contributing to direct or delegated decision-making re-commissioning or provision of taxpayer-funded services
- **Administrative** and **clinical** staff with the power to enter into contracts on behalf of the Trust (inc Procurement, Estates & Facilities, Pharmacy)
- **Administrative** and **clinical** staff involved in decision-making re-commissioning of services, purchasing of goods, medicines, medical devices or equipment, and formulary decisions – **generally this means all budget holders**
- **All** other staff (clinical and administrative) at **Agenda for Change band 8d and above**

### Who can I contact?

- <https://nlmh.mydeclarations.co.uk/home>
- Corporate Governance team  
[nlft.Trust.Secretary@nhs.net](mailto:nlft.Trust.Secretary@nhs.net)

### What training is available?

- Materials (instructions, FAQs, and slide deck) are on the [Intranet Home | North London NHS Foundation Trust Intranet](#)

Every year the taxpayer entrusts NHS organisations with over £190 billion to care for millions of people. This money must be spent well, free from undue influence. Any potential **fraud or bribery offences** should be reported:

- LCFS -  
[sam.harding@rsmuk.com](mailto:sam.harding@rsmuk.com)
- LCFS [mark.kidd@nhs.net](mailto:mark.kidd@nhs.net) or 07528 970251
- Chief Finance & Investment Officer  
[samanthigibbens@nhs.net](mailto:samanthigibbens@nhs.net)
- NHS Counter Fraud Authority – 0800 028 4060 or [Report NHS fraud online](#)

## Introduction

North London NHS Foundation Trust (the 'Trust'), 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. We are committed to maximising our resources for the benefit of the whole community. As an organisation and as individuals, we have a duty to ensure that all our dealings are conducted to the highest standards of integrity and that NHS monies are used wisely so that we are using our finite resources in the best interests of patients.

The policy applies to all staff as defined in section 5 of this policy, as well as to Non-Executive Directors and Governors.

## 2 Purpose

This policy helps our staff manage conflicts of interest risks effectively, including gifts, hospitality and sponsorship, and it:

- sets out consistent principles and rules for managing conflicts of interest
- provides simple advice to staff about what to do in common situations
- supports good judgement about how interests should be approached and managed

### 2.1 Bribery Act 2010 and the Fraud Act 2006

This policy should be considered alongside the **Bribery Act 2010** and the **Fraud Act 2006**.

Under the **Bribery Act 2010** there are four general offences of bribery:

- Offering or giving a bribe to induce someone to behave, or to reward someone for behaving, improperly and
- Requesting or accepting a bribe either in exchange for acting improperly or where the request or acceptance itself improper
- Bribery of foreign public officials
- Failure of commercial organisations to prevent bribery

It is therefore a criminal offence to:

- Solicit any gift or benefit whatsoever from any other person as an inducement to all staff to do, or to refrain from doing, anything at all in relation to Trust business
- Accept or to solicit any gift or benefit from anyone after the event as a reward for having done, or have refrained from doing, anything at all in relation to Trust business

- Offer to give any gift or benefit to another employee of the Trust or to any employee of any other company who has or even may have a business relationship with the Trust as an inducement to do or to refrain from doing anything in relation to Trust business or as a reward after the event for having done so

The Bribery Act 2010 also places specific responsibility on organisations to have in position sufficient and adequate procedures to prevent bribery and corruption taking place, and the policy supports this requirement, as well as demonstrating openness and transparency. All staff are required to comply with this policy.

The **Fraud Act 2006** focusses on the dishonest behaviour of the suspect and their intent to make a gain or cause a loss. It contains the following offences:

- Fraud by false representation – lying about something using any means (for example by words or actions)
- Fraud by failing to disclose – not saying something when you have a legal duty to do so
- Fraud by abuse of a position of trust – abusing a position where there is an expectation to safeguard the financial interests of another person or organisation

All offences occur under the Fraud Act 2006 when the act or omission is committed dishonestly and with intent to cause gain or loss. The gain or loss does not have to succeed, so long as the intent is there.

All staff should be aware that a breach of the provisions of the Bribery Act 2010 or the Fraud Act 2006 renders them liable to prosecution and may lead to their dismissal from employment and loss of superannuation rights in the NHS. Any such cases will be referred to the Trust's Local Counter Fraud Specialist (LCFS) [mark.kidd@nhs.net](mailto:mark.kidd@nhs.net) or [sam.harding@rsmuk.com](mailto:sam.harding@rsmuk.com) for investigation in accordance with the Trust's Anti-Fraud and Bribery Policy.

## **2.2 Organisational policies**

This policy should be considered alongside other organisational policies.

- Anti-Fraud and Bribery Policy
- Disciplinary Policy and Procedure
- Procurement Policy
- Raising Concerns at Work (Whistleblowing) Policy
- Standing Financial Instructions
- Fit and Proper Person Policy

See section 14 for relevant external documentation.

## **3 Key terms**

A 'conflict of interest' is:



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

A conflict of interest may be:

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

Staff may hold interests for which they cannot see any potential conflict. However, caution is always advisable because others may see it differently. It will be important to exercise judgement and to declare such interests where there is otherwise a risk of imputation of improper conduct.

#### Types of Interests

‘Interests’ can arise in a number of different contexts. A material interest is 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.

A benefit may arise from the making of a gain or the avoidance of a loss.

- **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.

See Appendix A for further guidance on how to interpret these categories.

## 4 Staff

At NLFT we use the skills of many different people, all of whom are vital to our work. This includes people on differing employment terms, who for the purposes of this policy we refer to as 'staff' as below:

- All salaried employees – full-time, part-time and those on fixed term contracts
- Associated persons – such as secondees, those with an honorary contract and those on a zero-hours contract
- All prospective employees – who are part-way through recruitment
- Contractors and sub-contractors, such as shared services
- Agency staff
- Committee, sub-committee and advisory group members (who may not be directly employed or engaged by the Trust)
- Volunteers
- Staff of partner organisations with approved access

This policy also applies to Non-Executive Directors and Governors.

## **5 Decision Making Staff**

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

- 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)
- Governors, whose membership of the Council of Governors requires them to approve significant transactions
- 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 into 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.

Because of their influence in the spending of taxpayers' money, organisations should ensure that decision-making staff are prompted to update their declarations of interest or make a nil return, at least annually. There is a process of reminders and escalation to ensure staff compliance.

All board members and senior managers to declare conflicts of interest on appointment, at meetings and on changing role, responsibility or circumstances

## **6 Identification, declaration and review of interests**

## **6.1 Identification & declaration of interests (including gifts and hospitality)**

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

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 Trust
- 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)

Declarations of interest(s) need to be completed on Civica Declare, and need to be countersigned by your line manager.

The Director of Corporate Governance is responsible for maintaining the Register via Civica Declare, and will provide annually to Audit and Risk Committee the Register of Interests for Directors and an assurance paper on the Registers.

There may be occasions where staff declare an interest but upon closer consideration it is clear that this is not material and so does not give rise to the risk of a conflict of interest. The team or individual responsible for managing organisational policy should decide whether it is necessary to transfer such declarations to an organisation's register(s) of interests.

Further advice can be obtained from the Corporate Governance Team via [nft.Trust.Secretary@nhs.net](mailto:nft.Trust.Secretary@nhs.net)

## **6.2 Proactive review of interests**

Decision making staff will be prompted annually via Civica Declare to make or update their declaration(s), or to make a nil return. Where staff have not completed a declaration (including nil return), this will be escalated to their line manager.

The Register will be inspected by the Corporate Governance Team annually. The Trust reserves the right to investigate and/or verify any declarations or nil returns made. This can be through checking public registers or through the use of information that the Trust holds in relation to decision making staff.

After expiry, an interest will remain on the Register for a minimum of six months and a private record of historic interests will be retained for a minimum of six years.

Declarations by leavers will be removed from the live register and stored separately for a minimum of six years.

The Director of Corporate Governance will monitor compliance with the policy.

## 7 Records and publication

### 7.1 Maintenance

Corporate Governance Team will maintain the Register via Civica Declare.

### 7.2 Publication

Declarations of decision-making staff is published live on our website via Civica Declare.

If decision making staff have substantial grounds for believing that publication of their interests should not take place then they should contact the Director of Corporate Governance at [nlft.Trust.Secretary@nhs.net](mailto:nlft.Trust.Secretary@nhs.net) 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.

### 7.3 Wider transparency initiatives

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

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

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

## 8 Management of interests – general

Some common-sense management principles are adopted by the Trust which, for the purposes of this policy, are referred to as ‘**general management actions**’:

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:

- requiring staff to comply with this guidance
- requiring staff to proactively declare interests at the point they become involved in decision-making
- considering a range of actions, which may include:
  - deciding that no action is warranted

- restricting an individual's involvement in discussions and excluding them from decision-making
- removing an individual from the whole decision-making process
- removing an individual's responsibility for a whole 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
- keeping an audit trail of actions taken

Each case will be different. The Corporate Governance Team will always clarify the circumstances and issues with the individuals involved. Staff should maintain a written audit trail of information considered and actions taken. Adjudication as to whether an interest is 'material' will be determined by Audit and Risk Committee as the Trust's Conflicts of Interests Guardian.

Staff who declare material interests should make their line manager or the person(s) they are working to aware of their existence in no later than 28 days.

#### **8.1.1 What should be declared**

- Staff name and their role with the Trust
- A description of the nature and value of the interest 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)

## **9 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.

### **9.1 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. We should be proud that our services are so valued. But 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 NLFT should be declined, whatever their value

- Low cost branded promotional aids such as pens or post-it notes may, however, be accepted where they are under the value of £6<sup>1</sup> 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, regardless of value
- Gifts valued at over £50 should be treated with caution and only be accepted on behalf of the Trust (ie as charitable funds) and not in a personal capacity. 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

## 9.2 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
- Particular 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
- On occasion it might be appropriate for professional relationship reasons to accept hospitality to a purely social event. In this instance, the event should be attended in the member of staff's own time, taking annual leave as necessary. The invitation should be recorded on Civica Declare whether accepted or declined
- The Trust may provide hospitality for meetings, conferences and workshops with other organisations where there is a genuine business reason. This hospitality should be modest and appropriate to the occasion and subject to approval

Meals and refreshments:

- Under a value of £25 - may be accepted and need not be declared

---

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

- Of a value between £25 and £75<sup>2</sup> - may be accepted and must be declared
- Over a value of £75 - should be refused unless (in exceptional circumstances) senior approval is given. A clear reason should be recorded on the organisation's register 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 may be accepted and must be declared
- Offers which go beyond modest or are of a type that the organisation 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 an 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

All hospitality that is declined should be declared

The policy prohibits the offer or receipt of gifts, hospitality, payment or expenses whenever these could affect or be perceived to affect the outcome of business transactions and are not reasonable and bona fide expenditure.

All staff should be aware that gifts and hospitality can be used as a subterfuge for bribery and, if this is suspected it should be reported immediately to the Local Counter Fraud Specialist.

The Director of Corporate Governance is responsible for maintaining and publishing the register of gifts and hospitality via Civica Declare. The register is monitored for all gifts and hospitalities given, received and refused.

### **9.3 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 staff are involved in the Trust'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

---

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

- 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

## **9.4 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 Trust
- Staff should seek prior permission from the Trust 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

## **9.5 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 the Trust 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 the Trust does business with an organisation in which 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

## **9.6 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 Trust 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 Trust, 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 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
- In the event that a large donation is made which cannot be refused (such as in a will), this should be given to the Trust's registered charity or equivalent and declared accordingly

The Trust will maintain records in line with their wider obligations under charity law, in line with the above principles and rules.

## **9.7 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 should be proper safeguards in place to prevent conflicts occurring.

- Sponsorship of events by appropriate external bodies will only be approved if a reasonable person would conclude that the event will result in clear benefit to the Trust 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 Trust'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.
- The Trust 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
- Any payment received for presenting at sponsored conferences during working time should be paid directly to the Trust and not to the employee

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

### **9.8 Commercial sponsorship for collaborative partnerships**

Where collaborative partnerships involve a pharmaceutical company, staff should also be aware of the requirements of the Medicines (Advertising) Regulations Act 1994: (regulation 21 'Inducements and Hospitality').

Specific issues may arise where there are opportunities for the Trust or individual employees to enter into co-operative arrangements with pharmaceutical companies. The following guidelines should be observed:

- The activity should support the overall objectives and priorities of the Trust
- These activities should show tangible benefits to individual patient management
- The work should support the activities and decisions of the Trust
- The overall aim should be considered and take account of the need for probity and transparency
- The agreement should take account of the programme's clinical effectiveness and of the strict requirements regarding patient confidentiality

- Any benefits offered or obtained should be documented in the Register

Proposed arrangements with pharmaceutical companies must be brought to the attention of the Chief Medical Officer for review prior to agreement.

If publications are sponsored by a commercial organisation they should have no influence over the content of the publication.

- The company logo can be displayed on the publication, but no advertising or promotional information should be displayed
- The publication should contain a disclaimer which states that sponsorship of the publication does not imply that the Trust endorses any of the company's products or services

#### **10.9.1 What should be declared:**

The Trust will maintain records regarding Commercial Sponsorship for Collaborative Partnerships in line with the above principles and rules.

### **9.9 Commercial sponsorship for attendance at courses and conferences**

Acceptance by staff of commercial sponsorship for attendance at relevant conferences and courses is acceptable, but only where the employee seeks permission in advance from their Line Manager / the Medical Director, who must be satisfied that acceptance will not compromise purchasing decisions in any way, or if a presentation is being given by the Trust employee, the sponsoring company has had no influence over the presentation's content.

It is acknowledged that there is a requirement upon clinical staff in particular to engage in Continuous Professional Development, for the purposes of maintaining their re-validation.

On occasions, it may be considered necessary for staff advising on the purchase of equipment to inspect such equipment in operation in other parts of the country (or, exceptionally, overseas). The Trust will want to consider meeting the cost, so as to avoid putting in jeopardy the integrity of purchasing decisions. Staff and their managers should seek advice in advance on such matters from the Medical Director.

### **9.10 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 Trust, 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 Trust

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

### **9.11 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 the Trust
- 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 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 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

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

### **9.12 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 (at 9.13).

- All Staff should declare any existing outside employment on appointment and any new outside employment when it arises.
- Where a risk of conflict of interest arises, the general management actions outlined in this policy should be considered and applied to mitigate risks
- Where contracts of employment or terms and conditions of engagement permit, staff may be required to seek prior approval from the organisation to engage in outside employment
- The Trust may also have legitimate reasons within employment law for knowing about outside employment of staff, even when this does not give rise to a conflict. Nothing in this guidance prevents such enquiries being made.
- Where staff undertake lectures or prepare articles or other publications outside of their employment with the Trust, the question of fees, allowances or royalties may arise. If an individual has made a contribution to a lecture or publication in their own time without recourse to the Trust's resources then the retention of fees by the individual is legitimate. In such circumstances, the individual is responsible for making an appropriate declaration to HMRC
- Where a member of staff has contributed to a lecture or publication as a by-product of his/her normal working activities and/or undertaken the work during their normal working hours utilising Trust facilities, the fee would normally fall payable to the Trust
- Staff should not use letterheads or business cards using Trust addresses, telephone or email addresses, or advertise their services using these
- Appropriate liaison will be made as necessary between the Chief People Officer and the Director of Corporate Governance
- Failure to declare any outside employment will be dealt with under the Disciplinary Policy and may result in disciplinary action

### **9.13 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 arises 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.

Clinical staff should be aware of their Terms and Conditions of Service in relation to private practice, which set out the standards of best practice governing the relationship between NHS work, private practice and fee paying services.

Appropriate liaison will be made between the Chief People Officer and the Director of Corporate Governance as necessary.

## **10 Management of interests – advice in specific contexts**

### **10.1 Strategic decision making groups**

In common with other NHS bodies NLFT 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

It is important that the interests of those who are involved in these groups are documented and understood so that they can be managed effectively. For the Trust these groups include:

- The Board and their sub-committees including Executive Management Committee
- Council of Governors
- Drugs and Therapeutics Committee
- Medical Devices Group

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
- 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. An example is the need for clinical involvement, when clinicians may hold and represent a diversity of interests. Good judgement is required to ensure proportionate management of risk.

## **10.2 Procurement**

Procurement should be managed in an open and transparent manner, compliant with procurement and other relevant law. Procurement processes should be conducted in the best interest of patients.

The Trust 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 Corporate Governance Team will work closely with the Procurement Team to ensure that declarations declared as part of a tender exercise are recorded on the register. Any declarations of staff interests which are considered to have significant, or material implications as regards the conduct of the Trust's business and the awarding of contracts will be considered by the Director of Corporate Governance who will consider whether the interest is so significant that it should be formally brought to the attention of Audit and Risk Committee, as Conflicts of Interest Guardian (e.g. for the purposes of ratification).

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.

The Trust needs to comply with the PSR when arranging for the provision of “relevant health care services”<sup>3</sup>, either on their own or as part of a “mixed procurement”<sup>4</sup>.

The Trust needs 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<sup>5</sup>. Further information about the PSR, including about the management of conflicts of interest, can be found within [the PSR statutory guidance](#).

The Trust needs to comply with the rules on public procurement set out in The Procurement Act 2023 ('Procurement Act') which came into force in February 2025 (and which replaces the rules on public procurement set out in the Public Contracts Regulations 2015 or 'PCR'). The Trust needs 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.

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.

### 10.2.1 What should be declared

- Staff name and their role with the Trust
- Details of any business interests of family and close friends of those involved in the procurement process
- The nature and value of any gifts or hospitality received from the supplier including the circumstances and date of receipt
- Any other relevant contact with the supplier, including previous work or contractual contact

---

<sup>3</sup> See regulation 2(1) of The Health Care Services (Provider Selection Regime) Regulations 2023

<sup>4</sup> See Regulation 3(2) of The Health Care Services (Provider Selection Regime) Regulations 2023

<sup>5</sup> This definition is substantively the same as the definition of conflicts of interest contained in the Public Contracts Regulations 2015 (Regulation 24(2))



## 11 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'.

Failing to respond to a request for information from the Director of Corporate Governance, including a request to submit a declaration form, will also be considered a breach of this policy.

### 11.1 Identifying and reporting breaches

Staff who are aware about actual breaches of this policy, or who are concerned that there has been, or may be, a breach, should report these concerns to the Director of Corporate Governance at [nlft.Trust.Secretary@nhs.net](mailto:nlft.Trust.Secretary@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 consult Raising Concerns at Work (Whistleblowing) Policy on the intranet.

A suspicion that the breach is associated with potential fraud or bribery offences should be reported to either:

- Local Counter Fraud Specialist – [mark.kidd@nhs.net](mailto:mark.kidd@nhs.net) 07528 970251 or [sam.harding@rsmuk.com](mailto:sam.harding@rsmuk.com)
- Chief Finance and Investment Officer – [samanthigibbens@nhs.net](mailto:samanthigibbens@nhs.net)
- NHS Counter Fraud Authority – 0800 028 4060 or [Report NHS fraud | Help fight fraud within the NHS | Report your fraud concerns and suspicions using a confidential online form \(cfa.nhs.uk\)](#)

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 Trust should be made aware
- Take appropriate action as set out in the next section

### 11.2 Taking action in response to breaches

Action taken in response to breaches of this policy will be in accordance with relevant disciplinary procedures and could involve organisational leads for staff support (HR), fraud

(Local Counter Fraud Specialists), management or executive team members and 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
- Escalation to external parties such as auditors, the NHS Counter Fraud Authority, the Police, statutory health bodies (such as NHS England, NHS Improvement or the CQC) and/or regulatory bodies

When dealing with instances of breach, organisations 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 [Appendix B](#).

### **11.3 Learning and transparency concerning breaches**

The Trust takes any failure to disclose seriously. If an individual becomes aware that someone has failed to disclose relevant and material information, they should raise the matter with the Director of Corporate Governance in the first instance. The Anti-Fraud and Bribery Policy will be consulted and, where appropriate, a referral will be made to LCFS [mark.kidd@nhs.net](mailto:mark.kidd@nhs.net) or [sam.harding@rsmuk.com](mailto:sam.harding@rsmuk.com).

Reports on breaches, their impact and action taken will be considered by Audit and Risk Committee following conclusion of any investigation.

To ensure that lessons are learnt and management of interests can continually improve, anonymised information on breaches, their impact, and action taken will be prepared and published in the Trust's communications to staff as appropriate.

### **11.4 Dissemination, implementation and training**

The policy will be actively promoted to staff and line managers and will be available via the Trust intranet. All managers are required to ensure that the information is cascaded and to brief their staff on what the policy means for them.

In-house training will be offered to decision making staff who request it.

## **12 Review**

The policy will be reviewed by the Director of Corporate Governance at least every three years unless an earlier review is required.

The policy will also be monitored for effectiveness, which will involve, where relevant, collaboration with Internal Audit and LCFS, as well as reviewing staff understanding and awareness of the policy via the annual staff survey and the number of declarations submitted.

In addition, Audit and Risk Committee will be provided annually with the Register of Interests for Directors and an assurance paper on the Registers.

## **13 Associated external documentation**

- [Freedom of Information Act 2000](#)
- [ABPI: The Code of Practice for the Pharmaceutical Industry \(2021\)](#)
- [ABHI Code of Business Practice \(2019\)](#)
- [Fraud Act 2006](#)
- [Bribery Act 2010](#)
- [The Seven Principles of Public Life \(Nolan Principles\) \(1995\)](#)
- Standards of Business Conduct for NHS Staff HSG(93)5
- [Commercial Sponsorship – Ethical Standards for the NHS \(November 2000\)](#)
- Code of Conduct for NHS Managers (October 2002)
- [Code of Conduct and Accountability for NHS Boards \(2004\)](#)
- [Managing Conflicts of Interest in the NHS: Guidance for staff and organisations \(2017\)](#)

See section 2 for relevant organisational policies.

## **Appendix A: Types of Interests**

### **Financial interest**

Where an individual may get direct financial benefits (a benefit may arise from the making of gain or avoiding a loss) from the consequences of a decision their organisation makes. This could include:

- a director (including a non-executive director) or senior employee in another organisation which is doing or is likely to do business with an organisation in receipt of NHS funding
- a shareholder, partner or owner of an organisation which is doing, or is likely to do business with an organisation in receipt of NHS funding
- someone in outside employment
- someone in receipt of secondary income
- someone in receipt of a grant
- someone in receipt of other payments (eg honoraria, day allowances, travel or subsistence)
- someone in receipt of research sponsorship

### **Non-financial professional interests**

Where an individual may obtain a non-financial professional benefit (a benefit may arise from the making of gain or avoiding a loss) from the consequences of a decision their organisation makes, such as increasing their professional reputation or status or promoting their professional career. This could include situations where the individual is:

- an advocate for a particular group of patients
- a clinician with a special interest
- an active member of a particular specialist body
- undertaking a research role, particularly sponsored research
- an advisor for the Care Quality Commission or National Institute of Health and Care Excellence

### **Non-financial personal interests**

This is where an individual may benefit (a benefit may arise from the making of gain or avoiding a loss) personally from a decision their organisation makes in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit. This could include, for example, where the individual is:

- a member of a voluntary sector board or has a position of authority within a voluntary sector organisation
- a member of a lobbying or pressure group with an interest in health and care

### **Indirect interests**

This is where an individual has a close association with another individual who has a financial interest, a non-financial professional interest or a non-financial personal interest who would stand to benefit (a benefit may arise from the making of gain or avoiding a loss) from a decision they are involved in making. This would include:

- close family member and relatives
- close friends and associates
- business partners

A common-sense approach should be applied to these terms.

## **Appendix B: Potential Sanctions**

### **Disciplinary sanctions**

Staff who fail to disclose any relevant interests or who otherwise breach an organisation's rules and policies relating to the management of conflicts of interest are subject to investigation and, where appropriate, to disciplinary action. This may include:

- employment law action such as:
  - informal action – such as reprimand or signposting to training and/or guidance
  - formal action – such as formal warning, the requirement for additional training, re-arrangement of duties, redeployment, demotion or dismissal
  - referring incidents to regulators
  - contractual action against organisations or staff
- where the staff member is not a direct employee, review of their appointment to the role that has given rise to the conflict

### **Professional regulatory sanctions**

Statutorily regulated healthcare professionals who work for, or are engaged by, organisations are under professional duties imposed by their relevant regulator to act appropriately with regard to conflicts of interest. Organisations should consider reporting statutorily regulated healthcare professionals to their regulator if they believe that they have acted improperly, so that these concerns can be investigated. These healthcare professionals should be made aware that the consequences for inappropriate action could include fitness to practise proceedings being brought against them, and that they could, if appropriate be struck off by their professional regulator as a result.

Information and contact details for the healthcare professional regulators are accessible from the [Professional Standards Authority for Health and Social Care's website](#).

### **Civil sanctions**

If conflicts of interest are not effectively managed, organisations could face civil challenges to decisions they make – for instance if interests were not disclosed that were relevant to the bidding for, or performance of contracts. If a decision-maker has a conflict of interest, then the decision is also potentially vulnerable and could be overturned on judicial review. In extreme cases, staff and other individuals could face personal civil liability, for example a claim for misfeasance in public office.

### **Criminal sanctions**

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

The Fraud Act 2006 created a criminal offence of fraud and defines 3 ways of committing it:

- fraud by false representation

- fraud by failing to disclose information
- fraud by abuse of position.

In these cases, an offender's conduct must be dishonest and their intention must be to make a gain, or to cause a loss (or the risk of a loss) to another. Fraud carries a maximum sentence of 10 years imprisonment and/or a fine and can be committed by a body corporate.

The Bribery Act 2010 makes it easier to tackle this offence in public and private sectors. Bribery is generally defined as giving or offering someone a financial or other advantage to encourage a person to perform certain activities and can be committed by a body corporate.

Commercial organisations (including NHS bodies) will be exposed to criminal liability, punishable by an unlimited fine, for failing to prevent bribery.

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

### **Reputational consequences**

A failure to manage conflicts of interest (including the perception of such a failure) can lead to reputational damage and undermine confidence in the integrity of the decision-making process and give the impression that the organisation or individual has not acted in the public interest.

## Appendix C Equality Impact Assessment Form

| 1. Expected impact of proposal on people with protected characteristics<br>Just because a policy or initiative applies to all, does not mean it will have an equal impact on all |                          |         |                          |
|--|--------------------------|---------|--------------------------|
| Characteristics  | Positive                 | Neutral | Negative                 |
| Age  | <input type="checkbox"/> | X       | <input type="checkbox"/> |
| Disability   | <input type="checkbox"/> | X       | <input type="checkbox"/> |
| Race   | <input type="checkbox"/> | X       | <input type="checkbox"/> |
| Gender re-assignment   | <input type="checkbox"/> | X       | <input type="checkbox"/> |
| Religion/Belief  | <input type="checkbox"/> | X       | <input type="checkbox"/> |
| Sex (male or female)   | <input type="checkbox"/> | X       | <input type="checkbox"/> |
| Sexual Orientation   | <input type="checkbox"/> | X       | <input type="checkbox"/> |
| Marriage and civil partnership   | <input type="checkbox"/> | X       | <input type="checkbox"/> |
| Pregnancy and maternity  | <input type="checkbox"/> | X       | <input type="checkbox"/> |
| The Trust is also concerned about addressing health inequalities for other disadvantaged groups  |                          |         |                          |
| Carers   | <input type="checkbox"/> | X       | <input type="checkbox"/> |
| Part-time staff  | <input type="checkbox"/> | X       | <input type="checkbox"/> |
| Socio-economic   | <input type="checkbox"/> | X       | <input type="checkbox"/> |
| Homeless people (SUs)  | <input type="checkbox"/> | X       | <input type="checkbox"/> |
| Unemployed people (SUs)  | <input type="checkbox"/> | X       | <input type="checkbox"/> |
| Substance misuse (SUs)   | <input type="checkbox"/> | X       | <input type="checkbox"/> |

| 2. Consideration of available data, research and information  |
|---|
| <ul style="list-style-type: none"> <li>Use this section to demonstrate an understanding of who could be affected by the proposal. Include general population data where appropriate, and information about people who will be affected with reference to protected and other relevant characteristics.</li> <li>For each evidence source and say which characteristic(s) it relates to. You can include a mix of qualitative and quantitative data e.g., from national or local research, available data. Include the main findings of any engagement and consultation</li> <li>Outline whether there is any over or under representation of equality groups within relevant services - don't forget to benchmark to the local population where appropriate.</li> <li>For workforce / management of change proposals you will need to look at the diversity of the affected teams using available evidence such as HR reports which shows the diversity profile of council teams and service areas. Identify any over or under-representation compared with NLMHP's' population economically active citizens for different characteristics. Additional sources of useful workforce evidence include: the Employee Staff Survey Report, WRES, WDES, Gender Pay Gap Reports etc.</li> <li>Where there are gaps in the evidence, or you don't have enough information about some equality groups, include an equality action to find out in question 4. This doesn't mean that you can't complete the assessment without the information, but you need to follow up the action and if necessary, review the assessment later.</li> <li>If you are unable to fill in the gaps, please state this clearly with a justification.</li> <li>For workforce related proposals all relevant characteristics may not be included in HR diversity reporting (e.g., pregnancy/maternity). For smaller team's diversity data may be redacted.</li> </ul> |



- A high proportion of not known/not disclosed may require action to address under-reporting.

|     | Key questions<br>(Supports EDS Domains)   | Your Response<br>(Please reference data, research and information that you have reviewed which you have used to form your response)  |
|-----|---|--|
| 2.1 | What evidence, data or information have you considered to determine how this policy/development contributes to <b>delivering better health outcomes for all and improving patient access and experience??</b> | N/A – the policy requirement comes from NHS England  |
| 2.2 | What evidence, data or information have you considered to determine how this development/policy contributes to <b>delivering a representative and well supported workforce?</b>                               | N/A – the policy requirement comes from NHS England  |
| 2.3 | What evidence, data or information have you considered to determine how this policy/guide/development contributes to <b>inclusive leadership and governance?</b>  | N/A – the policy requirement comes from NHS England  |
| 2.4 | What evidence, data or information have you considered to determine how this policy/guide/development contributes to <b>inclusive leadership and governance?</b>  | <p>The policy requirement comes from NHS England and contributes to the good governance of the Partnership by setting out requirements for declaring interests, gifts, hospitality and sponsorship received.</p> <p>Proposed implementation is by Civica Declare – a cloud-based solution which is the market leading software designed for NHS declarations, is compliant with NHS guidance and is adopted by the majority of other NCL NHS Trusts.</p> |

### 3. What involvement and consultation has been done in relation to this 'policy'? (e.g., with relevant groups and stakeholders)

| Response          | Detail of involvement and consultation  |
|-------------------|---|
| UNISON Staff Side | Review by BEH Monthly Review Policy Group on 4 July 2023, which was content. The policy was then due to go to JSC but it was confirmed by HR that JSC was not covering policies for the time being. |

### 4. Equality Impact Assessment Improvement Plan

If your analysis indicates some negative impacts, please list actions that you plan to take as a result of this analysis to reduce those impacts or rebalance opportunities.

- These actions should be based upon the analysis of data and engagement, any gaps in the data you have identified, and any steps you will be taking to address any negative impacts or remove barriers.
- The actions need to be built into your service planning framework.
- Actions/targets should be measurable, achievable, realistic and time framed.


| Group                          | Potential positive, neutral and/or negative impacts identified | Actions to mitigate any negative impact or enhanced policy | By whom |
|--------------------------------|--|--|---------|
| Age                            | n/a  |  |         |
| Disability                     | n/a  |  |         |
| Race                           | n/a  |  |         |
| Gender re-assignment           | n/a  |  |         |
| Religion/ Belief               | n/a  |  |         |
| Sex (male or female)           | n/a  |  |         |
| Sexual Orientation             | n/a  |  |         |
| Marriage and civil partnership | n/a  |  |         |
| Pregnancy and maternity        | n/a  |  |         |
| Carers                         | n/a  |  |         |

| Group  | Potential positive, neutral and/or negative impacts identified | Actions to mitigate any negative impact or enhanced policy | By whom |
|--|--|--|---------|
| Serving or ex serving members of the Armed Forces          | n/a  |  |         |
| Socio-economic (deprivation)                               | n/a  |  |         |
| Vulnerable groups (homeless, unemployed, substance misuse) | n/a  |  |         |

### 5. Sign off and publishing

1. If this Equality Impact Analysis (EIA) relates to a policy, guide, procedure or protocol, please attach it to the policy/guide and process it through the normal approval process.
2. EIA's need to be accessible as they may be requested to support Freedom of Information (FOI), for publication on the Trust website, by the Equality, Diversity and Inclusion (EDI) Team requests or by the public or any other organisations etc. So, please ensure that your EIA's are stored in your department's shared folder.
3. Once you have completed this form, you need to sign it and state the name of the accountable manager, Head of Service or Director where appropriate.
4. The email for support to complete your EIA or for queries is:  
[nlft.equalityimpactassessments@nhs.net](mailto:nlft.equalityimpactassessments@nhs.net)

#### Name/s, job title/s and contact/s details of person/s completing this assessment

|   |  |
|---|--|
| Name: Magda North   | Position: Assistant Director of Corporate Governance |
| Signed:  | Date: 20 July 2023                                   |

#### Name, job title and contact details of accountable person

|                     |  |
|---------------------|--|
| Name: Nabil Jamshed | Position: Director of Corporate Governance |
|---------------------|--|