



Partnership Conflicts of Interest Policy

V1.0 17 July 2023

V1.1 29 January 2024

All Partnership policies apply to Barnet, Enfield and Haringey Mental Health NHS Trust and Camden and Islington NHS Foundation Trust (as if they were the policy of each trust) unless otherwise identified, or its successor organisation.

Version control

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Key changes to policy document

Version	Date	Summary of key changes
1.1	29 January 2024	Minor edits prior to launch of CIVICA Declare system: <ul style="list-style-type: none"> To adopt Partnership policy template in some areas: 'policy on a page', version control, numbering and statement on front page To revise the references to registers to reflect the use of CIVICA Declare To correct an error on hospitality (to be declared £25 to £75 rather than £50 to £75) To update references to Corporate Governance team rather than Partnership Secretariat team and remove candi emails
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

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1 Policy Summary

Adhering to this policy will help to ensure that the North London Mental Health Partnership uses NHS money wisely, provides best value for taxpayers and accountability to our patients for the decisions we take.

As a member of staff you should...	As an organisation we will...
<ul style="list-style-type: none"> • Familiarise yourself with this policy and follow it. Refer to the guidance for the rationale behind this policy • 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 have to inappropriately affect the decisions you make when using taxpayers' money 	<ul style="list-style-type: none"> • Ensure that this policy and supporting processes are clear and help staff understand what they need to do. • Identify a team or individual with responsibility for: <ul style="list-style-type: none"> ○ Keeping this policy under review to ensure they are in line with the guidance. ○ Providing advice, training and support for staff on how interests should be managed. ○ Maintaining a register of interests. ○ Auditing this policy and its associated processes and procedures at least once every three years. • <u>NOT</u> avoid managing conflicts of interest. • <u>NOT</u> interpret this policy in a way which stifles collaboration and innovation with our partners

POLICY ON A PAGE

What does the policy cover?

- Implements NHSE [Managing Conflicts of Interest in the NHS](#) guidance and adopts NHSE model policy to ensure that staff do not misuse their position to further their interests or interests of 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)

What has changed?

- Use of [Civica Declare](#) to manage declarations
- Decision-makers include **Band 8d and above** (previously C&I 8a and BEH 8b) 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 **outside employment** must be declared.

All **'decision-making'** staff:

- All **executive and non-executive directors** 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 Partnership (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 at beh-trustsecretary@nhs.net

What training is available?

- Materials (instructions, FAQs, and slide deck) are on the [C&I intranet](#) and [BEH intranet](#)

NHS Counter Fraud Authority estimates that **the NHS is vulnerable to £1.264 billion worth of fraud each year**. Any potential **fraud or bribery offences** should be reported:

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

Introduction

North London Mental Health Partnership (the 'Partnership'), 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 will help our staff manage conflicts of interest risks effectively, including gifts, hospitality and sponsorship, and 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

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 Partnership 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 Partnership business
- Offer to give any gift or benefit to another employee of the Partnership or to any employee of any other company who has or even may have a business relationship with the Partnership as an inducement to do or to refrain from doing anything in relation to Partnership 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 Partnership's Local Counter Fraud Specialist (LCFS) mark.kidd@nhs.net for investigation in accordance with the BEH Counter Fraud and Bribery Policy and the C&I Anti-Fraud and Bribery Policy.

2.2 Organisational policies

This policy should be considered alongside other organisational policies.

Camden & Islington NHS Foundation Trust:

- Anti-Fraud and Bribery Policy
- Disciplinary Policy and Procedure
- Other Remunerated Employment Guidance for Staff on Agenda for Change Terms and Conditions

- Procurement Policy
- Raising Concerns at Work (Whistleblowing) Policy
- Standing Financial Instructions
- Standing Orders

Barnet, Enfield and Haringey NHS Trust:

- Counter Fraud and Bribery Policy
- Disciplinary Policy
- Fit and Proper Person Policy
- Raising Concerns at Work 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 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.

4 Interests

Interests fall into the following categories:

- **Financial interests:** Where an individual may get direct financial benefit* from the consequences of a decision they are involved in making
- **Non-financial professional interests:** Where an individual may obtain a non-financial professional benefit from the consequences of a decision they are involved in making, such as increasing their professional reputation or promoting their professional career

* This may be a financial gain, or avoidance of a loss. It could include significant shareholdings or voting rights in a company or partnership

- **Non-financial personal interests:** Where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit, because of decisions they are involved in making in their professional career
- **Indirect interests:** Where an individual has a close association* with another individual who has a financial interest, a non-financial professional interest or a non-financial personal interest and could stand to benefit from a decision they are involved in making

5 Staff

At North London Mental Health Partnership 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 Partnership)
- Volunteers
- Staff of partner organisations with approved access

In addition, this policy also applies to Non-Executive Directors and Governors.

6 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 (including very senior managers) who have decision making roles which involve the spending of taxpayers’ money
- 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

* A common sense approach should be applied to the term ‘close association’. Such an association might arise, depending on the circumstances, through relationships with close family members and relatives, close friends and associates for example members of societies or clubs or other organisations, current or prospective business contacts or partners.

- Administrative and clinical staff of any band who have the power to enter into contracts on behalf of the Partnership, including Estates and Facilities, Procurement, and Pharmacy staff
- Administrative and clinical staff of any band involved in decision making concerning the commissioning of services, purchasing of good, 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

All decision making staff are required to complete a declaration of interest on Civica Declare annually. Where there is no declaration to be made, a nil return will be required. There is a process of reminders and escalation to ensure staff compliance.

7 Identification, declaration and review of interests

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

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

- On appointment with the Partnership
- 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 BEH and C&I Audit and Risk Committees the Register of Interests for Directors and an assurance paper on the Registers.

Further advice can be obtained from the Corporate Governance Team.

7.2 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 Partnership 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 Partnership 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.

8 Records and publication

8.1 Maintenance

Corporate Governance Team will maintain the Register via Civica Declare.

8.2 Publication

Declarations of decision-making staff will be 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 beh-tr.trustsecretary@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.

8.3 Wider transparency initiatives

North London Mental Health Partnership 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

9 Management of interests – general

If an interest is declared but there is no risk of a conflict arising then no action is warranted. However, if a material interest is declared then the general management actions that could be applied include:

- Restricting staff involvement in associated discussions and excluding them from decision making
- Removing staff from the whole decision making process
- Removing staff responsibility for an entire area of work
- Removing staff from their role altogether if they are unable to operate effectively in it because the conflict is so significant

Each case will be different and context-specific, and the 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 Conflicts of Interests Guardian.

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 Partnership'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).

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.

9.1.1 What should be declared

- Staff name and their role with the Partnership
- A description of the nature and value of the interest (including gift, hospitality, shareholding, patent, loyalty interest, donation, sponsored events, commercial sponsorship in collaborative partnerships, commercial sponsorship for attendance at courses and conferences, sponsored research, sponsored posts, outside interests, clinical private practice)
- Whether the interest was accepted or declined
- Relevant dates, including date of receipt
- Any other relevant information (e.g. surrounding circumstances, action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy)

10 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.

10.1 Gifts

- Gifts can be defined as tokens, services and/or offerings from a third party that have a financial value, and these tokens/services/offerings are provided free of charge or at less than their 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 North London Mental Health Partnership should be declined, whatever their value
- Low cost branded promotional aids such as pens or post-it notes may, however, be accepted where they are under the value of £6* in total, and need not be declared

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

- Gifts of cash and vouchers to individuals should always be declined
- Staff should not ask for any gifts
- Gifts valued at over £50 should be treated with caution and only be accepted on behalf of the Partnership 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

10.2 Hospitality

- Hospitality is the provision of refreshments, including food, to employees or third parties. This may include light refreshments such as tea, coffee, biscuits, or a meal.
- Staff should not ask for or accept hospitality that may affect, or be seen to affect, their professional judgement

* 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>

- Hospitality must only be accepted when there is a legitimate business reason and it is proportionate to the nature and purpose of the event
- Particular caution should be exercised when hospitality is offered by actual or potential suppliers or contractors. This can be accepted, and must be declared, if modest and reasonable. Senior approval must be obtained
- 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 Associate Director approval

Meals and refreshments:

- Under a value of £25 - may be accepted and need not be declared
- Of a value between £25 and £75* - 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:

- Offers to pay some or all of the travel and accommodation costs (between £25 and £75) related to attendance at events may be accepted and must be declared
- Offers above £75, or 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 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 £75 value has been selected with reference to existing industry guidance issued by the ABPI <http://www.pmcpa.org.uk/thecode/Pages/default.aspx>

The 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.

10.3 Shareholdings and other ownership issues

- Staff should declare, as a minimum, any shareholdings and other ownership interests held personally or by an associated person (ie spouse/partner, business partner, family member, relative, close friend or associate) in any publicly listed, private or not-for-profit company, business, partnership or consultancy which is doing, or might be reasonably expected to do, business with the Partnership
- Where shareholdings or other ownership interests are declared and give rise to risk of conflicts of interest then the general management actions outlined in this policy should be considered and applied to mitigate risks
- There is no need to declare shares or securities held in collective investment or pension funds or units of authorised unit trusts

10.4 Patents

- Staff should declare patents and other intellectual property rights they hold (either individually, or by virtue of their association with a commercial or other organisation), including where applications to protect have started or are ongoing, which are, or might be reasonably expected to be, related to items to be procured or used by the Partnership
- 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

10.5 Loyalty interests

Loyalty interests should be declared by staff involved in decision making where they:

- Hold, or have previously held for a significant period of time, 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 Partnership 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 Partnership does business with an organisation in which close family members and relatives, close friends and associates, and business partners have decision making responsibilities

10.6 Donations

- Donations made by suppliers or bodies seeking to do business with the Partnership 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 Partnership, 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 one of the Partnership's registered charities or equivalent and declared accordingly

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

10.7 Sponsored events

- Sponsorship of events by appropriate external bodies will only be approved if a reasonable person would conclude that the event will result in clear benefit to the Partnership and/or the NHS. Sponsorship should not be accepted from organisations whose major interests are detrimental to the aims of the Trust.
- The acceptance of commercial sponsorship should not in any way compromise any purchasing decisions or be dependent on the purchase or supply of goods or services
- 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 Partnership'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 identified
- The involvement of a sponsor in an event should always be clearly identified.
- Staff within the Partnership involved in securing sponsorship of events should make it clear that sponsorship does not equate to endorsement of a company or its products and this should be made visibly clear on any promotional or other materials relating to the event
- Staff arranging sponsored events must declare this to the Partnership
- Any payment received for presenting at sponsored conferences during working time should be paid directly to the organisation and not to the employee

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

10.8 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'). An extract from Regulation 21 "Inducements and Hospitalities" is presented at Appendix 5.

Specific issues may arise where there are opportunities for the Partnership 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 Partnership
- These activities should show tangible benefits to individual patient management
- The work should support the activities and decisions of the Partnership
- 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 Partnership endorses any of the company's products or services

10.9.1 What should be declared:

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

10.9 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 Partnership 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 Partnership 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.

10.10 Sponsored research

- Funding sources for research purposes must be transparent
- Any proposed research must go through the relevant health research authority or other approvals process
- There must be a written protocol and written contract between staff, the Partnership, 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 Partnership

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

10.11 Sponsored posts

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

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

10.12 Outside employment

- Staff should declare any existing outside employment on appointment and any new outside employment when it arises, and when there are changes to secondary employment in accordance with C&I Trust's Other Remunerated Employment Guidance for Staff on Agenda for Change Terms and Conditions, and the C&I Code of Conduct
- Where staff undertake lectures or prepare articles or other publications outside of their employment with the Partnership, 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 Partnership's resources then the retention of fees by the individual is legitimate. In such circumstances, the individual would be 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 Partnership facilities, the fee would normally fall payable to the Partnership

- Staff should not use letterheads or business cards using Partnership addresses, telephone or email addresses, or advertise their services using these
- 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
- Appropriate liaison will be made as necessary between the Chief People Officer and the Director of Corporate Governance
- Failure to declare any secondary employment will be dealt with under the BEH Disciplinary Policy or the C&I Disciplinary Policy and may result in disciplinary action

10.13 Clinical private practice

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.

As set out in the C&I Trust's Code of Conduct, 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)

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†
- Not accept direct or indirect financial incentives from private providers other than those allowed by [Competition and Markets Authority guidelines](#)

* 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://assets.publishing.service.gov.uk/media/542c1543e5274a1314000c56/Non-Divestment_Order_amended.pdf

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

Clinical staff 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.

Where a risk of conflict of interest arises, the general management actions outlined in the policy should be considered and applied to mitigate risks.

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

11 Management of interests – advice in specific contexts

11.1 Strategic decision making groups

In common with other NHS bodies North London Mental Health Partnership uses a variety of different groups to make key strategic decisions about things such as:

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

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

- The Boards of BEH and C&I and their sub-committees including Partnership Executive Team
- C&I Council of Governors
- BEH Drugs and Therapeutics Committee
- BEH 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

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.

11.2 Procurement

Procurement should be managed in an open and transparent manner, compliant with procurement and other relevant law, to ensure there is no discrimination against or in favour of any provider. A conflict of interest can lead to bias and corruption in the bid evaluation and approval process and it is the Partnership's responsibility to manage this. 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.

In accordance with Procurement Procedure Document: Declarations of Conflicts within Procurement Projects (2023), 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.

Regular reconciliation exercises are undertaken between declarations made to the Procurement Team and the Corporate Governance Team. In addition, this policy requires bidders or contractors to declare any conflicts of interest they might have as part of their bid process.

11.2.1 What should be declared

- Staff name and their role with the Partnership
- 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

12 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.

12.1 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 beh-tr.trustsecretary@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 C&I or BEH Raising Concerns at Work (Whistleblowing) Policy on the respective intranets.

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 07528 970251
- Chief Finance and Investment Officer – 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 Partnership 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.

7.4. Following investigation the Partnership will:

- Decide if there has been or is potential for a breach and, if so, the severity of the breach
- 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 Partnership should be made aware
- Take appropriate action as set out in the next section

12.2 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
- Consideration being given to escalation to external parties. This might include referral of matters to external auditors, NHS Counter Fraud Authority, the Police, statutory health bodies (such as NHS England, NHS Improvement or the CQC), and/or health professional regulatory bodies

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

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

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

12.3 Learning and transparency concerning breaches

The Partnership 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 BEH Counter Fraud and Bribery Policy and C&I Anti-Fraud and Bribery Policy will be consulted and, where appropriate, a referral will be made to LCFS mark.kidd@nhs.net.

Reports on breaches, their impact and action taken will be considered by C&I and BEH Audit and Risk Committees 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 Partnership's communications to staff as appropriate.

12.4 Dissemination, implementation and training

The policy will be actively promoted to staff and line managers and will be available via the BEH and C&I intranets. 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.

13 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, BEH and C&I Audit and Risk Committees will be provided annually with the Register of Interests for Directors and an assurance paper on the Registers.

14 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.