

## Managing Conflicts of Interest

<b>Document Type:</b>	Policy		
<b>Document Number:</b>	To be confirmed		
<b>Document Owner:</b>	Company Secretary		
<b>Document Service:</b>	Corporate		
<b>Scope:</b>	Trust wide		
<b>Approved by:</b>	Trust Board		
<b>Standards and legislation &amp; key related documents:</b>	<ul style="list-style-type: none"> <li>▪ Bribery Act 2010</li> <li>▪ Code of Governance for NHS Provider Trusts</li> <li>▪ Counter Fraud, Corruption and Bribery Policy</li> <li>▪ Fraud Act 2006</li> <li>▪ How to record a Conflict-of-Interest in the NHS Electronic Staff Record Guidance</li> <li>▪ NHS Standard Contract [GC27]</li> <li>▪ Procurement – Strategic Sourcing Standard Operating Procedure</li> <li>▪ Standards of Conduct and Employment Practice Policy</li> </ul>		
<b>Date approved:</b>	January 2026	<b>Expiry date:</b>	April 2026
<b>Financial Implications:</b>	<p>In line with the Economic Crime and Corporate Transparency Act 2023, the Trust has a framework in place to prevent and detect fraud, bribery, and corruption. This includes clear governance structures, financial controls, due diligence procedures, staff training, and accessible reporting mechanisms. The Local Counter Fraud Specialist [LCFS] plays a key role in supporting compliance through awareness, and the investigation of suspected wrongdoing. The Trust is committed to fostering a culture of integrity and transparency, ensuring all staff understand their responsibilities and know how to raise concerns. The LCFS contact details are available on the Trust's Intranet.</p>		
<b>Equality &amp; Quality Impact:</b>	To be confirmed		
<b>Trust Values:</b>	Integrity, Compassion, Ambition, Inclusion		
<b>Care Quality Commission:</b>	Well-led		
<b>Diversity &amp; Inclusion Statement:</b>	<p>The Trust will ensure that this policy is applied in a fair and reasonable manner that does not discriminate on such grounds as age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation.</p>		
<b>Keywords:</b>	Conflicts, Gifts, Hospitality, Commercial Sponsorship, Register of Interests		

## Document Control Sheet

<b>Version</b>	<b>Date</b>	<b>Reviewer(s)</b>	<b>Revision Description</b>
0.1 Draft	13-01-2026	Group Executive Team	First review and feedback
0.2 Draft	28-01-2026	Group Trust Board	Approval

## Document Status

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## 1.0 Introduction

- 1.1 This policy sets out how Cambridgeshire Community Services NHS Trust and Norfolk Community Health and Care NHS Trust (the Trust) will conduct their arrangements for the management of conflicts of interest, including gifts and hospitality, and commercial sponsorship.
- 1.2 Partnership working is fundamental if the Trust is to meet challenges faced by the health and care sector, but conflicts of interest must still be carefully managed to maintain the confidence and protect the interests of patients and taxpayers.
- 1.3 There is a level of risk involved in all our activities and understanding the conflicts and potential conflicts of interest we face, and managing them appropriately, is central to ensuring that decisions are taken transparently and clearly.
- 1.4 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.

## 2.0 Purpose

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

## 3.0 Scope

- 3.1 This policy applies to:
  - all staff, whether permanent, temporary or contracted-in (either as an individual or through a third-party supplier).
  - committee, sub-committee, joint committee and advisory group members (who may not be directly employed or engaged by the organisation).
  - all types of conflicts of interest which may arise, both actual and potential.

## 4.0 Definitions

- 4.1 For the purposes of this policy a **conflict of interest** is defined as:

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

A conflict of interest may be:

- **actual** – there is a material conflict between 1 or more interests,
- **potential** – there is the possibility of a material conflict between 1 or more interests in the future.

4.2 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.

**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.

4.3 **Decision-making staff** are:

- executive and non-executive directors who have decision-making roles which involve the spending of taxpayers' money,
- 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 8C or equivalent grade in local authority and above,
- administrative and clinical staff who have the power to enter contracts on behalf of their organisation,
- administrative and clerical staff involved in decision-making concerning the commissioning of services, purchasing of goods, medicines, medical devices or equipment and formulary decisions.

4.4 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.

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

## 5.0 Roles and Responsibilities

- 5.1 **All staff** have a duty to ensure that any actual or potential conflicts of interest are managed in accordance with this policy.
- 5.2 The **Trust Board** is accountable for internal control and has an over-arching responsibility for the management of conflicts of interest in line with the NHS Standard Contract.
- 5.3 The **Audit and Risk Committee** has delegated responsibility for ensuring the Trust has a policy for the management of conflicts of interest, and processes in place for managing those.
- 5.4 The **executive team** is responsible for conflicts of interest management related to their sphere of operational responsibility.
- 5.5 The **Director of Corporate Affairs** is the executive lead with over-arching delegated responsibility for the management of conflicts of interest, gifts and hospitality, and commercial sponsorship.
- 5.6 The **Corporate Governance** team is responsible for supporting the Trust Board, executive team and staff in their roles and responsibilities for conflicts of interest management as defined in this policy and related procedural documents.
- 5.7 The **Company Secretary** is responsible for keeping this policy up-to-date and for collating and publishing the Register of Interests for decision-making staff.
- 5.8 The **Local Counter Fraud Specialist** role is to ensure that all cases of actual or suspected fraud and bribery are notified to the **Director of Finance and Resources** and investigated and reported accordingly in line with the NHS Counter Fraud Authority standards.
- 5.9 The **Director of Finance and Resources** is responsible for receiving breach notifications and will appoint a team or individual empowered to investigate breaches, involving organisational leads for human resources, fraud, audit etc., as appropriate.
- 5.10 **Directors of Service / Service Managers** are responsible for monitoring the implementation of this policy within their respective areas of responsibility. They should set up a local process by which their locally held Registers of Interests are collated and reviewed within their senior leadership meetings.

## 6.0 Policy Statement

6.1 All staff including contractors and temporary staff must declare material interests and / or outside employment at the earliest opportunity (and in any event within 28 days) via a positive declaration to the Trust.

6.2 Therefore, declarations should be made:

- on appointment with the organisation,
- when a person moves to a new role or their responsibilities change significantly,
- at the beginning of a new project / piece of work,
- as soon as circumstances change and new interests arise.

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

6.4 The Trust will ensure that decision-making staff are prompted to update their declarations of interest or make a nil return, at least annually.

## 6.5 Approach to declaring interests

6.5.1 Conflict of Interest Declarations by staff must be made using the NHS Electronic Staff Record and kept under regular review by both the individual and their line manager.

6.5.2 For advice on how to complete this, see the How to record a conflict of interest in the NHS Electronic Staff Record Guidance.

## 6.6 Managing declarations

6.6.1 The Trust will manage interests sensibly and proportionately. If an interest presents an actual or potential conflict of interest, then management action is required.

6.6.2 Common-sense management principles will be adopted by the Trust which, for the purposes of this policy, are referred to as **general management actions**:

- requiring staff to comply with this policy,
- 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.

6.6.3 Each case will be different. The general management actions, along with relevant industry / professional guidance should complement the exercise of good judgement. It will always be appropriate to clarify circumstances with individuals involved to assess issues and risks.

## 6.7 Management of Interests – common situations

6.7.1 There are several common situations which can give rise to risk of conflicts of interest, these being:

- gifts
- hospitality
- outside employment
- shareholdings and other ownership interests
- patents
- loyalty interests
- donations
- sponsored events
- sponsored research
- sponsored posts
- clinical private practice

### 6.7.2 Gifts

Overarching principle applying in all circumstances:

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

Gifts from **suppliers or contractors**:

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

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

- gifts of cash and vouchers should always be declined,
- staff should not ask for any gifts, regardless of value,
- gifts valued at over £50 should be treated with caution and only be accepted on behalf of an organisation (i.e., to an organisation's charitable funds), not in a personal capacity. Staff should declare such gifts and provide a clear reason as to why it was considered permissible to accept the gift, alongside the actual or estimated value,
- modest gifts under a value of £50 do not need to be declared,
- a common-sense approach should be applied to the valuing of gifts (using an actual amount, if known, or an estimate that a reasonable person would make as to its value),
- multiple gifts from the same source over a 12-month period should be treated in the same way as single gifts over £50 where the cumulative value exceeds £50.

What should be declared?

- staff name and their role with the organisation,
- a description of the nature and value of the gift,
- date of receipt,
- any other relevant information (e.g., circumstances surrounding the gift, action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

### 6.7.3 Hospitality

Overarching principle applying in all circumstances:

- staff should not ask for or accept hospitality that may affect, or be seen to affect, their professional judgement,
- hospitality must only be accepted when there is a legitimate business reason, and it is proportionate to the nature and purpose of the event,
- caution should be exercised when hospitality is offered by actual or potential suppliers or contractors – these can be accepted if modest and reasonable, but individuals should always obtain senior approval and declare these.

#### **Meals and refreshments:**

- under a value of £25 – may be accepted and need not be declared,
- of a value between £25 and £75 – may be accepted and must be declared. The £75 value has been selected with reference to existing industry guidance issued by the ABPI,
- over a value of £75 – should be refused unless (in exceptional circumstances) senior approval is given. A clear reason should be recorded on an organisation's register(s) of interest as to why it was permissible to accept,
- a common-sense approach should be applied to the valuing of meals and refreshments (using an actual amount, if known, or an estimate that a reasonable person would make as to its value).

#### **Travel and accommodation:**

- modest offers to pay some or all the travel and accommodation costs related to attendance 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.

What should be declared?

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

6.7.4 **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.

Overarching principle applying in all circumstances:

- staff should declare any existing outside employment on appointment, and any new outside employment when it arises,
- where a risk of conflict of interest is identified, 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 an organisation to engage in outside employment,
- organisations may also have legitimate reasons within employment law for knowing about outside employment of staff, even this does not give rise to risk of a conflict. Nothing in this policy prevents such enquiries being made.

What should be declared?

- staff name and their role with the organisation,
- a description of the nature of the outside employment (e.g., who it is with, a description of duties, time commitment),
- relevant dates,
- 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).

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

Overarching principle applying in all circumstances:

- staff should declare, as a minimum, any shareholdings and other ownership interests in any publicly listed, private or not-for-profit company, business, partnership or consultancy which is doing, or might be reasonably expected to do, business with their organisation,
- there is no need to declare shares or securities held in collective investment or pension funds or units of authorised unit trusts,
- where shareholdings or other ownership interests are declared and give rise to risk of conflicts of interest then the general management actions outlined in this policy should be considered and applied to mitigate the risks.

What should be declared?

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

6.7.6 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.

Overarching principle applying in all circumstances:

- 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, related to items to be procured or used by their organisation,
- staff should seek prior permission from their 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.

What should be declared?

- staff name and their role with the organisation,
- a description of the patent or other intellectual property right and its ownership,
- relevant dates,
- any other relevant information (e.g., action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

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

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

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

- hold a position of authority in another NHS organisation or commercial, charity, voluntary, professional, statutory or other body which could be seen to influence decisions they take in their NHS role,
- sit on advisory groups or other paid or unpaid decision-making forums that can influence how their organisation spends taxpayers' money,
- are, or could be, involved in the recruitment or management of close family members and relatives, close friends and associates, and business partners,
- are aware that their organisation does business with an organisation with whom close family members and relatives, close friends and associates, and business partners have decision making responsibilities,
- where holding loyalty interests gives rise to a conflict of interest then the general management actions outlined in this policy should be considered and applied to mitigate risks.

What should be declared?

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

6.7.8 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 will be promoted. However, conflicts of interest can arise.

Overarching principle applying in all circumstances:

- donations made by suppliers or bodies seeking to do business with an organisation should be treated with caution and not routinely accepted. In exceptional circumstances a donation from a supplier 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 an organisation or is being pursued on behalf of that organisation's registered charity (if it has one) or other charitable body and is not for their own personal gain,
- staff must obtain permission from their organisation if in their professional role they intend to undertake fundraising activities on behalf of a pre-approved charitable campaign,
- Donations, when received, should be made to a specific charitable fund (never to an individual) and a receipt should be issued,
- staff wishing to donate to a charitable fund in lieu of a professional fee they receive may do so, subject to ensuring that they take personal responsibility for ensuring that any tax liabilities related to such donations are properly discharged and accounted for.

What should be declared?

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

6.7.9 **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.

Overarching principle applying in all circumstances:

- sponsorship of events by appropriate external bodies should only be approved if a reasonable person would conclude that the event will result in clear benefit for the organisation and the NHS,
- during dealings with sponsors there must be no breach of patient or individual confidentiality or data protection rules and legislation,
- no information should be supplied to the sponsor from which they could gain a commercial advantage, and information which is not in the public domain should not normally be supplied,
- at an organisation's discretion, sponsors or their representatives may attend or take part in the event, but they should not have a dominant influence over the content or the main purpose of the event,
- the involvement of a sponsor in an event should always be clearly identified in the interest of transparency,
- organisations should make it clear that sponsorship does not equate to endorsement of a company or its products and this should be made visibly clear on any promotional or other materials relating to the event,
- staff should declare involvement with arranging sponsored events to their organisation.

What should be declared?

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

6.7.10 **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.

Overarching principle applying in all circumstances:

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

What should be declared?

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

6.7.11 **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.

Overarching principle applying in all circumstances:

- staff who are establishing the external sponsorship of a post should seek formal prior approval from their organisation,
- rolling sponsorship of posts should be avoided unless appropriate checkpoints are put in place to review and confirm the appropriateness of arrangements continuing,
- sponsorship of a post should only happen where there is written confirmation that the arrangements will have no effect on purchasing decisions or prescribing and dispensing habits. For the duration of the sponsorship, auditing arrangements should be established to ensure this is the case. Written agreements should detail the circumstances under which organisations could 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.

What should be declared?

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

6.7.12 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.

Overarching principle applying in all circumstances:

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 policy should be considered and applied to mitigate risks.

What should be declared?

- staff name and their role with the organisation,
- a description of the nature of the private practice (e.g., what, where and when you practise, sessional activity, etc.),
- relevant dates,
- any other relevant information (e.g., action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

For further advice refer to the Trust's HR leads and the Standards of Conduct and Employment Practice Policy.

## **6.8 Management of interests – specific contexts**

### **6.8.1 Strategic decision-making groups**

Many organisations use boards (or committees and sub-committees of boards), advisory groups and procurement panels to make key strategic decisions or recommendations about things such as:

- entering into (or renewing) large scale contracts,
- awarding contracts,
- making procurement decisions,
- selection of medicines, equipment and devices.

These are referred to in this policy as **strategic decision-making groups**.

It is important that the interests of those who are involved in these groups are documented and understood. Organisations must therefore identify relevant strategic decision-making groups and ensure they operate in a manner consistent with the following principles, which reflect wider standards of good governance:

- chairs should consider any known interests of members in advance and begin each meeting with a standing agenda item asking for declarations of relevant 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,
- ensuring that the member does not receive meeting papers relating to the nature of their interest,
- requiring the member to not attend all or part of the discussion and decision on the related matter,
- noting the nature and extent of the interest, but judging it appropriate to allow the member to remain and participate,
- remove 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. The composition of groups should be kept under review to ensure effective participation.

### 6.8.2 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.

Organisations should keep records that show a clear audit trail of how conflicts of interest have been identified and managed as part of procurement processes. At every stage of procurement, steps should be taken to identify and manage conflicts of interest to ensure and to protect the integrity of the process.

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

For further advice refer to the Trust's procurement leads and the Procurement – Strategic Sourcing Standard Operating Procedure.

## 6.9 Management of interests – transparency

### 6.9.1 Maintenance of Registers

An interest should remain on the register(s) for a minimum of 6 months after the interest has expired. The Trust will retain a private record of historic interests for a minimum of 6 years after the date on which it expired.

As a minimum, the Trust will publish the interests of decision-making staff at least annually in a prominent place on their website.

In exceptional circumstances, an individual's name and / or other information may be redacted from any publicly available registers where the public disclosure of information could give rise to a real risk of harm or is prohibited by law.

The Trust will review the Association of British Pharmaceutical Industry (ABPI) Disclosure UK database at least annually to ensure that all interests relating to interaction with pharmaceutical industries have been declared.

### 6.9.2 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 organisations. For the purposes of this policy, these situations are referred to as **breaches**.

Under the Bribery Act 2010 it is an offence to:

- promise, offer or give a bribe,
- request, agree to receive or accept a bribe,
- bribe a foreign official,
- it is also an offence for the organisation to fail to prevent bribery by not having adequate preventative procedures in place.

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.

Following investigations, the Trust will:

- decide if there has been or is potential for an actual breach and the severity,
- assess whether further action is required in response – this is likely to involve any staff member involved and their line manager, as a minimum,
- consider who else inside and outside the organisation should be made aware of the breach,

- take appropriate action, such as clarifying existing policy, taking action against the staff member(s) responsible for the breach, or escalating to external parties such as auditors, the NHS Counter Fraud Authority, the Police, statutory health bodies and / or regulatory bodies.

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.

## 7.0 Training

7.1 The Local Counter Fraud Specialist will provide an awareness of this policy during the wider leadership team meetings at least every two years.

## 8.0 Monitoring

8.1 The Trust monitors and audits its approach to conflicts of interest management through internal and independent systems as follows:

Measurable document objectives i.e. what will be monitored	Monitoring / audit method	Frequency of monitoring	Responsibility for performing the monitoring	Monitoring reported to group / committee
The policy is applied consistently across the Trust and conflicts of interest declarations are being managed	Internal Audit	Every 3 years	Director of Corporate Affairs	Audit and Risk Committee
Publish the Register of interests of decision-making staff	Review the registers of Interest prior to publication	Annual	Company Secretary	Executive team
Review the Association of British Pharmaceutical Industry Disclosure UK database	Review the disclosures made and interrogate these where required	Annual	Company Secretary	Executive team
Breach management	Report on breaches	Annual	Director of Finance and Resources	Executive team / Audit and Risk Committee

## 9.0 References

9.1 The following references were used to produce this policy:

- <https://www.england.nhs.uk/long-read/managing-conflicts-of-interest-in-the-nhs/#5-management>
- <https://www.england.nhs.uk/wp-content/uploads/2025/11/04-nhssc-26-27-full-length-general-conditions.pdf>
- <https://www.abpi.org.uk/reputation/abpi-2024-code-of-practice/>

## **Appendix 1 – Types of Interest**

### **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 (e.g., 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 risk 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. 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 them) then these should be declared.