

CONTROLLED DOCUMENT

CONFLICTS OF INTEREST POLICY (including Gifts and Hospitality)			
Type of Document	Policy		
Purpose	To set down what staff must do regarding conflicts of interest, including when and how to make a declaration.		
Controlled Document Number	62	Version Number	8.1
Document Sponsor	Trust Secretary		
Document Lead	Corporate Risk and Compliance Manager		
Policy Status	Reserved	Ratification Body	Audit Committee
Date Ratified	04/08/2025	Review date	04/08/2028
This Policy is essential reading for	<ul style="list-style-type: none">• Consultants• Staff who are on the Agenda for Change Band 8c+• Staff on an equivalent salary to the above• SAS Doctors• Any member of staff who wants to declare a conflict of interest• Anyone who wishes to know more about the process		
Information For:	All staff who are not covered by the above list.		
What has changed since the last version of this controlled document?	<ul style="list-style-type: none">• Links to Conflicts of Interest Declaration Forms updated.• The Policy has been aligned with the NHS Model Policy on conflicts of interest.• The value threshold for gift declarations has risen from £25.00 to £50.00.• Personal gifts can no longer be accepted; they are accepted on behalf of the Trust and must be declared.		

<u>POLICY ON A PAGE</u> CONFLICTS OF INTEREST POLICY	
Key things to know	<ul style="list-style-type: none"> • Whether you need to make a conflicts of interest Declaration, and who you need to inform • What to do about gifts and hospitality • What sort of Declaration to make • How to make a Declaration
Advice and guidance	Corporate.compliance@uhb.nhs.uk
Training	The dedicated SharePoint page has more information.

The above summary highlights the main points for all users. For specific details please refer to the main document which follows.

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Version History

Version	Title	Issue Date
8.1	Conflicts of Interest Policy (including Sponsorship, Gifts and Hospitality)	05/11/2025
8.0	Conflicts of Interest Policy (including Sponsorship, Gifts and Hospitality)	22/02/2024
7.2	Conflicts of Interest Policy (including Sponsorship, Gifts and Hospitality)	22/02/2024
7.1	Conflicts of Interest Policy (including Sponsorship, Gifts and Hospitality)	17/05/2022
7.0	Conflicts of Interest Policy (including Sponsorship, Gifts and Hospitality)	22/11/2020

1. Policy Statement

- 1.1. University Hospitals Birmingham NHS Foundation Trust known as 'The Trust' and the people who work with and for us, collaborate closely with other organisations, delivering high-quality care for our patients. These partnerships have many benefits and should help ensure public money is spent efficiently and wisely. However, there is a risk that conflicts of interest may arise.
- 1.2. As an organisation and as individuals, the Trust must ensure that all dealings are conducted to the highest standards of integrity and that NHS monies are used wisely and in the best interests of patients.

2. Policy Objectives

- 2.1. **Objective 1:** Ensure staff have the knowledge they need to understand what they must do with regards to conflicts of interest.

Standard A: Provide a framework (this Policy) with examples to help staff understand conflicts of interest.

- 2.2. **Objective 2:** Ensure staff have a way to make the declarations required and provide advice and guidance.

Standard B: Provide an electronic tool and an enquiry inbox for queries to be sent to as well as a monthly check of declarations for completeness.

- 2.3. **Objective 3:** Ensure the Trust meets the regulatory and contractual requirements.

Standard C: Collate the information necessary to respond to the requirements of the NHS Managing Conflicts of Interest in the NHS guidance and to the conditions within the NHS Standard contract.

3. Scope

- 3.1. In Scope:

This Policy applies to all areas of the Trust and all individuals employed by the Trust, including contractors, volunteers, students, locum, bank and agency staff and staff employed on honorary contracts who are involved in Trust business on and off the premises. It includes staff who work in subsidiaries wholly owned by the Trust.

3.2. Out of scope:

Declarations of Interest made at the start of Board meetings which are recorded separately. Fit and Proper Person declarations fall under the Fit and Proper Persons Policy.

4. Definitions

4.1. NHS England defines a 'conflict of interest' 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."

4.2. 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

4.3. 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.**

4.4. 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 this guidance, these people are referred to as 'decision-making staff'. The Trust has defined decision-making staff as:

- All staff on Agenda for Change grade 8c, and above/those on an equivalent salary
- Consultants
- SAS Doctors

4.5. Types of Interests

- 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: An individual may obtain a non-financial professional benefit from the consequences of a decision they are involved in, such as increasing their professional reputation or promoting their professional career

- Non-financial personal interests: An individual may benefit personally in ways that 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. Applicable Legislation, Regulation and External Guidance

- Bribery Act 2010
- Freedom of Information Act 2000
- ABPI: The Code of Practice for the Pharmaceutical Industry (2014)
- ABHI Code of Business Practice
- NHS Code of Conduct and Accountability (July 2004)

6. Framework

The following sections describe the broad framework for the Policy. This document should be read in conjunction with the Employee Relations Policy (including Staff Code of Conduct).

7. Who needs to make a declaration

- 7.1. All Staff who find themselves having an actual/perceived conflict of interest must declare the conflict within 28 days of becoming aware.
- 7.2. Decision-making staff must make a declaration every 12 months, even if that is a formal Nil Declaration.
- 7.3. Decision-making staff who are away from the Trust for an extended period of time which includes their declaration renewal date, will not be expected to make a declaration until their return.

8. How to make a declaration

Standard B: Provide an electronic survey tool and an enquiry inbox for queries to be sent to as well as a monthly check of declarations for completeness.

- 8.1. Declarations must be made electronically by the individual and not delegated.

8.2. Two declaration forms are available:

- One for staff logged in to the Trust network – [Click here](#)
- One for staff who cannot access the Trust network – [Click here](#)

8.3. Make one declaration per submission. Should evidence of the declaration be required for appraisal, select the save option which will appear when the form is completed.

9. Advice and guidance

Standard B: Provide an electronic survey tool and an enquiry inbox for queries to be sent to as well as a monthly check of declarations for completeness.

9.1. Advice and guidance can be obtained by emailing the Corporate Compliance Team at the following email address: Corporate.compliance@uhb.nhs.uk.

10. What is done with the declarations

Standard C: Collate the information necessary to respond to both the NHS Managing Conflicts of Interest in the NHS and the conditions of the NHS Standard contract.

10.1. The Managing Conflicts of Interest in the NHS guidance requires that an annual register of those declarations from decision-making staff be published on the Trust's Internet site. The register follows the format required and is redacted to remove third-party information before publication. The register is published at the start of the financial year and can be viewed [at the bottom of this page](#).

10.2. If a member of decision-making staff has substantial grounds for believing that publication of their interests should not take place, then they should contact Corporate.compliance@uhb.nhs.uk to explain why. In exceptional circumstances, for instance, where the publication of information might put a staff member 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. Where information has been redacted, the individual's name will still appear on the published register with a statement that the detail has been redacted.

10.3. Since 2022, the NHS Standard Contract requires that all decision-making staff make an annual declaration. An extensive programme of reminders and escalations is in place. The names of those members of staff who are required

to make a declaration, but do not do so, apart from those on long-term absence, are published on the Trust's internet page [and can be viewed here.](#)

- 10.4. The Trust will also use the information on the register to support broader transparency initiatives. Payments made from Pharmaceutical Organisations which have signed up for the Association of British Pharmaceutical Industry (ABPI) Disclosure UK initiative are available publicly online. This information will be reconciled with the declarations made to identify gaps in declarations made.

11. Management of interests

- 11.1. If an interest is declared but there is no risk of a conflict arising, no action is warranted. However, if a material interest is declared that may/will lead to a conflict, 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
- 11.2. Each case will be different and context-specific, and the Trust will always clarify the circumstances and issues with the individuals involved. Staff should maintain a written audit trail of information considered and actions taken.
- 11.3. Staff who declare an interest that may/will lead to a conflict should make their line manager aware of the existence of the interest/s.
- 11.4. Where a departure from the terms of the Policy has been agreed, these will be extracted from declarations received and recorded on a Departures register which is reported to Audit Committee.

12. Types of Interest

- 12.1. Interests can be Financial, Non-financial, Non-financial personal or Indirect as defined by NHS England – these can be found in the definitions section.

13. 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.

13.1. Gifts

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

Gifts from suppliers or contractors:

- 13.1.2. Gifts from suppliers or contractors doing business (or likely to do business) with the Trust should be declined, whatever their value.
- 13.1.3. Low cost branded promotional aids such as pens or Post-it notes may, however, be accepted where they are under the value of £6¹ in total and need not be declared.

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

- 13.1.4. Gifts of cash and vouchers to individuals must always be declined.
- 13.1.5. Staff should not ask for any gifts.
- 13.1.6. Gifts valued at over £50 must be passed to the Trust charity and declared unless the receiver wishes to keep the gift. If the individual receiving the gift wishes to keep the gift, then they must make a donation to the Trust charity for the value of the gift and make a declaration which explains this.
- 13.1.7. Modest gifts accepted under a value of £50 do not need to be declared.
- 13.1.8. 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).
- 13.1.9. Multiple gifts from the same source over a 12-month period should be treated in the same way as single gifts over £50 when the cumulative value exceeds £50.

What should be declared:

- 13.1.10. Staff name and their role with the Trust.
- 13.1.11. A description of the nature and value of the gift, including its source.
- 13.1.12. Date of receipt.

¹ 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>

- 13.1.13. 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).

13.2. Hospitality

- 13.2.1. Staff should not ask for or accept hospitality that may affect, or be seen to affect, their professional judgement.
- 13.2.2. Hospitality must only be accepted when there is a legitimate business reason, and it is proportionate to the nature and purpose of the event.
- 13.2.3. Particular caution should be exercised when hospitality is offered by actual or potential suppliers or contractors. This can be accepted if less than £75.00 per day.
- 13.2.4. This must be declared and be approved by a member of decision-making staff in the individual's management chain. The approval must be in writing and kept on file.

13.3. Meals and Refreshments

- 13.3.1. Under a value of £25 - may be accepted and need not be declared.
- 13.3.2. Of a value between £25 and £75 ² - may be accepted and must be declared.
- 13.3.3. Over a value of £75 - should be refused unless (in exceptional circumstances) senior approval is given. A clear reason should be recorded on the Trust's register(s) of interest as to why it was permissible to accept.
- 13.3.4. A common-sense approach should be applied to the valuing of meals and refreshments (using an actual amount, if known, or a reasonable estimate).

13.4. Travel and Accommodation

- 13.4.1. Modest offers to pay some or all the travel and accommodation costs related to attendance at events may be accepted and must be declared.
- 13.4.2. Offers which go beyond modest or are of a type that the Trust itself might

² 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>

not usually offer, should only be accepted in exceptional circumstances, and must be declared. This must be approved by a member of decision-making staff in the individual's management chain. The approval must be in writing and kept on file.

13.4.3. A clear reason should be recorded on the organisation's register(s) of interest as to why it was permissible to accept travel and accommodation of this type. A non-exhaustive list of examples includes:

- offers of business class or first-class travel and accommodation (including domestic travel)
- offers of foreign travel and accommodation.

What should be declared:

13.4.4. Staff name and their role with the Trust.

13.4.5. The nature and value of the hospitality including the circumstances.

13.4.6. Date of receipt.

13.4.7. 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).

13.5. Outside Employment

13.5.1. Staff must declare any existing outside employment on appointment and any new outside employment when it arises.

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

13.5.3. Where contracts of employment or terms and conditions of engagement permit, staff may be required to seek prior approval from the Trust to engage in outside employment. This approval must be from a member of decision-making staff in the individual's management chain. The approval must be in writing and kept on file.

13.5.4. 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 the risk of a conflict.

What should be declared:

- 13.5.5. Staff name and their role with the Trust.
- 13.5.6. The nature of the outside employment (e.g. who it is with, a description of duties, time commitment).
- 13.5.7. Relevant dates.
- 13.5.8. 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).

13.6. Shareholdings and other ownership issues

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

What should be declared:

- 13.6.4. Staff name and their role with the Trust.
- 13.6.5. Nature of the shareholdings/other ownership interest.
- 13.6.6. Relevant dates.
- 13.6.7. 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).

13.7. Patents

- 13.7.1. Staff should declare patents and other intellectual property rights they hold (either individually, or by virtue of their association with a commercial organisation or other Trust), including where applications to protect have started or are ongoing, which are, or might be reasonably expected to be, related to items to be procured or used by the Trust.
- 13.7.2. Staff should seek prior permission from the Trust before entering into any agreement with bodies regarding product development, research, work on pathways etc, where this impacts on the Trust's own time, or uses its

equipment, resources or intellectual property.

- 13.7.3. 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:

- 13.7.4. Staff name and their role with the Trust.
- 13.7.5. A description of the patent.
- 13.7.6. Relevant dates.
- 13.7.7. 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).

13.8. Loyalty Interests

- 13.8.1. 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 fora which can influence how the Trust spends taxpayers' money.
 - Are, or could be, involved in the recruitment or management of close family members and relatives, close friends and associates, and business partners.
 - Are aware that their Trust does business with an organisation in which close family members and relatives, close friends and associates, and business partners have decision making responsibilities.

What must be declared:

- 13.8.2. Staff name and their role with the Trust.
- 13.8.3. Nature of the loyalty interest.
- 13.8.4. Relevant dates.
- 13.8.5. 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).

13.9. Donations

- 13.9.1. Donations made by suppliers or bodies seeking to do business with the Trust should be treated with caution and not routinely be 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.
- 13.9.2. Staff should not actively solicit charitable donations unless this is a prescribed or expected part of their duties for the Trust or is being pursued on behalf of the Trust's own registered charity or another charitable body and is not for their own personal gain.
- 13.9.3. Staff must obtain permission from the Trust if in their professional role they intend to undertake fundraising activities on behalf of a campaign for a charity other than the Trust's own.
- 13.9.4. Donations, when received, should be made to a specific charitable fund (never to an individual) and a receipt should be issued.
- 13.9.5. Staff wishing to make a donation to a charitable fund in lieu of receiving a professional fee may do so, subject to ensuring that they take personal responsibility for ensuring that any tax liabilities related to such donations are properly discharged and accounted for.

What should be declared:

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

13.10. Sponsored Events

- 13.10.1. Sponsorship of events by appropriate external bodies will only be approved if a reasonable person would conclude that the event will result in clear benefit to the Trust and the NHS.
- 13.10.2. Approval must be obtained from the relevant Site Director or Head of the appropriate corporate department.
- 13.10.3. During dealings with sponsors there must be no breach of patient or individual confidentiality or data protection rules and legislation.
- 13.10.4. 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.
- 13.10.5. At the Trust's discretion, sponsors or their representatives may attend or

take part in the event, but they should not have a dominant influence over the content or the main purpose of the event.

13.10.6. The involvement of a sponsor in an event should always be clearly identified.

13.10.7. Staff within the Trust 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.

13.10.8. Staff arranging sponsored events must declare this to the Trust.

What should be declared:

13.10.9. 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.

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

13.11. Sponsored Research

13.11.1. Funding sources for research purposes must be transparent.

13.11.2. Any proposed research must go through the relevant health research authority or other approvals process.

13.11.3. There must be a written protocol and written contract between staff, the Trust, and/or institutes at which the study will take place and the sponsoring organisation, which specifies the nature of the services to be provided and the payment for those services.

13.11.4. The study must not constitute an inducement to prescribe, supply, administer, recommend, buy or sell any medicine, medical device, equipment or service.

13.11.5. Staff should declare involvement with sponsored research to the Trust.

What should be declared:

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

13.11.7. Staff should declare:

- Their name and their role with the organisation.

- Nature of their involvement in the sponsored research.
- Relevant dates.
- Other relevant information (e.g. what, if any, benefit the sponsor derives from the sponsorship, action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this Policy).

13.12. Sponsored Posts

- 13.12.1. External sponsorship of a post requires prior approval from a member of the Group Executive Team.
- 13.12.2. Rolling sponsorship of posts should be avoided unless appropriate checkpoints are put in place to review and withdraw if appropriate.
- 13.12.3. 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 arise which cannot be managed.
- 13.12.4. Sponsored post holders must not promote or favour the sponsor's products, and information about alternative products and suppliers should be provided.
- 13.12.5. 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:

- 13.12.6. The Trust will retain written records of sponsorship of posts, in line with the above principles and rules.
- 13.12.7. 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.

13.13. Clinical Private Practice

- 13.13.1. Clinical staff must declare all private practice on appointment, and/or

any new private practice when it arises³ including:

- Where they practise (name of private facility)
- What they practise (specialty, major procedures)
- When they practise (identified sessions/time commitment)

13.13.2. Clinical staff must (unless existing contractual provisions require otherwise or unless emergency treatment for private patients is needed):

- Ensure that, where there would otherwise be a conflict or potential conflict of interest, NHS commitments take precedence over private work.⁴
- Not accept direct or indirect financial incentives from private providers other than those allowed by Competition and Markets Authority guidelines:

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

13.13.3. Hospital Consultants must 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.

What is to be declared:

13.13.4. Staff name and their role with the Trust.

13.13.5. A description of the nature of the private practice (e.g. what, where and when staff practice, sessional activity, etc).

13.13.6. Relevant dates.

13.13.7. 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

³ Hospital Consultants are already required to provide their employer with this information by virtue of Para.3 Sch. 9 of the Terms and Conditions – Consultants (England) 2003: https://www.bma.org.uk/-/media/files/pdfs/practical_advice_at_work/contracts/consultanttermsandconditions.pdf

⁴ 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

Policy).

14. Management of interests – advice in specific contexts

14.1. Strategic internal decision-making groups

14.1.1. In common with other NHS bodies University Hospitals Birmingham NHS Foundation Trust uses a variety of different internal 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

14.1.2. 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 Trust's register(s)
- The vice chair (or other non-conflicted member) should chair all or part of the meeting if the chair has an interest that may prejudice their judgement

14.1.3. 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 not to 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
- 14.1.4. 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 the proportionate management of risk.

14.2. Procurement

- 14.2.1. Procurement should be managed in an open and transparent manner, compliant with procurement and other relevant law, to ensure there is no discrimination against or in favour of any provider. Procurement processes should be conducted in a manner that does not constitute anti-competitive behaviour which is against the interest of patients and the public.
- 14.2.2. Those involved in procurement exercises for and on behalf of the Trust should keep records that show a clear audit trail of how conflicts of interest have been identified and managed as part of procurement processes. At every stage of procurement steps should be taken to identify and manage conflicts of interest to ensure and to protect the integrity of the process.

15. Dealing with breaches

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

16. Identifying and reporting breaches

- 16.1. Staff aware of actual breaches of this Policy or concerned that there has been, or could be, a breach should report these concerns to Trust Secretary.
- 16.2. 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, please refer to the Raising Concerns Policy and the Employee Relations Policy.

16.3. The Trust will investigate each reported breach according to its specific facts and merits and allow relevant parties to explain and clarify any relevant circumstances.

16.4. Following investigation, the Trust will:

- Decide if there has been or there is potential for a breach and if so what the severity of the breach is
- Assess whether further action is required in response – this is likely to involve any staff member involved and their line manager, as a minimum
- Consider who else inside and outside the Trust should be made aware
- Take appropriate action as set out in the next section

17. Taking action in response to breaches

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

17.2. 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 referring matters to external auditors, NHS Counter Fraud Authority, the Police, statutory health bodies (such as NHS England or the Care Quality Commission), and health professional regulatory bodies

17.3. Inappropriate or ineffective management of interests can have severe implications for the Trust and staff. There will be occasions when it is necessary to consider the imposition of sanctions for breaches.

17.4. Sanctions should only be considered once the circumstances surrounding breaches have been adequately investigated. However, if such investigations establish wrong-doing or fault, then the Trust can and will consider the range of possible sanctions that are available in a manner which is proportionate to the breach. This includes:

- Employment law action against staff, which might include:

- Informal action (such as reprimand or signposting to training and 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 required
- Contractual action, such as the 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

18. Duties

18.1. Chief Executive

- 18.1.1. The Chief Executive has overall responsibility for the implementation of this Policy. They have to ensure that the Trust has appropriate processes in place which ensure that all Trust staff are impartial, honest and beyond suspicion of corruption in the conduct of their business.

18.2. Trust Secretary

- 18.2.1. Provides an annual report to the Audit Committee, detailing breaches of this Policy.
- 18.2.2. Receives reports from staff regarding concerns or breaches of this Policy.
- 18.2.3. Investigates any suspected conflicts of interest and prepare a report of any findings to the Audit Committee as and when required.

18.3. Staff who can approve Sponsored Events, Sponsored Posts, Gifts, Hospitality and Sponsorships

- 18.3.1. The staff referred to in Section 13 who may approve the above in exceptional and justifiable circumstances have a duty to exercise this power with the utmost care and under careful consideration of the consequences. Approval must only be granted where the acceptance of a Gift, Hospitality or Sponsorship can under no circumstances be perceived as a breach of the duty to remain impartial, independent,

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honest and above suspicion of corruption.

18.4. Decision-making Staff

- 18.4.1. Staff members who are decision-making staff must make an annual declaration. This group comprises all staff at Agenda for Change grade 8c and above, those on an equivalent salary, Consultants, and SAS Doctors.

18.5. Local Counter Fraud Specialist

- 18.5.1. Investigates referrals received from the Trust.
- 18.5.2. Advises the Trust where potential criminal prosecution may be appropriate.

18.6. Corporate Risk and Compliance Manager

- 18.6.1. Collects the declarations (including nil returns), the results of which will then be entered into the register.
- 18.6.2. Responds to routine queries in the Corporate Compliance Inbox and escalating complex queries to appropriate colleagues.
- 18.6.3. Publishes the Conflict of Interest Register on an annual basis on the Trust website, in accordance with the NHS England Guidance (Managing Conflicts of Interest in the NHS) and the NHS Standard Contract.

18.7. Trust Staff

- 18.7.1. Submit declarations for any declarable gifts, hospitality and sponsorship or any other conflict.
- 18.7.2. Submit nil returns where required.
- 18.7.3. Report any suspected conflicts of interest to the Trust Secretary.
- 18.7.4. Adhere to this Policy, any relevant code of conduct and all good business and corporate governance practices.
- 18.7.5. Staff must not accept direct or indirect financial incentives from private providers other than those allowed by Competition and Markets Authority guidelines.
- 18.7.6. Where the Trust becomes aware of a potential undeclared interest, staff will be approached and requested to account for the potential

interest.

- 18.7.7. Trust staff must be aware that the breach of the provisions of the Bribery Act 2010 renders them liable to prosecution and may also lead to loss of their employment and superannuation rights.

19. Associated Documents

19.1. Documents which are directly linked to this Policy:

Version	CDN	Title	Issue Date
2.2	1178	Employee Relations Policy (including Staff Code of Conduct)	06/08/2025
1.0	1462	Procurement Policy	15/05/2025

19.2. Documents which provide ancillary information:

Version	CDN	Title	Issue Date
5.0	170	Counter Fraud Policy	19/11/2024
2.1	1206	Disciplinary Procedure	05/02/2024
6.1	176	Freedom of Information Act and Environmental Information Regulations Policy	06/02/2024
7.1	153	Freedom to Speak Up: Raising Concerns Policy	23/02/2024
13	138	Standing Financial Instructions	27/02/2025
13.1	139	Standing Orders	24/10/2023

20. References

20.1. Legislation/Regulatory Guidance

- The Bribery Act 2010
- NHS Standard Contract 2025/2026
- Managing Conflicts of Interest in the NHS: Guidance for staff and organisations, NHS England, September 2024

20.2. Best Practice

- Commercial Sponsorship – Ethical Standards for the NHS
- Chartered Institute of Procurement and Supply (CIPS) Code of Conduct (2013)
- CIPS Corporate Code of Ethics - Chartered Institute of Procurement and Supply (2014)

- The Procurement Act 2023
- Standards of Business conduct for NHS Staff

21. Implementation, Training and Resources

21.1. Implementation

21.1.1. The Policy will be communicated through the Trust Bulletin when it is ratified, with an annual reminder regarding declarations. It is also included on the Consultant Induction course.

21.1.2. A dedicated SharePoint page with advice and guidance [can be found here](#). The email address Corporate.Compliance@uhb.nhs.uk is set up for queries.

21.2. Training

21.2.1. Appendix B contains the Training Needs Analysis.

21.3. Resources

21.3.1. The time of the Corporate Risk and Compliance Team.

21.3.2. The time of the Chief Medical Officer's Services Team.

Appendix A: Monitoring Matrix

What is being monitored	Who prepares the report?	Which meeting or Group is it reported to?	How often is it reported?	Where are concerns escalated to?
Standard A: Provide a framework with examples to help staff understand conflicts of interest.				
That the Policy/guidance is in date and published.	Corporate Risk and Compliance Manager	Audit Committee	Annually	Trust Secretary
Standard B: Provide an electronic tool and an enquiry inbox for queries to be sent to as well as a monthly check of declarations for completeness.				
That the tool is operational.	Corporate Risk and Compliance Manager	Audit Committee	Annually	IT
That declarations are complete, and any requiring further action are flagged to the declarer.	Corporate Risk and Compliance Manager	Audit Committee	Annually	Trust Secretary
That queries are being responded to within 3 working days.	Corporate Risk and Compliance Manager	Audit Committee	Annually	Trust Secretary
Standard C: Collate the information necessary to respond to the requirements of the NHS Managing Conflicts of Interest in the NHS guidance and the conditions within the NHS Standard contract.				
That the annual register and annual Trust declaration are fully complete with no omissions and published by the due date.	Corporate Risk and Compliance Manager	Audit Committee	Annually	Trust Secretary

Appendix B: Training Needs Analysis

Staff Group (from Duties)	Training Level		
	Awareness	Process	Expert
Chief Executive	✓		
Trust Secretary		✓	
Approvers		✓	
Decision-Making Staff		✓	
Corporate Risk and Compliance Manager			✓
Local Counter Fraud Specialist		✓	
Freedom To Speak Up Guardian		✓	
All Staff	✓		

Training Level	What is provided	How is this measured?
Awareness	The Policy, SharePoint page and regular communications.	<ul style="list-style-type: none"> • #Hits on documents
Process	All the above and; <ul style="list-style-type: none"> • the Survey Tool • the corporate.compliance@uhb.nhs.uk inbox for queries and requests 	<ul style="list-style-type: none"> • Responses to the annual exercise • Quality of declarations • Review of queries to test understanding
Expert	All the above and professional knowledge of the following: <ul style="list-style-type: none"> • managing Conflicts of Interest in the NHS guidance • APBI data • NHS Standard Contract General Clauses • 365 Microsoft Forms and associated Flows • APBI data through the Disclosure UK Portal 	<ul style="list-style-type: none"> • Queries are answered on time and provide useful information • Technology is used to make the declaration process easy and accessible for declarers • All statutory requirements are satisfied