

## Policy: 18.02

# Conflicts of Interest (Incorporating Standards of Business Conduct)

### 1. Why Nottinghamshire Healthcare NHS Foundation Trust requires this policy and procedure

Nottinghamshire Healthcare NHS Foundation Trust requires a conflicts of interest policy to ensure transparency, integrity, and trust in its operations and decision-making processes. A well-defined policy helps in identifying, disclosing, and managing any potential conflicts, thus safeguarding the trust's commitment to impartiality and ethical conduct while maintaining public and stakeholder confidence in its governance and service delivery.

### 2. Who this policy and procedure is applicable to

This policy is applicable to all staff.

### 3. Policy and procedure summary

The policy on conflicts of interest outlines the principles and procedures for identifying, disclosing, and managing any personal, financial, or other interests that could potentially influence, or appear to influence, an individual's professional decisions. It emphasises the importance of transparency and the need for all staff and board members to declare any potential conflicts that could affect their impartiality or the perception of their impartiality. The policy requires regular declarations and updates to ensure that any conflicts are promptly addressed.

The policy provides clear guidance on how to handle conflicts of interest once they are identified. It details the process for disclosing conflicts to the organisation, such as line managers or the governance team, and outlines the steps to be taken to manage or mitigate any identified conflicts. This may include recusal from certain decisions, adjustments to duties, or other measures designed to prevent any undue influence on the trust's operations or decision-making processes.

The policy also typically addresses the consequences of non-compliance, including disciplinary actions, to reinforce the commitment to maintaining the highest standards of integrity and transparency within the NHS organisation.

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

- Introduces consistent principles and rules.
- Informs staff about the Trust's online portal used to records declarations of interest.
- Supports good judgement about how to approach and manage interests.
- Provides simple advice about what to do in common situations, such as:
  - Offers of gifts and hospitality, outside employment, shareholding and ownerships, patents, loyalty interests, donations, sponsorship of events, sponsored research and posts and clinical private practice.

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### 4. Essential information

Staff must understand that they are required to declare any personal, financial, or other interests that could potentially influence their professional decisions or create the appearance of a conflict of interest. They should regularly update their declarations and inform the relevant authorities within the organisation, such as their line manager or the governance team, whenever a potential conflict arises.

Once a conflict is disclosed, staff must follow the prescribed procedures to manage it, which may involve recusing themselves from certain decisions or adjusting their duties to prevent any undue influence. They should be aware that ongoing oversight and compliance with the policy are crucial and that failure to comply may result in disciplinary action.

### 5. Changes made to this policy and procedure since last review

Updates to reflect related Trust policies and alignment to the revised NHSE Guidance: Managing conflicts of Interests in the NHS published on 17 September 2024.

Related policies/procedures:

Trustwide Management of Professional and Workplace Boundaries 06.10  
Conduct Policy and Procedures 10.10  
Freedom to Speak Up Policy – Raising concerns 10.15  
Standing Orders, Standing Financial Instructions and Scheme of Delegation – 18.01 and 18.01a  
Counter Fraud, Bribery and Corruption Policy – 18.04  
Research Policy – 18.11

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Version Control Sheet

<b>Version Number</b>	<b>Date</b>	<b>Expert Writer</b>	<b>Status (New, Edited)</b>	<b>Comments and Details of Changes Being Made</b>
GG/CG/01	06.06	T Footitt	Edited	Change to author, house style and review date
5.03	02.10	T Footitt	Edited	New format. Section 1.2 removed “are introduced with immediate effect and”. Equality Impact Assessment undertaken.
5.03 (Issue 4)	05/14	C Draycott	Edited	Minor changes to titles, changes to issue date and review date.
5.03 (Issue 5)	01/18	C Sharples	Edited	Wholesale re-write to reflect revised national guidance and incorporate standards of business conduct and gifts, hospitality and sponsorship policies. Minor amendments only.
5.03	02/21	L West	Edited	Review date extended for 3 months until May 2021.
5.03 (Issue 6)	03/2021	B Cassidy	Edited	Amendments made to reflect MES Declare portal. The way in which staff report declarations has changed and now done through an online portal. Changes throughout to reflect the change. Removal of Appendix 2 as we no longer hold a physical register, call contained within the portal
5.03	04/2021	K Liever	Edited	Reference number changed to 18.02
18.02	07/2021	L West	Edited	Review date extended by 6 months
18.02 (Issue 6)	01/2022	L West	Edited	Review date extended to March 22
18.02 (Issue 6)	02/2022	L West	Edited	Email address updated on form
18.02 (Issue 7)	05/2022	S Higginbotham	Edited	Full review with minor changes made throughout
18.02 (Issue 8)	02/2024	B Anthony/N Jamshed	Edited	Full review with changes made throughout
18.02 (Issue 9)	05/2024	B Anthony/N Jamshed	Edited	Full review with changes made throughout
18.02 (Issue 10)	04/2025	R Mookan	Updated	Full update in line with NHSE Guidance and People and Culture Directorate made throughout

## POLICY SUMMARY

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

As a member of staff you should...	As an organisation we will...
<ul style="list-style-type: none"> <li>Familiarise yourself with this policy and follow it. Refer to the guidance for the rationale behind this policy <a href="#">NHS England » Managing conflicts of interest in the NHS</a></li> <li>Make a declaration annually via the Trust's online portal even if it is a "nil declaration"</li> <li>When making a declaration, use your common sense and judgement to consider whether the interests you have could affect the way taxpayers' money is spent</li> <li>Regularly consider what interests you have and declare these as they arise. If in doubt, declare.</li> <li><b><u>NOT</u></b> misuse your position to further your own interests or those close to you</li> <li><b><u>NOT</u></b> be influenced, or give the impression that you have been influenced by outside interests</li> <li><b><u>NOT</u></b> allow outside interests you have to inappropriately affect the decisions you make when using taxpayers' money</li> </ul>	<ul style="list-style-type: none"> <li>Ensure that this policy and supporting processes are clear and help staff understand what they need to do.</li> <li>Identify a team or individual with responsibility for:               <ul style="list-style-type: none"> <li>Keeping this policy under review to ensure they are in line with the guidance.</li> <li>Providing advice, training and support for staff on how interests should be managed.</li> <li>Maintaining the online portal to ensure it is appropriate to statutory requirements</li> <li>Prompt staff annually to update their declaration, even it is a "nil declaration"</li> <li>Maintaining register(s) of interests via the portal.</li> </ul> </li> <li>Auditing this policy and its associated processes and procedures at least once every three years.</li> <li><b><u>NOT</u></b> avoid managing conflicts of interest.</li> <li><b><u>NOT</u></b> interpret this policy in a way which stifles collaboration and innovation with our partners</li> </ul>

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## 1.0 Introduction

- 1.1 Nottinghamshire Healthcare NHS Foundation Trust (the “Trust”), and the people who work with and for us, collaborate closely with other organisations, delivering high quality care for our patients.
- 1.2 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.
- 1.3 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.

## 2.0 Policy Principles

- 2.1 This policy will help our staff manage conflicts of interest risks effectively. It:
  - Introduces consistent principles and rules.
  - Provides simple advice about what to do in common situations.
  - Supports good judgement about how to approach and manage interests.
  - Informs staff about the online portal used to record declarations of interests.
- 2.2 This policy should be considered alongside these other Trust policies:
  - Standing Financial Instructions
  - Scheme of Delegation
  - Counter Fraud, Bribery and Corruption Policy
  - Research Policy – 18.11
  - Freedom to Speak Up Policy – Raising concerns
  - Conduct Policy and Procedures – 10.10
  - Trustwide Management of Professional and Workplace Boundaries – 06.10

## 3.0 Definitions

- 3.1 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.”<sup>1</sup>
- 3.2 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
- 3.3 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.

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<sup>1</sup> NHSE Guidance on Management of Conflicts of Interest June 2017  
Issue 10 – April 2025

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Interests fall into the following categories:

### **Financial interests**

Where an individual may get direct financial benefit<sup>2</sup> from the consequences of a decision they are involved in making. 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 sponsored research.

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

Where an individual may obtain a non-financial professional benefit<sup>2</sup> from the consequences of a decision they are involved in making, such as increasing their professional reputation or promoting their professional career. This could include situations where an individual is/has:

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

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

Where an individual may benefit<sup>2</sup> 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. 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**

Where an individual has a close association<sup>3</sup> with another individual who has a financial interest, a non-financial professional interest or a non-financial personal interest and could stand to benefit<sup>2</sup> from a decision they are involved in making. This would include:

- close family members and relatives
- close friends and associates
- business partners.

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<sup>2</sup> This may be a financial gain, or avoidance of a loss.

<sup>3</sup> 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, and business partners.



3.4 Other relevant definitions:

<b>Bribery</b>	Bribery may be summarised as dishonestly persuading someone to act in one's favour by a gift of money or other inducement.
<b>Donations</b>	Donations are charitable financial payments, which can be in the form of direct cash payment or through the application of a will or similar directive.
<b>Gifts</b>	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.
<b>Hospitality</b>	Hospitality means offers of meals, refreshments, travel, accommodation, and other expenses in relation to attendance at meetings, conferences, education and training events and the like.
<b>Sponsorship<sup>4</sup></b>	Sponsorship means the receipt of ex gratia funding from an external source to underwrite (whether in full or part) the Trust's corporate costs in relation to trust led activities, events, publications and the like. Sponsored posts are positions within the Trust that are funded, in whole or in part, by organisations external to the NHS.

## 4.0 Our Staff

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

- All salaried employees (including bank staff and apprentices).
- All prospective employees – who are part-way through recruitment.
- Contractors and sub-contractors
- Agency staff; and
- Committee, sub-committee and advisory group members (who may not be directly employed or engaged by the Trust e.g. Non-Executive Directors)

4.2 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.'

4.3 Decision making staff in this Trust includes:

- Executive and Non-Executive Directors
- Members of strategic assurance or decision-making groups which contribute directly to delegated decision making on the commissioning or provision of taxpayer funded services.
- Those at Agenda for Change band 8d and above
- Members of the Procurement team
- Administrative and clinical staff that have the power to enter into contracts on behalf of the Trust.
- Administrative, operational and clinical staff involved in decision making concerning the commissioning of services, purchasing of goods and services, medicines, medical devices or equipment, and formulary decisions.

<sup>4</sup> Sponsorship should not be confused with circumstances in which external funding is provided to support individual's attendance at external conferences etc., this should be treated as falling within the provisions for hospitality.

## 5.0 Identification, Declaration and Review of Interests (including gifts and hospitality)

- 5.1 All staff should identify and declare material interests at the earliest opportunity (and in any event 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 in the following circumstances, and may need to be made more than once during the year:

- On appointment with the Trust, even in the case of a “nil declaration”.
- 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).
- Annually, when prompted by the portal, even in the case of a “nil declaration”.

There may be occasions where staff declare an interest but upon closer consideration it is clear that this is not material and so does not give rise to the risk of a conflict of interest. The Corporate Governance Team will decide whether it is necessary to transfer such declarations to register(s) of interests.

- 5.2 A declaration of interest(s) must be made online via the Trust’s portal for managing declarations which can be found at [www.nottshealthcare.mydeclarations.co.uk](http://www.nottshealthcare.mydeclarations.co.uk). The form at appendix 1 must only be used by people who are not directly employed by the Trust or who have no access to the online portal. Staff are responsible for accessing the portal and personally submitting any declarations they may have.
- 5.3 The portal will prompt staff annually to review declarations they have made and, as appropriate, update them or make a nil declaration. Decision-makers must ensure that their declaration(s) are up to date on the portal and respond to prompts from the portal to update their declaration(s).
- 5.4 Declarations made on the portal will be automatically notified to the employee’s line manager, who should discuss the declaration with the employee and verify whether there are any decision-making issues for the Trust. The line manager should also decide on the mitigating action required to manage those issues. After this discussion, the line manager should complete on the portal that the declaration has been checked. Advice should be sought from the Director/Head of Corporate Governance in the event of a query.
- 5.5 The Head of Corporate Governance will regularly review audit logs from the portal to verify if line managers have checked an employee’s declaration and to review if any declarations give rise to any potential conflicts of interest that need to be managed.
- 5.6 After expiry, an interest will remain on the Trust portal for a minimum of six months, and a private record of historic interests will be retained for a minimum of six years.
- 5.7 The Head of Corporate Governance is responsible for providing advice, training and support for staff on how interest should be managed.

## 6.0 Records and Publication

### 6.1 Maintenance

The Trust will maintain the following registers on the online portal pertaining to this policy:

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- Declaration of Interest Register
- Gifts, Hospitality and Sponsorship Register

The Director of Corporate Governance is responsible for maintaining the Register(s) of Interests. All declared interests that are material will be promptly transferred to the registers by the Director of Corporate Governance.

### 6.2 Publication

#### 6.2.1 The Trust will:

- Publish the interests declared by ‘decision making staff’ in the Declarations of Interest Register and the Gifts, Hospitality and Sponsorship Register.
- Refresh this information on an annual basis.
- Make this information available on the website of the Trust and/or by contacting the Director of Corporate Governance.

#### 6.2.2 In some cases it might not be appropriate to publish information about the interests of some ‘decision making staff’, or their personal information might need to be redacted.

#### 6.2.3 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 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, hidden or redacted merely because of personal preference.

### 6.3 Wider Transparency Initiatives

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

#### 6.3.2 Relevant staff must disclose payments they receive from the pharmaceutical industry to be disclosed as part of the Association of British Pharmaceutical Industry (ABPI) Disclosure UK initiative. These “transfers of value” include payments relating to:

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

Further information about the scheme can be found on the ABPI website:

[The Association of the British Pharmaceutical Industry](#)

## 7.0 Management of Interests – General

### 7.1 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:

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- 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.

- 7.2 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.
- 7.3 The Director of Corporate Affairs will advise on possible disputes about the most appropriate management action.

## 8.0 Management of Interests – Common Situations

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

### 8.2 Gifts

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

8.2.2 Gifts from suppliers or contractors:

- Gifts from suppliers or contractors doing business (or likely to do business) with the Trust should be declined, whatever their value.
- Low cost branded promotional aids such as pens or post-it notes may, however, be accepted where they are under the value of £6<sup>5</sup> in total, and need not be declared.

8.2.3 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 gifts.
- Gifts valued at over £50 should be treated with caution and only be accepted on behalf of the Trust and not in a personal capacity.
- Gifts of cash should be paid into the Trust's Charitable Funds.
- 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)  
**Please note:** Within the Forensic Care Group, gifts from patients, regardless of their value, should not be accepted by staff on the basis that the offering of gifts could be construed as attempts to influence the professional judgement of staff. Therefore, within Offender Health and the Forensic Care Group, gifts offered by patients shall not be accepted by staff.
- 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.

8.2.4 What should be declared

- Staff name and their role within the Trust
- A description of the nature and value of the gift, including its source

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<sup>5</sup> The £6 value has been selected with reference to existing industry guidance issued by the ABPI:  
<http://www.pmcpa.org.uk/thecode/Pages/default.aspx>

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- Date of receipt
- Any other relevant information (e.g. circumstances surrounding the gift, action taken to mitigate against a conflict, details of an approvals given to depart from the terms of this policy).

### 8.3 Hospitality

- 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 of the purpose of the event.
- Hospitality offered by actual or potential suppliers or contractors should not be accepted without prior approval from an Executive Director. If accepted, this must be declared.
- Hospitality should only be provided when it is necessary and fully justifiable in pursuing the work of the Trust. This includes business both on and away from Trust premises.
- Hospitality should not be provided simply to reciprocate hospitality received on some previous occasion, nor should it be extended to spouses or guests unless the circumstances justify it.
- It is appropriate for drinks to be provided at business meetings, taking into account the length of the meeting and the distance travelled by staff attending. Drinks provided should be non-alcoholic.
- The provision of hospitality for receptions and other social functions must be able to be justified as an appropriate and acceptable use of public funds and approved by an Executive Director. Charitable funds are available to support some activities and a scheme is in place to support those retiring or who have long service.
- Alcohol – The Trust Board resolved (June 2006) that no alcohol would be supplied at any event organised by the Trust. Any exception to be agreed by the Chief Executive.
- Expenditure relating to the staging of significant events which have a social element, for example an Annual General Meeting or an awards ceremony (OSCARS) should be approved by the Chief Executive.

#### 8.3.1 Meals and Refreshments (Both Provision and receipt of)

- Under a value of £25 – may be accepted and need not be declared
- Of as value between £25 and £75<sup>6</sup> – may be accepted and must be declared.
- Over a value of £75 – should be refused unless (in exceptional circumstances) senior approval is given. A clear reason should be recorded on the Trust's register(s) of interest, via the online portal, 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).

#### 8.3.2 Travel and Accommodation

- Offers to pay some or all of the travel and accommodation costs related to attendance at events may be accepted and must be declared.
- Offers which go beyond modest, or are of a type that the Trust itself might not 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 Trust's register(s) of interest, via the online portal, 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)

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<sup>6</sup> The £75 value has been selected with reference to existing industry guidance issued by the ABPI  
<http://www.pmcpa.org.uk/thecode/Pages/default.aspx>

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- Offers of foreign travel and accommodation.

#### 8.3.3 What should be declared

- Staff name and their role with the Trust
- 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).

#### 8.4 Outside Employment

- Staff should declare any existing outside employment on appointment and any new outside employment when it arises.
- Where a risk of conflict of interest arises, the general management actions outlined in this policy should be considered and applied to mitigate risks.
- Where contracts of employment or terms and conditions of engagement permit, staff may be required to seek prior approval from the Trust to engage in outside employment.

8.4.1 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. Executive Directors, Non-Executive Directors and Associate Directors are required to comply with the Fit and Proper Regulations as set out in the Health and Care Act 2022 and the Trust's Constitution. As such, these persons are required to make an annual declaration.

#### 8.4.2 What should be declared

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

#### 8.5 Shareholdings and Other Ownership Issues

- 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.
- Where shareholdings or other ownership interests are declared and give rise to risk of conflicts of interest then the general management actions outlined in the 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.

#### 8.5.1 What should be declared:

- Staff name and their role in the Trust
- Nature of shareholdings/other ownership interests
- Relevant dates
- Other relevant information (e.g. action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

## 8.6 Patents

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

### 8.6.1 What should be declared

- Staff name and their role in the Trust
- A description of the patent
- Relevant dates
- Other relevant information (e.g. action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

## 8.7 Loyalty Interests

### 8.7.1 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 decision they take in their NHS role
- Sit on advisory groups or other paid or unpaid decision-making forums that can influence how an organisation spends taxpayers' money
- Are, or could be, involved in the recruitment, restructuring 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 in which close family members and relatives, close friends and associates, and business partners have decision making responsibilities.

### 8.7.2 What should be declared

- Staff name and their role in the Trust
- Nature of the loyalty interest
- Relevant dates
- Other relevant information (e.g. action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

## 8.8 Donations

- Donations made by suppliers or bodies seeking to do business with the Trust should not be accepted.
- Staff should not actively solicit charitable donations unless this is a prescribed part of their duties for the Trust or is being pursued on behalf of the Trust's own registered charity or other charitable body and is not for their own personal gain.
- Staff must obtain permission from the Trust 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 Trust's own.

## 18.02 – Conflicts of Interest (Incorporating Standards of Business Conduct)

- 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.

### .8.1 What should be declared

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

## .9 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 Trust and the NHS.
- During dealings with sponsors there must be no breach of patient or individual confidentiality or data protection rules and legislation.
- No information should be supplied to the sponsor from whom they could gain a commercial advantage, and information which is not in the public domain should not be normally supplied.
- At the Trust's discretion, sponsors or their representatives may attend or take part in the event, but they should not have 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.
- 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.
- Staff arranging sponsored events must declare this to the Trust.

### 8.9.1 What should be declared

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

### 8.10 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 Trust and/or institutes at which the study will take place and the sponsoring organisation, which specifies the nature of the services to be provided and the payment for those services.
- The study must not constitute inducement to prescribe, supply, administer, recommend, buy or sell any medicine, medical device, equipment or service.
- Staff should declare involvement with sponsored research to the Trust.

#### 8.10.1 What should be declared

- The Trust will retain written records of sponsorship of research, in line with the above principles and rules.
- Staff should declare:
  - Their name and their role with the Trust
  - Nature and involvement in the sponsored research
  - Relevant dates



## 18.02 – Conflicts of Interest (Incorporating Standards of Business Conduct)

- 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).

### 8.11 Sponsored Posts

- External sponsorship of a post requires prior approval from the Trust.
- 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, material, or intellectual property relating to or developed in connection with the sponsored posts.

#### 8.11.1 What should be declared

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

### 8.12 Clinical Private Practice

- Clinical staff should declare all private practice on appointment, and/or any new private practice when it arises including:
  - Where they practice (name of private facility)
  - What they practice (speciality, major procedures)
  - When they practice (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 the Trust 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:  
[https://assets.publishing.service.gov.uk/media/542c1543e5274a1314000c56/Non-Divestment\\_Order\\_amended.pdf](https://assets.publishing.service.gov.uk/media/542c1543e5274a1314000c56/Non-Divestment_Order_amended.pdf)

#### 8.12.1 What should be declared

- Staff name and their role with the Trust
- A description of the nature of the private practice (e.g. what, where and when staff practice, 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).

8.12.2 This means:

Staff undertaking private work cannot do this work during NHS time

Staff undertaking private work cannot access NHS patient records or utilise NHS resources in or out of work

Staff must not use their position to benefit themselves privately (e.g. providing information on their private company to patients seen by them in the NHS)

Staff undertaking private work must not see patients privately that are on their caseload in the NHS or within their locality in case cover of caseloads is needed (manager discretion advised depending on the size of the team)

**STAFF UNDERTAKING PRIVATE WORK MUST COMPLETE A CONFLICT-OF-INTEREST FORM ON THE TRUST'S PORTAL**

## 9.0 Management of Interests – Advice in Specific Contexts

### 9.1 Strategic Decision-Making Groups

9.1.1 In common with other NHS bodies, the Trust 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.

9.1.2 The interests of those who are involved in these groups should be well known so that they can be managed effectively. For this Trust, this includes:

- Board of Directors
- Audit and Risk Committee
- People Committee
- Finance Committee
- Quality Committee
- Charitable Funds Committee
- Nomination and Remuneration Committee
- Executive Leadership Team
- Integrated Oversight Committee
- Trust Management Group
- Performance Management Group
- Quality Governance and Effectiveness Group

Any committee or group established from time to time by the Board of Directors, in accordance with the standing orders, to carry out a particular task or function.

9.1.3 These groups should adopt the following principles:

- Chairs should consider any known interests in advance, and begin each meeting by asking for declarations of relevant material interests

## 18.02 – Conflicts of Interest (Incorporating Standards of Business Conduct)

- 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) via the online portal
- The deputy chair (or any other non-conflicted member) should chair all or part of the meeting if the chair has an interest that may prejudice their judgement.

9.1.4 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 for 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.

9.1.5 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.

## 9.2 Procurement

9.2.1 Procurement should be managed in an open and transparent manner, compliance 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 interests of patients and the public.

9.2.2 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 a procurement process. 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.

9.2.3 The Trust will comply with the provider selection regime (PSR) which 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.

9.2.4 If you are unsure of the process or for further advice you should contact the Trust's Head of Procurement.

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

- The Procurement Act 2023
- The Trust Procurement Manual
- Standing Financial Instructions
- Standing Orders
- UK & EU public sector law

- 9.2.6 Procurement have a fully developed page on the staff intranet – Connect – which covers all areas of procurement compliance and provides contact details for procurement professionals.

## 10.0 Dealing with Breaches

- 10.1 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'.

### 10.2 Identifying and Reporting Breaches

- 10.2.1 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 either:
- The Trust's Local Anti-Crime Specialist: Ian Morris 360 Assurance Tel: 07920 138606
  - The Trust's Senior Independent Director: Tel: 0115 9555399
  - The Director of Corporate Governance: Tel 0115 9934519
- 10.2.2 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 refer to the 10.15 – Freedom to Speak Up – Raising Concerns.
- 10.2.3 The organisation 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.
- 10.2.4 Following investigation the organisation will:
- Decide if there has been or 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 organisation should be made aware.
  - Take appropriate action as set out in the next section.

### 10.3 Taking Action in Response to Breaches

- 10.3.1 Action taken in response to breaches of this policy will be in accordance with the disciplinary procedures of the organisation and could involve organisational leads for staff support (e.g. Employee Relations), fraud (e.g. Local Counter Fraud Specialists), members of the management or executive teams and organisational auditors.
- 10.3.2 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 conduct action/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, Integrated Care Board (ICB) or the Care Quality Commission (CQC), and/or health professional regulatory bodies.

## 18.02 – Conflicts of Interest (Incorporating Standards of Business Conduct)

- 10.3.3 Inappropriate or ineffective management of interests can have serious implications for the organisation and staff. There will be occasions where it is necessary to consider the imposition of sanctions for breaches.
- 10.3.4 Sanctions should not be considered until the circumstances surrounding breaches have been properly investigated. However, if such investigations establish wrong-doing or fault then the organisation 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/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.
  - Criminal sanctions – failure to manage conflicts of interest could lead to criminal proceedings including for offences such as fraud, bribery and corruption. The Fraud Act 2006 created a criminal offence of fraud and defines three ways of committing it;
    - Fraud by False Representation
    - Fraud by Failing to disclose information, and
    - Fraud by abuse of position
- 10.3.5 In these cases an offender's conduct must be dishonest and their intention must be to gain or cause a loss (or risk of a loss) to another. Fraud carries a maximum sentence of 10 years imprisonment and/or a fine and can be committed by a body corporate.
- 10.3.6 The Bribery Act 2010 makes it easier to tackle this offence in public and private sectors. Bribery is generally defined as giving or offering someone a financial or other advantage to encourage a person to perform certain activities and can be committed by a body corporate. Commercial organisations (including NHS bodies) will be exposed to criminal liability, punishable by an unlimited fine, for failing to prevent bribery. The offences of bribing another person or being bribed carry a maximum sentence of 10 years imprisonment and/or a fine. In relation to a body corporate the penalty for these offences is a fine.

## 10.4 Learning and Transparency Concerning Breaches

- 10.4.1 Reports on breaches, the impact of these, and action taken will be considered by the Audit Committee at least on an annual basis as 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 Trust has not acted in the public interest.
- 10.4.2 To ensure that lessons are learnt, and management of interests can continually improve, anonymised information on breaches, the impact of these, and action taken will be prepared and made available for inspection by the public upon request.

## 11.0 Implementation

- 11.1 As this policy has already been implemented no implementation plan is required.

## 12.0 Training

- 12.1 No specific training.

## 13.0 Target Audience

- 13.1 All Trust employees.

## 14.0 Review Date

- 14.1 This policy will be reviewed in 3 years or in the light of any legislative or organisational changes.
- 14.2 The Director of Corporate Governance is responsible for auditing the policy, process and procedures at least every three years.

## 15.0 Consultation

- 15.1 Executive Leadership Team, Audit and Risk Committee and Counter Fraud Colleagues.

## 16.0 Relevant Trust Policies & Procedures

- Trustwide Management of Professional and Workplace Boundaries 06.10
- Conduct Policy and Procedures 10.10
- Counter Fraud, Bribery and Corruption Policy – 18.04
- Freedom to Speak up – Raising Concerns policy – 10.15
- Research Policy – 18.11
- Standing Orders, Standing Financial Instructions and Scheme of Delegation – 18.01
- Disciplinary policies and procedures

## 17.0 Monitoring Compliance

- 17.1 Reports will be presented to the Audit and Risk Committee (at each meeting) and the Trust Board (annually).

## 18.0 Equality Impact Assessment

- 18.1 This policy has been assessed using the Equality Impact Assessment Screening Tool. The assessment concluded that the policy would have no adverse impact on, or result in the positive discrimination of, any of the diverse groups detailed. These include the strands of disability, ethnicity, gender, gender identity, age, sexual orientation, religion/belief, social inclusion and community cohesion.

## 19.0 Legislation Compliance

- EL (94)40 - Codes of Conduct and Accountability, as initiated by the NHS Executive.
- Bribery Act 2010

## 20.0 Champion & Expert Writer

- 20.1 The Champion of this policy is the Chief Executive, and the Expert Writer is the Head of Corporate Governance.

## 21.0 References/ Source Documents

NHS England – Managing Conflicts of Interest in the NHS (2024)

[NHS England » Managing conflicts of interest in the NHS](#)

Managing conflicts of interest in the NHS: Q&A for NHS provider managers

<https://www.england.nhs.uk/wp-content/uploads/2017/09/coi-qa-provider-managers.pdf>

Managing conflicts of interest in the NHS: Q&A for clinical staff

<https://www.england.nhs.uk/wp-content/uploads/2017/09/coi-qa-clinical-staff.pdf>

Managing conflicts of interest in the NHS: Q&A for medical staff

<https://www.england.nhs.uk/wp-content/uploads/2017/09/coi-qa-medical-staff.pdf>

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)

Counter Fraud, Bribery and Corruption Policy

Conduct and Capability Procedures for Medical and Dental staff

Grievance Policy

Speaking Up Policy

Conduct Policy and Procedures

Trustwide Management of Professional and Workplace Boundaries

## 22.0 Appendices

### 22.1 Appendix 1 – Declaration of Interest Form

**This form should only be used by people who are not directly employed by the Trust, or, who have no access to the online portal.**

Name	Role	Description of Interest	Relevant Dates		Comments
			From	To	
<i>Mr. John Smith</i>	<i>Senior Policy Manager, Commissioning Directorate, Organisation A</i>	<i>Hospitality received - £95 from Organisation Z to pay for travel to speak at conference on Managing Conflicts of Interest on 21/12/16</i>	<i>21/12/2016</i>	<i>21/12/2016</i>	<i>Approval to attend event and accept hospitality given by Mary Baker, Head of Unit</i>

*Please see overleaf for information on how to populate the above boxes*



## 18.02 – Conflicts of Interest (Incorporating Standards of Business Conduct)

The information submitted will be held by **Nottinghamshire Healthcare NHS Foundation Trust** for personnel or other reasons specified on this form and to comply with the organisation's policies. This information may be held in both manual and electronic form in accordance with the Data Protection Legislation. Information may be disclosed to third parties in accordance with the Freedom of Information Act 2000 and published in registers that **Nottinghamshire Healthcare NHS Foundation Trust** holds.

I confirm that the information provided above is complete and correct. I acknowledge that any changes in these declarations must be notified to **Nottinghamshire Healthcare NHS Foundation Trust** as soon as practicable and no later than 28 days after the interest arises. I am aware that if I do not make full, accurate and timely declarations then civil, criminal, internal disciplinary, or professional regulatory action may result.

**I do / do not [delete as applicable] give my consent for this information to published on registers that Nottinghamshire Healthcare NHS Foundation Trust holds.**

If consent is NOT given please give reasons:

**Signed:**

**Date:**

Please return this form to **The Director of Corporate Affairs' Office, DMH (bodcommitteepapers@nottshc.nhs.uk)**

### **GUIDANCE NOTES FOR COMPLETION OF SPECIMEN INTERESTS DECLARATION FORM**

**Name and Role:** Insert your name and your position/role in relation to the Organisation you are making the return to

**Description of Interest:** Provide a description of the interest that is being declared. This should contain enough information to be meaningful (e.g. detailing the supplier of any gifts, hospitality, sponsorship, etc). That is, the information provided should enable a reasonable person with no prior knowledge should be able to read this and understand the nature of the interest.

Types of interest:

**Financial interests** - This is where an individual may get direct financial benefits from the consequences of a decision they are involved in making

**Non-financial professional interests** - This is 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 status or promoting their professional career

**Non-financial personal interests** - This is 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** - 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 from a decision they are involved in making

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

**Relevant Dates:** Detail here when the interest arose and, if relevant, when it ceased

**Comments:** This field should detail any action taken to manage an actual or potential conflict of interest. It might also detail any approvals or permissions to adopt certain course of action

## 18.02 – Conflicts of Interest (Incorporating Standards of Business Conduct)

### 22.2 Appendix 2 – Equality Impact Assessment (EIA) Screening Tool

<b>A. Name of policy/procedure/strategy/plan/function etc. being assessed:</b>	Conflicts of Interest (incorporating Standards of Business Conduct) Policy
<b>B. Brief description of policy/procedure/strategy/plan/function etc. and reason for EIA:</b>	<p>This policy will help our staff manage conflicts of interest risks effectively. It:</p> <ul style="list-style-type: none"> <li>• Introduces consistent principles and rules</li> <li>• Supports good judgement about how to approach and manage interests.</li> <li>• Provides simple advice about what to do in common situations, such as: <ul style="list-style-type: none"> <li>• Offers of gifts and hospitality, outside employment, shareholding and ownerships, patents, loyalty interests, donations, sponsorship of events, sponsored research and posts and clinical private practice.</li> </ul> </li> </ul>
<b>C. Names and designations of EIA group members:</b>	Head of Corporate Governance
<b>D. List of key groups/organisations consulted:</b>	People and Culture Directorate, Audit Committee, Counter Fraud Specialist
<b>E. Data, Intelligence and Evidence used to conduct the screening exercise:</b>	Previous policy and feedback

<b>F. Equality Strand</b>	<b>Does the proposed policy/procedure/ strategy/ plan/ function etc. have a positive or negative (adverse) impact on people from these key equality groups? Please describe</b>	<b>Are there any changes which could be made to the proposals which would minimise any adverse impact identified? What changes can be made to the proposals to ensure that a positive impact is achieved? Please describe</b>	<b>Have any mitigating circumstances been identified? Please describe</b>	<b>Areas for Review/Actions Taken (with timescales and name of responsible officer)</b>

## 18.02 – Conflicts of Interest (Incorporating Standards of Business Conduct)

<b>Race</b>	The implementation of this policy does not positively or negatively impact on people from key equality groups	Not applicable	Not applicable	Author to review in 3 years
<b>Gender- Including Transgender and Pregnancy &amp; Maternity</b>	As above	Not applicable	Not applicable	As above
<b>Disability Including Mental Health, Intellectual and Learning Disabilities</b>	As above	Not applicable	Not applicable	As above
<b>Religion/Belief</b>	As above	Not applicable	Not applicable	As above
<b>Sexual Orientation- Including Marriage &amp; Civil Partnership</b>	As above	Not applicable	Not applicable	As above
<b>Age</b>	As above	Not applicable	Not applicable	As above
<b>Social Inclusion*<sup>1</sup></b>	As above	Not applicable	Not applicable	As above
<b>Community Cohesion*<sup>2</sup></b>	As above	Not applicable	Not applicable	As above
<b>Human Rights*<sup>3</sup>- Including Safeguarding</b>	As above	Not applicable	Not applicable	As above

## 18.02 – Conflicts of Interest (Incorporating Standards of Business Conduct)

\*1 for **Social Inclusion** please consider any issues which contribute to or act as barriers, resulting in people being excluded from society e.g. homelessness, unemployment, poor educational outcomes, health inequalities, poverty etc.

\*2 **Community Cohesion** essentially means ensuring that people from different groups and communities interact with each other and do not exclusively live parallel lives. Actions which you may consider, where appropriate, could include ensuring that people with disabilities and non-disabled people interact, or that people from different areas of the City or County have the chance to meet, discuss issues and are given the opportunity to learn from and understand each other.

\*3 **The Human Rights Act 1998** prevents discrimination in the enjoyment of a set of fundamental human rights including: The Right to a Fair Trial; Freedom of Thought, Conscience and Religion; Freedom of Expression; Freedom of Assembly and Association; the Right to Education; the Right Not to be Subjected to Torture, Degrading or Inhumane Treatment; and the Right to Enjoy Private, Family and Home Life Without Unjustified Interference from Public Authorities.

<b>G. Conclusions and Further Action (including whether a full EIA is deemed necessary and agreed date for completion)</b>	Following the Equality Impact Assessment screening exercise it has been determined that a full EIA is not necessary.
<b>H. Screening Tool Consultation End Date</b>	
<b>I. Name and Contact Details of Person Responsible for EIA (tel. e-mail, postal)</b>	Director of Corporate Affairs 01159934519
<b>J. Name of Group Approving EIA (i.e. Directorate E&amp;D Group; Divisional Workforce, Equality &amp; Diversity Group; Trustwide E&amp;D Subcommittee; or Divisional Policy &amp; Procedures Group)</b>	Equality and Diversity Subcommittee of the Board of Directors