

CONFLICTS OF INTERESTS POLICY

		POLICY
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	X	
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1.0 INTRODUCTION

Sherwood Forest Hospitals NHS Foundation Trust (SFHFT), and the people who work with and for us, collaborate closely with other organisations, delivering high quality care for our patients.

These partnerships have many benefits and should help ensure that public money is spent efficiently and wisely. But there is a risk that conflicts of interest may arise.

Providing best value for taxpayers and ensuring that decisions are taken transparently and clearly, are both key principles in the NHS Constitution. We are committed to maximising our resources for the benefit of the whole community. As an organisation and as individuals, we have a duty to ensure that all our dealings are conducted to the highest standards of integrity and that NHS monies are used wisely so that we are using our finite resources in the best interests of patients.

2.0 POLICY STATEMENT

SFHFT acknowledges the importance of records and is committed to create, keep, maintain and dispose of records, including electronic records, commensurate with legal, operational and information leads.

The Trust is committed to ensuring that none of its policies, procedures and guidelines discriminate against individuals directly or indirectly on the basis of gender, colour, race, nationality, ethnic or national origins, age, sexual orientation, marital status, disability, religion, beliefs, political affiliation, trade union membership, and social and employment status.

An equality impact assessment (EIA) of this policy has been conducted by the author using the EIA tool developed by the diversity and inclusivity committee.

The score of this policy when assessed by the tool was rated as 'Low'.

An Environmental Impact Assessment has been carried out and has not indicated that any additional considerations are necessary.

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.

This policy should be considered alongside these other organisational policies:

- Code of Conduct for Governors.
- Code of Conduct for Directors.
- Fraud Bribery and Corruption Policy.
- Speaking Up Policy.

- Standing Financial Instructions (SFIs).
- Protocol for Local Counter Fraud Specialist (LCFS).
- Disciplinary Rules and Procedure.

Identification & Declaration of Interests (Including gifts and hospitality)

All staff should identify and declare material interests at the earliest opportunity (and in any event within 28 days). Staff should also include on their declaration the date from which the interest commenced.

If staff are in any doubt as to whether an interest is material then they should declare it, so that it can be considered. Declarations should be made:

- On appointment with the organisation.
- 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).

A declaration of interest(s) form is available at: <https://sfhdoi.notts-his.nhs.uk/>

Declarations should be made to: Director of Corporate Affairs.

After expiry, an interest will remain on register(s) for a minimum of 6 months and a private record of historic interests will be retained for a minimum of 6 years.

Proactive review of interests

We will prompt decision making staff annually to review declarations they have made and, as appropriate, update them or make a nil return.

a) Records and publication

Meetings

A dedicated item must be included on formal meeting agendas to enable participants to declare and/or highlight any interests they have already declared that are relevant to the business of the meeting.

Maintenance

The organisation will maintain a Register of Interests.

Publication

We will:

- Publish the interests declared by decision making staff in the Conflicts of Interest Register annually in April on the Trust's Website.
- Make this information available upon request, through contacting the Director of Corporate Affairs.

Requests to Withhold or Redact Declared Interests (anonymous declaration)

Decision-making staff who believe that publication of their declared interests may pose a genuine risk (e.g. safeguarding, legal, or personal safety concerns) must submit a request to the Director of Corporate Affairs outlining the grounds for concern. Staff may request anonymisation of their declaration following submission, subject to approval by the Director of Corporate Affairs and in line with the Trust's redaction criteria. In exceptional circumstances, information may be withheld or redacted from public registers. This will only occur where there is a substantiated risk of harm or legal constraint. Personal preference alone will not constitute sufficient grounds for redaction. All decisions will be documented and subject to annual review to ensure continued appropriateness.

Wider transparency initiatives

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

Relevant staff are strongly encouraged to give their consent for payments they receive from the pharmaceutical industry to be disclosed as part of the Association of British Pharmaceutical Industry (ABPI) Disclosure UK initiative.

These "transfers of value" include payments relating to:

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

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

<http://www.abpi.org.uk/>

3.0 DEFINITIONS/ ABBREVIATIONS

A 'conflict of interest' is:

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

A conflict of interest may be:

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

Staff may hold interests for which they cannot see potential conflict. However, caution is always advisable because others may see it differently and perceived conflicts of interest can be damaging. All interests should be declared where there is a risk of perceived improper conduct.

Interests fall into the following categories:

- **Financial interests:**
Where an individual may get direct financial benefit¹ from the consequences of a decision they are involved in making.
- **Non-financial professional interests:**
Where an individual may obtain a non-financial professional benefit from the consequences of a decision they are involved in making, such as increasing their professional reputation or promoting their professional career.
- **Non-financial personal interests:**
Where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit, because of decisions they are involved in making in their professional career.
- **Indirect interests:**
Where an individual has a close association² 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.

SFHFT use the skills of many different people, all of whom are vital to our work. This includes people on differing employment terms, who for the purposes of this policy we refer to as 'staff' and are listed below:
 - All salaried employees.
 - All prospective employees – who are part-way through recruitment.
 - Contractors and sub-contractors.
 - Non-Executive Directors.
 - Governors.
 - Agency staff; and
 - Committee, sub-committee and advisory group members (who may not be directly employed or engaged by the organisation).

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.'

¹ This may be a financial gain, or avoidance of a loss.

² 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.

Decision-making staff are those who have influence over the use of public funds or resources. This includes, but is not limited to:

- Executive Directors
- Non-Executive Directors
- Clinical Leads
- Budget Holders
- All Procurement Staff regardless of their band
- Members of strategic decision-making groups (e.g. Finance Committee, Board of Directors)
- Staff involved in recruitment or contract award decisions

4.0 ROLES AND RESPONSIBILITIES

Statutory Responsibility:

The Chief Executive as Accountable Officer has responsibility for ensuring a robust system of Internal Control. The Chief Executive Department through the Director of Corporate Affairs is responsible for the maintenance of the registers for gifts, hospitality, sponsorship and declarations of interests and for reporting such registers to the Audit and Assurance Committee at every meeting. With an Annual Report being submitted to the Board of Directors for approval prior to publication.

The local counter fraud specialist is responsible for investigating matters involving fraud, corruption or bribery on behalf of the Trust, in accordance with the Fraud Bribery and Corruption Policy.

Managerial Responsibility:

It is the role of line managers to:

- Ensure you are familiar with this and other Trust policies relating to the conduct of business within your service area.
- To provide advice and support to employees regarding the standards of business conduct, their responsibilities and expectations.

Individual Officer:

Your responsibilities are:

- Ensure you are familiar with all Trust policies relevant to your responsibilities for the allocation and use of Trust resources.
- Ensure that the needs of service users remain paramount at all times.
- Be impartial and honest in the conduct of your official business.
- Use the public funds entrusted to you to the best advantage of the service ensuring value for money.
- Ensure that you do not abuse your official position for personal gain or for that of your family or friends.

- Ensure that you do not seek to advantage or further your private business interests in the course of your official business.
- Alert your manager/counter fraud should an individual attempt to offer you as an employee of the Trust financial benefits to secure a contract or preferential treatment (including employment).
- Alert your manager/counter fraud if you suspect that another employee of the Trust has been offered/accepted such financial inducement. Provided this is raised in good faith you will be protected under the Trust's Speaking Up Policy.
- Complete declarations as indicated in this policy.

5.0 APPROVAL

The Conflicts of Interests Policy was consulted with the Strategic Head of Procurement, Community Involvement Manager and Head of Research and Innovation.

The reviewed Conflicts of Interests Policy was submitted and approved by the Trust Management Team on the 17th September 2025.

6.0 DOCUMENT REQUIREMENTS

Management of Interests – General

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

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

Each case will be different and context-specific, and SFHFT will always clarify the circumstances and issues with the individuals involved. Staff should maintain a written audit trail of information considered and actions taken.

Staff who declare material interests should make their line manager or the person(s) they are to reporting to aware of their existence.

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.

Gifts

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

Gifts from suppliers or contractors:

- Gifts from suppliers or contractors doing business (or likely to do business) with the organisation 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 £6³ in total, and need not be declared.

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

- Gifts of cash and vouchers to individuals should always be declined.
- Staff should not ask for any gifts.
- Gifts valued at over £50 should be treated with caution and only be accepted on behalf of the Sherwood Forest Hospitals Charity not in a personal capacity. Such gifts should be submitted directly to, Director of Corporate Affairs.
- All such gifts over £50 should be declared by staff.
- Modest gifts accepted under a value of £50 do not need to be declared.
- A common sense approach should be applied to the valuing of gifts (using an actual amount, if known, or an estimate that a reasonable person would make as to its value).
- Multiple gifts from the same source over a 12-month period should be treated in the same way as single gifts over £50 where the cumulative value exceeds £50.

What should be declared:

- Staff name and their role with the organisation.
- A description of the nature and value of the gift, including its source.
- Date of receipt.
- Any other relevant information (e.g., circumstances surrounding the gift, action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).
- Authorising managers name and job title.

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 and purpose of the event.
- Particular caution should be exercised when hospitality is offered by actual or potential suppliers or contractors. This can be accepted, and must be declared, if modest and reasonable. Senior approval must be obtained providing name and job title of approving manager.

³ The £6 value has been selected with reference to existing industry guidance issued by the ABPI:
<https://www.pmcpa.org.uk/media/r0anf5ya/2024-abpi-code.pdf>

Meals and refreshments:

- Under a value of £25 - may be accepted and need not be declared.
- Of a value between £25 and £75⁴ - may be accepted and must be declared.
- Over a value of £75 - should be refused unless (in exceptional circumstances) senior approval is given. A clear reason should be recorded on the organisation's register(s) of interest as to why it was permissible to accept, and authorising managers name and job title must be provided.
- A common sense approach should be applied to the valuing of meals and refreshments (using an actual amount, if known, or a reasonable estimate).

Travel and accommodation:

- Modest offers to pay some or all of the travel and accommodation costs related to attendance at events may be accepted and must be declared.
- Offers which go beyond modest or are of a type that the organisation itself might not usually offer, need approval by senior staff, should only be accepted in exceptional circumstances, and must be declared.
- Authorising managers name and job title.

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:

- Staff name and their role with the organisation.
- 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).
- Authorising managers name and job title.

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 organisation to engage in outside employment.

The organisation may also have legitimate reasons within employment law for knowing about outside employment of staff, even when this does not give rise to risk of a conflict.

⁴ The £75 value has been selected with reference to existing industry guidance issued by the ABPI
<https://www.pmcpa.org.uk/media/r0anf5ya/2024-abpi-code.pdf>

Please also refer to:

Policy on Undertaking Private Practice and Fee Paying Work:

<https://www.sfh-tr.nhs.uk/about-us/policies-and-procedures/non-clinical-policies-procedures/human-resources/?id=8551>

What should be declared:

- Staff name and their role with the organisation.
- 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).
- Authorising managers name and job title.

Shareholdings and other ownership interests

- 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 organisation.
- Where shareholdings or other ownership interests are declared and give rise to risk of conflicts of interest then the general management actions outlined in this policy should be considered and applied to mitigate risks.
- There is no need to declare shares or securities held in collective investment or pension funds or units of authorised unit trusts.

What should be declared:

- Staff name and their role with the organisation.
- Nature of the shareholdings/other ownership 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).

Patents

- Staff should declare patents and other intellectual property rights they hold (either individually, or by virtue of their association with a commercial or other organisation), including where applications to protect have started or are ongoing, which are, or might be reasonably expected to be, related to items to be procured or used by the organisation.
- Staff should seek prior permission from the organisation before entering into any agreement with bodies regarding product development, research, work on pathways etc., where this impacts on the organisation's own time, or uses its equipment, resources or intellectual property.
- Where holding of patents and other intellectual property rights give rise to a conflict of interest then the general management actions outlined in this policy should be considered and applied to mitigate risks.

What should be declared:

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

Loyalty interests

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

- Hold a position of authority in another NHS organisation or commercial, charity, voluntary, professional, statutory or other body which could be seen to influence decisions they take in their NHS role.
- Sit on advisory groups or other paid or unpaid decision-making forums that can influence how an organisation spends taxpayers' money.
- Are, or could be, involved in the recruitment or management of close family members and relatives, close friends and associates, and business partners.
- Are aware that their organisation does business with an organisation in which close family members and relatives, close friends and associates, and business partners have decision making responsibilities.
- **Are in a personal relationship with another member of staff within the organisation, including romantic partnerships, family members, or close associates, where such a relationship could reasonably be perceived to influence professional judgement or decision-making. These relationships must be declared via the online system to ensure transparency and appropriate management of any potential conflicts.**

What should be declared:

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

Donations

- Donations made by suppliers or bodies seeking to do business with the organisation should be treated with caution and not routinely accepted. In exceptional circumstances they may be accepted but should always be declared. A clear reason should be recorded as to why it was deemed acceptable, alongside the actual or estimated value.
- Staff should not actively solicit charitable donations unless this is a prescribed or expected part of their duties for the organisation, or is being pursued on behalf of the organisation's own registered charity or other charitable body and is not for their own personal gain.
- Staff must obtain permission from the organisation if in their professional role they intend to undertake fundraising activities on behalf of a pre-approved charitable campaign for a charity other than the organisation's own.
- Donations, when received, should be made to a specific charitable fund (never to an individual) and a receipt should be issued.
- Staff wishing to make a donation to a charitable fund in lieu of receiving a professional fee may do so, subject to ensuring that they take personal responsibility for ensuring that any tax liabilities related to such donations are properly discharged and accounted for.

What should be declared:

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

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 the organisations and the NHS.
- During dealings with sponsors there must be no breach of patient or individual confidentiality or data protection rules and legislation.
- No information should be supplied to the sponsor from whom they could gain a commercial advantage, and information which is not in the public domain should not normally be supplied.
- At the organisation's discretion, sponsors or their representatives may attend or take part in the event but they should not have a dominant influence over the content or the main purpose of the event.
- The involvement of a sponsor in an event should always be clearly identified.
- Staff within the organisation 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 organisation.

What should be declared:

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

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

What should be declared:

- The organisation 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 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).

Sponsored posts

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

What should be declared:

- The organisation will retain written records of sponsorship of 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.

Clinical private practice

Clinical staff should declare all private practice on appointment, and/or any new private practice when it arises⁵ including:

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

The above fields are mandatory.

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

- Seek prior approval of their organisation before taking up private practice (providing name and job title of approving manager).
- Ensure that, where there would otherwise be a conflict or potential conflict of interest, NHS commitments take precedence over private work⁶.
- Not accept direct or indirect financial incentives from private providers other than those allowed by Competition and Markets Authority guidelines:

⁵ 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/advice-and-support/private-practice/setting-up-in-private-practice/setting-up-in-private-practice-overview>

⁶ 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/advice-and-support/private-practice/setting-up-in-private-practice/setting-up-in-private-practice-overview>

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

Hospital Consultants should not initiate discussions about providing their Private Professional Services for NHS patients, nor should they ask other staff to initiate such discussions on their behalf.

Please also refer to:

Policy on undertaking Private Practice and Fee Paying Work:

<https://www.sfh-tr.nhs.uk/about-us/policies-and-procedures/non-clinical-policies-procedures/human-resources/?id=8551>

What should be declared:

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

b) Management of Interests – Advice in specific contexts

Strategic decision making groups

In common with other NHS bodies SFHFT uses a variety of different groups to make key strategic decisions about things such as:

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

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

- Board of Directors.
- Finance Committee.

Other groups with delegated powers as identified in the Trust's Standing Financial Instructions and Scheme of Delegation:

<https://www.sfh-tr.nhs.uk/media/pl4mav15/scheme-of-delegation.pdf>

These groups should adopt the following principles:

- Chairs should consider any known interests of members in advance, and begin each meeting by asking for declaration of relevant material interests.
- Members should take personal responsibility for declaring material interests at the beginning of each meeting and as they arise.
- Any new interests identified should be added to the organisation's register(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.

If a member has an actual or potential interest the chair should consider the following approaches and ensure that the reason for the chosen action is documented in minutes or records:

- Requiring the member to not attend the meeting.
- Excluding the member from receiving meeting papers relating to their interest.
- Excluding the member from all or part of the relevant discussion and decision.
- Noting the nature and extent of the interest, but judging it appropriate to allow the member to remain and participate.
- Removing the member from the group or process altogether.

The default response should not always be to exclude members with interests, as this may have a detrimental effect on the quality of the decision being made. Good judgement is required to ensure proportionate management of risk.

Procurement

Procurement should be managed in an open and transparent manner, compliant with procurement and other relevant law, to ensure there is no discrimination against or in favour of any provider. 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.

All Procurement Staff regardless of their band must submit a declaration of interest or nil return at least on an annual basis.

Those involved in procurement exercises for and on behalf of the organisation should keep records that show a clear audit trail of how conflicts of interest have been identified and managed as part of procurement processes. At every stage of procurement steps should be taken to identify and manage conflicts of interest to ensure and to protect the integrity of the process.

c) Dealing with Breaches

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

Identifying and Reporting Breaches

Staff who are aware about actual breaches of this policy, or who are concerned that there has been, or may be, a breach, should report these concerns Director of Corporate Affairs.

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 utilising the Trust's Speaking Up Policy:

<https://www.sfh-tr.nhs.uk/media/rl2fxmxz/speaking-up-policy.pdf>

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.

7.4. 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.

Taking action in response to breaches

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. Human Resources), fraud (e.g. Local Counter Fraud Specialists), members of the management or executive teams and organisational auditors.

Breaches could require action in one or more of the following ways:

- Clarification or strengthening of existing policy, process and procedures.
- Consideration as to whether HR/employment law/contractual action should be taken against staff or others.
- Consideration being given to escalation to external parties. This might include referral of matters to external auditors, NHS Counter Fraud Authority, the Police, statutory health bodies (such as NHS England or the CQC), and/or health professional regulatory bodies.

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.

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.
- Legal action, such as investigation and prosecution under fraud, bribery and corruption legislation.

Learning and transparency concerning breaches

Reports on breaches, the impact of these, and action taken will be considered by the Audit and Assurance Committee at least Annually.

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.

7.0 MONITORING COMPLIANCE AND EFFECTIVENESS

Minimum Requirement to be Monitored (WHAT – element of compliance or effectiveness within the document will be monitored)	Responsible Individual (WHO – is going to monitor this element)	Process for Monitoring e.g. Audit (HOW – will this element be monitored (method used))	Frequency of Monitoring (WHEN – will this element be monitored (frequency/ how often))	Responsible Individual or Committee/ Group for Review of Results (WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)
Compliance with the policy	Director of Corporate Affairs	Review of non-compliance list	Bi-monthly	Audit Committee via formal report
Review of new entries	Director of Corporate Affairs	Review of the Register of Interests	Bi-monthly	Audit Committee via formal report
Effectiveness of the policy and accuracy of the Conflicts of Interest Register	Internal Audit / Director of Corporate Affairs	Internal audit review and validation	Periodically (as scheduled by Internal Audit)	Audit and Assurance Committee via formal report

8.0 TRAINING AND IMPLEMENTATION

Guidelines with regard to completing the online declarations are available here:

<https://sfhdoi.notts-his.nhs.uk/?page=help.php>

Further assistance can be provided by contacting the Corporate Secretariat Team Leader on Extn 3259.

IMPLEMENTATION

The policy is implemented from the day of authorisation.

MONITORING

The policy will be monitored by the Audit and Assurance Committee, through the regular reporting of the registers.

9.0 IMPACT ASSESSMENTS

- This document has been subject to an Equality Impact Assessment, see completed form at Appendix 1.
- This document is not subject to an Environmental Impact Assessment.

10.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS

Evidence Base:

- Freedom of Information Act 2000.
 - <https://www.legislation.gov.uk/ukpga/2000/36>
 - ABPI Code of Practice for the Pharmaceutical Industry 2024
<https://www.abpi.org.uk/publications/code-of-practice-for-the-pharmaceutical-industry-2024/>
- ABHI Code of Business Practice 2019
 - <https://www.abhi.org.uk/membership/code-of-ethical-business-practice>
- Standards of Business Conduct Policy 2024 (NHSE)
 - <https://www.england.nhs.uk/publication/standards-of-business-conduct-policy/>
- Managing Conflicts of Interests in the NHS 2024 (NHSE)
 - <https://www.england.nhs.uk/long-read/managing-conflicts-of-interest-in-the-nhs/>

Related SFHFT Documents:

- Speaking Up Policy.
 - <https://www.sfh-tr.nhs.uk/media/rl2fxmxz/speaking-up-policy.pdf>
- Fraud Bribery and Corruption Policy.
 - <https://www.sfh-tr.nhs.uk/media/uf3hl3mq/fraud-bribery-and-corruption-policy.pdf>
- SFHFT Standing Orders and Scheme of Delegation.
 - <https://www.sfh-tr.nhs.uk/media/e55n02as/standing-orders-for-the-board-of-directors.pdf>
 - <https://www.sfh-tr.nhs.uk/media/a2pfs5k3/standing-orders-for-the-council-of-governors.pdf>
 - <https://www.sfh-tr.nhs.uk/media/pl4mav15/scheme-of-delegation.pdf>

11.0 KEYWORDS

Declaration of interests; Undeclared conflicts; Improper influence; Transparency in decision-making.

12.0 APPENDICES

- Refer to list in contents table.

13.0 MAINTAINING CONFLICTS OF INTEREST REGISTER

Item	Action	Responsible
Daily updates of starters/leavers	ESR link established 18/03/2019.	Corporate Secretariat
Monthly review of new entries to register	Review via date and time 1 st of each month.	Corporate Secretariat
Review of breaches	Monthly on 1 st of each month.	Corporate Secretariat
Submission of register to Audit & Assurance Committee including breach report	At every meeting.	Director of Corporate Affairs
Refresh of declarations	Annually on 1 st April – targeted email and weekly Bulletin.	Corporate Secretariat
Publication of register on Internet	Annually in April for previous year.	Corporate Secretariat
Respond to enquiries	Daily checks of Declarations of Interest inbox.	Corporate Secretariat
Cleanse of data	6 months on register after date left 6 year retention of all declarations.	Corporate Secretariat / NHIS
Check register for conflicts prior to engagement of supplier	<p>Register will be checked for any listed conflicts relating to supplier.</p> <p>Proposed evaluation Team members conflicts will be checked on the register prior to their appointment onto the Evaluation Team. Any members found not to have submitted a declaration will be required to prior to appointment on Evaluation Team.</p>	Procurement

Inform new starters of the online system	On appointment, HR are required to advise individuals of the location of the online system (https://sfhdoi.notts-his.nhs.uk/) and how to declare their conflict.	HR
Automated email reminders to staff and managers	Daily system checks identify staff requiring declarations. Individuals receive no more than one reminder email per week. Line managers are copied into these emails to support and encourage compliance.	Corporate Secretariat

APPENDIX 1 - EQUALITY IMPACT ASSESSMENT FORM (EQIA)

EIA Form Stage One:

Name EIA Assessor: Sally Brook Shanahan		Date of EIA completion: 08/08/2025
Department: Trust HQ		Division: Corporate
Name of service/policy/procedure being reviewed or created: Conflict of Interests Policy		
Name of person responsible for service/policy/procedure: Sally Brook Shanahan - Director of Corporate Affairs		
Brief summary of policy, procedure or service being assessed: The policy outlines principles and procedures for identifying, declaring, and managing conflicts of interest across Sherwood Forest Hospitals NHS Foundation Trust. It applies to all staff and includes guidance on gifts, hospitality, outside employment, shareholdings, loyalty interests, and sponsored activities.		
Please state who this policy will affect: Staff		
Protected Characteristic	Considering data and supporting information, could protected characteristic groups' face negative impact, barriers, or discrimination? For example, are there any known health inequality or access issues to consider? (Yes or No)	Please describe what is contained within the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening. Please also provide a brief summary of what data or supporting information was considered to measure/decipher any impact.
Race and Ethnicity	No	N/A
Sex	No	
Age	No	
Religion and Belief	No	
Disability	No	
Sexuality	No	
Pregnancy and Maternity	No	
Gender Reassignment	No	
Marriage and Civil Partnership	No	

Socio-Economic Factors (i.e. living in a poorer neighbour hood / social deprivation)	No	
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If you have answered 'yes' to any of the above, please complete Stage 2 of the EIA.

<p>What consultation with protected characteristic groups including patient groups have you carried out? No issues, needs or barriers identified. EQIA previously reviewed by a member of the People, Wellbeing and Belonging Sub-Cabinet.</p>						
<p>As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments? No concerns identified from surveys, complaints, or feedback.</p>						
<p>On the basis of the information/evidence/consideration so far, do you believe that the policy / practice / service / other will have a positive or negative adverse impact on equality?</p>						
Positive			Negative			
High	Medium	Low	Nil	Low	Medium	High
<p>If you identified positive impact, please outline the details here: Low Level of Impact</p>						

EIA Form Stage Two:

Protected Characteristic	Please explain, using examples of evidence and data, what the impact of the Policy, Procedure or Service/Clinical Guideline will be on the protected characteristic group.	Please outline any further actions to be taken to address and mitigate or remove any in barriers that have been identified.
Race and Ethnicity	N/A	N/A
Gender	N/A	N/A
Age	N/A	N/A
Religion	N/A	N/A
Disability	N/A	N/A
Sexuality	N/A	N/A
Pregnancy and Maternity	N/A	N/A
Gender Reassignment	N/A	N/A
Marriage and Civil Partnership	N/A	N/A
Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)	N/A	N/A

Signature:

Sally Brook-Sherahan

I can confirm I have read the Trust's Guidance document on Equality Impact Assessments prior to completing this form

Date: 8th August 2025

**Please send the complete EIA form to the People EDI Team for review.
Please send the form to: sfh-tr.edisupport@nhs.net**