

UHL/UHN Boards in Common Paper F13

Meeting title:	Boards of Directors of Kettering General Hospital NHS Foundation Trust (KGH), Northampton General Hospital NHS Trust (NGH) (University Hospitals of Northamptonshire NHS Group - UHN) and the University Hospitals of Leicester NHS Trust (UHL) Meeting together (Public)				
Date of the meeting:	9 April 2026				
Title:	Escalation Report: Audit Committee 16 March 2026				
Report presented by:	David Moon, Audit Committee, Non-Executive Director, Chair				
Report written by:	Matthew Reeves, Corporate and Committee Services Officer				
Action – this paper is for:	Decision/Approval		Assurance	x	Update
Which Group Priorities does this link to	Transform patient care		Strengthen our culture		Deliver our financial plan
Where this report has been discussed previously	Not applicable				

To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which
Yes, all.

Impact assessment
Not applicable

Purpose of the Report

To provide assurance to the Boards in Common on the work of the UHL Audit Committee and escalate any issues as required.

Recommendation

To receive the escalation report, and to note recommendations for the UHL Trust Board to approve items 4.1 - 4.2, which are appended to this escalation report.

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST AND UNIVERSITY HOSPITALS OF NORTHAMPTONSHIRE GROUP

BOARD OF DIRECTORS 9 APRIL 2026

1. Summary

- 1.1 The Audit Committee met on 16 March 2026. The meeting was quorate and considered the following reports.

2. Recommended Items

2.1 **Declarations of Interest 2025/26 (decision-making staff)**

The Committee noted the current compliance rate of 88% for those decision making staff required to make a declaration of interest. Assurance was provided that those who had not made the relevant declaration would be actively followed up.

The Committee requested that the Disclosure UK website be reviewed for UHL declarations to ensure alignment with the Trust's declarations system.

The Committee also requested that a comparison be undertaken between declarations in the current year and in the previous year and take appropriate action regarding any individuals who had not made the relevant declaration in either year.

The updated Conflicts of Interest Policy was received and supported. Retention of the £25 hospitality declaration level was specifically supported.

The discussion regarding Declarations of Interest is highlighted for the Boards in Common's awareness. The Conflicts of Interest Policy is recommended for Boards in Common approval. The Declarations of Interest 2025/26 and the Conflicts of Interest Policy is appended to this escalation report.

2.2 **Sealings Report**

The Committee received details of those Deeds that the Trust has entered into for Quarter 4, 2025/26.

The Sealings Report is highlighted for Boards in Common's awareness. The Sealings Report is appended to this escalation report.

3. Discussion Items

3.1 **Risk Committee Escalation Reports**

Escalation reports from the Risk Committees held on 2 December 2025, 6 January 2026 and 3 February 2026, were received and noted.

3.2 **Email and Internet Usage Policy**

The Email and Internet Usage Policy was received and supported.

3.3 **Audit and Quality Improvement Programme (AQIP) Update**

The Committee received assurance that there was good grip on process and outcomes related to the Audit and Quality Improvement Programme (AQIP).

The level of value for money achieved by the resource engaged in audits was considered. It was acknowledged that many audits were mandatory and they were a part of a doctor's role. Assurance was provided that there was now a focus on audits which addressed Trust priorities. It was requested that future reports to the Committee provide assurance regarding the value provided by audits.

Also considered was the monitoring through governance of audit outcomes and gaps in the audit programme.

3.4 **Discretionary Procurement Actions**

The Committee considered an update on the number of procurement waivers that had been approved for the period November 2025 to February 2026 and the reasons for the waiver. The report also responded to previous Audit Committee actions to review the reasons for a waiver, with new reasons being recommended and a tighter approval process recommended and an analysis of capital waivers was provided.

The proposed new waiver reasons were supported by the Committee and action would be taken to ensure Trust documentation (ie Standing Financial Instructions) were updated to reflect the changes.

Following discussion, it was agreed to ensure that non-compliant spend would be reported in future to the Trust Leadership Team, Finance and Investment Committee and oversight by the Audit Committee.

The changes to waiver reasons, tightening of approval process and subsequent change to Trust policy / documentation is highlighted to the Boards in Common for information.

3.5 **2025/26 Annual Governance Statement (and Annual Report) – format and timeline**

The Committee received an update on progress toward producing the 2025/26 UHL Annual Governance Statement (AGS) and Annual Report in line with national annual accounts submission timescales. Assurance was provided that work was progressing well in order to meet External Audit submission timelines.

3.6 **2025/26 Review of Accounting Policies**

The Committee received details of the Trust's accounting policies and principles that would be adopted in preparing the 2025/26 Accounts. There had been no significant changes to national guidance in accounting standards.

Details of the land and property valuation approach including the quinquennial valuation of Trust land and buildings was discussed. The need for this to be taken into account in terms of audit timelines and completion was highlighted. The proposed audit timelines were detailed in the report.

The policies presented in the report were approved for adoption in the Trust's 2025/26 Accounts.

3.7 **Internal Audit Draft Annual Report and Head of Internal Audit Opinion 2025/26**

The draft Internal Audit annual report and Head of Internal Audit Opinion was presented to the committee which identified progress made in relation to completion of work from the Trust's 2025/26 Internal Audit Plan.

3 completed audit reports were also included with the paper, and findings were outlined for the meeting. The reports are listed below with level of assurance:

Accounts payable – partial assurance.

Cost Improvement Programme (CIP) – minimal assurance.

Board Assurance Framework – substantial assurance.

The minimal assurance level regarding the Cost Improvement Programme was highlighted, but it was noted that the Finance and Investment Committee was monitoring progress of the actions arising. The Chief Financial Officer acknowledged the details in the report, but noted a key factor from the review was the content of the CIP rather than grip of the CIP progress.

The Head of Internal Audit Opinion was discussed, noting that the Trust was rated as having an adequate and effective framework for risk management, governance and internal control. The Audit Committee chair welcomed the positive outcome but anticipated that the positive score was marginal and urged that the Trust continue to actively respond to Internal Audit recommendations.

The levels of assurance received regarding Internal Audit reports listed above is highlighted to the Boards in Common for information.

3.8 Internal Audit – actions from RSM and 360 Assurance reports, and Financial Improvement Plan action progress

The Committee received an update on progress on outstanding actions from Internal Audit reports. Assurance was provided that action leads were being actively engaged to ensure completion of outstanding actions. Two health and safety action implementation dates were extended following Committee approval. An update on outstanding actions would be presented to the April 2026 Audit Committee to maintain momentum on action completion.

An update was provided regarding the 2026/27 Internal Audit plan which remained oversubscribed and was therefore subject to further discussion. The plan would be presented to the April 2026 Audit Committee.

The proposed action to address outstanding Internal Audit actions and the position regarding the 2026/27 Internal Audit plan is highlighted to the Boards in Common for information.

3.9 Draft Counter Fraud 2026/27 Work Plan

The Committee considered the draft Counter Fraud 2026/27 work plan which was approved.

The Committee supported the involvement of Counter Fraud in the forthcoming Internal Audit review regarding overseas visitors.

3.10 Audit plan and strategy for the year ending 31 March 2026

The External Audit plan and strategy for 2025/26 audit was received and supported.

4. Items for Noting

The Minutes of Board Committees were noted.

UHL NHS Trust Board declarations of interest – 2026/27

NAME	POSITION	INTEREST(S) DECLARED
Andrew Moore	Group Chair, UHL-UHN (formerly UHL and KGH Non-Executive Director)	<ul style="list-style-type: none"> • Chair, University Hospitals of Northamptonshire (UHN) NHS Group • Member of the UHL Corporate Trustee Board
Ruw Abeyratne	Director of Health Equality and Inclusion	<ul style="list-style-type: none"> • Shareholder in Larks Ameus Ltd • Paid speaker at events on topics relating to coaching and wellbeing. Value less than £500 per annum • Board Committee member, Trent College and The Elms
Scott Adams	Non-Executive Director	<ul style="list-style-type: none"> • Line manager of Head of Charity for Portsmouth Hospital Trust and Isle of Wight Hospital Trust charities, although no activity role in the running of either charity • Member of the UHL Corporate Trustee Board
Simon Barton	Deputy Chief Executive	<ul style="list-style-type: none"> • no declarations to be made
Lee Bond	Chief Financial Officer	<ul style="list-style-type: none"> • Trustee of the Healthcare Financial Management Association (HFMA) (registered charity) • Member of the UHL Corporate Trustee Board
Professor Ivan Browne	Non-Executive Director	<ul style="list-style-type: none"> • Outside employment with De Montfort University • Trustee of Leicester African Caribbean Centre • Spouse works as a GP at the Victoria Park Medical Centre, Leicester • Member of the UHL Corporate Trustee Board
Becky Cassidy	Director of Corporate and Legal Affairs	<ul style="list-style-type: none"> • Company Secretary for Trust Group Holdings Ltd
Emma Casteleijn	Director of Communication and Engagement	<ul style="list-style-type: none"> • Confirmed no declarations to be made
Steve Harris	Associate Non-Executive Director	<ul style="list-style-type: none"> • Director of Trust Group Holdings (TGH) • Director of Selco Builders Warehouse Ltd (from 18 August 2025)
Dr Andrew Haynes	Non-Executive Director	<ul style="list-style-type: none"> • Registered as an expert (Principal Clinical Adviser) with Academic Health Solutions • Member of the UHL Corporate Trustee Board
Helen Hendley	Chief Operating Officer	<ul style="list-style-type: none"> • Member of the UHL Corporate Trustee Board
Julie Hogg	Chief Nurse	<ul style="list-style-type: none"> • Chief Nurse representative, CNO England safe staffing faculty, NHSE/I • Shelford Group Safe Staffing Faculty Planning Group - Non Shelford CN representative • Associate, Birmingham City University • Family members employed by KPMG & Deloitte

UHL NHS Trust Board declarations of interest – 2026/27

NAME	POSITION	INTEREST(S) DECLARED
		<ul style="list-style-type: none"> • Chair, National Quality Board Safe Staffing Midwifery Review Group, NHSE • Chief Nurse, University Hospitals of Northamptonshire (UHN) NHS Group • Honorary Professor (unpaid), University of Leicester • Member of the UHL Corporate Trustee Board
Jill Houghton	Non-Executive Director	<ul style="list-style-type: none"> • Non-Executive Director of University Hospitals of Northamptonshire NHS Group • University Hospitals of Northamptonshire Nominated Trustee of Northamptonshire Charities • School Governor at Robert Smyth Academy, Market Harborough • Member of the UHL Corporate Trustee Board
Andrew Inchley	Non-Executive Director	<ul style="list-style-type: none"> • Director – Accenture Retirement Savings Plan Trustees Limited • Director – Accenture Pension Trustees Limited • Member of the UHL Corporate Trustee Board
Richard Mitchell	Chief Executive	<ul style="list-style-type: none"> • Member NHS IMPACT: National Improvement Board • Member NHS Providers Board • Chair, East Midlands Acute Providers Network • Deputy Chair, National Cancer Leadership Forum Steering Group • Chair, East Midlands Pathology Network • Chair, East Midlands Cancer Alliance • External consultancy work not exceeding £500-£1000 per year • Member of the UHL Corporate Trustee Board • CEO of University Hospitals of Northamptonshire (UHN) Group
Will Monaghan	Group Chief Digital Information Officer	<ul style="list-style-type: none"> • Lecturer with Imperial College London on the NHS Digital Academy and course content advisor • Director of Monaghan Insight Ltd (private limited company providing occasional consulting and advisory services on healthcare technology and digital transformation). Spouse is co-director • Member (CDIO and Acute Hospitals Rep) Department of Health and Social Care — AI in Health and Care Advisory Group. • Chief Digital Information Officer, University Hospitals of Northamptonshire (UHN) Group
David Moon	Non-Executive Director	<ul style="list-style-type: none"> • Non-Executive Director, Black Country Healthcare NHS Foundation Trust (<i>until 31 July 2025</i>) • Trustee (Treasurer), Shipston Home Nursing • Consultant (part-time) for SWFT Clinical Services Ltd (wholly owned subsidiary of South Warwickshire University NHS Foundation Trust)

UHL NHS Trust Board declarations of interest – 2026/27

NAME	POSITION	INTEREST(S) DECLARED
		<ul style="list-style-type: none"> • Family member has a training contract with PwC • Member of the UHL Corporate Trustee Board
Professor Thompson Robinson	Non-Executive Director	<ul style="list-style-type: none"> • Outside employment with University of Leicester (Pro Vice-Chancellor and Head of the College of Life Sciences, Dean of Medicine) • Member of the UHL Corporate Trustee Board (and Chair of the UHL Charitable Funds Committee)
Clare Teeney	Chief People Officer	<ul style="list-style-type: none"> • no declarations to be made
Gang Xu	Medical Director	<ul style="list-style-type: none"> • Member of the UHL Corporate Trustee Board

MANAGING CONFLICTS OF INTEREST IN THE NHS POLICY

Approved By:	Trust Board
Date of Original Approval:	1 June 2017
Trust Reference:	A1/2017
Version:	4
Supersedes:	3 – January 2022
Trust Lead:	Helen Stokes – Head of Corporate Governance Head of Legal Services
Board Director Lead:	Becky Cassidy – Director of Corporate and Legal Affairs
Date of Latest Approval	Board in April 2026
Next Review Date:	

CONTENTS

Section		Page
1	Introduction and Overview	3
2	Policy Scope	4
3	Definitions and Abbreviations	4
4	Roles	5
5	Policy Implementation and Associated Documents	6
	Identification and declaration of interests	6
	Publication of interests	8
	Gifts	9
	Hospitality	10
	Outside employment	10
	Shareholdings and other ownership	11
	Patents	11
	Loyalty interests	12
	Donations	12
	Sponsored events	13
	Sponsored research	13
	Sponsored posts	14
	Clinical private practice	14
	Breaches	16
6	Education and Training	18
7	Process for Monitoring Compliance	18
8	Equality Impact Assessment	18
9	Supporting References, Evidence Base and Related Policies	18
10	Process for Version Control, Document Archiving and Review	19

Appendices		Page
1	At a glance guides to what needs to be declared and what considerations need to be taken into account	20

REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW

August-December 2025: scheduled review. Terminology updates and incorporation of comments from Counter Fraud.

KEY WORDS

Declaration, declarations, register, publication, charity, donation, gifts, hospitality

1 INTRODUCTION AND OVERVIEW

- 1.1 This document sets out the University Hospitals of Leicester (UHL) NHS Trust's Policy and Procedures for managing conflicts of interests in the NHS. Adhering to this policy will help to ensure that UHL uses NHS money wisely, providing best value for taxpayers and accountability to our patients for the decisions we take. This policy is based on the NHS England model policy for managing NHS conflicts of interests.
- 1.2 UHL 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.
- 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, UHL has a duty to ensure that all its dealings are conducted to the highest standards of integrity and that NHS monies are used wisely so that it is using its finite resources in the best interests of patients.
- 1.4 This policy helps staff manage conflicts of interests 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

As a member of staff you should...	As an organisation we will...
<ul style="list-style-type: none"> • Familiarise yourself with this policy and follow it. Refer to the guidance for the rationale behind this policy https://www.england.nhs.uk/long-read/managing-conflicts-of-interest-in-the-nhs/ • Use your common sense and judgement to consider whether the interests you have could affect the way taxpayers' money is spent • Regularly consider what interests you have and declare these as they arise. If in doubt, declare. • NOT misuse your position to further 	<ul style="list-style-type: none"> • Ensure that this policy and supporting processes are clear and help staff understand what they need to do. • Identify a team or individual with responsibility for: <ul style="list-style-type: none"> ○ Keeping this policy under review to ensure they are in line with the guidance. ○ Providing advice, training and support for staff on how interests should be managed. ○ Maintaining register(s) of interests. ○ Reviewing this policy and its associated processes and procedures at least once every

As a member of staff you should...	As an organisation we will...
<p>your own interests or those close to you</p> <ul style="list-style-type: none"> • NOT be influenced, or give the impression that you have been influenced by outside interests • NOT allow outside interests you have to inappropriately affect the decisions you make when using taxpayers' money 	<p>three years.</p> <ul style="list-style-type: none"> • Within UHL NHS Trust this responsibility sits with the Assistant Director (Head of Legal Services) and the Corporate and Committee Services Manager • NOT avoid managing conflicts of interest. ○ NOT interpret this policy in a way which stifles collaboration and innovation with our partners

1.5 The acceptance of gifts, hospitality, preferential treatment in private transactions, sponsorship or loyalty schemes as an incentive for entering into business transactions is specifically prohibited by the Bribery Act 2010. In addition, the Bribery Act 2010 created an offence of failing to prevent bribery and the Trust's Board of Directors are required to put into place adequate procedures to prevent fraud, bribery and corruption. This policy supports those procedures. For more information on this please refer to the Trust's Counter Fraud, Bribery and Corruption Policy [A1/2010].

2 POLICY SCOPE

- 2.1 This policy applies to all UHL staff, as all staff are required to declare material interests covered by this policy as they arise and within a maximum of 28 days. This requirement also includes bank and agency staff.
- 2.2 Staff deemed to be "**decision-making staff**" are also required proactively to make an annual declaration, either updating any interests they have already declared or actively registering a "nil return". Their declarations will be published at least annually. Information on how to make a declaration is in paragraph 5.1.3.
- 2.3 NHS England guidance in the form of FAQs for different staff groups can be accessed here: www.england.nhs.uk/ourwork/coi
- 2.4 This policy should be read in conjunction with other applicable UHL policies including the Trust's Standing Orders [A7/2001], Standing Financial Instructions and Scheme of Delegation [A1/2022], and the Counterfraud, Bribery and Corruption Policy [A1/2010].

3 DEFINITIONS AND ABBREVIATIONS

3.1 conflict of interest:

“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.

3.2 “decision-making staff”

Some staff are more likely than others to have a decision making influence on the use of taxpayers’ money, because of the requirements of their role. For the purposes of this policy UHL classes the following as “decision-making staff”:

- Executive and Non-Executive Directors;
- all staff at Agenda for Change band 8d and above (and any staff on any other salary scales at that level and above – for the avoidance of doubt this will include eg all Consultant medical staff);
- staff involved in decision-making re: commissioning and procurement who have the power to enter into contracts on behalf of the Trust.

3.3 interests

Interests fall into the following categories:

- *Financial interests:*

Where an individual may get direct financial benefit from the consequences of a decision they are involved in making.

- *Non-financial professional interests:*

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

- *Non-financial personal interests:*

Where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit, because of decisions they are involved in making in their professional career.

- *Indirect interests:*

Where an individual has a close association with another individual who has a financial interest, a non-financial professional interest or a non-financial personal interest and could stand to benefit from a decision they are involved in making.

3.4 **material interest:**

NHS England guidance defines a material interest as *“one which a reasonable person would take into account when making a decision regarding the use of taxpayers’ money because the interest has relevance to that decision”*

4 **ROLES**

4.1 **Responsibilities within the Organisation**

4.1.1 **Executive Lead** – Director of Corporate and Legal Affairs.

4.1.2 **Corporate and Legal Affairs (CLA) staff** – the Head of Corporate Governance is the operational lead for this policy. This responsibility includes providing management advice on the declaration requirements (including any requests to have part or all of the declaration redacted), reviewing (jointly with the Head of Legal Services) any reported breaches in conjunction with HR and local senior managers and advising on any required escalation.

4.1.3 **Senior management staff** – for the purposes of this policy senior management staff comprise:-

- CMG Heads of Operations and Clinical Directors;
- Corporate/Executive Directors,
- the Chief Executive and the Chairman.

With advice from the Head of Corporate Governance, senior management staff are responsible for reviewing and approving declarations of interests (where senior management approval is required), keeping an audit record of those decisions, deciding whether such declarations constitute a conflict of interests (and taking appropriate management action if a conflict is identified), and reviewing any reported breaches of the declaration requirements in conjunction with the Head of Corporate Governance and HR.

4.1.4 **HR Generalist team** – are responsible for providing any HR advice to senior managers and CLA staff on the issues covered by this policy, for being involved in reviewing reported breaches of the declaration requirements and for investigating any reported breaches which are escalated following that initial review.

4.1.5 **“Decision-making staff”** (see definition in section 3.2) – in addition to the declaration requirements placed on all staff, staff who are deemed to be “decision-making staff” are also required to make an annual declaration confirming whether or not they have any conflicts of interests. If they have no conflicts or interests to declare, then they must proactively register a ‘nil return’

- 4.1.6 **All staff** – are required to declare material interests as they arise and within a maximum of 28 days, and to inform their line manager of any such material interests.
- 4.1.7 **Audit Committee** – receives reports on compliance with the policy and the outcome of any reported breaches.

5. POLICY IMPLEMENTATION AND ASSOCIATED DOCUMENTS

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

- 5.1.1 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:
- 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).
- 5.1.2 Where senior approval of declarations is required, staff must seek that senior approval **prior to** registering the declaration. The categories of declaration for which senior approval is required are covered in section 5.7 and outlined in the ‘at a glance’ guides at appendix 1 of this policy. The varying levels of senior approval required are listed below:-

Staff making a declaration	Where it is required, ‘senior approval’ will be provided by
Clinical staff	Staff member’s CMG Head of Operations or Clinical Director
Corporate staff	Staff member’s Corporate or Executive Director
Heads of Operations	Chief Operating Officer
Clinical Directors	Chief Operating Officer
Executive Directors	Chief Executive
Chief Executive and Non-Executive Directors	Trust Chairman
Trust Chairman	NHS Improvement

The reporting routes above also apply to instances where management action is required because a conflict of interests has been identified (see section 5.6.1).

- 5.1.3 Staff can make a declaration by accessing the electronic Civica Declare system at <https://uhl.mydeclarations.co.uk>.

In line with national guidance, declarations will ensure that – as a minimum – the following information is captured:

- the returnee’s name and their role with the organisation

- a description of the interest declared (reflecting the content of Section 5 of the NHSE guidance for common situations)
- relevant dates relating to the interest
- space for comments (e.g. action taken to mitigate conflict)

5.1.4 In line with national requirements, the system used by the Trust enables members of the public to view the declarations of interests (including re: gifts and hospitality) made by “decision-making staff”. The publicly-accessible register is accessed via the Trust’s external website.

5.1.5 Declarations will remain on the public register for at least 6 months after their expiry. A historic record will be retained by Corporate and Committee Services for the required 6-year period (as a minimum).

5.2 **Proactive review of interests**

5.2.1 As per section 2.2 above, Corporate and Committee Services will prompt decision-making staff annually to review declarations they have made and (as appropriate) update them or make a “nil return”.

5.3 **Maintenance**

5.3.1 UHL maintains a single register of interests (including gifts and hospitality) which is publicly available via the Trust’s external website. Staff will make their own declarations on the system, which will be managed by the Head of Corporate Governance and the Corporate and Committee Services Team.

5.4 **Publication**

5.4.1 It is recognised that in some cases it might not be appropriate to publish information about the interests of some “decision-making staff”, or some of their identifying information might need to be redacted. If “decision-making staff” have substantial grounds for believing that publication of their interests should not take place then they should contact the Head of Corporate Governance at uhl-tr.declarationsofinterestsmailbox@nhs.net to explain why. In exceptional circumstances, for instance where publication of information might put a member of staff at risk of harm, information may be withheld or redacted on public registers. However, this would be the exception and information will not be withheld or redacted merely because of a personal preference. The decision will also be appropriate informed by input from local senior managers.

5.5 **Wider transparency initiatives**

5.5.1 UHL fully supports wider transparency initiatives in healthcare, and encourages 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 and conferences. Counter-Fraud advise that payment received for speaking at such events during NHS time should be paid to the Trust
- 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:

<https://www.abpi.org.uk/reputation/disclosure-uk/>

5.6 **Management of interests – general**

5.6.1 **Management action:** 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 and a conflict is identified, 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 UHL will always clarify the circumstances and issues with the individuals involved. Senior staff reviewing the declarations should maintain a written audit trail of information considered and actions taken, using a standard template available from Corporate and Committee Services.

5.7 **Management of interests – common situations**^{***}

***** ‘At a glance’ guides on what should be declared for each category of interest, and what other considerations need to be taken into account, are detailed in appendix 1 *****

5.7.1 **Gifts**

- Staff should not accept gifts that may affect, or be seen to affect, their professional judgement. Staff should be aware that gifts can be used as a subterfuge for bribery.

Gifts from suppliers or contractors

- Gifts from suppliers or contractors doing business (or likely to do business) with the organisation should be declined, other than low cost branded promotional aids such as pens or post-it notes which may be accepted where they are under the value of £6¹ in total, and **need not be** declared.

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

- 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 not be accepted in a personal capacity. They should only be accepted on behalf of the ward/CMG and be paid into the appropriate ward/CMG charitable fund, where it can only be used for the benefit of that ward/CMG. These should be declared by staff.
- Modest gifts accepted under a value of £50 **do not need** to be declared. A common sense approach should be applied to the valuing of gifts (using an actual amount, if known, or an estimate that a reasonable person would make as to its value).
- Multiple gifts from the same source over a 12 month period should be treated in the same way as single gifts over £50 where the cumulative value exceeds £50.

What information should be declared

- Staff name and their role with the organisation.
- A description of the nature and estimated value of the gift, including its source and the nature of that source's business (if a supplier).
- Date of receipt.
- Reasons for accepting or declining the gift.
- 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, any previous gifts offered or accepted from the offerer).

Bribery Act 2010

- A breach of the provisions of the Act would result in both staff and the Trust being liable to criminal prosecution under the Act.

5.7.2 Hospitality

- Staff should not ask for or accept hospitality that may affect, or be seen to affect, their professional judgement. Staff should be aware that hospitality can be used as a subterfuge for bribery.
- 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.

Meals and refreshments (per person):

- Under a value of £25 - may be accepted and **need not be** declared.
- Of a value between £25 and £75² - may be accepted and **must** be declared.

¹The £6 value has been selected with reference to existing industry guidance issued by the ABPI

²The £75 value has been selected with reference to existing industry guidance issued by the ABPI

- Over a value of £75 - should be refused unless (in exceptional circumstances) senior approval is given by appropriate approver as per section 5.1.2. A clear reason should be recorded on the organisation's register(s) of interest as to why it was permissible to accept.
- A common sense approach should be applied to the valuing of meals and refreshments (using an actual amount, if known, or 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. See section 5.1.2 for the appropriate approver. 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 information should be declared

- Staff name and their role with the organisation.
- A description of the nature and estimated value of the hospitality, including the circumstances, its source and the nature of that source's business.
- Date of receipt.
- Reasons for accepting or declining the hospitality.
- Any other relevant information (e.g. circumstances surrounding the hospitality, action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy, any previous hospitality offered or accepted from the offerer).

Bribery Act 2010

- A breach of the provisions of the Act would result in both staff and the Trust being liable to criminal prosecution under the Act.

5.7.3 *Outside Employment*

- Staff should declare any existing outside employment on appointment and any new outside employment when it arises, where that outside employment could give rise to a potential conflict of interest.
- Where a risk of conflict of interest arises, the general management actions outlined in this policy should be considered by appropriate senior management staff as per sections 5.1.2 and 5.6.1, 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.

What information should be declared

- Staff name and their role within 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).

5.7.4 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 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 by appropriate senior management staff as per sections 5.1.2 and 5.6.1, 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 information 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).

5.7.5 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 by appropriate senior management staff as per sections 5.1.2 and 5.6.1, and applied to mitigate risks.

What information 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)

5.7.6 **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.

What information 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).

5.7.7 **Donations**

- Further advice is available within the Fundraising on UHL Sites Policy (Trust ref: B32/2016) or from the Head of Fundraising (0116 258 8658).
- 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 charitable appeals teams 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 information should be declared

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

5.7.8 **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 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 by making the appropriate declaration on the self-declaration IT system.

What information should be declared

- The organisation will maintain records (via the self-declaration IT system) regarding sponsored events in line with the above principles and rules.

5.7.9 **Sponsored research**

- Further advice is available from the Research & Innovation Chief Operating Officer (0116 502 7108)
- 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 also declare involvement with sponsored research, by making the appropriate declaration via MES Declare.

What information 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 senior management approvals given to depart from the terms of this policy).

5.7.10 **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 information should be declared

- The organisation will retain written records of sponsorship of posts, in line with the above principles and rules.
- Using the declaration of interests system (MES Declare), 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.

5.7.11 **Clinical private practice**

Clinical staff should declare all private practice on appointment, and/or any new private practice when it arises³ including:

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

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

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

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

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.

What information should be declared

- Staff name and their role with the organisation.

³Hospital 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

⁴These provisions already apply to Hospital Consultants by virtue of Paras.5 and 20, Sch. 9 of the Terms and Conditions – Consultants (England) 2003

- 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).

The Trust recognises that Consultant medical staff already provide some of this information through the annual Consultant job planning system. A separate declaration of interests re: clinical private practice is nonetheless required via MES Declare to capture all of the information required by NHS England.

5.8 Management of interests – advice in specific contexts

5.8.1 Strategic decision making groups

In common with other NHS bodies, UHL 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 are:

- Trust Board
- Audit Committee
- Remuneration Committee
- Finance and Investment Committee
- Quality Committee
- Operational Performance Committee
- Our Future Hospitals and Transformation Committee
- People and Culture Committee
- Charitable Funds Committee
- Executive Groups (Trust Leadership Team, Patient Safety Committee, Risk Committee)

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.

5.8.2 **Procurement**

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

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.

5.9 **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'.

5.9.1 **Identifying and reporting breaches**

Staff who are aware about actual breaches of this policy, or who are concerned that there has been, or may be, a breach, should report these concerns to the Head of Corporate Governance (uhl-tr.declarationsofinterestsmailbox@nhs.net).

To ensure that interests are effectively managed staff are encouraged to speak up about actual or suspected breaches. Every individual has a responsibility to do this. For further information about how concerns should be raised refer to the Trust's Freedom to Speak Up: Raising Concerns Policy [A15/2001] or contact the HR Generalist Team.

Once reported, each case will be further reviewed by the Head of Corporate Governance and the Head of Legal Services with appropriate input from local managers, People Services, and Local Counter-Fraud Services to assess the circumstances behind the breach. Breaches may be accidental or deliberate. Following review, the Trust will decide if there has been or is potential for a breach and if so the what 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, and take appropriate action as set out in the next section.

If staff have any concerns or suspicions that a fraud or bribery or corruption may have occurred in relation to an interest whether relating to gifts, hospitality or otherwise, including a failure to declare an interest then these concerns should be

reported to the Local Counterfraud Specialist or the NHS Counter Fraud Authority as set out in the Trust's Counterfraud, Bribery and Corruption Policy [A1/2010].

If further more formal action is required, this will be undertaken by HR and local managers (and Local Counter-Fraud Services as appropriate) in line with the UHL Disciplinary Policy [A6/2004] and the Counter Fraud, Bribery and Corruption Policy [A1/2010]. The actions open to the Trust to handle such breaches will depend on the nature of each instance, and the parties involved will be given the opportunity to explain and clarify any relevant circumstances.

5.9.2 ***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 formal 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 wrongdoing 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:

- 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.

5.9.3 ***Learning and transparency concerning breaches***

Reports on breaches, the impact of these, and action taken will be considered by the Executive Team and the Audit Committee on an annual basis.

To ensure that lessons are learned and management of interests can continually improve, anonymised information on breaches, the impact of these, and action taken will be prepared and published on the Trust's Freedom of Information Act publication scheme, or made available for inspection by the public upon request.

6 EDUCATION AND TRAINING REQUIREMENTS

- 6.1 Training on the administrative use of the IT system for declaring interests will be provided to Corporate and Committee Services staff by the system provider.

7 PROCESS FOR MONITORING COMPLIANCE

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements Who or what committee will the completed report go to.
Compliance with the Policy's requirements on declaring conflicts of interests, and number of interests declared	Head of Corporate Governance	Interrogation of the interests entered into Declare system data and comparison with other relevant systems (eg Consultant job planning, R&I research sponsorship data)	At least annually	Audit Committee
Level of reported breaches	Head of Corporate Governance	Interrogation of the Declare system data	At least annually	Audit Committee

8 EQUALITY IMPACT ASSESSMENT

- 8.1 The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.
- 8.2 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

EDI Statement

We are fully committed to being an inclusive employer and oppose all forms of unlawful or unfair discrimination, bullying, harassment and victimisation.

It is our legal and moral duty to provide equity in employment and service delivery to all and to prevent and act upon any forms of discrimination to all people of protected

characteristic: Age, Disability (physical, mental and long-term health conditions), Sex, Gender reassignment, Marriage and Civil Partnership, Sexual orientation, Pregnancy and Maternity, Race (including nationality, ethnicity and colour), Religion or Belief, and beyond.

We are also committed to the principles in respect of social deprivation and health inequalities.

Our aim is to create an environment where all staff are able to contribute, develop and progress based on their ability, competence and performance. We recognise that some staff may require specific initiatives and/or assistance to progress and develop within the organisation.

We are also committed to delivering services that ensure our patients are cared for, comfortable and as far as possible meet their individual needs

9 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES

NHS England guidance “Managing Conflicts of Interest in the NHS
Guidance for staff and organisations”

Intellectual Property Policy (Trust ref: B35/2010)

Counter-Fraud, Bribery and Corruption Policy (Trust ref: A1/2010)

Disciplinary Policy and Procedure (Trust ref: B31/2024)

Fundraising on UHL Sites Policy (Trust ref: B32/2016)

Standing Financial Instructions and Scheme of Delegation (Trust ref: A1/2022)

Standing Orders (Trust ref: A7/2001)

Policy for Managing Company Representatives (Trust ref: B40/2016)

Freedom to Speak Up: Raising Concerns Policy (Trust ref: A15/2001)

Recruitment and Selection Policy (Trust ref: B43/2009)

Private Practice and Fee-Paying Services Guidance for Medical Staff (Trust ref: B12/2016)

Bribery Act 2010

10 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW

10.1 The updated version of the Policy will then be uploaded and available through the internal website policy and guideline library, and the Trust’s externally-accessible Freedom of Information publication scheme. It will be archived through the Trust’s PAGL system.

10.2 This Policy will be reviewed every five years and it is the responsibility of the Trust Lead for this Policy to commission the review.

Managing Conflicts of Interest in the NHS Policy – Summary Guides

Attached are a series of guides relating to the following circumstances:

- Gifts & Hospitality;
- Shareholding & Other Ownership Issues;
- Outside Employment;
- Patents;
- Loyalty Interests;
- Donations;
- Sponsored Events;
- Sponsored Research;
- Sponsored Posts, and
- Private Clinical Practice.

Summary Guide re Gifts & Hospitality

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

Declarations – Staff must make a self-declaration by accessing the Declare System at <https://uhl.mydeclarations.co.uk>

Further advice can be sought from the UHL Corporate and Committee Services team at: uhl-tr.declarationsofinterestsmailbox@nhs.net

Type of Gift	Can I accept it?	Do I need to declare it?	When do I need to declare it?	What do I declare?
Gifts from Suppliers or Contractors doing business (or likely to do business with the Trust).	No except for low cost branded promotional items (e.g. pens and post-it notes) which may be accepted where they are under the value of £6 in total	Yes declare the offer and non-acceptance of the gift, except where gifts are under the value of £6 in total – these do not need to be declared	As soon as possible (and in any event within 28 days)	<ul style="list-style-type: none"> Staff name and role; a description of the gift and its estimated value, including details of who has offered the gift and the nature of their business; date of receipt (or offer) and reasons for declining the gift (other than for items below £6), and any other relevant information (eg surrounding circumstances, any previous instances of gifts from this source, etc)
Gifts from other sources (e.g. patients, families, service users) specifically:				
Gifts of cash and vouchers to individuals	No but they can be donated to the ward/CMG charitable fund	Yes declare the offer and non-acceptance of the gift	As soon as possible (and in any event within 28 days).	<ul style="list-style-type: none"> Staff name and role; a description of the gift and its estimated value, including details of who has offered the gift; date of gift offer and any other relevant information (eg surrounding circumstances, any previous instances of gifts from this source, etc), and reasons for accepting/declining the gift.
Gifts valued at over £50	No not in a personal capacity	Yes	As soon as possible (and in any event within 28 days)	As above
	Yes if on behalf of the ward/CMG and paid into the appropriate charitable fund			
Modest gifts under a value of £50 (to the ward/CMG).	Yes	No	Not applicable	Not applicable
Note: 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 is greater than £50.				

Type of Hospitality	Can I accept it?	Do I need to declare it?	When do I need to declare it?	What do I declare?
<i>Hospitality – must only be accepted where there is a legitimate business reason and it is proportionate to the nature and purpose of the event. A common sense approach should be applied to the valuing of meals (using an actual amount, if known, or an estimate).</i>				
Hospitality offered by actual or potential suppliers or contractors.	Yes (with caution) if: - it is modest and reasonable, and - senior approval has been given	Yes	As soon as possible (and in any event within 28 days)	<ul style="list-style-type: none"> • Staff name and role; • nature and estimated value of hospitality, including circumstances, and the nature of the supplier's business; • date of receipt; • reason for accepting/declining, and • any other relevant information (e.g. action taken to mitigate against conflict, any previous instances of hospitality from this source).
Meal and refreshments under a value of £25.	Yes	No	Not applicable	Not applicable.
Meal and refreshments of a value between £25 - £75.	Yes	Yes	As soon as possible (and in any event within 28 days)	<ul style="list-style-type: none"> • Staff name and role; • nature and estimated value of hospitality, including circumstances, and the nature of the supplier's business; • date of receipt; • reason for accepting/declining, and • any other relevant information (e.g. action taken to mitigate against conflict, any previous instances of hospitality from this source).
Meal and refreshments over a value of £75	No unless (in exceptional circumstances) senior approval is given.	Yes with a clear reason recorded on the organisational register of interest as to why it was permissible to accept it OR declare the non-acceptance of the offered hospitality)	As soon as possible (and in any event within 28 days)	<ul style="list-style-type: none"> • Staff name and role; • nature and estimated value of hospitality, including circumstances, and the nature of the supplier's business; • date of receipt; • reason for accepting/declining, and • any other relevant information (e.g. action taken to mitigate against conflict, any previous instances of hospitality from this source).
Travel and accommodation:				
Modest offers to pay some or	Yes	Yes	As soon as	<ul style="list-style-type: none"> • Staff name and role;

<p>all of the travel and accommodation costs related to attendance at events.</p>			<p>possible (and in any event within 28 days)</p>	<ul style="list-style-type: none"> • nature and estimated value of hospitality, including circumstances, and the nature of the supplier's business; • date of receipt; • reason for accepting/declining, and • any other relevant information (e.g. action taken to mitigate against conflict, any previous instances of hospitality from this source).
<p>Offers which go beyond modest (or are of a type that the organisation itself might not usually offer), e.g. business or first class travel and accommodation / offers of foreign travel and accommodation).</p>	<p>No other than in exceptional circumstances, with the approval of senior staff.</p>	<p>Yes with a clear reason recorded on the organisational register of interest as to why it was permissible to accept it.</p>	<p>As soon as possible (and in any event within 28 days)</p>	<ul style="list-style-type: none"> • Staff name and role; • nature and estimated value of hospitality, including circumstances, and the nature of the supplier's business; • date of receipt; • reason for accepting/declining, and • any other relevant information (e.g. action taken to mitigate against conflict, any previous instances of hospitality from this source).

Summary Guide for Declarations relating to Shareholding and Other Ownership Issues

Declarations – Staff must make a self-declaration by accessing the Declare System at <https://uhl.mydeclarations.co.uk>

Further advice can be sought from the UHL Corporate and Committee Services team at: uhl-tr.declarationsofinterestsmailbox@nhs.net

Nature of Declaration	Do I need to declare it?	When do I need to declare it?	What do I declare?	Other Factors to consider
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 be doing, business with UHL.	Yes	Upon appointment with UHL or when it arises.	<ul style="list-style-type: none"> • Staff name and role; • The nature of the shareholding / other ownership interest; • relevant dates, and • any other relevant information (e.g. action taken to mitigate against a conflict etc). 	<ul style="list-style-type: none"> • Where shareholdings or other ownership interests are declared and give rise to conflicts of interest, the general management actions outlined in the 'Managing Conflicts of Interest in the NHS' Policy should be considered and applied to mitigate risks.
Shares or Securities held in collective investment or pension funds or units of authorised unit trusts.	No.	Not applicable.	Not applicable.	Not applicable.

Summary Guide for Declarations relating to Outside Employment

Declarations – Staff must make a self-declaration by accessing the Declare System at <https://uhl.mydeclarations.co.uk>

Further advice can be sought from the UHL Corporate and Committee Services team at: uhl-tr.declarationsofinterestsmailbox@nhs.net

Nature of Declaration	Do I need to declare it?	When do I need to declare it?	What do I declare?	Points to Note
The employment of a UHL staff member <i>outside of</i> UHL NHS Trust.	Yes	Upon appointment with UHL or when it arises (if the outside employment takes place <i>after</i> appointment with UHL).	<ul style="list-style-type: none"> • Staff name and role; • The nature of the outside employment (e.g. who it is with, a description of duties, time commitment); • relevant dates, and • any other relevant information (e.g. action taken to mitigate against a conflict etc). 	<ul style="list-style-type: none"> • Where contracts of employment or terms and conditions of engagement permit, <i>staff may be required to seek prior approval from the organisation to engage in outside employment</i>, and • Where a risk of conflict of interest arises, the general management actions outlined in the 'Managing Conflicts of Interest in the NHS' Policy should be considered and applied to mitigate risks.

Summary Guide for Declarations relating to Patents

Declarations – Staff must make a self-declaration by accessing the Declare System at <https://uhl.mydeclarations.co.uk>

Further advice can be sought from the UHL Corporate and Committee Services team at: uhl-tr.declarationsofinterestsmailbox@nhs.net

Nature of Declaration	Do I need to declare it?	When do I need to declare it?	What do I declare?	Points to Note
<p>Patents (i.e. the right to exclude others from making, using or selling an invention) and other intellectual property rights held (either individually or by association with a commercial or other organisation), including where applications to protect have started or are on-going which are (or might be reasonably expected to be) related to items to be procured or used by the organisation.</p>	<p>Yes</p>	<p>Upon appointment with UHL or when it arises (if this takes place after appointment with UHL).</p>	<ul style="list-style-type: none"> • Staff name and role; • A description of the patent; • relevant dates, and • any other relevant information (e.g. action taken to mitigate against a conflict etc). 	<ul style="list-style-type: none"> • Staff should seek prior permission from the organisation before entering into 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, and • Where holding of patents and other intellectual property rights give rise to a conflict of interest, the general management actions outlined in the 'Managing Conflicts of Interest in the NHS' Policy should be considered and applied to mitigate risks.

Summary Guide for Declarations relating to Loyalty Interests

Declarations – Staff must make a self-declaration by accessing the Declare System at <https://uhl.mydeclarations.co.uk>

Further advice can be sought from the UHL Corporate and Committee Services team at: uhl-tr.declarationsofinterestsmailbox@nhs.net

Nature of Declaration	Do I need to declare it?	When do I need to declare it?	What do I declare?	Points to Note
<p>Loyalty Interests where staff are involved in decision-making where they:-</p> <ul style="list-style-type: none"> • 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 taken in their NHS role; • sit on advisory groups or other paid or unpaid decision-making forums that can influence how an organisation spends taxpayer's money, • are, or could be, involved in the recruitment or management of close family members and relatives, close friends and associates and business partners, and • 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. 	<p>Yes</p>	<p>Upon appointment with UHL or when it arises (if this takes place after appointment with UHL).</p>	<ul style="list-style-type: none"> • Staff name and role; • Nature of the loyalty interest; • relevant dates, and • any other relevant information (e.g. action taken to mitigate against a conflict etc). 	<ul style="list-style-type: none"> • Where staff have a loyalty interest, the general management actions outlined in the 'Managing Conflicts of Interest in the NHS' Policy should be considered and applied to mitigate risks.

Summary Guide re Donations

Declarations – Staff must make a self-declaration by accessing the Declare System at <https://uhl.mydeclarations.co.uk>

Further advice can be sought from the UHL Corporate and Committee Services team at: uhl-tr.declarationsofinterestsmailbox@nhs.net

Nature of Declaration	Can I accept it?	Do I need to declare it?	When do I need to declare it?	What do I declare?	Points to Note
<p>Donations made by suppliers or bodies seeking to do business with the organisation.</p>	<p>No, not routinely.</p> <p>In exceptional circumstances, donations may be accepted.</p> <p>Donations, when received, must be made to a specific charitable fund (never to an individual) and a receipt should be issued.</p>	<p>Yes – if declined or if accepted (with a clear reason as to why it was deemed acceptable along with the actual or estimated value).</p>	<p>As soon as possible (and in any event within 28 days).</p>	<p>The organisation will maintain records in line with the principles and rules outlined and relevant obligations under charitable law.</p>	<ul style="list-style-type: none"> • 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 organisations' own registered charity or other charitable body and is not for 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, and • 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.

Summary Guide re Sponsored Events

*Declarations – The Staff Member **organising the event** must make a self-declaration by accessing the Declare System at <https://uhl.mydeclarations.co.uk>*

Further advice can be sought from the UHL Corporate and Committee Services team at: uhl-tr.declarationsofinterestsmailbox@nhs.net

Nature of Declaration	Can I accept / attend it?	Do I need to declare it?	When do I need to declare it?	What do I declare?	Points to Note
<p>Staff organising an event sponsored by appropriate external bodies.</p>	<p>Yes, <u>but only if</u> a reasonable person would conclude that the event will result in clear benefit to the Trust and the NHS.</p> <p>Staff do not need to declare their attendance at these events, unless the nature of the hospitality received at the event needs to be declared under the Gifts and Hospitality requirements – please see ‘Gifts and Hospitality Summary Guide’.</p>	<p>Yes (organiser only, not attendees).</p>	<p>As soon as possible (and in any event within 28 days).</p>	<p>The organisation will maintain records in line with the principles and rules outlined and relevant obligations under charitable law.</p>	<ul style="list-style-type: none"> • 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 main purpose of the event; • The involvement of a sponsor in an event should always be clearly identified, and • 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 material relating to the event.

Summary Guide re Sponsored Research

Declarations – Staff must make a self-declaration by accessing the Declare System at <https://uhl.mydeclarations.co.uk>

Further advice can be sought from the UHL Corporate and Committee Services team at: uhl-tr.declarationsofinterestsmailbox@nhs.net

Nature of Declaration	Do I need to declare it?	When do I need to declare it?	What do I declare?	Points to Note
Sponsored Research	Yes – staff should declare involvement in sponsored research to the organisation.	As soon as possible (and in any event within 28 days).	<p>The organisation will retain written records of sponsorship of research in line with the principles and rules detailed in the ‘Managing Conflicts of Interest in the NHS’ Policy.</p> <p>Staff should declare:-</p> <ul style="list-style-type: none"> • their name and role in the organisation; • nature of their involvement in the sponsored research; • relevant dates, and • other relevant information (e.g. what, if any, benefit the sponsor derives from the sponsorship, action taken to mitigate against a conflict etc). 	<ul style="list-style-type: none"> • 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, and • The study must not constitute an inducement to prescribe, supply, administer, recommend, buy or sell any medicine, medical device, equipment or service.

Summary Guide re Sponsored Posts

Declarations – Staff must make a self-declaration by accessing the Declare System at <https://uhl.mydeclarations.co.uk>

Further advice can be sought from the UHL Corporate and Committee Services team at: uhl-tr.declarationsofinterestsmailbox@nhs.net

Nature of Declaration	Do I need to declare it?	When do I need to declare it?	What do I declare?	Points to Note
External sponsorship of a post (the prior approval of which is required from the Trust).	Yes	As soon as possible (and in any event within 28 days).	<p>The organisation will retain written records of sponsorship of research in line with the principles and rules detailed in the 'Managing Conflicts of Interest in the NHS' Policy.</p> <p>Staff should declare any other interests arising as a result of their association with the sponsor, in line with the content of the 'Managing Conflicts of Interest in the NHS' Policy.</p>	<ul style="list-style-type: none"> • 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.

Summary Guide re Private Clinical Practice

Declarations – Staff must make a self-declaration by accessing the Declare System at <https://uhl.mydeclarations.co.uk>

Further advice can be sought from the UHL Corporate and Committee Services team at: uhl-tr.declarationsofinterestsmailbox@nhs.net

Nature of Declaration	Do I need to declare it?	When do I need to declare it?	What do I declare?	Points to Note
Private practice	Yes	Upon appointment and/or any new private practice as it arises.	<ul style="list-style-type: none"> • Staff name and role; • Where you practice (name of private facility); • What you practice (specialty, major procedures); • When you practise (identified sessions / time commitment); • relevant dates, and • any other relevant information (e.g. action taken to mitigate against a conflict etc). 	<ul style="list-style-type: none"> • Clinical staff should (unless existing contractual provisions require otherwise or unless emergency treatment for private patients is needed): <ul style="list-style-type: none"> - seek the prior approval of their organisation before taking up private practice; - ensure that, where there would otherwise be a conflict or potential conflict of interest, NHS commitments take precedence over private work; - not accept direct or indirect financial incentives from private providers other than those allowed by Competition and Markets Authority guidelines, and • Hospital Consultants should not initiate discussions about providing their Private Professional Services for NHS patients, nor should they ask other staff to initiate discussions on their behalf.

Meeting title:	Audit Committee					
Date of the meeting:	16 March 2026					
Title:	SEALING REPORT					
Report presented by:	Becky Cassidy, Director of Corporate and Legal Affairs					
Report written by:	Steve Murray, Assistant Director of Corporate and Legal Affairs					
Action – this paper is for:	Decision/Approval		Assurance	x	Update	x
Where this report has been discussed previously	None Required					

To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which
That Standing Order 12 has been complied with.

Impact assessment
<ul style="list-style-type: none"> • Patients – No direct impact • Workforce – No direct impact • Equality, Diversity & Inclusion – No impact • Services – No direct impact • Finance – No direct impact • Reputation/legal – Legal requirements have been complied with.

Acronyms used:
None Used

Purpose of the Report

To enable the Audit Committee to be sighted to those Deeds that the Trust has entered into during the period covered by this report.

Recommendation

Note this report and receive an update next quarter.

Summary

1. The Trust's Standing Orders (Standing Order 12) set out the approved arrangements for custody of the Trust's seal and the sealing of documents.
2. This report lists the details of the Trust sealings for the 2025-26 financial year to date (by quarter).

Main report detail

List of Trust Sealings for Quarter 4, 2025/26

Date of Sealing	Nature of Document	Date of Authority and Minute Reference	Sealed by	Remarks
23.12.2025	Deed relating to Leicester Diabetes Centre	TB14/11/2024 366/24/22	Vice Chairman/Assistant Director of Corporate and Legal Affairs	Original handed to Adrian Middleton of Estates and Facilities on 14.01.26
14.01.26	Deed relating to Lease between (1) UHL and (2) University of Leicester relocating to part of the Diabetes Centre at LGH.	TB-14/11/2024 366/24/22	Chairman/Assistant Director of Corporate and Legal Affairs	Original handed to Adrian Middleton of Estates and Facilities on 14.01.26

Supporting documentation

None