

# Surrey & Sussex Healthcare NHS Trust

## AN ORGANISATION WIDE POLICY ON STANDARDS OF BUSINESS CONDUCT

### Final Draft

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*Openness, integrity, public funds, gifts, sponsorship, declaration, interests, business, conduct, transparent, hospitality, commercial, accountability*

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<p><b>This policy will be made available in different languages and formats upon request. Requests of this nature should be made to the Patient Advice Liaison Service (PALS) at East Surrey Hospital, whose contact details are provided below:</b></p> <p><b>Telephone: 01737 768511 extensions 6922 or 6831</b>  <b>E-Mail: pals@sash.nhs.uk</b></p>	

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The latest approved version of this document supersedes all other versions. Upon receipt of the latest approved versions all other version should be destroyed, unless specifically stated that the previous version(s) are to remain extant. If in any doubt please contact the document owner or Policy Coordinator.

<b>Version Control</b>	<b>Date//Lead</b>	<b>Comment</b>
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## **Equality statement**

This document demonstrates commitment to create a positive culture of respect for all individuals, including staff, patients, their families and carers as well as community partners. The intention is, as required by the Equality Act 2010, to identify, remove or minimise discriminatory practice in the nine named protected characteristics of age, disability, sex, gender reassignment, pregnancy and maternity, race, sexual orientation, religion or belief, and marriage and civil partnership. It is also intended to use the Human Rights Act 1998 to promote positive practice and value the diversity of all individuals and communities. This document is available in different languages and formats upon request to the Trust Procedural Documents Coordinator and the Equality and Diversity Lead.

## **Summary - of the Standards of Business Conduct Policy**

To assist NHS employers and staff in maintaining strict ethical standards in the conduct of NHS Business in 1993 the NHS Executive published HSG (93) 5 – Standards of Business Conduct for NHS Staff. (Please refer to the statement in the 'Introduction' of this document relating to HSG (93) 5.

In brief, the guidelines cover the declaration of interests and acceptance of gifts and hospitality. It is the responsibility of all NHS staff to ensure that they are not placed in a position which risks, or appears to risk, conflict between their private interests and their NHS duties.

The Trust's Director of Corporate Affairs holds the Register of Interests, Gifts and Hospitality, which is checked periodically by the Audit Committee, internal and external auditors and the Trust Board. If you have anything to declare, please complete the declaration form and forward to the Director of Corporate Affairs, Trust Headquarters, East Surrey Hospital.

### Short Guide for staff

Do:

- Make sure you understand the guidelines on Standards of Business Conduct (HSG (93) (5) referred to in your terms and conditions of employment and consult your line manager if you are not sure
  
- Make sure you are not in a position where your private interests and NHS duties conflict.
  
- Declare any relevant interests. If in doubt, ask yourself:
  1. Am I, or might I be, in a position where I (or my family/friends) could gain from the connection between my private interests and my employment, or where it could be perceived by others that a gain could be made?
  2. Do I have access to information which could influence the Trust's purchasing or contracting decisions, or could it be perceived by others that I have such access?
  3. Could my outside interests be in any way detrimental to the NHS or to patients' interests, or could others perceive them to be detrimental?
  4. Do I have any other reason to think I may be risking a conflict of interest?

**IF IN DOUBT – DECLARE IT**

## Always :

- Adhere to the ethical code of the Institute of Purchasing and Supply if you are involved in any way with the acquisition of goods and services. <https://www.cips.org/en-gb/aboutcips/cips-code-of-conduct/>
- Seek your line manager's permission before taking on outside work if there is any question of it adversely affecting your NHS duties.
- Obtain the Trust's permission (through your line manager) before accepting any commercial sponsorship.

## Do Not

- Abuse your past or present official position to obtain preferential rates for private deals.
- Unfairly advantage one competitor over another or show favoritism in awarding contracts.
- Misuse or make available 'commercial in confidence' information.
- Accept gifts, inducements or inappropriate hospitality.

Casual gifts offered by Contractors or others e.g. at Christmas time, may not be in any way connected with the performance of duties so as to be committing an offence under the Bribery Act. Such gifts should nevertheless, be politely but firmly declined. Articles of intrinsic value **up to the value of £50** such as diaries or calendars, or small tokens of gratitude from patients or relatives, i.e. chocolates etc. need not be refused. **Cash gifts including gift vouchers must not be accepted.** In cases of doubt staff should either consult their line manager or politely decline acceptance.

Modest hospitality provided it is normal and reasonable in the circumstances i.e. lunches in the course of working visits may be acceptable, though it should be similar to the scale of hospitality which the NHS as an employer would be likely to offer. Receipt of such hospitality should be declared.

Staff should decline all other offers of gifts, hospitality or entertainment. If in doubt they must seek advice from their line manager and/or declare it.

## 1. Introduction

Public service values must be at the heart of the National Health Service (NHS). High standards of corporate and personal conduct based on a recognition that patients come first, have been a requirement throughout the NHS since its inception. Moreover, since the NHS is publicly funded, it must be accountable to Parliament for the services it provides and for the effective and economical use of taxpayers' money (NHS code of conduct: code of accountability in the NHS: Appointments Commission/DOH - 2nd Rev: 2004).

The Trust is committed to the highest standards of openness, probity and accountability so that its employees remain beyond suspicion. In addition, under the Bribery Act 2010, it is an offence for any employee to corruptly accept any gifts or consideration as an inducement or reward for:

- doing, or refraining from doing anything, in his or her official capacity, or
- corruptly showing favor or disfavour, to any person in their official capacity.

A brief description of the Bribery Act can be found at Appendix 1.

All staff should be aware of the NHS Management Executive Health Service Guidelines on 'Standards of Business Conduct for NHS HSG (93)5 see Appendix 2. Guidance contained within this document referring to the 'Prevention of Corruption Acts 1906 and 1916' has been superseded by the Bribery Act 2010. However, much of the information contained within HSG (93) 5 is still relevant and until the document is either updated or replaced by the Department of Health it should still be available and used by employers, alongside a 'Code of Conduct for NHS Managers' 2002 as it still contains useful guidance.

This policy has been written to take account of latest legislation as well as guidance and recommendations received from the Trust's Local Counter Fraud Specialist, with particular reference to the new provisions under the Bribery Act 2010, which received Royal Assent and is now part of UK Law. [www.legislation.gov.uk/ukpga/2010/23/introduction](http://www.legislation.gov.uk/ukpga/2010/23/introduction)

## 2. Purpose

The purpose of this policy is to provide employees with an awareness of their own personal responsibilities in their conduct at work as a public service employee in the NHS. It is also to make them aware that any breach of the provisions legislated in the Bribery Act 2010 is a criminal offence for which they could be prosecuted. The Fraud Act 2006 came into force in 2007 and created three ways of committing an offence of fraud, by false representation, by failing to disclose information and abuse of position.

This policy offers guidelines intended to assist employees in being aware they have a duty to demonstrate high ethical standards of both business and personal conduct. Specifically it deals with gifts and hospitality and conflicts of interest to minimise placing themselves in a position which risks, or appears to risk, conflict between their private interests and their NHS duties.

All suspected breaches of this policy will be reported to the Local Counter Fraud Specialist for investigation and may result in criminal proceedings being commenced and/or disciplinary

action being taken.

### **3. Public Service Values**

The NHS code of conduct: code of accountability in the NHS (Appointments Commission/DOH - 2nd Rev: 2004) defines three crucial public service values which must underpin the work of the health service.

i) Accountability – everything done by those who work in the Surrey and Sussex Healthcare NHS Trust must be able to stand the test of parliamentary scrutiny, public judgments on propriety and professional codes of conduct;

ii) Probity – staff should have an absolute standard of honesty in dealing with the assets of the NHS: integrity should be the hallmark of all personal and professional conduct in decisions affecting patients, colleagues and suppliers and in the use of information acquired in the course of NHS duties;

iii) Openness – there should be sufficient transparency about Surrey and Sussex Healthcare NHS Trust's activities to promote confidence between staff, patients and the public.

These Public Service values are in accordance with the Seven Nolan Principles of Public Life. See Appendix 6

### **4. Scope of Policy**

This policy applies equitably to all employees of the Trust and includes all those who work for the Trust, whether full-time, part-time, self-employed, or employed through an agency, a contractor or as a volunteer.

### **5. Organisational Responsibilities**

#### **5.1. Trust Board – Executive and Non Executive Directors**

The Trust Board must ensure compliance with the NHS Code of Conduct: Code of Accountability (Appointments Commission/DOH – 2<sup>nd</sup> Rev: 2004), the principles of which are contained in this policy and the reference documents.

The Trust Board are responsible for ensuring all Executives, Non Executives and Senior managers complete declaration of interest forms on appointment and these are reviewed on an annual basis. The Register of Interests is presented to the Trust Board on an annual basis for monitoring purposes and corrective action if appropriate. Any changes to declaration of interests should be made immediately and the CEO must be informed if these changes relate to an Executive Director. The Chairman must be informed if this relates to a Non-Executive Director.

#### **5.2. Managers**

Managers must ensure compliance with the NHS Code of Conduct for Managers 2002, the principles of which are contained in this policy and the reference documents. They must ensure all staff under their direction are aware of this policy and the referenced documents.

### **5.3. Employees**

All employees of, and those who work for, Surrey and Sussex Healthcare NHS Trust have a duty to ensure they are aware of and comply with this policy and referenced documents. In so doing employees and those working for the Trust must:

- a) ensure the interest of patients remain paramount at all times,
- b) be impartial and honest in the conduct of their official business and
- c) use the public funds entrusted to them to the best advantage of the service, always ensuring value for money

Employees and those working for the Trust must also ensure that they do not:

- a) seek to advantage a private interest which is of such value that it could improperly influence performance of their official duties - for example to benefit their family and friends, religious belief, professional affiliation or political alignment, personal assets, investments or debts or
- b) seek to advantage a private interest which is of such value that it could improperly influence performance of their official duties for personal gain - for example a business interest, or an opportunity to make a financial profit or avoid a loss.

### **5.4. Human Resources**

HR will provide advice and guidance on the interpretation of this policy to managers and staff.

### **5.5. Trade Unions and Professional Organisations**

Trade Unions and Professional Organisations are required to be aware of this policy and the referenced documents and to advise staff accordingly.

## **6. Fit & Proper Person's Test**

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (the 2014 Regulations) places a duty on NHS providers not to appoint a person or allow a person to continue to be an executive director or equivalent or a non-executive director (NED) under given circumstances.

Providers must not appoint a person to an executive director level post (including associate directors) or to a non-executive director post unless they are:

- Of good character;
- Have the necessary qualifications, skills and experience;
- Are able to perform the work that they are employed for after reasonable adjustments are made;
- Can supply information as set out in Schedule 3 of the Regulations (see the Role of the CQC below).

Paragraph 5 (4) of regulations states that in assessing whether a person is of good character, the matters considered must include those listed in Part 2 of Schedule 4.' Part 2 of Schedule

4 refers to:

- Whether the person has been convicted in the United Kingdom of any offence or been convicted elsewhere of any offence which, if committed in any part of the United Kingdom, would constitute an offence, and
- Whether the person has been erased, removed or struck off a register of professionals maintained by a regulator of health care or social work professionals.

The Care Quality Commission's (CQC) definition of good character is not the objective test of having no criminal convictions but instead rests upon a judgement as to whether the person's character is such that they can be relied upon to do the right thing under all circumstances. This implies discretion for boards and councils in reaching a decision and allows for the fact that people can and do change over time.

The regulations list categories of persons who are prevented from holding the office and for whom there is no discretion:

- The person is an undischarged bankrupt or a person whose estate has had a sequestration awarded in respect of it and who has not been discharged;
- The person is the subject of a bankruptcy restrictions order or an interim bankruptcy restrictions order or an order to like effect made in Scotland or Northern Ireland;
- The person is a person to whom a moratorium period under a debt relief order applies under Part VIIA (debt relief orders) of the Insolvency Act 1986(40);
- The person has made a composition or arrangement with, or granted a trust deed for, creditors and not been discharged in respect of it;
- The person is included in the children's barred list or the adults' barred list maintained under section 2 of the Safeguarding Vulnerable Groups Act 2006, or in any corresponding list maintained under an equivalent enactment in force in Scotland or Northern Ireland;
- The person is prohibited from holding the relevant office or position, or in the case of an individual from carrying on the regulated activity, by or under any enactment;
- The person has been responsible for, been privy to, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity, or discharging any functions relating to any office or employment with a service provider.

It will be the responsibility of the Chief Executive of the provider to discharge the requirement placed on the provider, to ensure that all directors meet the fitness test and do not meet any of the 'unfit' criteria.

The CQC expects senior leaders to set a tone and culture of the organisation that leads to staff adopting a caring and compassionate attitude. It is important therefore that in making appointments boards and councils take account of the values of the organisation and the extent to which candidates provide a good fit with those values.

The regulations give the CQC powers to assess whether both executive and non-executive directors (but not foundation trust governors) are fit to carry out their role and whether providers have put in place adequate and appropriate processes to ensure that directors are fit and proper persons. The CQC has the right to require the provision of information set out in Schedule 3 of the Regulations and such other information as is kept by the organisation that is relevant to the individual as follows:

- Proof of identity including a recent photograph.
- Where required for the purposes of an exempted question in accordance with section

113A(2)(b) of the Police Act 1997(38), a copy of a criminal record certificate issued under section 113A of that Act together with, after the appointed day and where applicable, the information mentioned in section 30A(3) of the Safeguarding Vulnerable Groups Act 2006 (provision of barring information on request)(39)

- Where required for the purposes of an exempted question asked for a prescribed purpose under section 113B(2)(b) of the Police Act 1997, a copy of an enhanced criminal record certificate issued under section 113B of that Act together with, where applicable, suitability information relating to children or vulnerable adults.
- Satisfactory evidence of conduct in previous employment concerned with the provision of services relating to:
  - (a) health or social care, or,
  - (b) children or vulnerable adults
- Where a person (P) has been previously employed in a position whose duties involved work with children or vulnerable adults, satisfactory verification, so far as reasonably practicable, of the reason why P's employment in that position ended.
- In so far as it is reasonably practicable to obtain, satisfactory documentary evidence of any qualification relevant to the duties for which the person is employed or appointed to perform.
- A full employment history, together with a satisfactory written explanation of any gaps in employment.
- Satisfactory information about any physical or mental health conditions which are relevant to the person's capability, after reasonable adjustments are made, to properly perform tasks which are intrinsic to their employment or appointment for the purposes of the regulated activity.

The guidance states the following:

- (a) 'the appointed day' means the day on which section 30A of the Safeguarding Vulnerable Groups Act 2006 comes into force;
- (b) 'satisfactory' means satisfactory in the opinion of the Commission;
- (c) 'suitability information relating to children or vulnerable adults' means the information specified in sections 113BA and 113BB respectively of the Police Act 1997

The Trust has procedures in place to ensure that Directors and Non-Executive Directors are fit and proper persons.

## **7. Conflict of Interest**

A 'conflict of interest' involves a conflict between the public duty and the private interest of a public service individual, in which a public official's private interest could improperly influence the performance of their official duties or responsibilities.

**NHS Definition:** 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 in, or could be, impaired or influenced by another interest they hold”.

Situations can arise in which there appears to be a conflict of interest but this is not in fact the case, or may not be the case. This situation is regarded as an “apparent conflict of interest”. Having an “apparent conflict of interest” as a public official, however, can be as serious as having an actual conflict because of the potential for suspicion of the official’s integrity and that of the organisation.

An employee may have private interests which may be such as to cause a conflict of interests to arise in the future this is called a “potential conflict of interest”.

Staff may hold interests for which they cannot see potential conflict. However, caution is always advisable because others may see it differently. It will be important to exercise judgement and to declare such interests where there is otherwise a risk of imputation of improper conduct.

‘Interests’ can arise in a number of different contexts. A material interest is 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.

Interests fall into the following categories:

Financial interests	Non-financial professional interests	Non-financial personal interests	Indirect interests
Where an individual may get direct financial benefit* from the consequences of a decision they are involved in making	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	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	Where an individual has a close association** with another individual who has a financial interest, a non-financial professional interest or a non-financial personal interest who would stand to benefit* from a decision they are involved in making

## 7.1 Managing a Conflict of Interest

Employees must notify any conflicts, apparent conflicts or potential conflicts, to their Line Manager as soon as they become aware of such conflict (and in any event within 28 days) via a positive declaration to their organisation and complete a declaration of interest form at Appendix 3. This form will be retained on the Trust’s Register of Interests and a copy retained in the employee’s personal file.

Declarations should be made:

- On appointment with an organisation
- When a person moves to a new role or their responsibilities change significantly
- At the beginning of a new project/piece of work
- As soon as circumstances change and new interests arise

The following non-exhaustive list describes who these individuals are likely to be:

- Executive and non-executive directors\* who have decision making roles which involve the spending of taxpayers' money
- Members of advisory groups which contribute to direct or delegated decision making on the commissioning or provision of taxpayer funded services
- Those at Agenda for Change band 8d\*\* and above
- Administrative and clinical staff who have the power to enter into contracts on behalf of their organisation
- Administrative, management and clinical and medical staff involved in decision making concerning the commissioning of services, purchasing of goods, medicines, medical devices or equipment, and formulary decisions.

\* equivalent roles in different organisations carry different titles – this should be considered on a case by case basis

\*\* reflecting guidance issued by the Information Commissioner's Office with regard to Freedom of Information Legislation: <https://ico.org.uk/media/1220/definition-document-health-bodies-in-england.pdf>

Managers should consider how a conflict of interest be managed. In the first instance advice should be sought from the Chief Financial Officer or Director of Corporate Affairs, where one or more of the following options may be considered:

- deciding that no action is warranted
- removal of the interest
- removal of the employee from involvement in an affected decision-making process
- restriction of access by the employee to particular information
- transfer of the employee to duties in a non-conflicting function
- re-arrangement of the employee's duties and responsibilities
- assignment of the conflicting interest in a genuinely 'blind trust' arrangement
- keeping an audit trail of the actions taken

Each case will be different. The general management actions, along with relevant industry/professional guidance, should complement the exercise of good judgement. It will always be appropriate to clarify circumstances with individuals involved to assess issues and risks. However, there are a number of common situations which can give rise to risk of conflicts of interest, being:

- Gifts
- Hospitality
- Outside employment
- Shareholdings and other ownership interests
- Patents
- Loyalty interests
- Donations

- Sponsored events
- Sponsored research
- Sponsored posts
- Clinical private practice

## 7.2 Benefits – Gifts, Hospitality and Sponsorship

A gift means any item of cash or goods, or any service, which is provided for personal benefit, free of charge, or at less than its commercial value.

Overarching principle applying in all circumstances: Staff should not accept gifts that may affect, or be seen to affect, their professional judgement.

Gifts from suppliers or contractors:

- Gifts from suppliers or contractors doing business (or likely to do business) with an organisation should be declined, whatever their value.
- Subject to this, low cost branded promotional aids may be accepted where they are under the value of a common industry standard of £6\* in total, and need not be declared.

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

The Trust is required to keep a record of all gifts or hospitality offered and/or received, even when refused. All employees must complete the Declaration of Gifts and Hospitality Form (see Appendix 4) when offered any gift or hospitality, however small. This will be recorded on the Trust's Gifts and Hospitality Register held by the Director of Corporate Affairs.

Sight of the Trust's Gifts and Hospitality Register is a frequent feature under the Freedom of Information Act and the Trust is obliged to produce this on request.

The following guidelines should be followed when offered any gift or hospitality:

Gifts from others 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 an organisation (i.e. to an organisation's charitable funds), not in a personal capacity. 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.

## Hospitality

Delivery of services across the NHS relies on working with a wide range of partners (including industry and academia) in different places and, sometimes, outside of 'traditional' working hours. As a result, staff will sometimes appropriately receive hospitality. Staff receiving hospitality should always be prepared to justify why it has been accepted, and be mindful that even hospitality of a small value may give rise to perceptions of impropriety and might influence behaviour.

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

Overarching principles applying in all circumstances:

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

Meals and refreshments:

- Under a value of £25 - may be accepted and need not be declared.
- Of a value between £25 and £75\* - may be accepted and must be declared.
- Over a value of £75\* - should be refused unless (in exceptional circumstances) senior approval is given. A clear reason should be recorded in the Trusts Gifts & Hospitality declaration register(s) as to why it was permissible to accept.
- A common sense approach should be applied to the valuing of meals and refreshments (using an actual amount, if known, or an estimate that a reasonable person would make as to its value).

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

All other offers of hospitality or entertainment should be declined. In cases of doubt employees should either consult their line manager, the Director of Corporate Affairs or Chief Financial Officer or else politely decline acceptance.

Employees should only accept commercial sponsorship to attend relevant conferences or courses after they have received advance permission from the Trust by referring the matter to their Line Manager and on completion of the gifts and hospitality form at Appendix 4 for inclusion on the Register.

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. A clear reason should be recorded on the Gifts and Hospitality declaration 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.

Employees should refer offers of drugs and/or clinical equipment/devices to their Line Manager or Chief Financial Officer and acceptance of the offer can only be made after they have received advance permission from the Trust and on completion of the gifts and hospitality form at Appendix 4 for inclusion on the Register. There are strict guidelines contained in the Policy for Commercial Representatives which should be followed.

Employees should also refer to their Line Manager in the first instance and also the Chief Finance Officer when seeking, or being offered, sponsorship funding from an external source towards costs, or for the cost, of a specific event or work programme.

### **7.3 Declaration of relationship to candidates**

The Trust Board, Senior Officers, Medical Staff and any other staff involved in the recruitment and selection of candidates must declare the relationship (see Appendix 5).

Candidates for any staff appointments must declare if they are related to any employee of the Trust. This includes partners and anyone whose affairs are so closely connected with the affairs of the candidate that a benefit derived by the other person, or a substantial part of it, could pass to the candidate, or could constitute a conflict of interest. A copy of such declaration must be retained on the Personal File (see Appendix 5).

### **7.4 Declaration of Interests**

If an employee has interests in any outside business they should declare this to the Trust as their employer. The following are examples of situations where a declaration must be made:

- The individual (or their family or friends) has a financial interest in a business which may compete for a contract to supply goods or services to the Trust
- The individual has access to information that may influence where the Trust is to place a contract for goods or services
- The individual has outside interests that may be in any way detrimental to the NHS or to patients' interest.
- A role or interest undertaken in a capacity which is paid or unpaid which a member of staff wishes to place on record but does not fall into the categories above.

A full list of examples is listed in the declaration of interest forms at **Appendix 3**.

### **7.5 Council of Governors**

As part of our journey to become an NHS Foundation Trust we have elected a shadow council of governors. The shadow council consists of elected and appointed governors. All governors are required to declare any interest. Declarations are held in the Governors Declaration of Interests Register.

## **7.6 Pharmacy**

Staff who present applications for additions to the formulary are required to make a declaration of interest as part of that process. All members of the Drugs and Therapeutic Committee and Formulary committee are asked to make a declaration of interest each time an application is considered by the committee. All declarations are recorded in the minutes of the meeting even if no relevant interest is declared.

## **7.7 Medical Devices**

Staff who present applications to the medical devices group are required to make a declaration of interest as part of that process. All members of the Medical Devices Group should make a declaration of interest each time an application is considered. All declarations should be recorded in the minutes of the meeting even if no relevant interest is declared.

## **8. Employment external to the Trust**

### **8.1 Working Time Regulations**

To comply with the Working Time Regulations (1998), it is a requirement that employees notify the Trust of any outside employment, including private work or work for outside agencies, particularly where their total time worked is in excess of 48 hours a week and they will be required to sign an “opt-out” agreement.

An opt-out form can be accessed from the Trust Intranet.

### **8.2 Conflict of Interest with outside employment**

The NHS relies on staff with good skills, broad knowledge and diverse experience. Many staff bring expertise from sectors outside the NHS, such as industry, business, education, government and beyond. The involvement of staff in these outside roles alongside their NHS role can therefore be of benefit, but the existence of these should be well known so that conflicts can be either managed or avoided.

Outside employment means employment and other engagements, outside of formal employment arrangements. This can include directorships, non-executive roles, self-employment, consultancy work, charitable trustee roles, political roles and roles within not-for-profit organisations, paid advisory positions and paid honorariums which relate to bodies likely to do business with an organisation. (Clinical private practice is considered in a separate section).

- Staff should declare any existing outside employment on appointment and any new outside employment when it arises.
- Where a risk of conflict of interest is identified, the general management actions outlined in this guidance should be considered and applied to mitigate risks.
- Where contracts of employment or terms and conditions of engagement permit, staff may be required to seek prior approval from an organisation to engage in outside employment.
- Organisations may also have legitimate reasons within employment law for knowing about outside employment of staff; even this does not give rise to risk of a conflict.

Nothing in this guidance prevents such enquiries being made.

Employees should not engage in any activities outside the Trust which may impact on their ability to fulfill their duties and responsibilities without first obtaining consent, which will not be unreasonably withheld. The Trust retains the right to review this position, should it become aware of issues affecting the employee's employment with the Trust.

Employees are advised not to take on outside employment or become involved in another company that may conflict with their Trust employment or be detrimental to it. This includes any work in or on behalf of a business owned by the employee, a member of his/her family or friends, as well as work for outside agencies.

### **8.3 Shareholding and other ownership interests**

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

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

### **8.4 Loyalty Interests**

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

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

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

- Hold a position of authority in another NHS organisation or commercial, charity, voluntary, professional, statutory or other body which could be seen to influence decisions they take in their NHS role.
- Sit on advisory groups or other paid or unpaid decision making forums that can influence how their organisation spends taxpayers' money.

- Are, or could be, involved in the recruitment or management of close family members and relatives, close friends and associates, and business partners.
- Are aware that their organisation does business with an organisation with whom close family members and relatives, close friends and associates, and business partners have decision making responsibilities.

Where holding loyalty interests gives rise to a conflict of interest then the general management actions outlined in this guidance should be considered and applied to mitigate risks.

## 9. Contracts & Procurement

All Trust employees who are in contact with suppliers and contractors, in particular those who are authorised to sign purchase orders, or place contracts for goods or services, must ensure that they are familiar with the Trust's Standing Orders and Standing Financial Instructions.

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.

The Trust is required to 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 interests to ensure and to protect the integrity of the process which is in line with the procurement guidance published by NHS Improvement and NHS England.

Nothing in this section of the policy waives or modifies any existing legal requirements relating to conflicts of interests and procurement decisions.

### 9.1 Favoritism in Awarding Contracts

Fair and open competition between prospective contractors or suppliers for Trust contracts is a requirement of the Trust's Standing Financial Instructions, NHS Standing Orders and the EU Directives on Purchasing.

Employees involved in placing or awarding contracts must not unfairly advantage one contractor or competitor over another, or show any favoritism in awarding contracts.

This means that:

- no private, public or voluntary organisation which may bid for NHS business should be given an advantage over its competitors.
- each new contract should be awarded solely on merit, taking into account the requirements of the NHS and the ability of the contractors to fulfil them.

All invitations to potential contractors to tender for NHS business should include a notice warning with regard to the consequences of engaging in any corrupt activity involving employees of the **Trust**. All contractors should be made aware of the Trust's Whistle Blowing policy (Public Interest Disclosure Act).

NHS Fraud and Corruption Reporting Line is available on Freephone 0800 028 4060 or by completing an online form at [www.reportnhsfraud.nhs.uk](http://www.reportnhsfraud.nhs.uk)

## 9.2 Strategic Decision Making Groups/Committees

The Trust uses a number of meetings (Trust Board, Committees, sub-committees and working groups, including procurement panels) to make key strategic decisions about:

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

These decision making groups are referred to in this policy as “strategic decision making groups/committees”.

It is important that the interests of those who are involved in these groups are well known to the members of these groups. The Trust must therefore have a clear process to identify relevant strategic decision making groups and ensure they operate in a manner consistent with the following principles, which reflect wider standards of good governance.

- Chairs should consider any known interest of members in advance, and begin each meeting by asking for declaration of relevant interests
- Members should take personal responsibility for declaring material interests at the beginning of each meeting and as they arise
- Any new interest should be added to the Trusts Register of Interests
- The vice chair (or 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
- Ensuring that the member does not receive meeting papers relating to the nature of their interest
- Requiring the member to not attend all or part of the discussion and decision on the related matter
- Noting the nature and extent of the interest, but judging it appropriate to allow the member to remain and participate
- 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. An example is the need for clinical involvement, when clinicians may hold and represent a diversity of interests. Good judgement is required to ensure proportionate management of risk. The composition of groups should be kept under review to ensure effective participation.

## 10. Donations

A donation is a charitable financial payment, which can be in the form of direct cash payment

or through the application of a will or similar directive. Charitable giving and other donations are often used to support the provision of health and care services. As a major public sector employer the NHS holds formal and informal partnerships with national and local charities. Staff will, in their private lives; undertake voluntary work or fundraising activities for charity. A supportive environment across the NHS and charitable sector should be promoted. However, conflicts of interest can arise.

Acceptance of donations made by suppliers or bodies seeking to do business with an organisation should be treated with caution and not routinely accepted. In exceptional circumstances a donation from a supplier may be accepted but should always be declared. A clear reason should be recorded as to why it was deemed acceptable, alongside the actual or estimated value.

- Staff should not actively solicit charitable donations unless this is a prescribed or expected part of their duties for an organisation, or is being pursued on behalf of that organisation's registered charity (if it has one) or other charitable body and is not for their own personal gain.
- Staff must obtain permission from their organisation if in their professional role they intend to undertake fundraising activities on behalf of a pre-approved charitable campaign.
- Donations, when received, should be made to a specific charitable fund (never to an individual) and a receipt should be issued.
- Staff wishing to make a donation to a charitable fund in lieu of a professional fee they receive may do so, subject to ensuring that they take personal responsibility for ensuring that any tax liabilities related to such donations are properly discharged and accounted for.

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

### **10.1 Sponsored Events**

Sponsorship of NHS events by external parties is valued. Offers to meet some or part of the costs of running an event secures their ability to take place, benefiting NHS staff and patients. Without this funding there may be fewer opportunities for learning, development and partnership working. However, there is potential for conflicts of interest between the organiser and the sponsor, particularly regarding the ability to market commercial products or services. As a result there should be proper safeguards in place to prevent conflicts occurring.

- Sponsorship of events by appropriate external bodies should only be approved if a reasonable person would conclude that the event will result in clear benefit for the organisation and the NHS.
- During dealings with sponsors there must be no breach of patient or individual confidentiality or data protection rules and legislation.
- No information should be supplied to the sponsor from which they could gain a commercial advantage, and information which is not in the public domain should not normally be supplied.
- At an organisation's discretion, sponsors or their representatives may attend or take part in the event but they should not have a dominant influence over the content or the main purpose of the event.

- The involvement of a sponsor in an event should always be clearly identified in the interest of transparency.
- Organisations should make it clear that sponsorship does not equate to endorsement of a company or its products and this should be made visibly clear on any promotional or other materials relating to the event.
- Staff should declare involvement with arranging sponsored events to their organisation.

The Trust is required to maintain records regarding sponsored events in line with the above principles and rules.

## 10.2 Sponsored Research

Research is vital in helping the NHS to transform services and improve outcomes. Without sponsorship of research some beneficial projects might not happen. More broadly, partnerships between the NHS and external bodies on research are important for driving innovation and sharing best practice. However, there is potential for conflicts of interest to occur, particularly when research funding by external bodies does or could lead to a real or perceived commercial advantage. There needs to be transparency and any conflicts of interest should be well managed.

- 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 their organisation.

## 10.3 Sponsored Posts

Sponsored posts are positions with an organisation that are funded, in whole or in part, by organisations external to the NHS. Sponsored posts can offer benefits to the delivery of care, providing expertise, extra capacity and capability that might not otherwise exist if funding was required to be used from the NHS budget. However, safeguards are required to ensure that the deployment of sponsored posts does not cause a conflict of interest between the aims of the sponsor and the aims of the organisation, particularly in relation to procurement and competition.

- Staff who are establishing the external sponsorship of a post should seek formal prior approval from their organisation.
- Rolling sponsorship of posts should be avoided unless appropriate checkpoints are put in place to review and confirm the appropriateness of arrangements continuing.
- Sponsorship of a post should only happen where there is written confirmation that the arrangements will have no effect on purchasing decisions or prescribing and dispensing habits. For the duration of the sponsorship, auditing arrangements should be established to ensure this is the case. Written agreements should detail the circumstances under which organisations 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 specific products, and information about alternative products and suppliers should be provided.
- Sponsors should not have any undue influence over the duties of the post or have any preferential access to services, materials or intellectual property relating to or developed in connection with the sponsored posts.

Organisations should 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 guidance.

## 11. Clinical Private Practice

Service delivery in the NHS is done by a mix of public, private and not-for-profit organisations. The expertise of clinicians in the NHS is in high demand across all sectors and the NHS relies on the flexibility that the public, private and not-for-profit sectors can provide. It is therefore not uncommon for clinical staff to provide NHS funded care and undertake private practice work either for an external company, or through a corporate vehicle established by themselves.

Existing provisions in contractual arrangements make allowances for this to happen and professional conduct rules apply. However, these arrangements do create the possibility for conflicts of interest arising. Therefore, these provisions are designed to ensure the existence of private practice is known so that potential conflicts of interest can be managed. These provisions around declarations of activities are equivalent to what is asked of all staff in the section on Outside Employment.

Consultants and Associate Specialists are permitted to carry out private practice subject to the provisions of their Trust contract of employment and clearly identified in their job plan.

Other grades of staff may undertake private work or work for outside agencies provided this work does not conflict with their Trust employment or take place during their contracted hours with the Trust and complies with the requirements in their Contract of Employment and clearly identified in their job plan.

Any work should also be subject to the conditions outlined in the NHS Code of Conduct for Private Practice and the Trust's Policy on Private Patients and should be declared to the Trust using the declaration of interests form Appendix 3.

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

- where they practise (name of private facility)
- what they practise (specialty, major procedures).
- when they practise (identified sessions/time commitment)

\*Hospital Consultants are already required to provide their employer with this information by virtue of Para.3 Sch. 9 of the Terms and Conditions – Consultants (England) 2003:

[https://www.bma.org.uk/-/media/files/pdfs/practical\\_advice\\_at\\_work/contracts/consultanttermsandconditions.pdf](https://www.bma.org.uk/-/media/files/pdfs/practical_advice_at_work/contracts/consultanttermsandconditions.pdf)

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.\*\*
- Not accept direct or indirect financial incentives from private providers other than those allowed by Competition and Markets Authority guidelines:  
[https://assets.publishing.service.gov.uk/media/542c1543e5274a1314000c56/Non-Divestment\\_Order\\_amended.pdf](https://assets.publishing.service.gov.uk/media/542c1543e5274a1314000c56/Non-Divestment_Order_amended.pdf)

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 his or her behalf.\*\*

\*\* These provisions already apply to Hospital Consultants by virtue of Paras.5 and 20, Sch. 9 of the Terms and Conditions – Consultants (England) 2003: [https://www.bma.org.uk/-/media/files/pdfs/practical advice at work/contracts/consultanttermsandconditions.pdf](https://www.bma.org.uk/-/media/files/pdfs/practical%20advice%20at%20work/contracts/consultanttermsandconditions.pdf))

Where clinical private practice gives rise to a conflict of interest then the general management actions outlined in this guidance should be considered and applied to mitigate risks.

## 12. Intellectual Property

The development and holding of patents and other intellectual property rights allows staff to protect something that they create, preventing unauthorised use of products or the copying of protected ideas. Staff are encouraged to be innovative in their practice and therefore this activity is welcomed.

However, conflicts of interest can arise when staff who hold patents and other intellectual property rights are involved in decision making and procurement. In addition, where product development involves use of time, equipment or resources from their organisation, then this too could create risks of conflicts of interest, and it is important that the organisation is aware of this and it can be managed appropriately.

Managers should ensure that they are in a position to identify intellectual property rights (IPR) as and when they arise so that they can exploit them properly. This will ensure that the Trust receives any reward or benefit (such as royalties), both in respect of work carried out by third parties, or work carried out by employees of the Trust. To ensure this is achieved managers should build appropriate specifications and provisions into the contractual arrangements before work is commissioned or begins, and seek legal advice in relation to specific cases.

This complex area relates to copyright, patents, new inventions and collaborative research projects. Before any work is undertaken in this area, legal advice, in liaison with the Chief Finance Officer on intellectual property should be sought and contractual arrangements drawn up with the Trust, as to how rewards or benefits in respect of this work may be allocated.

- 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 their organisation.

- Staff should seek prior permission from their organisation before entering into any agreement with bodies regarding product development, research, work on pathways, etc, where this impacts on the organisation's own time, or uses its equipment, resources or intellectual property.
- Where holding of patents and other intellectual property rights give rise to a conflict of interest then the general management actions outlined in this guidance should be considered and applied to mitigate risks.

### **13. Confidentiality – Sensitive Information**

Staff should ensure they are aware of information relating to business conducted by the Trust which is “commercial in confidence”. All such information should be restricted with regard to disclosure particularly if its disclosure would prejudice the principle of a purchasing system based on fair competition. This refers to both private and public providers of services.

The term “commercial in confidence” should not be taken to include information about service delivery and activity levels, which should be publicly available, under the Freedom of Information Act. The exchange of data for medical audit purposes is subject to the rules governing patient confidentiality and data protection.

### **14. Consultation and Communication with Stakeholders**

The policy has been drawn up in consultation with the trade unions, counter fraud, the Executive Committee and the Audit and Assurance Committee.

### **15. Approval and Ratification**

The following groups were responsible for the discussion, approval and ratification of this policy:

Joint Consultative Committee  
The Executive Committee  
The Audit & Assurance Committee  
The Trust Board

### **16. Review and Revision**

All policies will be monitored and data presented to the relevant committee on a quarterly basis to analyse trends, and act on any areas of concern.

### **17. Dissemination and implementation**

The Trust process for dissemination of policies will be followed as described in the Organisation-wide Policy for the Management and Development of Procedural Documents.

It will be posted on the dedicated Policies and Procedures page of the intranet and a notification to all staff of the new policy placed on the next available E Bulletin. All forms which are attached (Appendices 2 – 5) are available as individual forms on the Form section of the intranet.

Standards of Business Conduct are also referred to in all Employee Statement of Main Terms and Conditions of Employment.

### **17.1 Maintenance of Registers**

The Director of Corporate Affairs is responsible for maintaining up to date organisational registers. An interest will remain on the register for a minimum of 6 months after the interest has expired and details will be kept for a minimum of 6 years after the date of expiry.

### **17.2 Publication**

The Trust is required to publish the interests of decision making staff on an annual basis in a prominent place on the Trust's website. The information should be accessible and available for inspection on request.

The Trust will ensure that where an individual's name and or other information will be redacted from any publicly available registers where the public disclosure of information could give rise to a real risk of harm or is prohibited by law.

## **18. Failure to Make a Declaration & 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 organisations. For the purposes of this policy these situations are referred to as breaches.

Should it be suspected that a member of staff has failed to appropriately declare an interest, or failed to demonstrate compliance with the conduct outlined in this policy, it may be deemed appropriate to take action in line with the Trust's Disciplinary Policy and/or make a referral to the Trust's Local Counter Fraud specialist (LCFS). Staff can obtain details via the intranet should they have any concerns

It is the responsibility of ALL staff to ensure that declarations must be updated on an annual basis and sent to the Director of Corporate Affairs.

Each breach will be investigated and judged on its own merits and this should start with those involved having the opportunity to explain and clarify any relevant circumstances. Following an investigation the Trust will:

- Decide if there has been or is potential for an actual breach and the severity
- Assess whether further action is required in response – this is likely to involve any staff member involved and their line manager as a minimum
- Consider who else inside and outside the organisation should be made aware of the breach
- Take appropriate action, such as clarifying existing policy, taken against the staff member(s) responsible for the breach, or escalating to external parties such as auditors, NHS Protect, the Police, statutory health bodies and/or regulatory bodies.

When dealing with instances of breaches organisations may consider taking legal or other appropriate advice prior to imposing sanctions which could have serious consequences for those involved. A range of responses should be considered in terms of proportionate sanctions for breaches including:

- Employment law action
- Reporting incidents to external bodies
- Contractual or legal consequences

## **19. Archiving**

This policy will be held in the Trust database and archived in line with the arrangements in the Organisation-wide Policy for the Management and Development of Procedural Documents.

## **20. Monitoring and Compliance**

The Department of Corporate Affairs will monitor the daily operation of this policy.

Breaches of the policy will be monitored and reported on an annual basis.

Registers will be maintained by the Department of Corporate Affairs to record declarations of gifts/hospitality/sponsorship received or refused and disclosures of interest.

Registers will be presented for review at the Audit & Assurance Committee and the Trust Board on a bi-annual basis. Annual reports will be made to the Trust Consultative Committee.

Periodic communications to maintain a level of awareness of responsibilities of staff will be undertaken through the SASH news, e Bulletin, counter fraud initiatives, any other appropriate medium as identified. Executive and Non Executive Directors and Senior Managers will be written to on an annual basis to ensure compliance with the policy.

## **21. References**

Trust's Standing Orders

Trust's Standing Financial Instructions

Trust Policy for Commercial Representatives

Standards of Business Conduct HSG (93)5

Code of Conduct for NHS Managers 2002

Professional Codes of Conduct

Contracts of Employment

Bribery Act 2010

Nolan Principles

Standards for Members of NHS Boards 2011 (Professional Standards Authority for Health & Social Care)

Private Patients Policy

Fit & Proper Persons Regulations

Working Time Directive Policy

Fraud Act 2006

Managing Conflicts of Interest in the NHS (2017)

## **22. Associated Documents**

Disciplinary Policy

Code of Conduct for Confidentiality

Counter Fraud Response and Bribery Plan

Policy for Raising Serious Concerns (Whistleblowing)

Intellectual Property Policy

Private Patients Policy

Working Time Directive Policy

Contracts of Employment

Professional Codes Conduct

Medical Devices Policy

Trust Policy for Commercial Representatives

## Bribery and Corruption

The new Bribery Act 2010 replaces the fragmented and complex offences at common law and in the Prevention of Corruption Acts 1889 – 1916.

The Act sets out four offences:

1. **Offering, promising or giving a bribe** to another person to perform improperly a relevant function or activity, or to reward a person for the improper performance of such a function or activity (the active offence). It does not matter whether the person to whom the bribe is offered or given is the same person who is to perform the function or activity concerned. This applies to both public and private functions.
2. **Requesting, agreeing to receive or accepting a bribe** to perform a function or activity improperly (the passive offence). It does not matter whether the recipient of the bribe requests or receives it directly or through a third party, or whether it is for the recipient's benefit or not. In some cases, it is not necessary for the recipient to know or believe that the performance of the function or activity is improper. This applies to both public and private functions.
3. **Bribing a foreign public official** – where a person directly, or through a third party, offers, promises or gives any financial or other advantage to a foreign public official ("FPO") (or to a third party at the request or acquiescence of the FPO) in an attempt to influence them in their capacity as a FPO in order to obtain or retain business, or to obtain an advantage in the conduct of business. To constitute bribery under the Act the FPO must be neither permitted nor required by applicable law to be influenced by the offer, promise or gift.
4. **Failure of a commercial organisation to prevent bribery** (the "Corporate Offence"). A commercial organisation will commit an offence if a person associated with it bribes another (in the UK or overseas) intending to obtain or retain business or a business advantage for that commercial organisation. An associated person includes any person who performs services for the commercial organisation. So, for example, an associated person may include not only employees, agents and subsidiaries, but also entities over which the organisation has no ownership or control.

### **Short Guide to Standards of Business Conduct for NHS Staff**

To assist NHS employers and staff in maintaining strict ethical standards in the conduct of NHS Business in 1993 the NHS Executive published HSG (93) 5 – Standards of Business Conduct for NHS Staff. (Please refer to the statement in the ‘Introduction’ of this document relating to HSG (93) 5.

In brief, the guidelines cover the declaration of interests and acceptance of gifts and hospitality. It is the responsibility of all NHS staff to ensure that they are not placed in a position which risks, or appears to risk, conflict between their private interests and their NHS duties.

The Trust’s Director of Corporate Affairs holds the Register of Interests, Gifts and Hospitality, which is checked periodically by the Audit Committee, internal and external auditors and the Trust Board. If you have anything to declare, please complete the declaration form and forward to the Chief Financial Officer, THQ.

#### **Short Guide for staff**

Do:

- Make sure you understand the guidelines on Standards of Business Conduct (HSG (93) (5) referred to in your terms and conditions of employment and consult your line manager if you are not sure
- Make sure you are not in a position where your private interests and NHS duties conflict.
- Declare any relevant interests. If in doubt, ask yourself:
  5. Am I, or might I be, in a position where I (or my family/friends) could gain from the connection between my private interests and my employment, or where it could be perceived by others that a gain could be made?
  6. Do I have access to information which could influence the Trust’s purchasing or contracting decisions, or could it be perceived that I have such access?
  7. Could my outside interests be in any way detrimental to the NHS or to patients’ interests, or could others perceive them to be detrimental?
  8. Do I have any other reason to think I may be risking a conflict of interest?

**IF IN DOUBT – DECLARE IT**

## Always :

- Adhere to the ethical code of the Institute of Purchasing and Supply if you are involved in any way with the acquisition of goods and services.
- Seek your employer's permission before taking on outside work, if there is any question of it adversely affecting your NHS duties.
- Obtain the Trust's permission before accepting any commercial sponsorship.

## Do Not

- Abuse your past or present official position to obtain preferential rates for private deals.
- Unfairly advantage one competitor over another or show favoritism in awarding contracts.
- Misuse or make available 'commercial in confidence' information.
- Accept gifts, inducements or inappropriate hospitality.

Casual gifts offered by Contractors or others e.g. at Christmas time, may not be in any way connected with the performance of duties so as to be committing an offence under the Bribery Act. Such gifts should nevertheless, be politely but firmly declined. Articles of intrinsic value **up to the value of £50** such as diaries or calendars, or small tokens of gratitude from patients or relatives, i.e. chocolates etc. need not be refused. **Cash gifts including gift vouchers must not be accepted.** In cases of doubt staff should either consult their line manager or politely decline acceptance.

Modest hospitality provided it is normal and reasonable in the circumstances i.e. lunches in the course of working visits may be acceptable, though it should be similar to the scale of hospitality which the NHS as an employer would be likely to offer. Receipt of such hospitality should be declared.

Staff should decline all other offers of gifts, hospitality or entertainment. If in doubt they must seek advice from their line manager and/or declare it.

**DECLARATION OF INTERESTS**

Name .....

Title .....

Under the Codes of Conduct and Accountability, the Trust’s Standing Orders and Standing Financial Instructions and the content of the Standards of Business Conduct Policy I declare my interests as follows:

Category	Details (include start date of interest & all locations)
<b>Category A</b> Directorships, including non-executive directorships held in Private companies or PLCs (with the exception of those of Dormant companies ) i.e. being a Board Member of a Statutory Organisation	
<b>Category B</b> Undertaking of private practice at any facility.	
<b>Category C</b> Ownership or private companies, business or consultancies likely or possible to do business with the NHS or any other organisation.	
<b>Category D</b> Majority, controlling or large shareholdings in organisations likely to possibly seek to do business with the NHS	
<b>Category F</b> A position of authority in a charity or voluntary organization in the field of health and social care	
<b>Category F</b> Any connection with a voluntary or other organisation contracting for NHS services	
<b>Category G</b> Any additional role or other interest undertaken in a capacity is paid or unpaid which a member wishes to place on record but does not fall into categories A-E above	

If this situation changes during the next 12 months I will advise you accordingly

Signed .....

Date .....

Countersigned

Director /Chief of Service/Assistant Director.....

Date.....

Copy to be placed on employee’s file and original to be retained by the Corporate Affairs Team on the Register of Interests File.

**Declaration of Gifts, Entertainment, Hospitality/ Sponsorship/Sample Medical Equipment or Drugs**

Please complete this form if you receive or have offered any of the above that is beyond that set out in the Policy

Please complete this form if you receive or have offered any of the above that is beyond that set out in the Policy	
Nature of Hospitality /gift given: .....	
Hospitality/gift offered to: .....	
Name of organisation: .....	
Date .....	
Value (Approx.).....	
Description of hospitality/sponsorship/gift/entertainment/sample medical equipment or drugs: ..... .....	
Do you have any personal relationship with, or personal business connection with the person/organization from whom you received, or to whom you offered hospitality/gift/sponsorship/sample medical equipment /drugs declared above	
Yes	No
If yes, please describe	

**Declaration**

I declare that the above record represents a complete and accurate statement of the hospitality/gift/sponsorship/sample medical equipment/drugs I have given/received

Signed..... Date .....

Name .....

Countersigned.....

Director/Chief of Service/Assistant Director/ .....Date.....

Copy to be placed on employee's file and original to be retained by the Corporate Affairs Team on the Register of Interests File.

**Declaration of relationships with Candidates**

**Guidance:**

- Candidates will be required to disclose in writing whether to their knowledge they are related to the Chairman, Director, Consultant Medical staff or other staff with responsibilities for the recruitment process. Failure to do so shall disqualify from the recruitment and selection process. If an appointment is made, it shall render the appointee liable to dismissal.
- Relationships to which these rules apply are those of husband, wife, where two persons live together as partners, sons, daughter, grandson, granddaughter, brother, sister, nephew, nieces of either partner.
- Direct or indirect canvassing of the Chairman or Directors or of any committee of the Trust by or on behalf of any candidates shall disqualify the candidate from the appointment.
- Employees of the Trust shall not solicit for any person or any appointment with the Trust or recommend any person for such an appointment. However, this does not preclude the member of staff from giving a written or verbal reference on request concerning a candidate's ability or experience for submission to the Trust.
- A panel member or recruiting manager/director must also complete this form and withdraw from the appointment process where they have an existing relationship with a candidate. Please refer to section 10 of the Recruitment & Talent Acquisition Policy for further guidance and/or seek advice from the Head of Resourcing & Talent.

Name .....

Job Title .....

Declaration of Relationship

Name of Candidate .....

Post applied for .....

Nature of relationship.....

Signed.....Date.....

Countersigned

Director of OD & People.....

Copy to be placed on employee's file and original to be retained by the Human Resources Team.

## The Seven Principles of Public Life (Nolan)

### **1. Selflessness**

Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends.

### **2. Integrity**

Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.

### **3. Objectivity**

In carrying out public business, including making public appointments, awarding contracts or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

### **4. Accountability**

Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

### **5. Openness**

Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

### **6. Honesty**

Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

### **7. Leadership**

Holders of public office should promote and support these principles by leadership and example.

The Committee on Standards in Public Life has set out “Seven Principles of Public Life” which it believes should apply to all in the public service. [www.public-standards.gov.uk](http://www.public-standards.gov.uk)

## Equality Impact Assessment

<b>Names of assessors carrying out the screening procedure (min of 2- author / manager and staff member / patient representative)</b> <ul style="list-style-type: none"> <li>• Gillian Francis-Musanu</li> <li>•</li> </ul>		<b>Name of lead author /manager &amp; contact number</b> Gillian Francis-Musanu	
<b>1. Name of the strategy / policy / proposal / service function</b> <p style="text-align: center;"><b>POLICY ON STANDARDS OF BUSINESS CONDUCT</b></p>		<b>Date last reviewed or created &amp; version number.</b>	
<b>2. Who is the strategy / policy / proposal / service function aimed at?</b> All staff, whether full-time, part-time, self-employed, or employed through an agency, a contractor or as a volunteer			
<b>3. What are the main aims and objectives?</b> The purpose of this policy is to provide employees with an awareness of their own personal responsibilities in their conduct at work as a public service employee in the NHS. It is also to make them aware that any breach of the provisions legislated in the Bribery Act 2010 is a criminal offence for which they could be prosecuted			
<b>4. Consider &amp; list what data / information you have regarding the use of the strategy / policy / proposal / service function by diverse groups?</b> Workforce data, Employee relations data.			
<b>5. Is the strategy / policy / proposal / service function relevant to any of the protected characteristics or human rights below?</b> If <b>YES</b> please indicate if the relevance is <b>LOW, MEDIUM or HIGH</b>			
	<b>Protected Characteristics</b>	<b>Patient, their carer or family</b>	<b>Staff</b>
•	<b>Age</b>	NO	NO
•	<b>Disability</b>	NO	NO
•	<b>Gender Reassignment</b>	NO	NO
•	<b>Race/ Ethnic Communities / groups</b>	NO	Yes. Low negative
•	<b>Religion or belief</b>	NO	NO
•	<b>Sex (male female)</b>	NO	NO
•	<b>Sexual Orientation</b> (Bisexual, Gay, heterosexual, Lesbian)	NO	NO
•	<b>Marriage &amp; Civil Partnership</b>	NO	NO
•	<b>Pregnancy &amp; Maternity</b>	NO	NO
•	<b>Human Rights</b>	NO	NO

6.	<p><b>What aspects of the strategy / policy / proposal / service function are of particular relevance to the protected characteristics?</b> Race and potential for disciplinary action</p>	
7.	<p><b>Does the strategy / policy / proposal / service function relate to an area where there are known inequalities? If so which and how?</b> Allegations of fraud may result in disciplinary action. In the past the number of BME staff in disciplinary cases has been disproportionate to the overall number in the Trust.</p>	
8.	<p><b>Please identify what evidence you have used / referred to in carrying out this assessment.</b> See q 4 and authors knowledge</p>	
9.	<p><b>If you identify LOW relevance only can you introduce any minor changes to the strategy / policy / proposal / service function which will reduce potential adverse impacts at this stage? If so please identify here.</b> Annual monitoring of breaches of the policy by protected characteristics of the staff involved will help identify any potential discrimination. This can be reported on as a subset of the employee relations report.</p>	
10.	<p><b>Please indicate if a Full Equality Impact Assessment is recommended.</b> (required for <b>all</b> where there is <b>MEDIUM &amp; HIGH</b> relevance)</p>	<p><b>NO</b></p>
11.	<p><b>If you are not recommending a Full Equality Impact assessment please explain why.</b> The policy follows national guidance, good practice and UK legislation. The policy is identified in all employment contracts. Monitoring and reporting of the breaches by protected characteristics annually will provide additional assurance.</p>	
12.	<p><b>Signature of author / manager</b></p>	<p><b>Date of completion and submission</b></p>

## Definitions of relevance

### Low

- The policy **may not be relevant** to the Equality General Duty\* as stated by law
- Little or no evidence is available that different groups may be affected differently
- Little or no concern raised by the communities or the public about the policy etc when they are consulted – (recorded opinions, not lack of interest)

### Medium

- The policy **may be relevant** to parts of the Equality General Duty\* in the policy etc regarding differential impact
- There may be some evidence suggesting different groups are affected differently
- There may be some concern by communities and the public about the policy

### High

- There **will be relevance** to all or a major part of the Equality General Duty\* in the policy regarding differential impact.
- There will be substantial evidence, data and information that there will be a significant impact on different groups

There will be significant concern by the communities and relevant partners on the potential impact on implementation of the policy etc.

•	<b>Human Rights</b>
1	the right to life
2	the right not to be tortured or treated in an inhuman or degrading way
3	the right to be free from slavery or forced labour
4	the right to liberty
5	the right to a fair trial
6	the right to no punishment without law
7	the right to respect for private and family life home and correspondence
8	the right to freedom of thought, conscience and religion
9	the right to freedom of expression
10	the right to freedom of assembly and association
11	the right to marry and found a family
12	the right not to be discriminated against
13	the right to peaceful enjoyment of possessions
14	the right to an education
15	the right to free elections