



Standards of Business Conduct

Key Points

- This document sets out the general principles underpinning the Trust's approach to its Standards of Business Conduct, together with information for managers and staff on identifying and reporting possible breaches of those standards and the processes for managing such breaches. It supersedes the Standards of Business Conduct Policy issued in March 2017.
- Two separate, but related, policy documents (Annexes A and B) describe, first, the obligations placed on all Trust staff individually in respect of the declaration of interests which may conflict with their responsibilities towards the Trust and, secondly, the behaviour required of them as potential recipients of gifts, hospitality, donations or sponsorship arrangements.
- These two policy documents are based on NHS England's model policy, "Managing Conflicts of Interest in the NHS," which came into force in June 2017.

Version:	2.0
Role of Policy Lead(s):	Deputy Director of HR & OD
Role of Executive Lead:	Director of HR and Corporate Services
Date Approved by Executive Lead:	September 2020
Name of Professional Approving Group:	Audit Committee
Date Approved by Professional Approving Group:	October 2020
Date Approved by Policy Review Group:	September 2020
Date Ratified by Senior Leadership Committee:	September 2020
Date Issued:	October 2020
Review Date:	October 2023
Target Audience:	All Trust staff
Key Words & Phrases:	Conflicts of interest, outside employment, hospitality, accepting gifts, sponsorship, fraud, bribery, declarations, standards of business conduct

Version Control

Version	Date	Policy lead(s)	Status	Comment
1.0	March 2017	Deputy Director of HR & OD	Final	
1.1	September 2020	Director of HR & Corporate services	Draft	Policy updated to be in line with NHS England's policy 'Managing conflicts of interest in the NHS' June 2017
2.0	October 2020	Director of HR & Corporate services	Final	Approved at SLC and Audit committee

Document location

Document type	Location
Electronic	Intranet – all sites
Paper	On request from HR

Related documents

Document type	Document name
Policy	Disciplinary policy
Policy	Anti-fraud policy
Policy	Raising concerns at work
Policy	Financial redress policy
Policy	Procurement Policy
Procedure	Administration of charitable funds
Corporate governance document	Frimley Health NHS Foundation Trust Constitution
Corporate governance document	Trust Standing Orders
Corporate governance document	Standing Financial Instructions

Contents	Page
1. Introduction.....	4
2. Scope.....	4
3. Definitions	4
4. Purpose of the policy	6
5. The policy.....	7
6. Duties and responsibilities	8
7. Principles of conduct in the NHS	9
8. Decision-making staff	9
9. Identification and declaration process	10
10. Management of interests	10
11. Strategic decision-making groups	10
12. Procurement	11
13. Dealing with breaches.....	12
14. Research conduct	14
15. Intellectual property	15
16. Staff appointments	16
17. Records and publication.....	16
18. Raising awareness	18
19. Monitoring compliance	18
20. References	18
Annex A Conflicts of interest	19
Annex B Gifts, hospitality, donations and sponsorship	24
Annex C Declaration of Interests form	31

1 INTRODUCTION

- 1.1 This policy has been developed by Frimley Health NHS Foundation Trust (the Trust) and describes the standards and public service values which underpin the NHS and reflects current guidance and best practice which all employees of the Trust are expected to follow.
- 1.2 It is of particular relevance in any case where the private interests of any Trust employee may conflict with their public duty.
- 1.3 Providing best value for taxpayers and ensuring that decisions are taken transparently and clearly, are both key principles in the NHS Constitution. We are committed to maximising our resources for the benefit of the whole community. As an organisation and as individuals, we have a duty to ensure that all our dealings are conducted to the highest standards of integrity and that NHS monies are used wisely so that we are using our finite resources in the best interests of patients.
- 1.4 We are also committed to the provision of a service which is fair, accessible and meets the needs of all individuals.

2 SCOPE

- 2.1 This policy applies to all employees of the Trust (including Bank, Agency and temporary employees).
- 2.2 It also applies to:
 - All prospective employees – who are part-way through recruitment
 - Contractors and sub-contractors
 - Committee, sub-committee and advisory group members (who may not be directly employed or engaged by the organisation)

3 DEFINITIONS

- **Business Conduct:** Standards of behaviour expected when involved in any business activity.
- **Interest:** a right, claim, legal share, or participation in another organisation, or involvement with another person. Interests fall into the following categories:

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

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.

Fraud: Fraud is defined as

- the act of making a false representation by a person with the intention of making a gain or causing a loss to another person, or exposing them to the risk of loss;
- or failing to disclose information that a person has a legal duty to disclose, with the intention of making a gain or causing a loss to another person or exposing them to the risk of loss;
- or, when occupying a position in which s/he is expected to safeguard the financial interests of another person, a person dishonestly abuses this position with the intention of making a gain or causing a loss to that other person by exposing them to the risk of loss;
- or any other offence under the provisions of the Fraud Act 2006.

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

² A common sense approach should be applied to the term 'close association'. Such an association might arise, depending on the circumstances, through relationships with close family members and relatives, close friends and associates, and business partners.

Bribery: The Bribery Act, 2010 defined bribery, in broad terms, as giving or receiving a financial or other advantage in connection with the "improper performance" of a position of trust, or a function that is expected to be performed impartially or in good faith. It brought together previous anticorruption legislation and created four offences:

- Giving a bribe (including offering one)
- Receiving a bribe
- Negligently failing to prevent a bribe
- Bribing a foreign public official.

Gift: A gift is a present, goods or money given by, or received from, a patient, service user, carer, relative, contractor or supplier.

Hospitality: Hospitality is the provision of meals, accommodation, entry to entertainment events, including the payment of travel costs, by a contractor, supplier or external agency at no cost or at subsidised rates for the recipient(s).

Local Counter-Fraud Specialist (LCFS): The Director of Finance and Information Management and Technology is responsible for ensuring that the Trust has access to appropriately qualified Local Counter-Fraud Specialists and is the officer nominated by the Trust to have overall responsibility for monitoring the Trust's counter-fraud arrangements. That responsibility includes:

- identifying potential fraud;
- investigation of any fraud against the Trust;
- liaison with investigating LCFS staff at other trusts;
- assisting Specialist teams of the NHS Counter-Fraud Authority (NHS CFA);
- developing an anti-fraud culture;
- providing fraud awareness training to staff groups.

4 PURPOSE OF THE POLICY

- 4.1 This document, including Annexes A and B, details the policy for the standards of business conduct, including conflicts of interest relating to activities which employees initiate, gifts, hospitality, donations and sponsorship within the Trust.
- 4.2 The purpose of the 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 also makes them aware that a failure to exercise those responsibilities could, in some cases, constitute a criminal offence, either under the Fraud Act, 2006 or the Bribery Act, 2010.

- 4.3 The policy offers guidelines intended to assist employees in being aware that they need to demonstrate high ethical standards. Specifically, it deals with conflicts of interest, gifts, hospitality, donations and sponsorship to reduce the opportunity for employees to place themselves in a position which risks conflict between their private interests and their NHS duties.
- 4.4 The policy also details the ways in which the processes and procedures will be managed and the procedures for managing any breaches of the guidance.
- 4.5 The policy is intended to:
- Introduce consistent principles and rules;
 - Provide simple advice about what to do in common situations;
 - Support good judgement about how to approach and manage interests.

5 THE POLICY

- 5.1 To maintain public confidence, as a public sector body, the Trust must be impartial and honest in the conduct of its business and its staff must remain beyond suspicion.
- 5.2 High standard of corporate and personal conduct, based on the recognition that patients come first, have been a requirement throughout the NHS since its inception in 1948. Its public service values are accountability, probity and openness and they been enhanced by the Seven Principles of Public Life (the Nolan Principles) which are:
- Selflessness – holders of public office (which includes all employees) should act solely in the public interest;
 - Integrity - Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.
 - Objectivity - Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.

- Accountability - Holders of public office are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this.
 - Openness - Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.
 - Honesty - Holders of public office should be truthful.
 - Leadership - Holders of public office should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs.
- 5.3 These standards are national benchmarks which inform our local policies and procedures. The arrangements made in this policy have been designed to ensure compliance with national standards and with the law.
- 5.4 The policy will be subject to audit every three years, to be undertaken by the Trust's internal auditors.

6 DUTIES AND RESPONSIBILITIES

Board Members (Executive and Non-Executive Directors): The Directors of the Trust are responsible for ensuring that there are systems in place to ensure that this, and all related policies, are implemented across the Trust.

All Board members are required to comply with the Codes of Conduct and Accountability for NHS Boards.

Consultants: Consultants are required to comply with all aspects of the policy and to be aware that they have a responsibility to comply with other professional guidelines including those of their regulatory body (GMC or GDC) and, in particular, the code of practice for private patients.

All dealings with Pharmaceutical and other companies must be undertaken in an impartial manner to ensure that they do not abuse their official position for personal gain or to benefit their family or friends.

Managers and Staff: Managers of the Trust are responsible for ensuring that these guidelines are brought to the attention of all employees; also that arrangements are put in place for ensuring that they are effectively and impartially implemented within their areas of responsibility.

7 PRINCIPLES OF CONDUCT IN THE NHS

7.1 In line with the Nolan Principles, all Trust staff are expected to:

- ensure that the interests of patients remain paramount at all times;
- be impartial and honest in the conduct of their official business;
- use the public funds entrusted to them to the best advantage of the service, always ensuring value for money.

7.2 It is also the responsibility of staff to ensure that they do **not**:

- abuse their official position for personal gain or to benefit their family or friends;
- seek to take advantage or further private business or other interests, in the course of their official duties.

8 DECISION-MAKING STAFF

8.1 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 these people are referred to as 'decision-making staff.'

8.2 Decision making staff in the Trust are:

- Trust Board members (Executive and Non-Executive Directors);
- Members of advisory groups which contribute to direct or delegated decision-making on the commissioning or provisioning of taxpayer-funded services;
- Staff employed at Agenda for Change Band 8d and above;
- Administrative and clinical staff who have the authority to enter into contracts on behalf of the Trust;
- Administrative and clinical staff involved in decision-making concerning the commissioning of services, purchasing of goods, medicines, medical devices and equipment, and formulary decisions.

9 IDENTIFICATION AND DECLARATION PROCESS

- 9.1 The process for identifying and declaring interests is set out in detail in Annexes A and B.
- 9.2 Annex A details interests relating to activities or pursuits which are initiated members of staff and the process for identifying and declaring them.
- 9.3 Annex B details the process for identifying and declaring any gifts, hospitality, donations or sponsorship of which any member of staff may be the recipient.

10 MANAGEMENT OF INTERESTS

- 10.1 If an interest is declared, whether in relation to any of the activities identified in Annex A or to a situation described in Annex B, but where there is no risk of a conflict arising, then no action is warranted.
- 10.2 However, if a material interest is declared then the 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.
- 10.3 Each case will be different and context-specific, and the Trust will always clarify the circumstances and issues with the individuals involved. Staff should maintain a written audit trail of information considered and actions taken. Where prior approval for a particular course of action is required, the member of staff concerned should ensure that, specific written approval is obtained and, where appropriate, full details of the course of action and the approval are recorded.

11 STRATEGIC DECISION-MAKING GROUPS

- 11.1 In common with other NHS bodies, the Trust uses a variety of different groups to make key strategic decisions about things such as:
- Entering into (or renewing) large scale contracts.
 - Awarding grants.
 - Making procurement decisions.
 - Selection of medicines, equipment, and devices.

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

- The Board and Subcommittees
- Senior Leadership Committee
- The Council of Governors
- Frimley Integrated Care System

11.3 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.

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

- Requiring the member to not attend the meeting.
- Excluding the member from receiving meeting papers relating to their interest.
- Excluding the member 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.

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

12 PROCUREMENT

12.1 Procurement should be managed in an open and transparent manner, compliant with procurement and other relevant law, to ensure there is no discrimination against or in favour of any provider. Fair and open competition between prospective contractors or suppliers is also a requirement under Trust Standing Orders. 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.

12.2 A private, public or voluntary organisation bidding for NHS business should not be given any advantage over its competitors, such as advance notice of NHS requirements. This applies to all potential contractors, even if they have held a long-running series of previous contracts. Each new contract should be awarded

solely on merit, taking into account the requirements of the Trust and the ability of the contractors to fulfil them.

- 12.3 No favouritism must be shown to any current or former employees of the Trust, nor to close relatives or associates, in awarding contracts to businesses run by them or employing them. Contracts can be awarded to them if won in fair competition with other tenders and if the interested party plays no part in the selection process. Tendering and contracting should follow the Trust's Standing Financial Instructions,
- 12.4 Those involved in procurement exercises for and on behalf of the Trust should keep records that show a clear audit trail of how conflicts of interest have been identified and managed as part of procurement processes. At every stage of procurement steps should be taken to identify and manage conflicts of interest to ensure and to protect the integrity of the process.
- 12.5 Staff must not misuse or make available official "commercial in confidence" information, particularly if its disclosure would prejudice the principles of a purchasing system based on fair competition. This principle applies whether private or not-for-profit sector competitors or other NHS providers are concerned and whether or not disclosure of the information is in the expectation of personal gain. The principle also applies to staff representatives who may obtain such information as part of the consultation process in such matters.

13 DEALING WITH BREACHES

- 13.1 There will be situations when interests will not be identified, declared or managed appropriately and effectively. This may happen innocently, accidentally, or because of the deliberate actions of staff or other organisations. For the purposes of this policy these situations are referred to as 'breaches'.
- 13.2 Some breaches could be offences under criminal law, such as fraud under the Fraud Act, 2006 or bribery under the Bribery Act, 2010 (see Definitions at Section 3). For both fraud and bribery, a conviction could result in a term of imprisonment for up to 10 years.

13.3 Identifying and reporting breaches

- 13.3.1 Staff who are aware about actual breaches of this policy, or who are concerned that there has been, or may be, a breach, should initially report these concerns to the LCFS.
- 13.3.2 To ensure that interests are effectively managed, staff are encouraged to speak up about actual or suspected breaches. Each individual has a responsibility to do this, and concerns may also be raised with the Trust's Freedom To Speak Up Guardian. The Guardian provides an alternative route to normal channels

that staff will use for speaking up. The Guardian also works within the Trust to identify and tackle barriers to speaking up, such as issues of bullying culture, poor levels of awareness, and processes that place an undue burden on individuals when they raise concerns.

13.3.3 The Trust will investigate each reported breach according to its own specific facts and merits, and give relevant parties the opportunity to explain and clarify any relevant circumstances.

13.3.4 Following investigation the Trust will:

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

13.4 Taking action in response to breaches

13.4.1 Action taken in response to breaches of this policy will be in accordance with the Trust's disciplinary procedures and could involve organisational leads for staff support (e.g. Human Resources), fraud (e.g. LCFS), members of the management or executive teams and the Trust's auditors.

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

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

13.4.3 Inappropriate or ineffective management of interests can have serious implications for the organisation and staff. There will be occasions where it is necessary to consider the imposition of sanctions for breaches.

13.4.4 Sanctions should not be considered until the circumstances surrounding breaches have been properly investigated. However, if such investigations establish wrong-doing or fault, then the organisation can and will consider the range of possible sanctions that are available, in a manner which is proportionate to the breach. This includes:

- Disciplinary 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 the Fraud or Bribery Acts.

13.5 Learning and transparency concerning breaches

13.5.1 In the event of any breach, the Trust will be concerned to learn from the event. Reports on breaches, the impact of these, and action taken will be considered by the Trust Board at its regularly monthly meetings.

13.5.2 To ensure that lessons are learnt and management of interests can continually improve, anonymised information on breaches, the impact of these, and action taken will be prepared and published as appropriate, or made available for inspection by the public upon request.

14 RESEARCH CONDUCT

14.1 Research activity within the Trust will provide benefits to patients, staff and the organisation if it is planned and conducted in compliance with all relevant legislation, ethical codes, codes of practice and NHS guidance. The NHS Health Research Authority (HRA) and the four UK health departments published the “UK policy framework for health and social care research” in November 2017. The purpose of the framework is to:

- safeguard patients, service users and the public
- ensure ethical and scientific quality of research
- promote good practice

14.2 The framework sets out principles of good practice in the management and conduct of health and social care research, which protect and promote the interests of patients, service users and the public, by describing ethical conduct and proportionate assurance-based management of such research, so as to support and facilitate high-quality research in the UK that has the confidence of patients, service users and the public. It takes account of UK legislation and is designed to achieve compatibility across the UK for the management and conduct of such research.

14.3 Researchers are required to meet the responsibilities as defined in the framework. It can be accessed in the Library, the R&D Office and via the HRA

website at <https://www.hra.nhs.uk/planning-and-improving-research/policies-standards-legislation/uk-policy-framework-health-social-care-research/>

14.4 Among those responsibilities, for Chief Investigators, are the need to satisfy themselves that:

- the research proposal or protocol takes into account any relevant systematic reviews, other research evidence and research in progress;
- it makes effective use of patient, service user and public involvement where appropriate;
- it is scientifically sound, safe, ethical, legal and feasible;
- the research proposal or protocol has been submitted for appropriate independent expert ('peer') review and revised in light of that review;
- if expected or required, the proposal has been submitted for approval by a research ethics committee and any other relevant approval bodies;
- that everyone involved in the conduct of the research is appropriately qualified;
- the information given to potential participants is in a suitable format and is clear and relevant to their participation in the research;
- the agreed procedures and arrangements for reporting (e.g. progress reports, safety reports) and for monitoring the research, including its conduct, the participants' safety and well-being, are adhered to;
- the agreed arrangements for making information about the findings of the research available, including, where appropriate to participants are adhered to.

14.5 Researchers are required to discuss their proposal with the Trust's Research and Development Manager.

15 INTELLECTUAL PROPERTY (IP)

15.1 During the course of employment, a Trust employee may occasionally generate IP which may have value in the delivery of improved patient care. This IP can be in the form of inventions, discoveries, surgical techniques or methods, developments, processes, schemes, formulae, specifications or other improvements which may give rise to certain rights, such as patents, trademarks, service rights, design rights, copyright, know-how, trade or business names and other similar rights (referred to collectively as "Intellectual Property Rights").

15.2 Where such IP is created in the course of the individual's employment or normal duties then under UK law it will generally belong to the Trust, unless otherwise agreed in writing between the individual and the Trust. In relation to inventions potentially subject to patent protection, this applies only if the duties of their employment would normally have been expected to give rise to inventions or if the nature of their responsibilities and duties are such that they are under a special responsibility to further the interests of the Trust. It is a condition of

employment that employees do not exploit any IP rights without the explicit approval of the Research and Development Committee.

- 15.3 For patents and other IP rights which may give rise to a conflict of interest, please refer to Annex A, Section 5.
- 15.4 Consultant medical staff (and others who have been given specific approval in writing), shall be free without prior consent of the Trust to publish books, articles, etc and to deliver any lecture or speak, whether on matters arising out of their NHS service or not. It would be normal practice for the results of the work to be shared with the trust prior to publication and any conflict of interest declared. Other staff would need to obtain the prior permission of their manager.

16 STAFF APPOINTMENTS

- 16.1 Board members and managers must not canvass selection panels for the appointment of particular candidates who are known personally to them or related to them, either directly or indirectly. If they do, the candidate shall be disqualified for appointment. Canvassing is defined as soliciting or putting pressure on others for their appointment. However, this does not prevent managers from introducing possible candidates, nor does it prevent informal discussions taking place between an applicant and a manager.
- 16.2 Board members or managers may act as a referee in a personal capacity for such a post, although the Trust is required to seek at least one reference from a current or previous employer as part of a series of pre-employment checks.
- 16.3 It is the responsibility of any staff member involved in selection interviews to inform their manager if any relationship exists between themselves and a candidate for an appointment. Board Members and senior managers should disclose to the Board any relationship between themselves and a candidate for an appointment of which they are aware.
- 16.4 In all cases, the Trust's recruitment and selection procedure must be adhered to.

17 RECORDS AND PUBLICATION

- 17.1 The Trust will maintain the following records relating to its Business Conduct activities.
- 17.2 For Board members, the Company Secretary will maintain a register of Trust Board members' interests. The register will include details of all directorships and other relevant and material interests which have been declared by both executive and non-executive members Board members, including any other activity or

pursuit which may compete for an NHS contract to supply goods or services to the Trust, all outside employment, and any link with suppliers and competitors.

- 17.3 For all staff, other than Board members, the Company Secretary will hold a register of interests and declarations. The register will hold details of all staff whose activities may risk a conflict of interest because of:
- Outside employment, either in clinical private practice or in any other paid or unpaid employment;
 - An interest in any of the other activities or pursuits listed in paragraphs 4 to 6 of Annex A;
 - The acceptance of gifts, hospitality, donations or sponsorship as detailed in Annex B;
 - Any other activity or pursuit which may compete for an NHS contract or services to the Trust, or any other matters declared by staff in accordance with this policy.

17.4 All material interests under the terms of this policy will be promptly recorded in the appropriate register.

17.5 The Trust will

- publish the interests declared by decision-making staff and recorded in the appropriate registers on the Trust website;
- and also make the information in respect of Board members available for public inspection on request.

17.6 If decision making staff have substantial grounds for believing that publication of their interests should not take place then they should contact the Director of HR to explain why. In exceptional circumstances, for instance where publication of information might put a member of staff at risk of harm, or there are other legitimate data protection reasons, 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.

17.7 Wider transparency initiatives

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

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

These “transfers of value” include payments relating to:

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

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

<http://www.abpi.org.uk/our-work/disclosure/about/Pages/default.aspx>

18 RAISING AWARENESS

18.1 Information included in this policy will be included on the Trust intranet for all staff to access. All new staff will be made aware of the existence of the policy on appointment to the Trust.

18.2 The HR Department will provide advice as required in relation to this policy.

18.3 If any member of staff wishes to report any allegation or suspicion of wrongdoing by another member of staff, details of how to do so are in Section 13 of this document. This includes details of the Trust’s Freedom To Speak Up Guardian.

18.4 However, public concern at work may also be reported to Protect, a whistle blowing charity, whose website is at <https://www.pcaw.org.uk/contact-us/>

19 MONITORING COMPLIANCE

19.1 This policy will be reviewed every five years (or sooner if necessary) taking into account any legislative changes or changes to national NHS guidance.

19.2 Responsibility for reviewing the policy lies with the HR Department with the Staff Council as the responsible committee.

20 REFERENCES

The Fraud Act, 2006

The Bribery Act, 2010

Chartered Institute of Purchasing and Supply Code of Ethics

Government guidance on public procurement policy

DHSC Code of Conduct for Private Practice for Consultants (2004)

Codes of Conduct and Accountability for NHS Boards (2004)

ABPI: The Code of Practice for the Pharmaceutical Industry (2014)

ABHI Code of Business Practice

NHS HRA UK policy framework for health and social care research (November 2017)

ANNEX A: CONFLICTS OF INTEREST

1. Introduction
 - 1.1 This Annex provides specific guidance for Trust employees in respect of the management of possible conflicts of interest which may arise during the course of their employment with the Trust between their private interests relating to activities which they initiate and their public duties as an NHS employee. (For the definition of “interest” and “conflict of interest”, see paragraph 3 of the principal document).
 - 1.2 The guidance in this Annex supplements the information and guidance in the principal Standards of Business Conduct policy document.
 - 1.3 The following paragraphs identify a number of specific situations which may arise and the way in which those situations should be managed to mitigate any risk of a conflict of interest.
2. Clinical private practice (including work undertaken in the Trust’s Parkside unit)
 - 2.1 Clinical staff should declare all private practice on appointment to the Trust, and/or any new private practice when it arises including:
 - Where they practise (including the name of each private facility, where there is more than one).
 - What they practise (specialty, major procedures).
 - When they practise (identified sessions/time commitment).
 - 2.2 The declaration should include the following:
 - Staff name and their role with the Trust.
 - A description of the nature of each private practice activity (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),
 - 2.3 Clinical staff should (unless existing contractual provisions require otherwise or unless emergency treatment for private patients is needed):
 - Seek prior approval of the Trust before taking up private practice.
 - Ensure that, where there would otherwise be a conflict or potential conflict of interest, NHS commitments take precedence over private work.

- Not accept direct or indirect financial incentives from private providers other than those allowed by Competition and Markets Authority guidelines set out within the terms of the Private Healthcare Market Investigation Order 2014.
- 2.4 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.
3. Outside employment (other than Clinical private practice)
- 3.1 Staff should declare any existing outside employment (paid or unpaid) on appointment and any new outside employment when it arises. This includes any casual or temporary employment (e.g. a member of the nursing staff undertaking the occasional shift at a private care home). It also includes employment in a self-employed capacity or in civic roles (e.g. as a County Councillor).
- 3.2 The average total number of hours worked in all employments should not exceed the limit under the Trust's Working Time policy.
- 3.3 Consultants seeking to carry out work for another supplier are to seek the prior permission of the Medical Director to avoid any potential conflict of interest,
- 3.4 The declaration should include the following:
- Staff name and their role in the Trust;
 - The nature of the outside employment (e.g. who it is with, the description of the work undertaken, time commitment)
 - Relevant dates
 - Other relevant information (e.g. action taken to mitigate against a conflict)
- 3.5 Where a risk of conflict of interest arises, the general management actions outlined in this policy should be considered and applied to mitigate risks.
- 3.6 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.
- 3.7 Irrespective of any potential conflict of interest, the Trust may have, on occasion, a legitimate reason within employment law for requiring a member of staff to declare any outside employment.

4. Shareholdings and other ownership issues
 - 4.1 Staff should declare, as a minimum, any shareholdings and other ownership interests in any publicly listed, private or not-for-profit company, business, partnership or consultancy which is doing, or might be reasonably expected to do, business with the Trust
 - 4.2 The declaration should include the following:
 - Staff name and their role in the Trust;
 - The nature of the shareholdings/ownership interest
 - Relevant dates
 - Other relevant information (e.g. action taken to mitigate against a conflict)
 - 4.3 Where shareholdings or other ownership interests are declared and give rise to risk of conflicts of interest then the general management actions outlined in this policy should be considered and applied to mitigate risks.
 - 4.4 There is no need to declare shares or securities held in collective investment or pension funds or units of authorised unit trusts.
5. Patents
 - 5.1 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 Trust.
 - 5.2 The declaration should include:
 - Staff name and their role with the Trust.
 - A description of the patent.
 - Relevant dates.
 - Other relevant information (e.g. action taken to mitigate against a conflict)
 - 5.3 Staff should seek prior permission from the Trust before entering into any agreement with bodies regarding product development, research, work on pathways etc, where this impacts on the Trust's own time, or uses its equipment, resources or intellectual property.
 - 5.4 Where holding of patents and other intellectual property rights give rise to a conflict of interest then the general management actions outlined in this policy should be considered and applied to mitigate risks.

6. Loyalty interests

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

- Hold a position of authority in another NHS organisation or commercial, charity, voluntary, professional, statutory or other body which could be seen to influence decisions they take in their NHS role.
- Sit on advisory groups or other paid or unpaid decision making forums that can influence how the Trust spends taxpayers' money
- Are, or could be, involved in the recruitment or management of close family members and relatives, close friends and associates, and business partners.
- Are aware that the Trust does business with an organisation in which close family members and relatives, close friends and associates, and business partners have decision making responsibilities.

6.2 The declaration should include:

- 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),

7. Identification and declaration of interests

7.1 All staff should identify and declare any interest (as defined in paragraph 3 of the principal document) at the earliest opportunity (and in any event within 28 days). If staff are in any doubt as to whether an interest should be declared, they should initially declare it, so that it can be considered and a decision taken on the need to record it in the register of interests. Managers have a responsibility to ensure their staff are aware of the policy, and on an annual basis (e.g. as part of the appraisal review) ask staff whether they have any interests to declare.

7.2 Declarations should be made:

- On appointment with the Trust and/or
- When staff move to a new role or their responsibilities change significantly and/or:
- At the beginning of a new project/piece of work and/or.

- 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).
- 7.3 Declarations should be made using the Declaration form at Annex C.
- 7.4 Declarations should be made to the Company Secretary.
- 7.5. After an interest has lapsed, details will remain on the register for a minimum of 6 months and a private record of historic interests will be retained for a minimum of 6 years.
8. Proactive review of interests
- 8.1 Interests are to be reviewed proactively and decision-making staff will be prompted at least annually to review any declarations made by their staff and, where appropriate, update them or make a NIL return.
- 8.2 The review arrangements will be overseen by the Company Secretary.
- 8.3 As part of the review process, arrangements should be made to provide advice, training and support for staff on how interests should be managed. Advice on the need to record an interest will be the responsibility of the Company Secretary.
- 8.4 Staff who declare interests which need to be recorded should make their line manager or the person(s) supervising their work aware of that declaration.

ANNEX B: GIFTS, HOSPITALITY, DONATIONS AND SPONSORSHIP

1. Introduction

- 1.1 This Annex provides specific guidance for Trust staff employees in respect of the management of situations which may arise in respect of gifts, hospitality, donations and sponsorships which may be offered to (or, in the case of sponsorships, possibly sought by) employees during the course of their employment with the Trust. Such situations are likely to impact on their public duties as an NHS employee.
- 1.2 The guidance in this Annex supplements the information and guidance in the principal Standards of Business Conduct policy document.
- 1.3 The following paragraphs identify a number of specific situations which may arise and the way in which those situations should be managed to mitigate any risk of a conflict of interest.

2. Gifts

- 2.1 Staff should not accept gifts that may affect, or be seen to affect, their professional judgement.
- 2.2 Gifts from suppliers, contractors or pharmaceutical companies:
 - Gifts from suppliers or contractors doing business (or likely to do business) with the organisation should be declined, whatever their value.
 - Lowcost branded promotional aids such as pens or post-it notes may, however, be accepted where they are under the value of £6 in total, and need not be declared.
- 2.3 Gifts from other sources (e.g. patients, families, service users):

Gifts of cash and vouchers to individuals should always be declined.

- Staff should never ask for any gifts.
- Gifts valued at over £50 should be treated with caution and only be accepted on behalf of The Trust or an existing Trust charitable fund and not in a personal capacity. These are to 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.

2.4 What should be declared

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

3. Hospitality

- 3.1 Staff should not ask for or accept hospitality that may affect, or be seen to affect, their professional judgement.
- 3.2 Approval to accept any offer of hospitality, other than in cases where it does not need to be declared, is to be sought from a Director or Chief of Service, prior to acceptance.
- 3.3 Any offer of hospitality for the partner or another relative of a member of staff, for example, to attend a conference as an “accompanying person” is to be declined.
- 3.4 Hospitality must only be accepted when there is a legitimate business reason and it is proportionate to the nature and purpose of the event. It is accepted that some external companies offer annual hospitality events for groups of NHS clients or public services. These can normally be accepted where the company is hosting a larger scale event and other NHS bodies or public sector services will be in attendance. A “legitimate business reason” may also include, for example, accepting an invitation to a networking event hosted by an organisation, public or private sector, where members of the local civilian or military community or local business leaders are also invited, or where an invitation is extended in order to maintain an existing business relationship or to build a new business relationship.
- 3.5 Particular caution should be exercised when hospitality is offered by actual or potential suppliers, contractors or pharmaceutical companies. If an invitation is made by a company at the start of a new contract as a gesture to celebrate the beginning of a new partnership, this can be accepted, if modest and reasonable, and must be declared. However, if an invitation is made, either by a current or a potential contractor, during the period when a contract is due for renewal, the invitation must always be declined.
- 3.6 The acceptance of hospitality offered by any single organisation should normally be limited to one invitation, or a maximum of two invitations, in any one period of twelve months.

3.7 Invitations by a supplier, contractor or pharmaceutical company extended to a member of staff in a purely personal capacity, for example, to sponsor an application for membership of a sports club, must also always be declined.

3.8 Meals and refreshments:

- Under a value of £45 - may be accepted and need not be declared.
- Of a value between £45 and £75 - may be accepted and must be declared.
- Over a value of £75 - should be refused unless (in exceptional circumstances) the approval of a Director or Chief of Service is given. 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).

3.9 Travel and accommodation:

- Modest offers to pay some or all of the travel and accommodation costs related to attendance at events by the member of staff 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, will only be approved in very exceptional circumstances, and must be declared. 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. In almost all cases, an offer of such hospitality as:
 - business class or first class travel and accommodation (including domestic travel)
 - foreign travel and accommodation.
 - a visit to a nightclub or casino.

will not be approved.

3.10 What should be declared

- Staff name and their role with the organisation.
- The nature and value of the hospitality including details of the circumstances in which the hospitality was given, together with details of the host organisation and. relationship to the Trust.
- Date of receipt.
- Any other relevant information (e.g. action taken to mitigate against a conflict).

4. Donations

4.1 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.

The approval of a Director or Chief of Service is to be sought and granted prior to acceptance. 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.

4.2 Staff must obtain permission from the Trust if in their professional role they intend to undertake fundraising activities on behalf of a pre-approved charitable campaign for a charity other than the Trust's own.

4.3 Donations, when received, should be made to a specific charitable fund (never to an individual) and a receipt should be issued.

4.4 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.

4.5 What should be declared

- The Trust will maintain records in line with the above principles and rules and relevant obligations under charity law.
- Donations offered and accepted in line with paragraph 4.1 must also be declared with the following information:
- Staff name of recipient of the donation and their role with the organisation.
- The nature and value of the donation including details of the circumstances in which the donation was given together with details of the donor organisation and. relationship to the Trust.
- Date of receipt.
- Any other relevant information (e.g. action taken to mitigate against a conflict).

5. Sponsored events

5.1 Sponsorship of events by appropriate external bodies will only be approved if a reasonable person would conclude that the event will result in clear benefit to the Trust - and the NHS. The approval of a Director or Chief of Service must be sought and granted prior to acceptance of the sponsorship.

5.2 During dealings with sponsors there must be no breach of patient or individual confidentiality or data protection rules and legislation.

- 5.3 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.
- 5.4 At the Trust's discretion, sponsors or their representatives may attend or take part in the event but they should not have a dominant influence over the content or the main purpose of the event.
- 5.5 The involvement of a sponsor in an event should always be clearly identified.
- 5.6 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.
- 5.7 Staff arranging sponsored events must declare this to the Trust.
- 5.8 What must be declared:
 - The Trust will maintain records regarding sponsored events in line with the above principles and rules.

6. Sponsored research

- 6.1 Funding sources for research purposes must be transparent.
- 6.2 Any proposed research must go through the relevant health research authority or other approvals process.
- 6.3 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.

- 6.5 Staff should declare involvement with sponsored research to the organisation.
- 6.6 What should be declared
 - The Trust will retain written records of sponsorship of research, in line with the above principles and rules.
 - Staff should declare:
 - Their name and their role with the organisation.
 - Nature of their involvement in the sponsored research.

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

7. Sponsored posts

- 7.1 External sponsorship of a post requires prior approval from the Trust and approval must be sought from the Director of HR and granted before the post is filled.
- 7.2 Rolling sponsorship of posts should be avoided unless appropriate checkpoints are put in place to review and withdraw if appropriate.
- 7.3 Sponsorship of a post should only happen where there is written confirmation that the arrangements will have no effect on purchasing decisions or prescribing and dispensing habits. This should be audited for the duration of the sponsorship. Written agreements should detail the circumstances under which organisations have the ability to exit sponsorship arrangements if conflicts of interest which cannot be managed arise.
- 7.4 Sponsored post holders must not promote or favour the sponsor's products, and information about alternative products and suppliers should be provided.
- 7.5 Sponsors should not have any undue influence over the duties of the post or have any preferential access to services, materials or intellectual property relating to or developed in connection with the sponsored posts.
- 7.6 What should be declared
- The Trust will retain written records of sponsorship of posts, in line with the above principles and rules.
 - Staff should declare any other interests arising as a result of their association with the sponsor, in line with the content in the rest of this policy.

8. Sponsored attendance at course and conferences

- 8.1 It is acceptable for staff to be sponsored for attendance at a relevant conference or course (including for travel and subsistence costs) but only where the employee seeks permission in advance from the Head of Service, General Manager or Chief of Service and the Trust is satisfied that acceptance will not compromise purchasing decisions in any way.
- 8.2 Acceptance must be reported to the Company Secretary, using the Declaration form at Annex C.

9. Sponsorship when advising on purchases or services
 - 9.1 On occasions when the Trust considers it necessary for staff advising on the purchase of equipment to inspect such equipment in operation elsewhere in the UK (or, exceptionally, overseas), or when it is necessary to inspect a service, staff are to seek permission in advance from the Head of Service, General Manager or Chief of Service.
 - 9.2 Staff should be aware that excessive hospitality for such activities is unacceptable.
 - 9.3 Acceptance of such arrangements must be declared and reported to the Company Secretary by completing the Declaration form at Annex C.

ANNEX C: DECLARATION OF INTERESTS FORM

Name	
Job Title	
Year:	

Please provide full details of any gifts, hospitality, donations, sponsorship you have received or training courses not paid for by the Trust within this period,

Please provide full details of each external organisation for which you have undertaken any paid or unpaid work or consultancy/fee-paying work during this period.

Please provide details of any directorships or ownerships held by you during this period.

Please provide details of any other interests, as detailed in Annex A of the Standards of Business Conduct policy, which you have held during this period.

Signed:	Date:
Please return completed form to the Company Secretary's office	