



STANDARDS OF BUSINESS CONDUCT POLICY

Reference Number	Version	Status	Executive Lead(s) Name and Job Title	Author(s) Name and Job Title
9	3	Current	Sandi Carman Assistant Chief Executive	Jill Dentith Management Consultant, Interim
Approval Body		Trust Executive Group		Date Approved 25.07.18
Ratified by		Audit Committee		Date Ratified 14.09.18
Date Issued		03.12.18		Review Date 31.08.2021
Contact for Review Name and Job Title: Judith Green, Corporate Governance Manager				

Associated Documentation:

Trust Controlled Documents

Trust Constitution (including the Standing Orders of the Board of Directors and Standing Orders of the Council of Governors)
Standing Financial Instructions
Scheme of Reservation and Delegation
Code of Conduct for Governors
Code of Conduct for the Board of Directors
Raising Concerns at Work Policy and Procedure
Incident Management Policy – Appendix J Duty of Candour
Confidentiality – Staff Code of Conduct
Fraud, Bribery and Corruption Policy
Fundraising Policy

External Documentation

NHS Constitution
Monitor - Provider Licence
NHS Foundation Trust Code of Governance; Monitor (2014)
Committee on Standards in Public Life. 14th Report.
NHS Standard Contract
Commercial Sponsorship Ethical Standards for the NHS (2000)
Commercial ABPI Database of Industry Payments to Healthcare Professionals
Joint Statement from the Chief Executives of statutory regulators of health and care professionals

Legal Framework

Freedom of Information Act 2000
Fraud Act 2006
The Bribery Act 2010
Sunshine Rule 2015

For more information on this document please contact:-

The office of the Assistant Chief Executive
0114 2711708

Version History

Version	Date Issued	Brief Summary of amendments	Owner's Name:
1	29.9.04		David Baldwin
2	October 2007	REFRESH OF CODE OF CONDUCT REFLECTING FT STATUS	Neil Riley
3	October 2018	To update and incorporate the Standards of Business Conduct Policy and the Procedure Relating to the Offer and Acceptance of Gifts and Hospitality ensuring compliance with NHSE and associated process for staff to make declarations	Judith Green

Document Imprint

Thanks go to colleagues at Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust who gave their permission for the format of their Standards of Business Conduct and Employee Declaration of Interest Policy (July 2017) to be used as the basis for this Trust policy.

Copyright ©Sheffield Teaching Hospitals NHS Foundation Trust 2018: All Rights Reserved

Re-use of all or any part of this document is governed by copyright and the

“Re-use of Public Sector Information Regulations 2005. SI 2005 No 1515.

Information on re-use can be obtained from:

The Department for Information Governance & Caldicott Support, Sheffield Teaching Hospitals.

Tel: 0114 226 5151. E-mail: infogov@sth.nhs.uk

Executive Summary

CODE OF BUSINESS CONDUCT INCLUDING DECLARATION OF INTERESTS, GIFTS, HOSPITALITY AND SPONSORSHIP

Document Objectives:	The Trust must ensure that it operates systems which allow public accountability and openness. This document describes those systems.
Group/Persons Consulted:	Safety & Risk Management Board, Medical Director, Staff side
Monitoring Arrangements and Indicators:	An annual review of the code and periodic audits by Internal Audit services. Review by the Counter Fraud Specialist.
Training Implications:	There are no specific training needs in relation to this policy, but as a Trust policy, all staff need to be aware of the key points that the policy covers.
Equality Impact Assessment:	Neutral see Appendix 1
Resource implications:	New resources will be required to implement the policy across the Trust
Intended Recipients:	All staff
Who should:-	
➤ be aware of the document and where to access it	All staff
➤ understand the document	All Decision Making Staff as defined in 4.2
➤ have a good working knowledge of the document	Executive Directors, Local Counter Fraud Specialists. Clinical Directors, Nurse Directors and Operations Directors

CONTENTS

	Page
1. Policy Summary	5
2. Introduction	6
3. Purpose	6
4. Scope	7
5. Flowcharts	7
6. Key Terms	12
6.1 Conflict of Interest	
6.2 Interests – Categories	
6.3 Interests – Gifts, Hospitality and Secondary Employment	
6.4 Other Key Terms	
7. Roles and Responsibilities	13
7.1 Responsibility	
7.2 Decision Making Staff	
7.3 Chair of Meetings	
8. Legislation and Guidance	15
8.1 Fraud, Bribery & Corruption	
8.2 Guidance relating to Pharmaceutical Industry	
9. Review and Dissemination	16
10. Identification and Declaration of Interests	16
10.1 Declaration of Interest	
10.2 Proactive review of interests	
10.3 Records	
10.4 Publication	
10.5 Wider Transparency Initiatives	
11. Management of Interests – General	17
12. Management of Interests (Common Situations)	18
12.1 Staff Declarations of Interest	
12.2 Gifts	
12.3 Donations	
12.4 Wills and Legacies	
12.5 Prizes	
12.6 Hospitality	
12.7 Sponsorship	
12.8 Outside Employment	
12.9 Clinical Private Practice	
12.10 Preferential Treatment in Private transactions	
12.11 Contracts and Procurement	
12.12 Favouritism in Awarding Contracts	
12.13 Donations	
12.14 Loyalty interests	
12.15 Patents	
12.16 Shareholdings and Other Ownership Issues	
13. Training/Support	28
14. Monitoring Compliance with the Procedural Document	29
14.1 Identifying Breaches	
14.2 Reporting Breaches	
14.3 Taking Action in Response to Reporting Breaches	
14.4 Fraud and Probity	
14.5 Learning and Transparency Concerning Breaches	
15. Equality Impact Assessment	31

Appendices:

Appendix 1 - Equality Impact Assessment Part 1 Initial Screening

Appendix 2– Seven Principles of Public Life

1.0 POLICY SUMMARY

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

As a member of staff you should...	As an organisation we will...
<ul style="list-style-type: none"> • Familiarise yourself with this policy and follow it. Refer to the guidance for the rationale behind this policy https://www.england.nhs.uk/wp-content/uploads/201702/guidance-managing-conflicts-of-interest-nhs.pdf • Use your common sense and judgement to consider whether the interests you have could affect the way taxpayers' money is spent. • Regularly consider what interests you have and declare these as they arise. If in doubt, declare. • <u>NOT</u> misuse your position to further your own interests or those close to you. • <u>NOT</u> be influenced, or give the impression that you have been influenced by outside interests. • <u>NOT</u> allow outside interests you have to inappropriately affect the decisions you make when using taxpayers' money. 	<ul style="list-style-type: none"> • Ensure that this policy and supporting processes are clear and help staff understand what they need to do. • Identify a team or individual with responsibility for: <ul style="list-style-type: none"> ○ Keeping this policy under review to ensure they are in line with the guidance. ○ Providing advice, training and support for staff on how interests should be managed. ○ Maintaining register(s) of interests. ○ Audit this policy and its associated processes and procedures at least once every three years. • <u>NOT</u> avoid managing conflicts of interest. • <u>NOT</u> interpret this policy in a way which stifles collaboration and innovation with our partners.

2.0 INTRODUCTION

- 2.1 Sheffield Teaching Hospitals NHS Foundation Trust (“the Trust”), and the people who work with and for us, delivering high quality care for our patients.
- 2.2 These partnerships have many benefits and should help ensure that public money is spent efficiently and wisely. But there is a risk that conflicts of interest may arise.
- 2.3 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 making best use of our resources for the benefit of the whole community. As an organisation and as individuals, we have a duty to ensure that all our dealings are conducted to the highest standards of integrity and that NHS monies are used wisely so that we are using our finite resources in the best interests of patients.
- 2.4 It is a long established principle that public sector bodies, which include the NHS, must be impartial and honest in the conduct of their business, and that their staff should remain beyond suspicion. The Trust therefore adopts a transparent approach to all its activities.
- 2.5 It is the responsibility of all staff to ensure that they are not placed in a position which risks, or appears to risk, conflict between private interests and duties. In support of this transparent process, the Trust has an electronic register on which we record details of all declared conflicts of interest, sponsorship, commercial relationships, gifts and hospitality received by or offered to staff. This register is available for inspection by the public at any time. It is also subject to audit inspection at any time, and its contents will be reviewed in an annual report on the subject to be made to the Audit Committee.
- 2.6 The electronic register is our central record in which all Trust staff and persons affiliated with the Trust register their interest. All information declared will be added as soon as possible to the register but certainly within two weeks of receipt.

3.0 PURPOSE

The purpose of this policy is to ensure that all staff maintain the highest standards of public accountability and are open and transparent in their business conduct by:

- Ensuring awareness of the correct procedure and declaration form to complete in the event of being offered sponsorship, gifts, hospitality, or outside monies;
- Providing guidance to staff when they are required to provide professional advice and/or services, for a fee, to a non-NHS organisation;
- Ensuring the Trust maintains an accurate record of all the above interests; and
- Encouraging openness and transparency in the declaration process.

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

- Introducing consistent principles and rules;
- Providing simple advice about what to do in common situations; and
- Supporting good judgement about how to approach and manage interests.

Further guidance on the implementation of this policy can be sought from the Corporate Governance Manager who if necessary will escalate the query to the Assistant Chief Executive.

4.0 SCOPE

This Code applies to:

- All Trust staff (including full and part-time), seconded staff, those covered by a letter of authority /honorary contract, apprentices, students, trainees and those on work experience;
- Directors, including Executive and Non-Executive Directors;
- Trust Governors;
- All prospective staff - who have been successful at interview and are part-way through recruitment;
- Contractors, sub-contractors and External Consultants;
- Agency staff;
- Volunteers; and
- Committee, sub-committee and advisory group members (who may not be directly employed or engaged by the Trust).

5.0 FLOWCHARTS

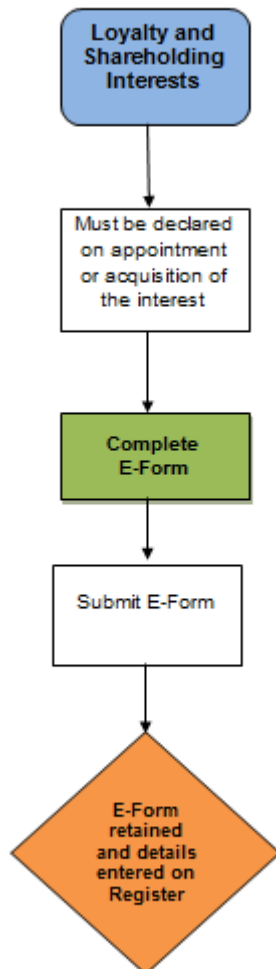
To provide a quick reference guide the following flowcharts set out the basic procedures to be followed for each specific event. The narrative elements of the policy should be read in full for a detailed explanation of requirements and reporting guidance.

If any member of staff has any doubt about the relevance or materiality of an interest, advice or guidance should be sought from their line manager, who may in turn seek guidance from the Corporate Governance Manager if required.

Disciplinary action may be taken if staff fail to declare a relevant and material interest, include a failure to declare in a timely manner, or is found to have abused their position or knowledge for their own interest or that of close relatives or associates. Criminal actions may also be taken.

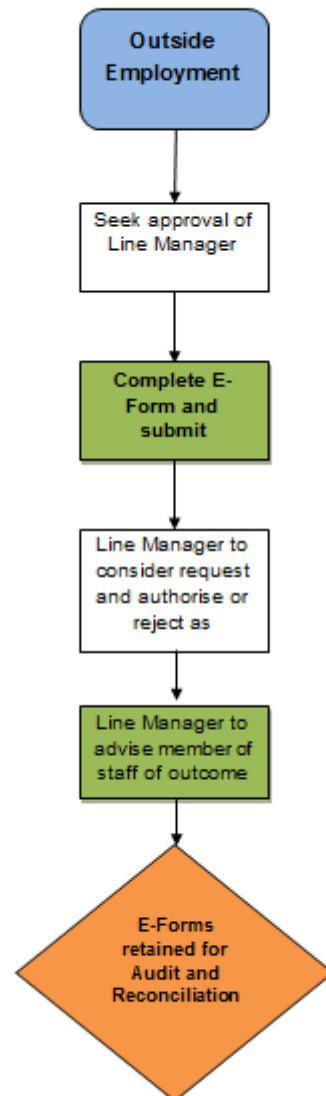
Figure: Process flowchart for declaration of Loyalty and Shareholding interests.

I



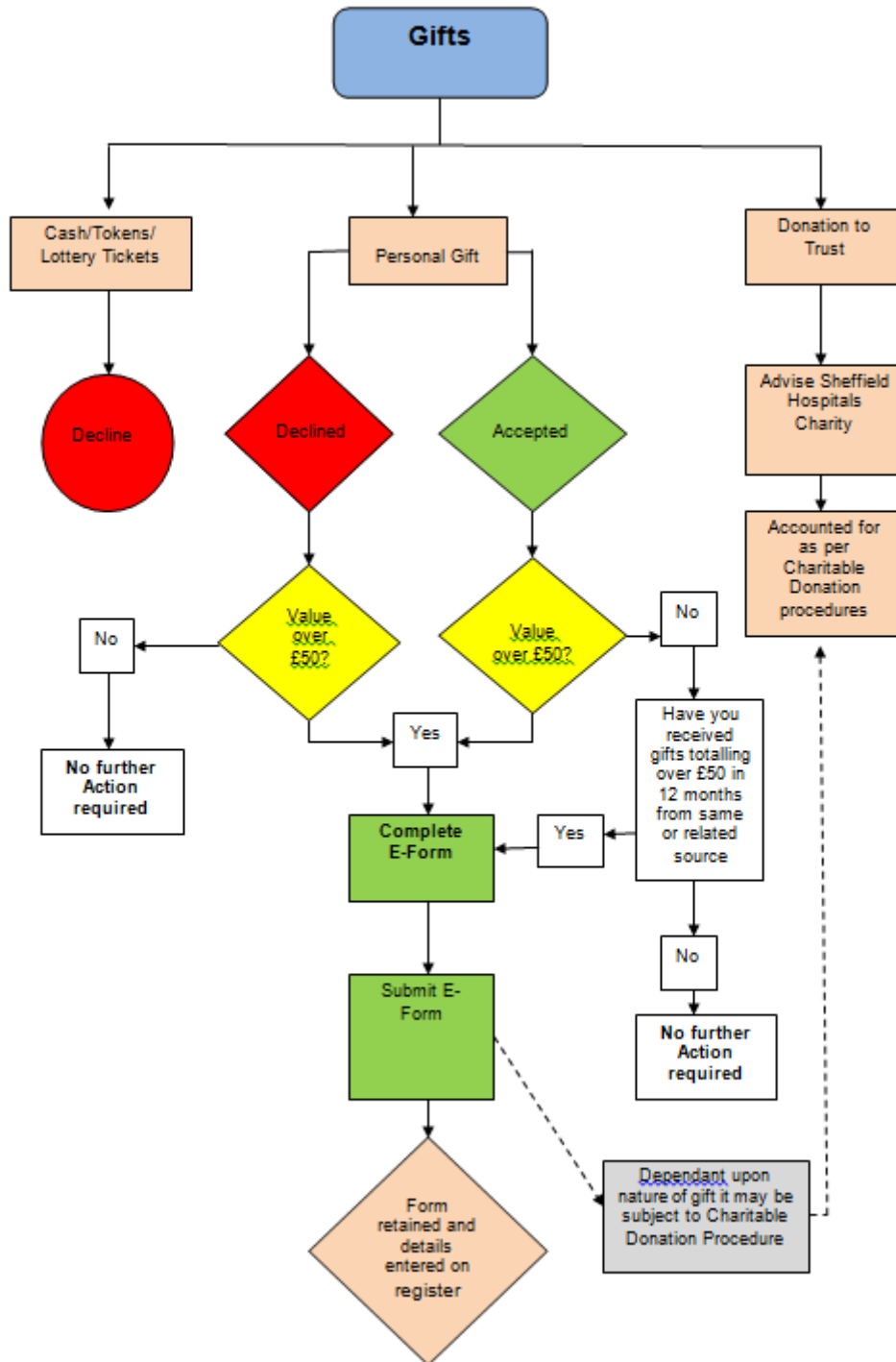
More detailed information relating to this can be found in Sections 10, 11, 12.1, 12.14 and 12.16 of this policy

Figure: Process flowchart for the declaration of Outside Employment



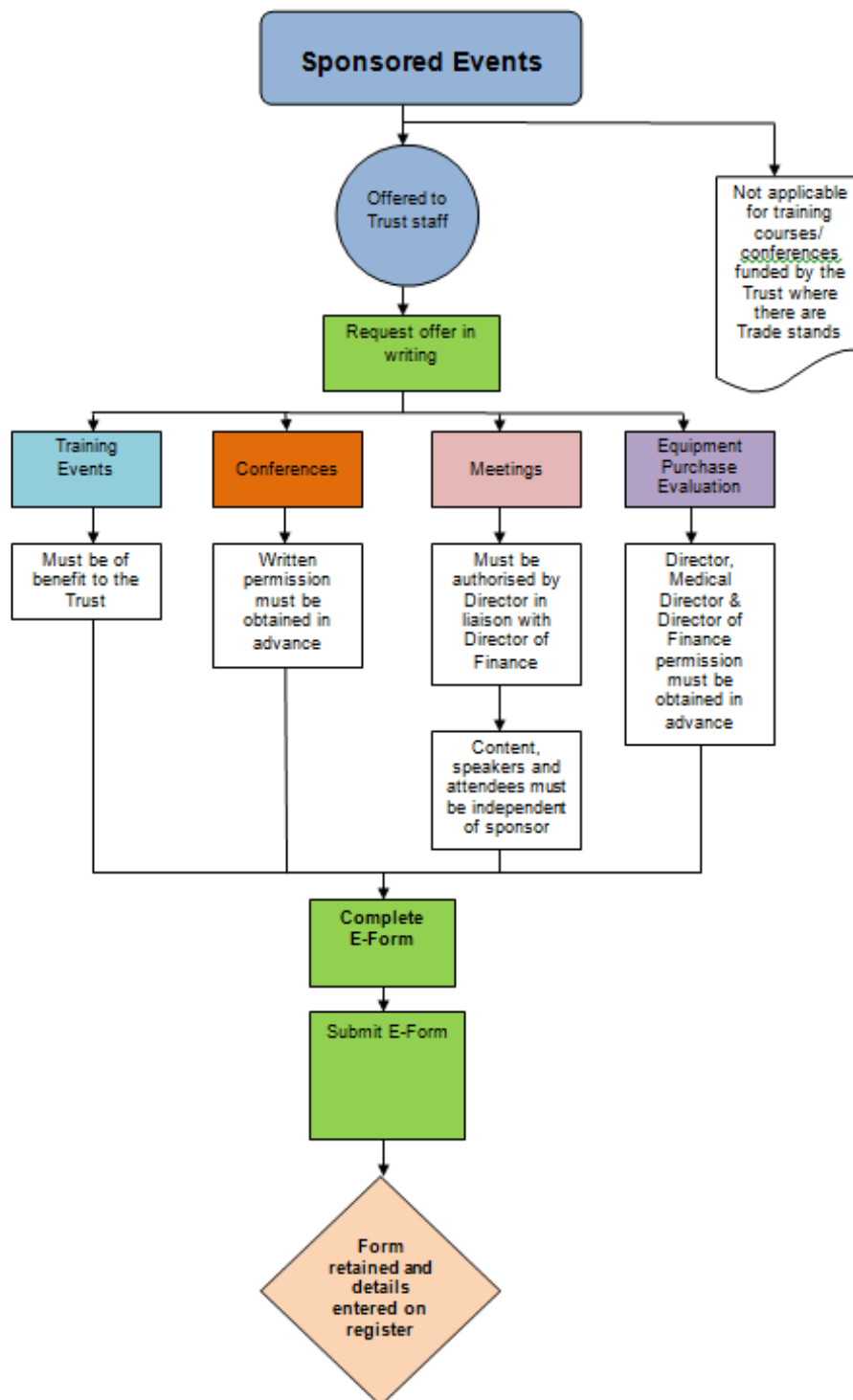
More detailed information relating to this can be found in Section 12.8 of this policy

Figure: Process flowchart for declaration of Gifts



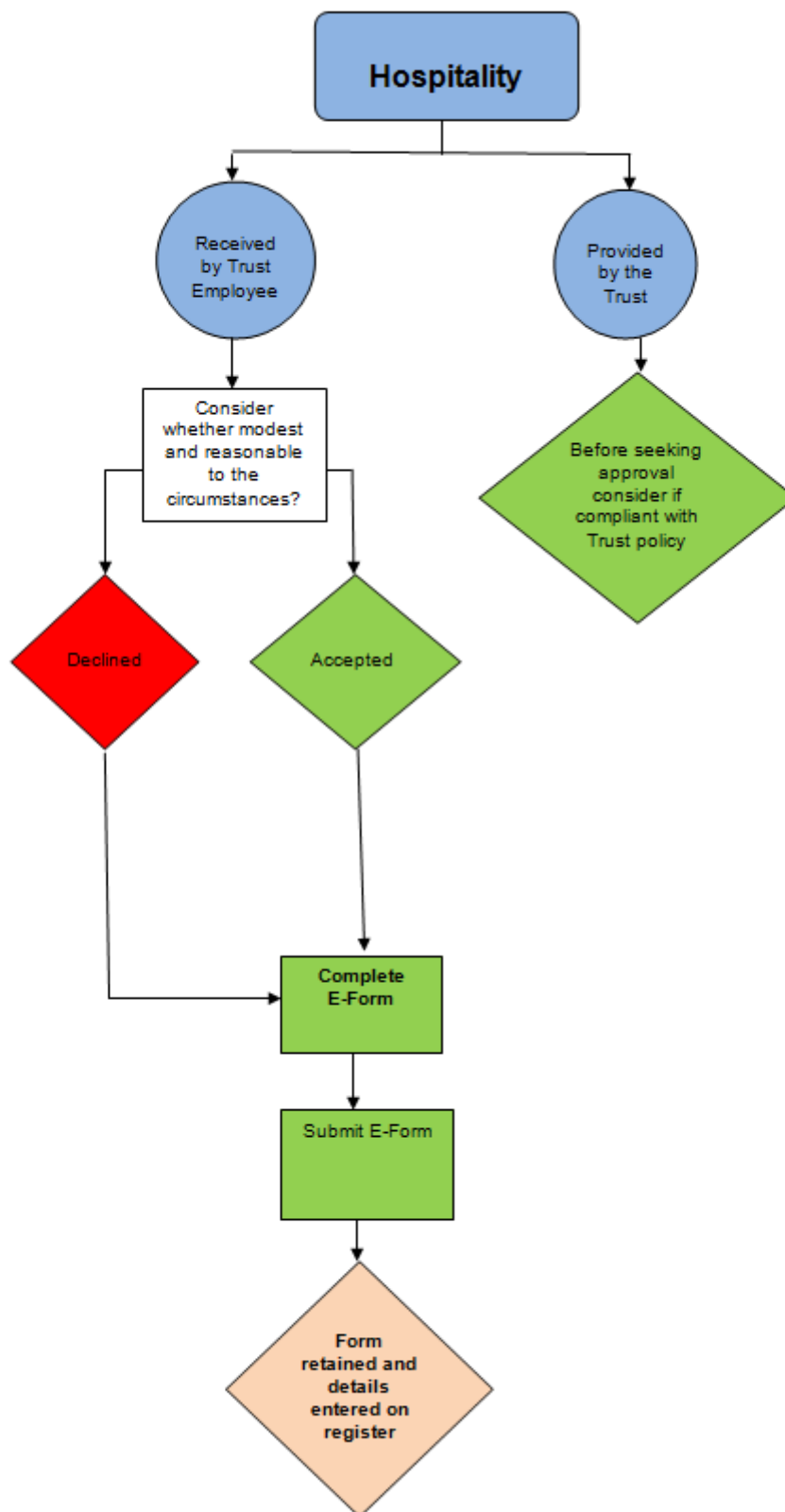
More detailed information relating to this can be found in Section 12.2 – 12.5 of this policy.

Figure: Process flowchart for declaration of Sponsorship, including Sponsored Events



More detailed information relating to this can be found in Section 12.7 of this policy.

Figure: Process flowchart for declaration of Hospitality



More detailed information relating to this can be found in Section 12.6 of this policy.

6.0 KEY TERMS

6.1 Conflict of Interest

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

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

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

6.2 Interests – Categories

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.

6.3 Interests – Gifts, Hospitality and Secondary Employment

For the purpose of this Policy the following definitions have been adopted:

- **Gifts** – Defined as any item of cash or goods, or any service, which is provided for personal benefit at less than its commercial value.
- **Hospitality** – Defined as meals and or drinks, visits, entertainment, lecture courses organised etc. provided or offered by suppliers/potential suppliers.
- **Secondary Employment** - This will include the following:
 - Any paid employment outside the Trust;
 - Self-employment;
 - Bank/locum agency work either within or outside the Trust;
 - An extra job/work within the Trust; and
 - Voluntary work (whether paid or not).

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.

6.4 Other Key Terms

- 6.4.1 **Staff** – any individual or group covered within the scope of this code as detailed in Section 4 of this policy.
- 6.4.2 **Decision-making Staff** - Decision-making staff as defined in Section 7.5 of this Policy.
- 6.4.3 **Bribery and Corruption** - Involves offering, promising or giving someone a payment or benefit-in-kind to influence others to use their position or perform their function or activities improperly or to regard that person for having already done so.
- 6.4.4 **Fraud** - is described as an intentional act to make a gain for themselves or another, or to have an intention to inflict a loss, or risk of loss on another.
- 6.4.5 **Outside Employment** - means employment and other engagements, outside formal employment arrangements. This can include directorships, Non-Executive roles, self-employed, 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 the Trust. (Clinical private practice is considered in a separate section).
- 6.4.6 **Clinical Private Practice** - Where clinical staff provide private practice work either for an external company, in their own right via a hosting arrangement on a private provider's premises, or through a corporate vehicle established by themselves.
- 6.4.7 **Sponsorship (including sponsored events, sponsored research and sponsored posts)** - NHS funding from an external source, including funding of all or part of the cost of a member of staff, NHS research, staff, training, pharmaceuticals, equipment, meeting rooms, costs associated with meetings, meals, gifts, hospitality, hotel and transport costs (including trips abroad), provision of free services (speakers), buildings or premises.
- 6.4.8 **Register of Interests** - This is a publicly available up-to-date register containing full and accurate details of all such gifts, hospitality, inducements and actual or potential conflicts of interest. It will be available on the Trust website.

7.0 ROLES AND RESPONSIBILITIES

7.1 Responsibility

In regard to this policy, the following have definitive roles in providing strategic leadership and advice.

The **Chief Executive** is ultimately responsible for ensuring there is an effective system in place for staff to declare sponsorship, gifts, hospitality, outside employment and any other interests.

The **Assistant Chief Executive** has the following designated responsibility:

- Ensuring a fit for purpose policy is in place and is made available to staff
- Maintaining the Hospitality, Sponsorship and Gifts Register and ensuring appropriate oversight by the Audit Committee
- Maintaining an up-to-date and publicly available Register of Interests for staff, Directors and Governors and ensuring appropriate oversight by the Audit Committee
- Ensuring adequate records are kept for audit requirements; and
- Provision of advice and information relating to hospitality, sponsorship, gifts, declarations of interest and professional advice and services to staff.

The Assistant Chief Executive will be supported in this task by the **Corporate Governance Manager**.

All Managers have the responsibility of processing their staff's declarations of gifts, hospitality, interests and declarations of secondary employment in line with the procedures contained within this policy, and for the retention of such documents as contained herein.

All **Staff** have the responsibility to comply with this policy. All staff must be aware of how and to whom declarations should be made, declaring material interests at the earliest opportunity (and in any event within 28 days) via a positive declaration to their organisation.

Where applicable, staff must also adhere to their own professional Codes of Conduct in this area (e.g. GMC, NMC, HCPC, etc.). Staff who fail to disclose any relevant interests or who otherwise breach the organisation's rules and policies relating to the management of conflicts of interest are subject to investigation and, where appropriate, to disciplinary action/criminal action.

No one acting on behalf of the Trust has the authority to approve any action that is contrary to the Trust's Standards of Business Conduct Policy.

7.2 **Decision Making Staff**

The business decisions made by the Trust must be ethical and in full compliance with legal requirements. These Standards of Business Conduct reflect our continued commitment to ethical business practices and regulatory compliance. By following the standards provided in this document, we are acknowledging our responsibilities to manage our activities with integrity.

Some staff are more likely than others to have a decision-making influence on the use of taxpayers' money, because of the requirements of their role. For the purposes of this guidance these people are referred to as "decision-making staff":

- Executive and Non-Executive Directors;
- Medical Staff – Consultants and Associated Specialists;
- Those at Agenda for Change Band 8d, equivalent or above;
- All Clinical Directors, Nursing Directors and Operational Directors;
- Members of Advisory Groups;
- Trust Governors;
- All staff within Pharmacy, IT, Estates and Procurement teams who have the power to enter into contracts on behalf of their organisation and are involved in decision-making concerning the commissioning of services, purchasing of goods, medicines, medical devices or equipment, and formulary decisions; and
- NHS contractor professions, e.g. pharmacists, dentists and optometrists etc.

All decision-making staff must make a declaration on starting employment and any new interests should be declared within a reasonable time of becoming aware of the interest and no later than 28 days after the interest becoming known.

Decision-making staff are required to make at least an annual declaration of interest.

7.3 **Chair of Meetings**

The **Chair of formal meetings** including the Board and its Committees must ensure that a standing agenda item is included at the beginning of each meeting to determine if anyone has a conflict of interest in relation to the business to be transacted at the

meeting. In the event that the Chair has a conflict, the Vice Chair is responsible for deciding the appropriate course of action. The Chair or Vice Chair or other non-conflicted member for the meeting must decide how to manage the conflict. The appropriate course of action will depend on the particular circumstances, but could include, not attending the meeting, not receiving supporting papers, leaving the meeting for the item to be discussed, allowing the individual to participate in some discussion but not the decision or vote etc. All decisions and actions taken must be recorded in the minutes by the Secretary to the meeting.

8.0 LEGISLATION AND GUIDANCE

8.1 Fraud, Bribery & Corruption

The Trust has a responsibility to ensure that all staff are made aware of their duties and responsibilities arising from the Bribery Act 2010. Under this Act there are four offences:

- Bribing, or offering to bribe another person;
- Requesting, agreeing to receive, or accepting a bribe;
- Bribing, or offering to bribe, a foreign public officer; and
- Failing to prevent bribery.

It is an offence under the Bribery Act 2010 both for anyone to receive, or to offer any financial or other advantage to another person in order to induce a person to perform improperly or reward any person for improper performance of a function or activity. This includes breaches in expected performance. It is also an offence under Section 3 of the Fraud Act 2006 for an employee to fail to disclose information to an employer to make a gain for themselves or another or to cause a loss or expose the Trust to the risk of loss. Additionally, Section 4 of the same Act provides that it is also an offence for an employee who occupies a position in which they are expected to safeguard or not act against the financial interests of the Trust, to abuse that position to cause a loss or expose the Trust to the risk of loss. A breach of either Act renders employees liable to prosecution and may also lead to loss of their employment.

All staff should be aware of the requirements of the Bribery Act 2010 and should:

- Refer to the Trust's Anti-Fraud, Bribery and Corruption Policy;
- Report any suspicions of bribery, fraud and corruption to the Trust's Counter Fraud Specialist or NHS Counter Fraud Authority on 0800 028 4060 or www.reportnhsfraud.nhs.uk; and
- Be aware of the Trust's Raising Concerns at Work Policy and Procedure.

8.2 Guidance relating to the Pharmaceutical Industry

In August 2015 the Health Secretary announced a tightening of the rules which came into force in 2016 relating to the recording of the receipt of gifts (including cash payments) and hospitality by NHS organisations and their employees from pharmaceutical and medical device companies. This is being referred to as the "Sunshine Rule" (following a similar initiative introduced in the US in 2013) and is designed to ensure transparency around relationships between such companies and the NHS. From 2016/17 the requirement for NHS organisations to maintain such records will be written into the NHS standard contract. NHS staff found not complying with the requirement to declare gifts and hospitality could be subject to disciplinary action and more serious allegations involving fraud, bribery or corruption will involve criminal investigation and prosecution where appropriate.

Linked to this, in addition to the requirement for NHS staff to declare gifts and hospitality etc. to their NHS employer, a new national database has been made publicly available by the Association of British Pharmaceutical Industry (ABPI) [\[http://www.abpi.org.uk/ethics/ethical-responsibility/disclosure-uk\]](http://www.abpi.org.uk/ethics/ethical-responsibility/disclosure-uk). This searchable database will show details of benefits given in cash or in kind (termed “transfers of value”) by pharmaceutical companies to healthcare organisations and individual healthcare professionals. The public ABPI record will be able to be cross matched against the Trust’s own records of declarations of gifts and hospitality etc. and will identify where employees are failing to formally declare such relationships to the Trust.

9.0 REVIEW AND DISSEMINATION

This Policy will be reviewed by the Assistant Chief Executive every three years or earlier where the following necessitates:

- Legislative changes
- Good practice guidance
- Case law
- Significant incidents reported
- New vulnerabilities identified
- Changes to organisational infrastructure.

The Standards of Business Conduct Policy is located on the Trust’s intranet and website.

10.0 IDENTIFICATION & DECLARATION OF INTERESTS

10.1 Declarations of Interest

All staff must identify and declare any interests outlined in this policy at the earliest opportunity (and in any event within 28 days of becoming aware of the conflict). If staff are in any doubt as to whether an interest should be declared then they should declare it, so that it can be considered. Declarations should be made:

- On appointment with the organisation
- When staff move to a new role or their responsibilities change significantly
- At the beginning of a new project/piece of work
- As soon as circumstances change and new interests arise (for instance, in a meeting when interests staff hold are relevant to the matters in discussion).

. After expiry, an interest will remain on the register for a minimum of 6 months and historic interests will be retained in an archive file for a minimum of 6 years.

10.2 Proactive Review of Interests

The Assistant Chief Executive will prompt Decision-Making Staff at least annually to review declarations they have made and, as appropriate, update them or make a nil return.

10.3 Records

The Trust will maintain an electronic register (via the Assistant Chief Executive’s office).

All declared interests will be automatically transferred to the electronic register.

10.4 Publication

The Trust will:

- Publish the interests declared by decision-making staff on the electronic register;
- Refresh this information at least annually; and
- Make this information available via the Trust website.

If the staff have substantial grounds for believing that publication of their interests should not take place then they should contact the Assistant Chief Executive to explain why. In exceptional circumstances, for instance where publication of information might put a member of staff at risk of harm, information may be withheld or redacted on public registers. However, this would be the exception and information will not be withheld or redacted merely because of a personal preference. The Assistant Chief Executive's decision will be final.

10.5 Wider Transparency Initiatives

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

Staff should 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 initiative³. 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.

The public ABPI record will be subject to checking by the Trust for cross matching against the electronic register to identify where employees are failing to formally declare such relationships to the Trust.

11.0 MANAGEMENT OF INTERESTS – GENERAL

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

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

Each case will be different and context-specific, and 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.

³ Further information about the scheme can be found on the ABPI website: <http://www.abpi.org.uk/ethics/ethical-responsibility/disclosure-uk/about-disclosure-uk/>

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

12.0 MANAGEMENT OF INTERESTS (COMMON SITUATIONS)

12.1 Staff Declarations of Interest

The Trust has a legal duty to prevent bribery, corruption and fraud and all staff are required to demonstrate the highest standards of probity and transparency, in line with the Trust's contracts of employment.

All staff must declare all instances where they, a close relative or associate, has a controlling and/or significant personal interest (including friendships) in any business, or any other activity or pursuit, which may compete for an NHS contract to supply goods or services. Additionally, the Trust expects staff to similarly declare personal interests (including directorship or other appointments) in any business venture or activity that could be perceived to have a connection to any healthcare provision or in any way be linked to their main employment with the Trust (e.g. provision of private treatment, private nursing or residential home).

All staff therefore have to declare such interests to the Trust, either on starting employment or on acquisition of the interest.

For all staff any such interests must be declared at <https://sheffidthft.mydeclarations.co.uk/> by selecting the relevant menu option under the 'New Declarations' link. They will then be recorded in the electronic register.

The Policy also applies to the Board of Directors including Non-Executive Directors and Governors. Additional information for Board members and Governors can be found in the Trust Standing Orders.

12.2 Gifts

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

Gifts from suppliers or contractors:

- Gifts from suppliers or contractors doing business (or likely to do business) with the organisation should be declined, whatever their value.
- Low cost branded promotional aids such as pens or post-it notes may, however, be accepted where they are under the value of £6⁴ in total, and need not be declared.

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

- Gifts of cash and vouchers (e.g. tokens, gift vouchers and lottery tickets) to individuals should always be declined;
- Staff should not ask for any gifts;
- Gifts valued at £50 or over should be treated with caution and only be accepted on behalf of the Trust (i.e. charitable funds) and not in a personal capacity. These should be declared by staff;
- Modest gifts (including seasonal gifts) accepted under a value of £50 do not need to be declared;

⁴ The £6 value has been selected with reference to existing industry guidance issued by the ABPI: <http://www.pmcpc.org.uk/thecode/Pages/default.aspx>

- 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); and
- 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.

In cases of doubt, staff should consult their line manager in the first instance.

All gifts received or offered above the £50 threshold (or where doubt exists) must be declared at <https://sheffieldthft.mydeclarations.co.uk/> by selecting the 'Gifts' menu option under the 'New Declarations' link so that a record can be made in the electronic register to ensure openness and transparency.

Where possible the declaration should be completed and approved in advance of receiving any gift.

The following need **not** be declared:

- Income generation schemes, which are managed and logged separately
- Discounts on pharmaceuticals, which are managed and logged separately.

Where staff have any concern as to the potentially excessive value of a gift offered or the pressure to accept any gift is particularly high or where refusal might cause offence they should seek advice from the Assistant Chief Executive. Staff should at all times be aware that the Code of Conduct for NHS Managers seeks to ensure that the best interests of the public and patients/clients are upheld in decision making and that decisions are not improperly influenced by gifts or inducements.

Gifts which have been received without approval will be returned to the donor by the Trust. Where the donor cannot be traced the gift will be donated to an appropriate charity.

12.3 Donations

Gifts in the form of a donation of money to the Trust should be communicated immediately to the Director of Finance. Such donations will be deposited in the Trust charitable fund. For more information on Donations refer to section 12.13 of this policy.

12.4 Wills and Legacies

Where a member of staff is a beneficiary to a Will of a patient who has been under their care, the member of staff must declare this at <https://sheffieldthft.mydeclarations.co.uk/> by selecting the 'Donations' menu option under the 'New Declarations' link and inform the Assistant Chief Executive, through their line manager so that consideration can be given as to whether or not it is appropriate in all circumstances for that member of staff to retain the gift(s) in order to avoid subsequent claims by the beneficiaries of the estate of inducement, reward or corruption.

In accordance with the Trust's policy for Witnessing Wills staff should not be involved in making a will for a patient. It is the responsibility of all staff to ensure they are not put in a position which risks or appears to risk a conflict between their private interests and the interests of the Trust and the NHS.

12.5 Prizes

Where staff are entered, by virtue of their representation of, association with, or employment by the Trust, into raffle draws or competitions, the following rules apply:

- Prizes with an estimated value below £50 may be accepted without declaring to the Trust;
- Prizes with an estimated value of £50 and above shall be declared as a gift using the electronic system;
- The prize should only be accepted if it is offered without conditions. Photographs or publicity associated with the winning might constitute conditions. The recipient of the prize is responsible for ensuring that any photographic record of the prize award, or other form of publicity associated with the prize award is not to be used by the organisation that sponsors or provides the prize to imply any level of endorsement, by the Trust, of the sponsoring organisation, or its products. If there is any uncertainty, the prize winner should report any potential implications to their line manager, before the prize is accepted.

Raffles and lotteries run by the Trust and Sheffield Hospitals Charity, designed for staff involvement; and award and rewards made by the Trust to specific members of staff are specifically excluded from these requirements.

12.6 Hospitality

Staff must not, under any circumstances, accept any hospitality from existing or potential suppliers which may, or be capable of being construed as, being able to influence a purchasing decision or cast doubts on the integrity of such decisions. This includes site visits to inspect equipment at the expense of the supplier. The Trust should meet the costs of an inspection visit so as to avoid putting in jeopardy the integrity of subsequent purchasing decisions. In short staff should:

- Not ask for or accept hospitality that may affect, or be seen to affect, their professional judgement;
- Only accept hospitality when there is a legitimate business reason and it is proportionate to the nature and purpose of the event; and
- Exercise caution when hospitality is offered by actual or potential suppliers or contractors. This can be accepted, and must be declared, if modest and reasonable. Senior approval must be obtained.

Modest hospitality, provided it is normal and reasonable in the circumstances, e.g. 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. The following apply:

Meals and Refreshments:

- **Under** a value of **£25** – may be accepted and need not be declared
- Of a value **between £25 and £75**⁵ – may be accepted and must be declared
- **Over** a value of **£75** – should be refused unless (in exceptional circumstances) senior approval is given. A clear reason should be recorded on the organisation's register 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).

⁵ 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>

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 organisation's register(s) of interest as to why it was permissible to accept travel and accommodation of this type.

A non-exhaustive list of examples includes:

- offers of business class or first class travel and accommodation (including domestic travel)
- offers of foreign travel and accommodation.

All hospitality will be recorded in the electronic register to ensure probity, openness and transparency. Staff should decline all other offers of hospitality or entertainment and record all offers (whether accepted or declined) at <https://sheffieldthft.mydeclarations.co.uk/> by selecting the 'Hospitality' menu option under the 'New Declarations' link.

Any potential hospitality which falls outside the scope of this policy, and which is linked to an unconditional desired benefit for the Trust (such as staff training) should be agreed with the member of staff's director in advance and notified, where appropriate, through the Assistant Chief Executive in accordance with the usual arrangements for declarations of hospitality.

12.7 Sponsorship

12.7.1 Sponsorship General

In general, Trust business should be funded from within the Trust's budget. However, industry and commerce often wish for a close involvement with the NHS. Whilst this can be to mutual benefit, there may be hidden benefits to commercial partners and costs to the NHS. Care must be taken to ensure there is no commercial advantage to a sponsor.

Where a sponsorship involves a pharmaceutical company then the arrangements must comply fully with the Association of the British Pharmaceutical Industry (ABPI) Code of Practice and the Medicines (Advertising) Regulations 1994. More information about pharmaceutical sponsorship is included in section 12.7.5.

Should there be any doubt about the appropriateness of accepting sponsorship staff should seek advice from their line manager or the Corporate Governance Manager.

Any member of staff covered by this policy who receives an approach regarding any form of sponsorship not described below should request that the details be put in writing; upon receipt the relevant Sponsorship menu option under the 'New Declarations' link at <https://sheffieldthft.mydeclarations.co.uk/> should be accessed and completed.

For regular sponsorship i.e. not a one off event, a written Sponsorship Agreement will also be required.

All sponsorship will be recorded in to the electronic register to ensure probity, openness and transparency.

12.7.2 Sponsored Events

Sponsorship of events by external bodies should only be approved if it can be demonstrated that the event will result in clear benefits for the Trust and the wider NHS.

Sponsorship should not in any way compromise any decisions of the Trust or be dependent on the purchase or supply of goods or services. Sponsorship should not have any influence over the content of the event, meeting, seminar, publication or training event. The Trust will not endorse individual companies or their products or services as a result of the sponsorship.

During dealings with sponsors there must be no breach of patient or individual confidentiality or data protection (or other) legislation. As a general rule, information which is not in the public domain should not be supplied and no information should be supplied to a company for its commercial gain.

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.

The involvement of a sponsor in an event should always be clearly identified in the interests of transparency.

When a member of staff gets paid to attend a conference or write an article in their professional capacity (and possibly during work time) the money should be paid to the Trust, not to the individual. Details of this payment should be declared at <https://sheffieldhft.mydeclarations.co.uk/> by selecting the 'Sponsored Event' menu option under the 'New Declarations' link.

All staff must declare any sponsorship in accordance with the guidance in this section. Declarations should be made using the form as detailed below.

12.7.3 **Sponsored Research**

Funding sources for research purposes must be transparent.

- Any proposed research must go through the relevant health research authority or other approvals process.
- There must be a written protocol and written contract between staff, the Trust, and/or institutes at which the study will take place and the sponsoring organisation, which specifies the nature of the services to be provided and the payment for those services.
- The study must not constitute an inducement to prescribe, supply, administer, recommend, buy or sell any medicine, medical device, equipment or service.
- Staff must declare involvement with sponsored research to the Trust and complete the 'Sponsored Research' form within the menu options under the 'New Declarations' link of <https://sheffieldhft.mydeclarations.co.uk/>.

12.7.4 **Sponsored Posts**

Staff who are considering entering in to an agreement regarding the external sponsorship of a post within the Trust must seek formal approval from the relevant Director and the Trust Executive Group (TEG) for final approval. Staff will be required to demonstrate acceptance of a sponsored post is transparent and does not stifle competition.

Rolling sponsorship of posts should be avoided unless appropriate checkpoints are put in place to review and confirm the appropriateness of the arrangements continuing.

There should be written confirmation that the sponsorship agreements will have no effect on any management decisions over the duration of the sponsorship and auditing arrangements should be established to ensure that this is the case. These written arrangements should set out the circumstances under which the Trust may exit the sponsorship arrangements if conflicts of interest arise which cannot be mitigated.

Holders of sponsored posts must not promote or favour the sponsor's specific products or organisation and information about alternative suppliers must be provided.

Sponsors must not have any influence over the duties of the post or have any preferential access to services, materials or intellectual property relative to or developed in connection with the sponsored post.

Declarations of sponsored posts should be made by completing the 'Sponsored Posts' form within the menu options under the 'New Declarations' link of <https://sheffieldthft.mydeclarations.co.uk/>.

12.7.5 **Pharmaceutical Sponsorship**

All Pharmaceutical companies entering into sponsorship agreements must comply with the Association of the British Pharmaceutical Industry (ABPI) Code of Practice which can be found at the following link <http://www.abpi.org.uk/about-us/resources/publications-library/code-of-practice-for-the-pharmaceutical-industry-2016/> and must pay due regard to the requirements of the Human Medicines Regulations 2012 in relation to inducements and hospitality. In all cases:

- Any sponsorship agreements with pharmaceutical companies will require the advice of the Chief Pharmacist before authorisation by the Assistant Chief Executive.
- All collaborative partnerships between the Trust and the pharmaceutical industry, charitable sector or non-NHS organisation must comply with current legislative and regulatory guidance.
- Participation in a collaborative pharmaceutical partnership does not in any way suggest the Trust endorsement of any product, only that the product is in line with the Trust's prescribing policy at the time.

12.8 **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 and beyond. The involvement of staff in these outside roles alongside their NHS roles can therefore be of benefit, but the existence of these should be well known so that conflicts can be either managed or avoided. Declarations should be made:

- Where an individual has existing outside employment this must be declared on appointment;
- Where there is any potential for a conflict of interest to arise this must be declared and recorded in the register of interests;
- Where a potential conflict of interest is identified a judgement must be made as to appropriate action; this can include:
 - Declining permission to take up outside employment
 - Amending an employee's duties to remove the risk of conflict of interest
 - Putting in place additional safeguards to mitigate the risk of conflict of interest e.g. absenting the employee from any decisions relating to their outside employer or competitor organisations;
- Where no conflict of interest is established this should be recorded to ensure that it is in line with their terms and conditions of employment.

This code does not relate to trade union duties or activities carried out by a recognised trade union in line with existing arrangements.

Staff must request approval from their Line Manager prior to commencing any outside employment and details should be recorded at <https://sheffieldthft.mydeclarations.co.uk/> by selecting the 'Outside Employment' menu option under the 'New Declarations' link.

Where an employee is currently engaged in outside employment without Trust approval, they must disclose the matter and seek retrospective approval, as soon as possible. The employee may be asked to cease their secondary employment.

Consent will not be unreasonably withheld provided that such secondary employment:

- Is not undertaken at times when the employee's Trust contract of employment is considered to be in operation
- Does not have an adverse impact upon the employee's Trust contractual duties
- Is not considered to be in competition with the Trust for the provision of goods and services
- Does not have any health and safety implications such as contravening Working Time Regulations
- Is not contrary to the values of the Trust, that is its purpose as described in the Trust's Constitution and the Seven Principles of Public Life (Appendix 2)
- Does not adversely impact on the reputation of the Trust
- Does not use Trust resources including premises, equipment, materials or staff.

The decision of the Line Manager to approve or refuse permission should be based on their assessment of the actual or potential conflict(s) of interest that such secondary employment presents and, following discussion with the employee, whether the conflict(s) can be satisfactorily managed. The Line Manager may seek further advice and guidance from the Assistant Chief Executive, as appropriate.

If a request to undertake secondary employment is refused, the employee may appeal the decision to the Assistant Chief Executive, whose decision is final.

Staff who are permitted to undertake secondary employment must:

- Consider the appropriateness of declaring it as an interest
- Identify and manage any actual or potential conflict of interest
- Keep their line manager directly informed of any material changes in secondary working practices or working hours.

Where approved secondary employment at the Trust is on the basis of part-time or ad-hoc hours, such as NHS Professionals, approval should cover the range of their external bank/part-time employment. This will prevent the need for separate authorisation for each period of employment.

Staff on sick leave from the Trust must not undertake secondary employment without the prior agreement of the Trust who will decide if the work is considered therapeutic to their recovery. Work undertaken without permission would be seen as fraudulent and considered in accordance with the Trust's Anti-Fraud, Bribery and Corruption Policy and referred to the Trust's Counter-Fraud Specialist for further investigation and appropriate action taken, including the consideration of prosecution and civil recovery proceedings.

12.9 Clinical Private Practice

Clinical staff should declare all private practice on appointment, and/or any new private practice when it arises⁶ including:

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

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

- Seek prior approval of the Trust before taking up private practice
- Ensure that, where there would otherwise be a conflict or potential conflict of interest, NHS commitments take precedence over private work⁷.
- Not accept direct or indirect financial incentives from private providers other than those allowed by Competition and Markets Authority guidelines (Private Healthcare Market Investigation Order 2014) available at:
https://assets.publishing.service.gov.uk/media/542c1543e5274a1314000c56/Non-Divestment_Order_amended.pdf

Consultants (and associate specialists) employed under the Terms and Conditions of Service (TCS) of Hospital Medical and Dental Staff are permitted to carry out private practice subject to conditions. Those on the new consultant contract must include their regular private sessions in their agreed job plan.

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

12.10 Preferential Treatment in Private Transactions

Individual staff must not seek or accept preferential rates or benefits in kind for private transactions carried out with companies with which they have had, or may have, official dealings on behalf of the Trust. This does not apply to concessionary agreements negotiated with companies by NHS management, or by recognised employees' interests, on behalf of all employees – for example, NHS employee benefits schemes.

Goods should not normally be delivered to the Trust for personal use, except for those employees and their family members who reside onsite in Trust premises.

12.11 Contracts and Procurement

All staff who are in contact with suppliers and contractors (including external consultants) and in particular those employees who are authorised to sign Purchase Orders, or place contracts for goods, materials or services, are expected to adhere to professional standards of the kind set out in the Ethical Code of the Chartered Institute of Procurement and Supply (CIPS: <https://www.cips.org/en-GB/>), and the Trust's Standing Orders/Standing Financial Instructions.

⁶ 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

⁷ 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

The Trust will ensure that all invitations to potential Contractors and Suppliers to tender or quote for business include a notice warning them of the consequences of engaging in any corrupt practices involving employees of public bodies. For tenders to be considered they must be received with a declaration of bona fide tendering.

Procurement should be managed in an open and transparent manner, compliant with procurement and other relevant law, to ensure there is no discrimination against or in favour of any provider. Procurement processes should be conducted in a manner that does not constitute anti-competitive behaviour – which is against the interest of patients and the public.

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

When the Trust considers it necessary for staff advising on the purchase of equipment to inspect such equipment in operation in other parts of the country (or exceptionally overseas), the relevant Director, Assistant Chief Executive or Medical Director should be advised in advance and the Trust will consider meeting the cost so as to avoid putting in jeopardy the integrity of subsequent purchasing decisions.

12.12 Favouritism in Awarding Contracts

Fair and open competition between prospective contractors or suppliers for NHS contracts is a requirement of NHS Standing Orders and of EC Procurement Rules. This means that:

- No private, public or voluntary organisation or company which may bid for NHS business should be given any advantage over its competitors, such as advance notice of NHS requirements. This applies to all potential contractors, whether or not there is a relationship between them and the NHS employer, such as a long-running series of previous contracts.
- 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.

Staff must ensure that no special favour is shown to current or former employees or their close relatives or associates in award contracts to private or other businesses run by them or employing them in a senior or relevant managerial capacity. Contracts may be awarded to such businesses where they are won in fair competition, but scrupulous care must be taken to ensure that the selection process is conducted impartially, and that employees who are known to have a relevant interest play no part in the selection.

12.13 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, therefore the following applies:

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

Advice in regard to donations must be sought from the Sheffield Hospitals Charitable Funds department and records will be maintained in line with obligations under the charity law, in line with the above principles and rules.

12.14 **Loyalty Interests**

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. Some examples are as follows:

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

Where holding loyalty interests gives rise to a conflict of interest then the guidance in this policy should be applied to mitigate risks.

12.15 **Patents**

Staff should declare patents and other intellectual property rights they hold (either individually, or by virtue of their association with a commercial or other organisation), including where applications to protect have started or are on-going, which are, or might be reasonably expected to be, related to items to be procured or used by the Trust, the NHS or NHS funded organisations:

- 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 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 actions outlined in this policy should be considered and applied to mitigate risks.

12.16 Shareholdings and Other Ownership Issues

12.16.1 All staff are required to ensure that if they, their close relatives (i.e. partners/spouse and children) or their associated hold a “relevant or material interest” in an organisation that has commercial dealings with the Trust or whose principle business/activity is healthcare, that they declare such interest.

12.16.2 The Trust’s Constitution describes separately the policy for declaring interests for members of the Council of Governors and the Board of Directors. The Code of Conduct for Governors describes the procedure for declaring and reporting interests of the Council and the Code of Conduct for the Board describes the procedure for declaring and reporting interests of the Board.

12.16.3 Interests should be declared via the link <https://sheffieldthft.mydeclarations.co.uk/>.

12.16.4 Interests which should be regarded as “relevant and material” and should be declared are:

- (i) **Directorships** –including Non-Executive directorships held in private companies or public limited companies (with the exception of those of dormant companies).
- (ii) **Ownership** – including part-ownership or directorship of private companies, business or consultancies likely or possibly seeking to do business with the NHS.
- (iii) **Shareholdings** – in organisations likely or possibly seeking to do business with the NHS:
 - All shareholdings in private companies (including interests in partnerships and limited liability partnerships) where there is any potential conflict of interest must be declared
 - Shareholdings in publicly listed companies held in blind trusts need not be declared
 - Shareholdings in public listed companies with which the individual is aware or should be aware that the employing organisation contracts, or is considering contracting with, must be declared if the holding exceeds £5,000 market value or more than 1/100th of the nominal value of the issued share capital, whichever is less. In this circumstance the individual should declare the existence of the shareholding and the name of the company but need not declare the size of the interest.
 - **Financial arrangement with the Trust** – any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the Trust, including but not limited to lenders or banks.

This section does not preclude the declaration of shareholdings of less value than the threshold described above where the owner recognises that a conflict of interest could be perceived.

If you hold a position of authority in a charity or voluntary organisation in the field of health and social care which contracts for or commissions NHS services you should also declare them.

13.0 TRAINING AND SUPPORT

Staff will receive instruction and direction regarding this policy from a number of sources, including but not limited to:

- Policy/Strategy and procedure manuals

- Line Managers
- Other communication methods (e.g. Newsletters, Staff Brief and/or Team meetings)
- Trust Website/Intranet
- Training sessions (e.g. Fraud Awareness Training)

14.0 MONITORING COMPLIANCE AND EFFECTIVENESS WITH THE PROCEDURAL DOCUMENT

<i>What is being monitored</i>	<i>Who will carry out the monitoring</i>	<i>How often</i>	<i>How reviewed/where reported to</i>
Electronic Registers	Assistant Chief Executive, Internal Audit, External Audit, NHS Improvement.	At least annually	The register will be reviewed and reported on a quarterly basis to the Audit Committee

14.1 Identifying Breaches

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

14.2 Reporting Breaches

Staff who are aware of actual breaches of this policy, or who are concerned that there has been, or may be, a breach, should report these concerns to the Assistant Chief Executive.

To ensure that interests are effectively managed staff are encouraged to speak up about actual or suspected breaches. Every individual has a responsibility to do this. For further information about how concerns should be raised refer to the “*Raising Concerns Policy*”. Where fraud is suspected, then refer to the “*Fraud, Bribery and Corruption Policy*”.

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.

Following investigation the Trust will:

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

14.3 Taking Action in Response to Reporting Breaches

Action taken in response to breaches of this policy will be in accordance with Trust’s disciplinary procedures and could involve organisational leads for staff support (e.g. HR), fraud (e.g. Local Counter Fraud Specialists), members of the management or executive teams and the Trust’s auditors.

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

- Clarification or strengthening of existing policy, process and procedures.
- Consideration as to whether HR/employment law/contractual action should be taken against staff or others. This might include informal action, for example reprimand, or formal disciplinary action, for example formal warning.
- Consideration being given to escalation to external parties. This might include referral of matters to external auditors, NHS Counter Fraud Authority, the Police, statutory health bodies (such as NHS England, NHS Improvement or the CQC), and/or health professional regulatory bodies.
- Contractual action, such as exercise of remedies or sanctions against the body or staff which caused the breach.
- Legal action, such as investigation and prosecution under fraud, bribery and corruption legislation.

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

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

14.4 **Fraud and Probity**

Where the allegation is serious the matter should be referred appropriately to the Local Counter Fraud Specialist or by calling the confidential NHS Fraud and Corruption Reporting Line on: 0800 028 40 60 or online at: www.reportnhsfraud.nhs.uk.

14.5 **Learning and Transparency Concerning Breaches**

Reports on breaches, the impact of these, and action taken will be reported to the Audit Committee for review.

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

The Assistant Chief Executive will commission reviews of compliance with this policy. As a minimum, this will comprise:

- Annual review of the consolidated register of interests, gifts and hospitality and reasonableness check on the completeness of record keeping
- Annual review of investigations carried out at the Trust by the Local Counter Fraud Specialist, for evidence of non-compliance with this policy
- Ad hoc audit by Internal Audit services of the implementation of the code at an interval not greater than three years
- A review of managing conflicts of interest at meeting, including Board of Director meetings, committees of the Board of Directors and Council of Governors.

The reviews will be reported to the Audit Committee.

15.0 **EQUALITY IMPACT ASSESSMENT**

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with Trust policy.

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. See Appendix 1.

Appendix 1: Equality Impact Analysis Screening Tool – Written Policy or Guidance Management of Health and Safety Policy / Impact Assessment Completed by Pete Tanker, Risk & Governance Co-ordinator

	<p>- Is there a potential or actual negative impact associated with this policy on people or individuals who share a 'protected characteristic'? I.e. does this policy directly or indirectly discriminate?</p> <p>- Can this policy be used to promote equality between people who share a protected characteristic and people who do not</p>	<p>NOTES changes/additions/ further information or advice needed</p>
RACE	Neutral. No positive or negative impact associated with this policy	
SEX (I.E. MALE / FEMALE)	Neutral. No positive or negative impact associated with this policy	
GENDER REASSIGNMENT	Neutral. No positive or negative impact associated with this policy	
DISABILITY(including consideration of the impact on carers of a disabled person)	Neutral. No positive or negative impact associated with this policy	
RELIGION OR BELIEF	Neutral. No positive or negative impact associated with this policy	
#SEXUAL ORIENTATION	Neutral. No positive or negative impact associated with this policy	
AGE	Neutral. No positive or negative impact associated with this policy	
PREGNANCY or MATERNITY	Neutral. No positive or negative impact associated with this policy	
	<p>Does this Written Policy or Guidance impact on the following areas?</p>	<p>NOTES changes/additions/ further information or advice needed</p>
HUMAN RIGHTS i.e. Fairness Respect Equality Dignity Autonomy	Neutral. No positive or negative impact associated with this policy	

SOCIAL DEPRIVATION / TACKLING HEALTH INEQUALITY	Neutral. No positive or negative impact associated with this policy	
---	---	--

ACTION

Have you identified any action that is required in addition to any changes made to the policy during policy development? Please note in brief below for reference

ACTION	LEAD	DEADLINE

Appendix 2: SEVEN PRINCIPLES OF PUBLIC LIFE

The principles underpinning this Code are drawn from the Seven Principles of Public Life (adapted from the Nolan Report). All staff are expected to abide by them.

- Selflessness
Holders of public office should act solely in terms of 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.