

Standards of Business Conduct Policy

(Conflicts of interest, gifts, hospitality, sponsorship and corporate conduct)

Issue Date	Review Date	Version
July 2021	July 2023 (or sooner if there are changes to national or local guidance)	1.1

Purpose

To ensure all staff are aware of the standards of business conduct expected of them; to support staff in making good judgements about how conflicts of interests are identified and managed and to offer guidance to protect staff from allegations that they have acted inappropriately.

Who should read this document?

All staff as defined in Section 3.

Key Messages

Providing best value for taxpayers and ensuring that decisions are taken clearly and transparently are key principles in the NHS Constitution. Trust policy is to comply with all relevant legislation and best practice guidelines for the conduct of business to ensure that all our dealings are conducted to the highest standards of integrity and that NHS monies are used wisely so that the Trust uses its finite resources in the best interests of patients.

The Trust expects all staff to act within the law, to adhere to the highest standards of business conduct, probity, and accountability in order not to give the impression that actions have been influenced by outside or personal interests, and thus to demonstrate best practice and transparency in the conduct of Trust business.

The purpose of this policy is therefore to set out the actions which staff should take in respect of gifts, hospitality, and declaring interests in order to safeguard themselves and the Trust against any perceived or actual impropriety, and to comply with the provisions of the Bribery Act 2010 and other anti-corruption legislation.

Core accountabilities

Owner

Company Secretary

Review	Chief of Staff Staff Side - 09 April 2021 (confirmed 29 June 2021) JSNC - April 2021 Executive Team (24 June 2021)
Ratification	Chief of Staff
Dissemination (Raising Awareness)	Company Secretary
Compliance	Audit Committee
Links to other policies and procedures	
<p>Raising Concerns Policy Counter Fraud Policy Secondary Employment Policy Standing Financial Instructions Detailed Scheme of Reservation and Delegation Managing Close Personal Relationships at Work Policy Freedom to Speak up Policy Conduct and Performance Policy Social media policy</p> <p>ESR Guidance documentation for staff – how to declare and interest, gift, hospitality or sponsorship on ESR (click here)</p>	
Version History	
1	<p>March 2021</p> <p>The Standards of Business Conduct Guidance updated to a Policy and amended to take account the following:</p> <ul style="list-style-type: none"> - change in staff management of conflicts of interest throughout this policy - electronic (ESR) staff self-service portal declaration of interest system to ease the declaration process - strengthened definition of decision making staff - process of publishing the Trust’s register of declarations of interests - inclusion of appraisal process for ensuring staff declare interests no less than annually - management of breaches in relation to conflicts of interest - management of Association of British Pharmaceutical Industry (ABPI) declarations
1.1	<p>July 2021</p> <p>Review and feedback from presentation at Staff Side / Joint Staff Negotiation Committee (JSNC) to include:</p> <ul style="list-style-type: none"> - Add in review from Policy Review Group/Staff Side (09 April 2021) - Update index within policy for ease of reading/reference - Link to Trust performance and conduct policy - Inclusion of corporate conduct of staff

The Trust is committed to creating a fully inclusive and accessible service. Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.

An electronic version of this document is available on Documents Library . Larger text, Braille and Audio versions can be made available upon request.

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In promoting and safeguarding University Hospitals Plymouth NHS Trust's (the 'Trust') reputation and standing within the community, with customers and suppliers, service users and carers, it is the Trust's policy that the professional and social conduct of staff reflects the highest standards of personal integrity, and that the business affairs of the Trust are conducted in a moral, honest manner and in full compliance with legal requirements.

In addition, the 7 Principles of Public Life, the Nolan Principles (Appendix 3), apply to all those who work in the NHS: selflessness, integrity, objectivity, accountability, openness, honesty and leadership. This policy must be read in conjunction with other Trust policies as set out in the front page of this document and section 11 of this policy. Of particular note is the adherence to the Trust Performance and Conduct Policy, and guiding principles of the NHSE/I Standards of Business Conduct Policy: <https://www.england.nhs.uk/wp-content/uploads/2017/07/standard-of-business-conduct-v2.3.pdf>

The Trust, and the people who work with and for us, collaborate closely with other organisations, delivering high quality care for our patients. These partnerships have many benefits and should help ensure that public money is spent efficiently and wisely. But there is a risk that conflicts of interest may arise.

Providing best value for taxpayers and ensuring that decisions are taken transparently and clearly, are both key principles in the NHS Constitution. The Trust is committed to maximising its resources for the benefit of the whole community. As a Trust and as individuals, we have a duty to ensure that all our dealings are conducted to the highest standards of integrity.

In June 2017 NHS England's revised guidance on Managing Conflicts of Interest in the NHS came into force. This guidance:

- Introduces common principles and rules for managing conflicts of interest.
- Provides simple advice to staff about what to do in common situations.
- Supports good judgement about how interests should be approached and managed.

This policy provides a practical interpretation of NHS England's guidance. Adherence to it will help to ensure that we use NHS money wisely, provide best value for taxpayers and are accountable to our patients and the public for the decisions we take.

There are three fundamental public service values underpinning the NHS and all public sector work:

- **Accountability:** everything done by those who work in the Trust must be able to stand the tests of parliamentary scrutiny, public judgements on propriety and professional codes of conduct.

- Probity: there should be an absolute standard of honesty in dealing with the assets of the NHS. Integrity should be at the heart of all personal conduct in decisions affecting patients, staff and suppliers, and in the use of information acquired in the course of NHS duties.
- Openness: there should be sufficient transparency about NHS activities to promote confidence between the Trust, service users and the public.

3 Conflict of Interest Definitions

A 'conflict of interest' is:

A set of circumstances by which it could be considered that an individual's ability to apply judgement or act, in the course of their employment, 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.
- Perceived – a perceived conflict of interest can be harmful to the Trust and to the individual. It may not exist but others may perceive that it exists.

A 'gift' is:

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

'Hospitality' is:

Offers of meals, refreshments, travel, accommodation and other expenses in relation to attendance at meetings, conferences, education and training events etc. Hospitality is often known as 'sponsorship'.

'Staff' means:

This policy applies to all salaried staff; all prospective staff who are part way through recruitment; agency and other temporary staff; students and trainees (including junior doctors and apprentices); seconded staff; Non-Executive Directors; Governors; contractors and sub-contractors, volunteers; committee members and attendees, external consultants and interims; sub Committee and Advisory Group members.

The **Chief Executive** is the Trust's designated 'Accountable Officer' and has overall responsibility for ensuring the Trust operates efficiently, economically and with probity.

The **Chief of Staff** is the most senior responsible officer reporting to the Chief Executive for ratifying this policy.

The **Company Secretary** will provide advice on declaring interests and will maintain a Register of Interests which will include declarations relating to gifts and hospitality.

Directors, Service Directors, Senior Managers, Service and Team Managers and Line Managers are responsible for assisting Trust employees in complying with this policy by:

- Ensuring this policy and its requirements are brought to the attention of employees for whom they are responsible, and that those employees are aware of its implications for their work.
- Ensuring that their members of staff have a thorough understanding of the Trust's governance arrangements.
- Ensuring that staff are aware and have read the guidance to support declaring interests on the ESR staff service portal

All staff (as defined within this policy) must ensure that their private and personal interests do not influence their decisions, and that they do not use their positions to obtain personal gain or advantage of any sort, either for themselves directly, or for friends, family, or associates, or any external organisation in which they hold an office or position of authority. Staff are expected to:

- Adhere to the guidance in this policy.
- Ensure that the interests of patients remain paramount at all times.
- Be impartial and honest in the conduct of their official business.
- Use public funds entrusted to them to the best advantage of the service, always ensuring value for money.
- Regularly consider what interests they have and declare these as they arise. This includes declaration of gifts and hospitality.
- Be aware that to act in a corrupt manner is both a serious criminal offence and a disciplinary matter which could result in dismissal.
- Accept responsibility for their own work and, where applicable, for the proper performance of the people they manage.

- Notify their line manager of any personal or other professional circumstances which may impact on (or be perceived to impact on) their work.
- Report any breaches of this policy.

Staff should use common sense and judgement to consider whether their interests could affect the way taxpayers' money is spent. As a precaution, staff should declare all interests, whether they appear to be material or not. These declarations must be made through the ESR staff self-service portal. Guidance documentation can be found here [click here](#)

The Trust will:

- Ensure that this policy and supporting processes are clear and help staff understand what they need to do. Managers have a responsibility for ensuring that all staff members understand the principles of this policy and that they adhere to it. Managers should also refer to the Code of Conduct for NHS Managers 2002. Line Managers will support their staff with the implementation of this policy and ensure that relevant processes are established and adhered to.
- Manage conflicts of interest within the Trust with the utmost integrity
- Not interpret this policy in a way which stifles collaboration and innovation with our partners.
- Identify an individual with responsibility for:
 - Keeping this policy under review to ensure it is in line with current 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 in line with the Trusts internal audit plan.

4.1 HOW TO MAKE A DECLARATION OF INTEREST OR HOSPITALITY

Declarations must be made via the ESR staff self-service portal and also discussed at staff annual appraisal with your line manager. For those individuals who may have limited access to IT resource or require assistance, declarations may also be made in person to the Company Secretary, level 7 Derriford Hospital, or electronically to plh-tr.interests@nhs.net or plh-tr.hospitality@nhs.net. (See also section 5.3 below).

Declarations received will be acknowledged by the Company Secretary and entered on the appropriate register. The Company Secretary will advise you when the register has been updated and give the unique reference number of your declaration.

4.2 RAISING CONCERNS

In many circumstances the easiest way to raise any concern you may have about a conflict of interest, real or perceived, will be to raise it formally or informally with your line manager (or lead clinician or tutor). If you feel this is not appropriate, you may contact the following:

- The Company Secretary
- The Trust's Freedom to Speak Up Guardians
- The Chief of Staff
- The Director of People (the Trust's Executive Director with responsibility for raising concerns)
- The Trust's Chairman (the Non-Executive Director responsible for raising concerns)
- (External to the Trust) The Local Counter Fraud Specialist

5 Trust Code of Business Conduct

5.1 As an organisation we will:

Ensure that this policy and supporting processes are clear and help staff understand what they need to do;

Identify an individual with responsibility for:

- 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 the Register(s) of Interests;

Auditing this policy and its associated processes and procedures at least once every three years', or sooner, should national guidance be updated.

5.1.2 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.

5.1.3 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.

5.1.4 Staff

The Trust uses the skills of many different people, all of whom are vital to our work. This includes people on differing employment terms, who for the purposes of this policy we refer to as ‘staff’ and they are listed below:

- All salaried employees.
- All prospective employees – who are part-way through recruitment.
- Agency staff.
- Committee, sub-committee and advisory group members (who may not be directly employed or engaged by the Trust).
- Volunteers or Non-Executive Directors who are members of committees or groups.

5.2 Decision Making Staff

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

Decision making staff in this Trust include but are not limited to:

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, partners, close friends and associates, and business partners.

- Executive and Non-Executive Directors who have decision making roles which involve the spending of taxpayers' money.
- Those at Agenda for Change Band 8D and above.

The Trust may also nominate additional staff, outside these criteria, who are deemed to be in decision making roles.

Whilst declarations from all staff will be recorded on the Trust's Register of Interests, Gifts and Hospitality, only those of decision making staff will be published on the Trust's website. There may be occasions when all staff will be required, as a consequence of their role, to make decisions which may cause a conflict of interest to arise, or a perception of such, and the purpose of this policy is to advise and protect them. Further information about the publication of the Register is provided in section 5.5 below.

5.2.1 Strategic decision making groups

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.

For this Trust these groups are any informal or formally constituted Board, Committees or groups which include any member whose position requires adherence to Standing Financial Instructions.

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

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 Trust's register.
- The vice chair (or other non-conflicted member) should chair all or part of the meeting if the chair has an interest that may prejudice their judgement.

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

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

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

5.3 Identification and declaration of interests, including gifts, hospitality and sponsorship

All Trust staff should identify and declare material interests to their line manager at the earliest opportunity.

Line manager approval must be obtained before accepting any gift or offer of hospitality or any fee or expenses for attending subsidised events. In respect of the latter, a template approval form is attached as Appendix 5 to this policy. Please also refer to sections 5.6 and 6.8 below regarding attendance at sponsored events.

Once raised with their line manager, Trust staff should log any declaration of interests as soon as possible via the 'My Personal Information' section of the ESR staff service dashboard, and in any event within 28 days of the interest arising. If staff are in any doubt as to whether an interest is material then they should declare it, so that it can be considered. Guidance on how to declare interests using ESR can be found on the Trust intranet (StaffNet).

Staff must also declare offers of gifts and hospitality that have been declined in line with national policy.

Declarations should be made:

- On appointment with the Trust.
- 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 example, in a meeting when interests staff hold are relevant to the matters in discussion).

Staff with no access to ESR should submit completed declarations to the Company Secretary via plh-tr.hospitality@nhs.net or to plh-tr.interests@nhs.net. Advice on making declarations is available from the Chief of Staff and the Company Secretary. For staff who have limited access to IT, a declaration of interest form is available:

- As an Appendix to this Policy.
- From the Company Secretary.
- From the Trust Document drive.

After expiry, an interest will remain on register(s) for a minimum of six months and an archive record of historic interests (this includes leavers from the Trust) will be retained for a minimum of six years in line with national guidance.

5.4 Proactive review of interests

The Trust will prompt staff annually, through their appraisal, to review declarations they have made and to update them as appropriate. Nil declarations should be made if there are no interests to declare. The Company Secretary will maintain a robust process to ensure that the Trust's Register of Interests is up to date and holds all current declarations through relevant electronic or manual processes embedded within the Trust.

5.5 Records and publication:

The Trust will maintain a combined Register of Interests, Gifts and Hospitality.

All declared interests via the ESR self-service portal that are material will be promptly transferred to the register by the Company Secretary.

In line with the General Data Protection Regulation (GDPR), staff have been informed about the public nature of the Register of Interests and as such are aware that information is kept up to date, for clear purpose and for no longer than necessary. To support this further the [Trust's privacy/fair processing notice](#) is available to view on the public website or available through the information governance team.

The Trust will:

- Publish the interests declared by decision making staff in our public Trust Board papers.
- Refresh this information annually.
- Make this information available on the Trust's website.

If decision making staff have substantial grounds for believing that publication of their interests should not take place then they should contact the Company Secretary to explain why. In exceptional circumstances, for instance where publication of information might put a member of staff at risk of harm, or is prohibited by law, an individual's name or other

information may be withheld or redacted from the Trust's public registers. Where an individual believes that substantial damage or distress may be caused, to him/herself or somebody else by the publication of information about them, they are entitled to request that the information is not published. Such requests must be made in writing to the Company Secretary. However, this would be the exception and information will not be withheld or redacted merely because of a personal preference.

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

5.6 Association of British Pharmaceutical Industry (ABPI)

Staff are expected 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. Any failure to comply will be a breach of this policy. 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. (See Study Leave policy)
- Donations, grants and benefits in kind provided to healthcare organisations.

Further information about the scheme can be found on the ABPI website:
<http://www.abpi.org.uk/our-work/disclosure/about/Pages/default.aspx>

Giving consent for disclosure to the ABPI does not negate the requirement of staff to seek their line manager's approval in advance of attending a sponsored event and to declare any such payments to the Trust as part of the terms of this policy.

In addition, since June 2016, the Association of the British Pharmaceutical Industry (ABPI) has publicly published 'transfers of value' of benefits or sponsorships in cash or in kind to healthcare organisations and individual healthcare professionals. For each declaration the Trust's Company Secretary and Counter Fraud Officer is contacted by the ABPI with an alert to ensure that the record is correct. Confirmation in writing is required by the ABPI from the Trust's Company Secretary prior to publication on their website. The Company Secretary will contact any individuals within the Trust to discuss detail of any declarations in relation to gifts, hospitality or sponsorship and will determine if these are relevant to the Trust (or to the individuals secondary employment where one exists) prior to publication.

5.7 Management of material 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, or potential material, interest is declared then the general management actions that could be applied include:

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

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

Staff who declare material interests should make their line manager aware of their existence during regular 1:1 discussions, or sooner if the interest has occurred outside of these regular meetings, and at annual appraisal.

6 MANAGEMENT OF INTERESTS – COMMON SITUATIONS

This section sets out the principles and rules to be adopted by staff in common situations and what information they should declare.

6.1 GIFTS

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

Gifts from suppliers or contractors:

- Gifts from suppliers or contractors doing business (or likely to do business) with the Trust should be declined, whatever their value.
- Low cost branded promotional aids such as pens or post-it notes may, however, be accepted where they are under the value of £6³ in total, and need not be declared.

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

³ The £6 value has been selected with reference to existing industry guidance issued by the ABPI: <http://www.pmcpa.org.uk/thecode/Pages/default.aspx>

- Staff should not ask for, or solicit, gifts.
- Gifts of cash or vouchers to individuals or teams should always be declined.
- Modest gifts valued at under £20 may be accepted and must 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 an extended period should be treated with caution and declared.
- The Trust acknowledges that patients and/or their families sometimes wish to give gifts of cash or vouchers in appreciation of care received. Whilst these cannot be accepted, there will be circumstances when it may be appropriate to suggest to patients and/or their families that they instead make a donation to charity. Such circumstances may be the insistence of the would-be donor, or when the act of declining the offer may cause offence. Staff may invite the donor to consider making a donation to Plymouth Hospitals Charity or to another charity. The Company Secretary, the Charity Development Manager and the Charitable Funds Accountant can offer advice in such circumstances. See also Section 5.7.

6.1.1 What should be declared

- Staff name and their role with the Trust.
- A description of the nature and value of the gift accepted, 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).

Staff must also declare offers of gifts and hospitality that have been declined in line with national policy.

Line manager approval is required prior to the acceptance of gifts.

6.2 HOSPITALITY

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

Hospitality may be accepted only when there is a legitimate business reason and it is proportionate to the nature and purpose of the event.

Particular caution should be exercised when hospitality is offered by actual or potential suppliers or contractors. This can be accepted, and must be declared, if modest and reasonable such as light refreshments.

Line manager approval must be obtained prior to the acceptance of hospitality

Meals and refreshments:

- Under a value of £25 - may be accepted and need not be declared.
- Of a value between £25 and £75 - may be accepted and must be declared.
- Over a value of £75 - should be refused unless (in exceptional circumstances) senior approval is given. A clear reason should be recorded on the Trust's Register(s) of Interest as to why it was permissible to accept.
- Multiple acceptance of hospitality from the same source over an extended period should be treated with caution and declared.
- A common sense approach should be applied to the valuing of meals and refreshments (using an actual amount, if known, or a reasonable estimate).

Travel and accommodation:

- Modest offers to pay some or all of the travel and accommodation costs related to attendance at events may be accepted and must be declared.
- All offers of hospitality should be approached with caution. Modest hospitality, for example, a drink and sandwich during a visit or a working lunch is normal and reasonable and does not require approval of a Manager. Offers of hospitality relating to theatre evenings, sporting fixtures, or holiday accommodation or other hospitality must be declined
- There is an important difference between, for example, attendance in an official capacity at a function organised by a public body and accepting hospitality from a private individual or firm standing to benefit from the goodwill of the Trust. Particular care must be taken when dealing with contractors, developers and firms or individuals in a comparable position. No absolute dividing line can be laid down in relation to hospitality therefore agreement from an Executive Director or the Chief Executive must be obtained before acceptance.
- It MUST be noted that under the Prevention of Corruption Act 1916, any money, gift or consideration received by an employee in public service from a person or organisation holding or seeking to obtain a contract will be deemed by the courts to have been received corruptly unless the employee proves the contrary.

6.2.1 What should be declared

- Staff name and their role with the Trust.

- The nature and value of the hospitality, including the circumstances.
- Date of receipt.
- Any other relevant information (e.g. action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

6.3 OUTSIDE OR EXTERNAL EMPLOYMENT

The Trust may have legitimate reasons within employment law for knowing about outside employment of staff, even when this does not give rise to risk of a conflict. Please refer to the Trust's Secondary Employment Policy.

Staff should declare to their line manager any existing outside employment on appointment and any new outside employment when it arises.

Where a risk of conflict of interest arises, the general management actions outlined in this policy should be considered and applied to mitigate risks.

Where contracts of employment or terms and conditions of engagement permit, staff may be required to seek prior approval from the Trust to engage in outside employment.

6.3.1 What should be declared

- Staff name and their role with the Trust.
- Staff decision making powers, (attendance at committee(s) or other forums), where decisions are made
- The nature of the outside employment (e.g. who it is with, a description of duties, time commitment).
- Relevant dates.
- Other relevant information (e.g. action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

6.4 SHAREHOLDINGS AND OTHER OWNERSHIP MATTERS

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.

Where shareholdings or other ownership interests are declared and give rise to risk of conflicts of interest then the general management actions outlined in this policy should be considered and applied to mitigate risks.

There is no need to declare shares or securities held in collective investment or pension funds or units of authorised unit trusts.

6.4.1 What should be declared

- Staff name and their role with the Trust.
- Nature of the shareholdings/other ownership interest.
- Relevant dates.
- Other relevant information (e.g. action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

6.5 PATENTS AND INTELLECTUAL PROPERTY RIGHTS

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.

Staff should seek prior permission from the Trust before entering into any agreement with bodies regarding product development, research, work on patient pathways etc., where this impacts on the Trust's own time, or uses its equipment, resources or intellectual property.

Where holding of patents and other intellectual property rights give rise to a conflict of interest then the general management actions outlined in this policy should be considered and applied to mitigate risks.

6.5.1 What should be declared

- 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, details of any approvals given to depart from the terms of this policy)

6.6 LOYALTY INTERESTS

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

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

6.6.1 What should be declared

- Staff name and their role with the Trust.
- Nature of the loyalty interest.
- Relevant dates.
- Other relevant information (e.g. action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

6.7 DONATIONS

Donations made by suppliers or bodies seeking to do business with the Trust should be treated with caution and not routinely accepted. In exceptional circumstances they may be accepted with a clear declaration. Line manager approval must be obtained prior to acceptance. A clear reason must be recorded as to why it was deemed acceptable, alongside the actual or estimated value. Similarly, if the donation was declined this must be recorded. Donations, when received/accepted, must be made to a specific charitable fund (never to an individual) and a receipt should be issued.

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 the Trust's own registered charity or other charitable body and is not for their own personal gain.

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.

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.

See also 6.1 (Gifts)

6.7.1 What should be declared

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

6.8 SPONSORED EVENTS

6.8.1 Attendance at externally sponsored events

Sponsorship of staff to attend courses or conferences by a commercial organisation may be acceptable. However, staff must obtain formal permission in advance before accepting any offer. This includes, in particular, offers from suppliers (e.g. drug companies) for clinical staff to attend or speak at events in the UK or abroad with an educational remit. In these cases permission to attend will not be unreasonably withheld as long as there is no link with any procurement decision. The employee must seek permission in advance from their line manager, who must be satisfied that acceptance will not compromise purchasing decisions in any way. A form for this purpose is attached to this policy (Appendix 5). Acceptance of sponsorship must be declared via the ESR self-service portal.

6.8.2 Sponsorship of Trust events

Sponsorship of events by appropriate external bodies will only be approved by line management if a reasonable person would conclude that the event will result in clear benefit to the Trust and the NHS.

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

No information should be supplied to the sponsor from whom they could gain a commercial advantage, and information which is not in the public domain should not normally be supplied.

At the 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.

Staff within the Trust involved in securing sponsorship of events should make it clear that sponsorship does not equate to endorsement of a company or its products and this should be made visibly clear on any promotional or other materials relating to the event.

Staff arranging sponsored events must declare this to the Trust.

Line manager approval is required prior to soliciting sponsorship.

6.8.3 What should be declared

The Trust Company Secretary will maintain records regarding sponsored events in line with the above principles and rules.

6.9 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, for example Letters of Access, 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 should declare involvement with sponsored research to the Trust.

6.9.1 What should be declared

- The Research & Development department will retain written records of sponsorship of research in line with the above principles and rules and these will be shared with the Company Secretary for collation and review in line with the standards of business conduct policy (this policy). All research should be recorded by the R&D department. Applications to R&D for sponsorship and subsequent approval by R&D must be in place prior to commencement of any sponsored project.
- Staff should declare:
 - Their name and their role with the Trust.
 - 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).

6.10 SPONSORED POSTS

External sponsorship of a post requires prior approval from the Trust.

Rolling sponsorship of posts should be avoided unless appropriate checkpoints are put in place to review and withdraw if appropriate.

Sponsorship of a post should only happen where there is written confirmation that the arrangements will have no effect on purchasing decisions or prescribing and dispensing habits. This should be audited for the duration of the sponsorship. Written agreements should detail the circumstances under which Trust has the ability to exit sponsorship arrangements if conflicts of interest arise which cannot be managed.

Sponsored post holders must not promote or favour the sponsor's products, and information about alternative products and suppliers should be provided.

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

6.10.1 What should be declared

- 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.

6.11 CLINICAL PRIVATE PRACTICE

Clinical staff should declare all private practice on appointment, and/or any new private practice when it arises⁴ including:

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

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

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

Hospital Consultants or clinical practitioners 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.

6.11.1 What should be declared

- Staff name and their role with the Trust.
- A description of the nature of the private practice (e.g. what, where and when staff practise, sessional activity, etc.).
- Relevant dates.

⁴ 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

- Any other relevant information (e.g. action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

6.12 PROCUREMENT

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

Those involved in procurement exercises for and on behalf of the 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.

The Chief Procurement Officer and the Deputy Head of Procurement and Logistics are available to offer advice and guidance.

6.13 PREFERENTIAL TREATMENT IN PRIVATE TRANSACTIONS

Staff must not seek or accept preferential rates or benefits in kind in private transactions carried out with companies with which they have had, or may have, official dealings on behalf of the Trust. [Note: this does not apply to schemes introduced for the benefit of all staff, such as NHS staff benefit schemes].

7 DEALING WITH BREACHES

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

7.1 Identifying and reporting breaches

Staff who are aware about actual breaches of this policy, or who are concerned that there has been, or may be a breach, should report these concerns. How to raise a concern is covered in section 4

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 please refer to the Section 4 of this 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 Trust should be made aware.
- Take appropriate action as set out in the next section.

7.2 Taking action in response to breaches

Inappropriate or ineffective management of interests can have serious implications for the Trust and staff.

Action taken in response to breaches of this policy will be in accordance with the disciplinary procedures of the Trust and could involve leads for staff support (e.g. Human Resources), 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.
- Consideration being given to escalation to external parties. This might include referral of matters to external auditors, NHS Counter Fraud Agency, the Police, statutory health bodies (such as NHS England, NHS Improvement or the CQC), and/or health professional regulatory bodies.

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

- Employment law action against staff, which might include:
 - Informal action (such as reprimand, or signposting to training and/or guidance).
 - Formal disciplinary action (such as formal warning, the requirement for additional training, re-arrangement of duties, re-deployment, demotion, or dismissal).
- Reporting incidents to the external parties described above for them to consider what further investigations or sanctions might be.
- Contractual action, such as exercise of remedies or sanctions against the body or staff which caused the breach.

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

7.3 Learning and transparency concerning breaches

Reports on breaches, the impact of these, and action taken will be considered by the Audit Committee at least twice a year. Details of declarations made by staff will be reported to the Audit Committee for assurance of systems of internal control, no less than once a year ahead of publication of the Register (November), under the heading standards of business conduct, who will use this information to help gauge the effectiveness of the Trust's internal processes.

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 on the Trust's website and made available for inspection by the public upon request.

8 PERSONAL CONDUCT - Corporate Responsibility

- 8.1 All staff have a responsibility to respect and promote the corporate or collective decision of the Trust, even though this may conflict with their personal views. This applies particularly if we are yet to decide on an issue or has decided in a way with which they personally disagree. Directors and staff may comment as they wish as individuals however, if they decide to do so, they should make it clear that they are expressing their personal view and not the view of the Trust.
- 8.2 When speaking as a member of the Trust, whether to the media, in a public forum or in a private or informal discussion, staff should ensure that they reflect the current policies or view of the organisation. For any public forum or media interview, approval should be sought in advance:
- In the case of the Board, from the Chairman and/or Chief Executive or their nominated deputies, and Communications Team;
 - in the case of all other staff, the Communications Team
 - When this is not practicable, they should report their action to the Chairman or Chief Executive, or their nominated deputies, as soon as possible.
- 8.3 All staff must ensure their comments are well considered, sensible, well informed, made in good faith, in the public interest and without malice and that they enhance the reputation and status of the Trust.
- 8.4 Staff must follow the guidance for communication with the media; disciplinary action may be taken if this is not followed.

9 Confidentiality

Staff must, at all times, operate in accordance with the General Data Protection Regulation and Data Protection Act 2018 and maintain the confidentiality of information

of any type, including but not restricted to patient information; personal information relating to staff; commercial information.

This duty of confidence remains after staff (however employed) leave the Trust.

For the avoidance of doubt, this does not prevent the disclosure or information where there is a lawful basis for doing so (e.g. consent). Staff should refer to the Information Governance and Corporate Information Technology policies for detailed information.

10 Use of Social Media

Staff should be aware that social networking websites are public forums and should not assume that their entries will remain private. Staff communicating via social media must comply with the relevant organisational social media and associated policies which were not limited to the information governance policies and the Trusts confidentiality policy. Staff must not:

- conduct themselves in a way that brings the Trust into disrepute;
- disclose information that is confidential to the Trust business, staff or patients.

11 Gambling

No member of staff may bet or gamble when on duty or on Trust premises, with the exception of small lottery syndicates or sweepstakes related to national events such as the World Cup or Grand National among immediate colleagues within the same offices where no profits are made or the lottery is wholly for purposes that are not for private or commercial gain

12 Individual Voluntary Arrangements, County Court Judgment (CCJ), Bankruptcy/Insolvency

Any staff who becomes bankrupt, insolvent, has active CCJ, or made individual voluntary arrangements with organisations must inform their line manager and the HR team as soon as possible. Staff who are bankrupt or insolvent cannot be employed, or otherwise engaged, in posts that involve duties which might permit the misappropriation of public funds or involve the approval of orders or handling of money.

13 Arrest or Conviction

A member of staff who is arrested, subject to continuing criminal proceedings, or convicted of any criminal offence must inform their line manager and the HR Department as soon as is practicably possible.

14 Overall Responsibility for the Document

The Chief of Staff is responsible for ratifying this document.

The Company Secretary has overall responsibility for the dissemination, implementation and review of this policy.

15 Consultation and Ratification

The design and process of review and revision of this policy will comply with The Development and Management of Formal Documents.

The review period for this document is set as default of two years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be reviewed by the Audit Committee, Staff Side and Joint Staff Negotiating Committee (JSNC), and approved by the Executive Team.

Non-significant amendments to this document may be made, under delegated authority from the Executive Team by the nominated owner. These must be ratified by the Chief of Staff.

Significant reviews and revisions to this document will include a consultation with relevant post-holders across the Trust, not limited to JNSC and Trust Leadership Committee (ensuring the Chief Pharmacist is present).

16 Dissemination and Implementation

Following approval and ratification, this policy will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process. Due to the nature of the policy requiring staff to ensure their ESR is updated with any conflicts of interest or hospitality, the Company Secretary will ensure a clear communication is sent out to all staff, through Trusts briefing processes; directorate team managers and through appraisal of training requirements and expectations of staff ensuring guidance documentation is available ([click here](#))

Document control arrangements will be in accordance with The Development and Management of Formal Documents.

The document owner, Company Secretary, will be responsible for agreeing the training requirements associated with the newly ratified document with the relevant staff from the HR Department, and, if required, will arrange training to be delivered to individuals or teams who may request it.

An annual training package to raise awareness and understanding of this policy will be included in the Trust's mandatory training for all staff. All decision making staff will be required to submit an annual attestation through their appraisal that all appropriate declarations required by the policy have been submitted. Nil declarations will also be recorded via ESR.

17 Monitoring Compliance and Effectiveness

Monitoring of this policy is essential to ensuring that controls are appropriate and robust enough to ensure Standards of Business Conduct are adhere to.

The Company Secretary will undertake monitoring on a regular basis and any necessary amendments will be reported to the Executive Team for awareness.

Reports of compliance with Standards of Business Conduct processes will be made to the Executive team with exceptions/areas of concern escalated to the Audit Committee. The Audit Committee is responsible to ensure that the Trust has in place adequate internal controls for managing conflicts of interest and countering fraud. The Register of Interests will be published on the Trust's website by the Company Secretary following assurances and approvals received through the Executive team.

18 References and Associated Documentation

This policy should be considered alongside these other Trust policies and documents:

- Raising Concerns Policy <G:\DocumentLibrary\UHPT Trust Documents\Human Resources\Raising Concerns Policy.pdf>
- Counter Fraud Policy <G:\DocumentLibrary\UHPT Trust Documents\Corporate Governance\Counter Fraud Policy.pdf>
- Secondary Employment Policy <G:\DocumentLibrary\UHPT Trust Documents\Human Resources\Secondary Employment Policy.pdf>
- Standing Financial Instructions <G:\DocumentLibrary\UHPT Trust Documents\Corporate Governance\Standing Financial Instructions.pdf>
- Detailed Scheme of Reservation and Delegation <G:\DocumentLibrary\UHPT Trust Documents\Corporate Governance\Scheme of Reservation and Delegation.pdf>
- Managing Close Personal Relationships at Work Policy <G:\DocumentLibrary\UHPT Trust Documents\Human Resources\Managing Close Personal Relationships at Work Policy.pdf>

Key legislation

- Bribery Act 2010 <https://www.legislation.gov.uk/ukpga/2010/23/contents>
- Freedom of Information Act 2000 <https://www.legislation.gov.uk/ukpga/2000/36/contents>

Department of Health regulations and guidelines

- NHS England Managing Conflicts of Interest in the NHS, Publications Gateway Reference 06419 <https://www.england.nhs.uk/wp-content/uploads/2017/02/guidance-managing-conflicts-of-interest-nhs.pdf>

- NHS Code of Conduct and Accountability, 2004
https://www.nhsbsa.nhs.uk/sites/default/files/2017-02/Sect_1_-_D_-_Codes_of_Conduct_Acc.pdf
- Code of Conduct for NHS Managers, 2002
https://www.nhsemployers.org/~media/Employers/Documents/Recruit/Code_of_conduct_for_NHS_managers_2002.pdf
- NHSE/I Standards of business conduct policy <https://www.england.nhs.uk/wp-content/uploads/2017/07/standard-of-business-conduct-v2.3.pdf>

Other Governmental regulations and guidelines

- The 7 Principles of Public Life, 1995 <https://www.gov.uk/government/publications/the-7-principles-of-public-life>

Regulatory agency (e.g. HSE, NPSA, NICE) regulations and guidelines

- The Association of British Pharmaceutical Industry: The Code of Practice for the Pharmaceutical Industry, 2016 <https://www.abpi.org.uk/publications/code-of-practice-for-the-pharmaceutical-industry-2016/>

Professional group rules, regulations and guidelines

- British Medical Association Transparency and doctors with competing interests – guidance from the BMA, 2017
<https://www.bma.org.uk/advice/employment/ethics/conflicts-of-interest>
- Nursing and Midwifery Council: The Code, 2015
<https://www.nmc.org.uk/standards/code/>
- Health and Care Professions Council: Standards of Conduct, Performance and Ethics, 2016 <https://www.hcpc-uk.org/standards/standards-of-conduct-performance-and-ethics/>

Dissemination Plan			
Document Title	Standards of Business Conduct Policy		
Date Finalised	July 2021		
Previous Documents			
Action to retrieve old copies	Removal from staff intranet and externally facing website		
Dissemination Plan			
Recipient(s)	When	How	Responsibility
All Trust staff	July 2021	ESR guidance	Workforce Systems Manager
All Trust staff	July 2021	ESR workflow notification: - Annual (all staff) - New starter	Workforce Systems Manager
All Trust staff	July 2021	StaffNet link	Communications
All Trust staff	July 2021	IG StaffNet Page	Information Governance Team
All Trust staff	July 2021	Daily email	Communications
All Trust staff	July 2021	Cascade from Care Group meetings to team meetings	Care Group Managers / Team Managers (various)
All Trust staff	Annually	Appraisals	Line Managers

Review Checklist		
Title	Is the title clear and unambiguous?	Yes
	Is it clear whether the document is a policy, procedure, protocol, framework, APN or SOP?	Yes
	Does the style & format comply?	Yes
Rationale	Are reasons for development of the document stated?	Yes
Development Process	Is the method described in brief?	Yes
	Are people involved in the development identified?	Yes
	Has a reasonable attempt has been made to ensure relevant expertise has been used?	Yes
	Is there evidence of consultation with stakeholders and users?	Yes
Content	Is the objective of the document clear?	Yes
	Is the target population clear and unambiguous?	Yes
	Are the intended outcomes described?	Yes
	Are the statements clear and unambiguous?	Yes
Evidence Base	Is the type of evidence to support the document identified explicitly?	Yes
	Are key references cited and in full?	Yes
	Are supporting documents referenced?	Yes
Approval	Does the document identify which committee/group will review it?	Yes
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document? Amendments identified at JSNC policy sub group 13.02.19 added	Yes
	Does the document identify which Executive Director will ratify it?	Yes
Dissemination & Implementation	Is there an outline/plan to identify how this will be done?	Yes
	Does the plan include the necessary training/support to ensure compliance?	Yes
Document Control	Does the document identify where it will be held?	Yes
	Have archiving arrangements for superseded documents been addressed?	Yes
Monitoring Compliance & Effectiveness	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Yes
	Is there a plan to review or audit compliance with the document?	Yes
Review Date	Is the review date identified?	Yes
	Is the frequency of review identified? If so is it acceptable?	Yes
Overall Responsibility	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Yes

Core Information	
Date	July 2021
Title	Standards of Business Conduct Policy
What are the aims, objectives & projected outcomes?	To ensure all staff are aware of the standards of business conducted expected of them; to support staff in making good judgements about how conflicts of interests are identified and managed and to offer guidance to protect staff from allegations that they have acted inappropriately.
Scope of the assessment	
Collecting data	
Race	There is no evidence to suggest there is a disproportionate impact on race.
Religion	There is no evidence to suggest there is a disproportionate impact on religion.
Disability	There is no evidence to suggest there is a disproportionate impact on disability. Where an individual has a disability, the Trust will ensure that reasonable adjustments are made to facilitate the communication of their declarations or their concerns.
Sex	There is no evidence to suggest there is a disproportionate impact on gender.
Gender Identity	There is no evidence to suggest there is a disproportionate impact on gender identity.
Sexual Orientation	There is no evidence to suggest there is a disproportionate impact on sexual orientation.
Age	There is no evidence to suggest there is a disproportionate impact on age.
Socio-Economic	No impact.
Human Rights	Positive impact.
What are the overall trends/patterns in the above data?	That there are no significant impacts.

Involving and consulting stakeholders				
Internal involvement and consultation	Medical Director Director of People Chief Pharmacist Local Counter Fraud Officer R&D Manager/Director of R&D Chief Procurement Officer Trust Management Executive JSNC			
External involvement and consultation	National guidance on managing conflicts of interest issued by NHS England			
Impact Assessment				
Overall assessment and analysis of the evidence	No concern and overall a positive impact moving forward.			
Action Plan				
Action	Owner	Risks	Completion Date	Progress update
Specific issues and data gaps that may need to be addressed through consultation or further research				

Nolan Principles

The 'Nolan Principles' set out the ways in which holders of public office should behave in discharging their duties. The seven principles are:

1. Selflessness – Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends.
2. Integrity – Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.
3. Objectivity – In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.
4. Accountability – Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.
5. Openness – Holders of public office should be as open as possible about all the decisions and actions they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.
6. Honesty – Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.
7. Leadership – Holders of public office should promote and support these principles by leadership and example.

Source: The First Report of the Committee on Standards in Public Life (1995) (available at <http://www.public-standards.gov.uk/>).

Declaration of interests for Trust members, employees and contractors

If you require a printed form and assistance please contact the Company Secretary via plh-tr.hospitality@nhs.net or to plh-tr.interests@nhs.net who will issue you with a form which holds a unique identifier. Below is a sample of the details that the form will hold.

The information submitted will be held by the Trust for personnel or other reasons specified on this form and to comply with the organisation's policies. This information may be held in both manual and electronic form in accordance with the General Data Protection Regulation (GDPR) and the Data Protection Act 2018. Information may be disclosed to third parties in accordance with the Freedom of Information Act 2000 and published in registers that the Trust holds through agreement with the Company Secretary.

Name	
Position within or relationship with the Trust	
Trust meetings attended	
Is this in addition to interests currently recorded or replaces all existing information? (<i>Delete as appropriate</i>)	<ul style="list-style-type: none"> • In addition to interests currently recorded • Replaces all existing information

Please provide details of interests held, complete all that are applicable.

Type of interest <i>See overleaf for more details</i>	Description of interest <i>Including, for indirect interests, details of the relationship with the person who has the interest</i>	Date interest relates		Actions to be taken to mitigate risk <i>To be agreed with line manager</i>
		From	To	

I confirm that the information provided above is complete and correct. I acknowledge that any changes in these declarations must be notified to the Company Secretary and my Line Manager as soon as is practicable and no later than 28 days after the interest arises. I am aware that if I do not make full, accurate and timely declarations then civil, criminal, or internal disciplinary action may result.

I do / do not (*delete as applicable*) give my consent for this information to published on registers the Trust holds.

If consent is NOT given please state reasons:

Employee name		Employee signature		Job title		Date	
Manager name		Manager signature		Job title		Date	

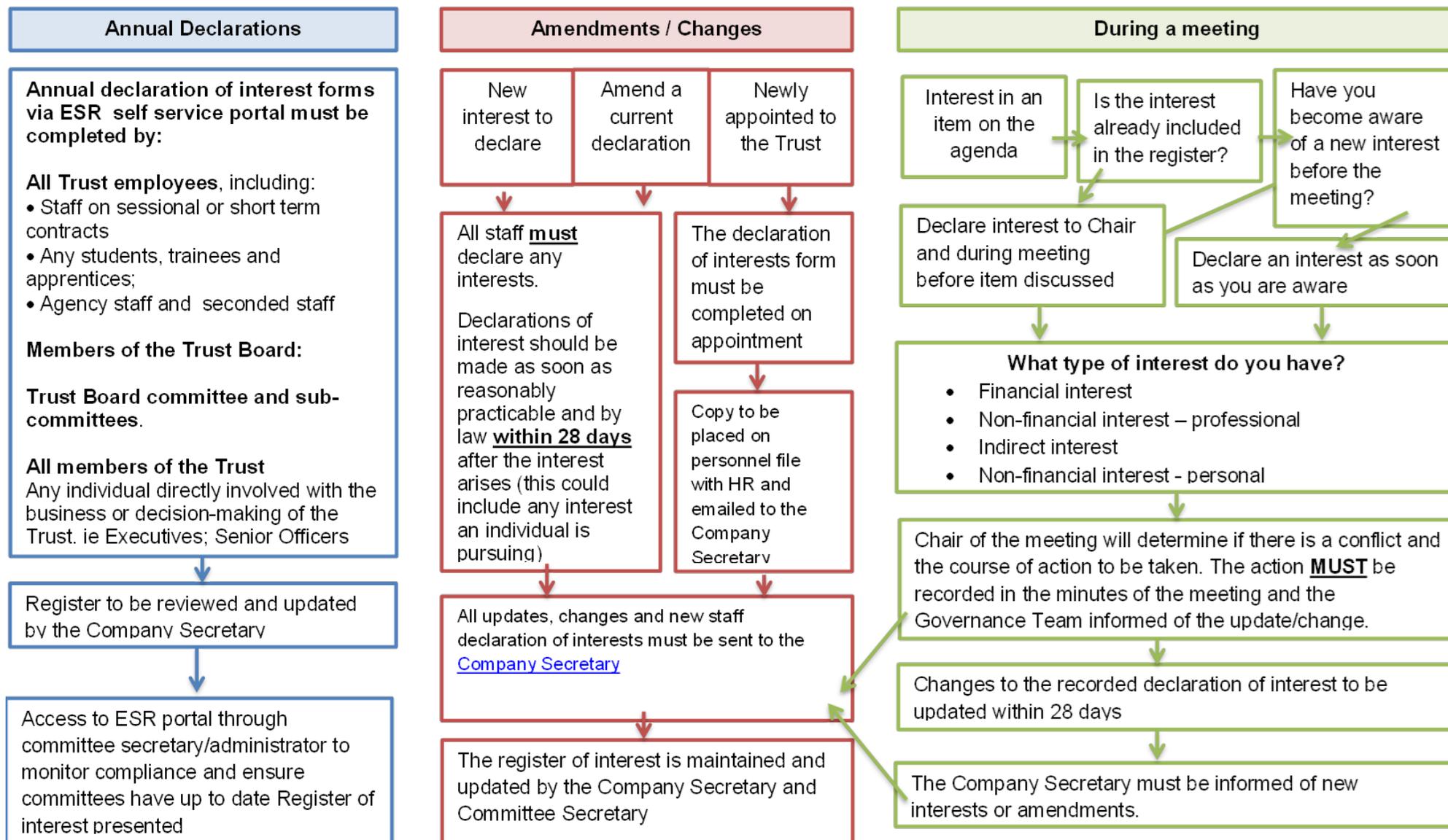
Types of conflicts of interest

Financial Interests	<p>This is where an individual may get direct financial benefits from the consequences of a decision taken on behalf of the Trust. This could include being:</p> <ul style="list-style-type: none"> • A director, including a non-executive director, or senior employee in a private company or public limited company or other organisation which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations; • A shareholder (of more than 5% of the issued shares), partner or owner of a private or not for profit company, business or consultancy which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations. • In secondary employment; • In receipt of research funding, including grants that may be received by the individual or any organisation in which they have an interest or role; and
Non-Financial Professional Interests	<p>This is where an individual may obtain a non-financial professional benefit, from the consequences of a decision, such as increasing their professional reputation or status or promoting their professional career. This may include situations where the individual is:</p> <ul style="list-style-type: none"> • An advocate for a particular group of patients;A member of a particular specialist professional body;An advisor for CQC or NICE; • A medical researcher.
Non-Financial Personal Interests	<p>This is 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. This could include, for example, where the individual is:</p> <ul style="list-style-type: none"> • A volunteer; • A voluntary sector champion • A member of a voluntary sector board or has any other position of authority in or connection with a voluntary sector organisation; • A member of a political party; • Suffering from a particular condition requiring individually funded treatment
Indirect Interests	<p>This is where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest (as those categories are described above). This should include:</p> <ul style="list-style-type: none"> • Spouse / partner; • Close relative e.g., parent, [grandparent], child, [grandchild] or sibling; • Business partner.
General Interest	<p>This could be any position held in another public body organisation, NHS, Local Authority or a community group which may have potential to give rise to influence decisions made by the Trust. Similarly, if you have made a declaration that you are a member of the Trust or attend any of its committees/working groups to another organisation, this information MUST be reciprocated back to the Trust to ensure consistency across organisations and vice versa</p>

Appendix 5 – Application for sponsorship approval

APPLICANT'S DETAILS	
NAME	
JOB TITLE	
DEPARTMENT	
TELEPHONE	
EMAIL	
EVENT DETAILS	
ORGANISER	
EVENT NAME	
DATE	
LOCATION	
BRIEF OUTLINE:	
SPONSORSHIP DETAILS	
PROPOSED SPONSOR	
CONTACT NAME	
CONTACT TELEPHONE	
OUTLINE OF SPONSORSHIP (service provided / benefits received in return)	ESTIMATED VALUE OF SPONSORSHIP:
BENEFITS TO THE EVENT AND TRUST:	
POTENTIAL RISKS:	
APPLICANT'S SIGNATURE:	DATED:
RECOMMENDATION BY LINEMANAGER	The proposed sponsorship has no connection with any procurement or purchasing decision and gives rise to no other conflict of interest.
NAME OF LINE MANAGER	
SIGNATURE OF MANAGER:	DATED:

Declaration of Interests (DOI) Flow Chart



STANDARD OPERATING PROCEDURE FOR MANAGING CONFLICTS OF INTEREST
AT MEETINGS

All formal meetings, including the Board and its Committees, must have a standing agenda item at the beginning of each meeting to determine whether anyone has any conflict of interest to declare in relation to the business to be transacted at the meeting.

The Rules of Procedure/Standing Orders and all Committee terms of reference will incorporate this requirement. Any new interests declared at the meeting should be included in the relevant register of interest as soon as practicable after the meeting and reported to the Company Secretary.

In the event that the Chair of the meeting has a conflict of interest, the Vice Chair is responsible for deciding the appropriate course of action to manage conflicts of interests.

If the Vice Chair is also conflicted, then the remaining non-conflicted voting members of the meeting should unanimously agree how to manage the conflict(s) and where necessary seek advice from the Company Secretary.

When a member of the meeting (including the Chair or Vice Chair) has a conflict of interest in relation to one or more items of business to be transacted at the meeting, the Chair (or Vice Chair or remaining non-conflicted members where relevant as described above) must decide how to manage the conflict.

The appropriate course of action will depend on the particular circumstances, but could include one or more of the following:

- Where the Chair has a conflict of interest, deciding that the Vice Chair (or another non-conflicted member of the meeting if the Vice Chair is also conflicted) should chair all or part of the meeting;
- Requiring the individual who has a conflict of interest (including the Chair or Vice Chair if necessary) not to attend the meeting;;
- Ensuring that the individual does not receive the supporting papers or minutes of the meeting which relate to the matter(s) which give rise to the conflict;
- Requiring the individual to leave the discussion while the relevant matter(s) are being discussed and when any decisions are being taken in relation to those matter(s);

- Allowing the individual to participate in some or all of the discussion when the relevant matter(s) are being discussed but requiring them to leave the meeting when any decisions are being taken in relation to those matter(s);
- Noting the interest and ensuring that all attendees are aware of the nature and extent of the interest but allowing the individual to remain and participate in both the discussion and in any decisions. This is only likely to be an appropriate course of action where it is decided that the declared interest is either immaterial or not relevant to the matter(s) under discussion;

Conflicts of interest arising at a Board meeting must be managed in accordance with the requirements of the Standing Orders.

In all cases however, a quorum must be present for the discussion and decision; and interested parties cannot be counted in determining whether the meeting is quorate for that item.

All decisions under a conflict of interest must be recorded by the meeting secretariat and clearly reported in the minutes of the meeting. The minutes will include:

- who has the interest
- the nature and extent of the conflict
- an outline of the discussion
- the actions taken to manage the conflict and
- evidence that the conflict was managed as intended.

To support Chair in their role, the secretariat will provide access to details of any conflicts which have already been made by members of the group.

END