Managing Conflicts of Interest in the NHS

Model policy content for organisations
**NHS England INFORMATION READER BOX**

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<td>Managing Conflicts of Interest in the NHS: Model Policy Content for Organisations</td>
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<tr>
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<td>Description</td>
<td>From 1 June 2017 guidance on Managing Conflicts of Interest in the NHS comes into force. This document offers a practical interpretation of the guidance, providing optional content to support organisations in amending local polices.</td>
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<tr>
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<td>Contact Details for further information</td>
<td><a href="mailto:England.ConflictsOfInterest@nhs.net">England.ConflictsOfInterest@nhs.net</a></td>
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Managing Conflicts of Interest in the NHS

Model Policy Content for Organisations

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Prepared by: Commissioning Strategy Directorate

This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request. Please contact England.ConflictsOfInterest@nhs.net
Background and Purpose

From 1 June 2017 guidance on Managing Conflicts of Interest in the NHS (the ‘guidance’) comes into force. The guidance:

- introduces common principles and rules for managing conflicts of interest
- provides simple advice to staff and organisations about what to do in common situations
- supports good judgement about how interests should be approached and managed
- Sets out the issues and rationale behind the policy.

This document provides a practical interpretation of the guidance to help organisations with implementation.

Who does the guidance apply to?

- Clinical Commissioning Groups ('CCGs') via the statutory guidance to CCGs issued by NHS England.
- NHS Trusts and NHS Foundation Trusts - which include secondary care trusts, mental health trusts, community trusts, and ambulance trusts
- NHS England

Should CCGs adopt this model policy?

CCGs should already have in place a policy for the management of conflicts of interest, in line with the CCG statutory guidance on managing conflicts of interest for CCGs (published in June 2016). The latter guidance is largely in line with the recently published cross-system guidance: Managing Conflicts of Interest. So, provided CCGs are complying with the existing statutory guidance, they do not need to change their existing policies.

The cross-system guidance will require some relatively minor changes to the CCG statutory guidance (e.g. thresholds for gifts and hospitality and requirements around sponsorship). The updated CCG statutory guidance will be communicated to CCGs and published in May on NHS England’s website.

How can this document be used?

Either in full to replace an existing Conflicts of Interest policy, or in part to update relevant sections of existing policies and procedures if your organisation deals with conflicts of interest across a number of different policies and procedures - for instance, Standards of Business Conduct, Standing Financial Instructions, Standard Operating Procedures, and Human Resources Policies and Procedures.

How is this document structured?

This document provides content to help you implement the guidance. The content can be adopted or adapted as follows:
• Drafting Notes (highlighted in blue boxes) which can be tailored by individual organisations. They cross refer to the guidance and set out what information organisations should consider when settling final text. These should be deleted on your final policy.

• Customisable content (highlighted in <GREY>): this allows your organisation to personalise the content with reference to your own organisational teams and processes.

Unless drafting notes suggest otherwise, you should not amend content in plain text, as this links directly to key content and messages within the guidance.

Can we adopt stricter rules than are set out in the guidance?

Yes. The guidance sets out minimum standards but there will also be circumstances where individual organisations need to go beyond the minimum because of the specific nature of their business.

We are not an ‘organisation’ as specified in the guidance – does this apply to us?

The guidance does not apply statutorily to independent and private sector organisations, general practices*, social enterprises, community pharmacies, community dental practices, optical providers and local authorities. However, the boards/governing bodies of these organisations are invited to consider implementing the guidance as a means to effectively manage conflicts of interest.

What other information is available to implement the guidance?

Other resources are available on the NHS England website at:
https://www.england.nhs.uk/ourwork/coi/

https://www.england.nhs.uk/commissioning/pc-co-comms/coi/

Who do I contact if I have any queries about this document?

If you have any queries please contact England.ConflictsOfInterest@NHS.net

* GP practice staff should note that the requirements in the statutory guidance for CCGs on the management of conflicts of interest (https://www.england.nhs.uk/commissioning/pc-co-comms/coi/) continue to apply to GP partners (or where the practice is a company, each director) and individuals in a practice directly involved with the business or decision making of their CCG.
Conflicts of Interest Policy for <INSERT ORGANISATIONAL NAME>
# 1 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.

<table>
<thead>
<tr>
<th>As a member of staff you should…</th>
<th>As an organisation we will…</th>
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<tbody>
<tr>
<td>• Familiarise yourself with this policy and follow it. Refer to the guidance for the rationale behind this policy <a href="https://www.england.nhs.uk/wp-content/uploads/2017/02/guidance-managing-conflicts-of-interest-nhs.pdf">https://www.england.nhs.uk/wp-content/uploads/2017/02/guidance-managing-conflicts-of-interest-nhs.pdf</a></td>
<td>• Ensure that this policy and supporting processes are clear and help staff understand what they need to do.</td>
</tr>
<tr>
<td>• Use your common sense and judgement to consider whether the interests you have could affect the way taxpayers’ money is spent</td>
<td>• Identify a team or individual with responsibility for:</td>
</tr>
<tr>
<td>• Regularly consider what interests you have and declare these as they arise. If in doubt, declare.</td>
<td>o Keeping this policy under review to ensure they are in line with the guidance.</td>
</tr>
<tr>
<td>• <strong>NOT</strong> misuse your position to further your own interests or those close to you</td>
<td>o Providing advice, training and support for staff on how interests should be managed.</td>
</tr>
<tr>
<td>• <strong>NOT</strong> be influenced, or give the impression that you have been influenced by outside interests</td>
<td>o Maintaining register(s) of interests.</td>
</tr>
<tr>
<td>• <strong>NOT</strong> allow outside interests you have to inappropriately affect the decisions you make when using taxpayers’ money</td>
<td>o Auditing this policy and its associated processes and procedures at least once every three years.</td>
</tr>
<tr>
<td>• <strong>NOT</strong> avoid managing conflicts of interest.</td>
<td>• <strong>NOT</strong> interpret this policy in a way which stifles collaboration and innovation with our partners</td>
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</table>
2 Introduction

<INSERT ORGANISATION NAME> (the ‘organisation’), 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. We are committed to maximising our resources for the benefit of the whole community. As an organisation and as individuals, we have a duty to ensure that all our dealings are conducted to the highest standards of integrity and that NHS monies are used wisely so that we are using our finite resources in the best interests of patients.

3 Purpose

DRAFTING NOTE - explain here how this policy links to other organisational policies and procedures (such as standards of business conduct, standing financial instructions, HR policies, etc)

This policy will help our staff manage conflicts of interest risks effectively. It:
  • Introduces consistent principles and rules
  • Provides simple advice about what to do in common situations.
  • Supports good judgement about how to approach and manage interests

This policy should be considered alongside these other organisational policies:
  • <INSERT NAME OF RELEVANT POLICIES HERE>

4 Key terms

DRAFTING NOTE - The key terms are taken from the guidance (Section 3: Definitions) and should be retained as drafted

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.

5 Interests

Interests fall into the following categories:

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

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

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

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

6 Staff

DRAFTING NOTE - In advance of the implementation date of 1 June 2017 for this guidance NHS England will be publishing some frequently asked questions for specific staff groups on the issues posed and how the guidance applies to them. You may wish to signpost staff to these resources here when they are available at www.england.nhs.uk/ourwork/coi

DRAFTING NOTE - You should identify which group(s) or people the policy should apply to according to your own organisational needs. Example text, which can be amended, is below:

At <INSERT ORGANISATION NAME> we use 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 are listed below:

- All salaried employees
- All prospective employees – who are part-way through recruitment
- Contractors and sub-contractors

* This may be a financial gain, or avoidance of a loss.
† 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.
• Agency staff; and
• Committee, sub-committee and advisory group members (who may not be
directly employed or engaged by the organisation)

7 Decision Making Staff

DRAFTING NOTE - You should identify which group(s) of people should be
considered to be ‘decision making staff’ here. This is likely to include, as a minimum:
• Executive and non executive directors (or equivalent roles) who have decision
  making roles which involve the spending of taxpayers’ money
• Members of advisory groups which contribute to direct or delegated decision
  making on the commissioning or provision of taxpayer funded services
• Those at Agenda for Change band 8d and above
• Administrative and clinical staff who have the power to enter into contracts on
  behalf of their organisation
• Administrative and clinical staff involved in decision making concerning the
  commissioning of services, purchasing of good, medicines, medical devices or
  equipment, and formulary decisions

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 organisation are: <INSERT GROUPS COVERED>

8 Identification, declaration and review of interests

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

All staff should identify and declare material interests at the earliest opportunity (and
in any event within 28 days). If staff are in any doubt as to whether an interest is
material then they should declare it, so that it can be considered. Declarations should
be made:
• On appointment with the organisation.
• When staff move to a new role or their responsibilities change significantly.
• At the beginning of a new project/piece of work.
• As soon as circumstances change and new interests arise (for instance, in a
  meeting when interests staff hold are relevant to the matters in discussion).

DRAFTING NOTE - You should signpost here to how staff can access a declaration
form. You may wish to annex a copy to relevant policy, or signpost to web
resources. In the guidance (Section 6: Transparency: Maintenance and publication of
register(s)) references are made to a template declaration form that organisations
can download from the NHS England website here:
https://www.england.nhs.uk/ourwork/coi/. CCG forms can be found here:
https://www.england.nhs.uk/commissioning/pc-co-comms/coi/. If your organisation
wishes to adopt a different format then it should ensure that, as a minimum, the following information is captured:

- The returnee’s name and their role with the organisation
- A description of the interest declared (reflecting the content of Section 5 of the guidance for common situations)
- Relevant dates relating to the interest
- Space for comments (e.g. action taken to mitigate conflict)

A declaration of interest(s) form is available at: <INSERT WHERE FORM LOCATED>

DRAFTING NOTE - You should identify a team or individuals with responsibility for implementing the guidance, including:

- Reviewing current policies and bringing them in line with this guidance.
- Providing advice, training and support for staff on how interests should be managed.
- Maintaining register(s) of interests.
- Auditing policy, process and procedures relating to this guidance at least every three years

You should provide the name/contact details of the team/individual which declarations should be made to here.

Declarations should be made to: <INSERT CONTACT DETAILS FOR TEAM/INDIVIDUAL>

DRAFTING NOTE - If the team or individual who would give advice on materiality of an interest is different in your organisation to the team or individual who receives declarations then you should make that distinction here.

After expiry, an interest will remain on register(s) for a minimum of 6 months and a private record of historic interests will be retained for a minimum of 6 years.

8.2 Proactive review of interests

DRAFTING NOTE - You should confirm the frequency of arrangements for proactively prompting decision making staff to update their interests. This should take place at least annually. You may wish to add information specific to your organisation as to how this process will be managed and any team or individual within your organisation which will oversee it.

We will prompt decision making staff <annually/more frequent provisions> to review declarations they have made and, as appropriate, update them or make a nil return. <INSERT ANY ORGANISATION SPECIFIC PROCESS INFORMATION HERE>.

9 Records and publication

9.1 Maintenance

DRAFTING NOTE - Some organisations may wish to maintain just one register of all interests, others may wish to publish some interests separately to others (e.g. through maintaining a gifts and hospitality register separately to an interests register, for example). You should confirm your approach here.
The organisation will maintain <INSERT NAME OF REGISTER / NAMES OF DIFFERENT REGISTERS OF INTEREST>.

All declared interests that are material will be promptly transferred to the register(s) by <INSERT NAME OF TEAM OR INDIVIDUAL RESPONSIBLE FOR MAINTAINING REGISTER(S)>

9.2 Publication

DRAFTING NOTE - Organisations should publish the interests of decision making staff at least annually in a prominent place on their website. Organisations without websites should maintain registers locally, available for inspection on request. A template register of interests that organisations can download is available on the NHS England website (https://www.england.nhs.uk/ourwork/coi/) for organisations to adopt and adapt. For CCGs a template is available here: https://www.england.nhs.uk/commissioning/pc-co-comms/coi/.

We will:

- Publish the interests declared by decision making staff in <INSERT NAME OF REGISTER / NAMES OF DIFFERENT REGISTERS OF INTEREST>.
- Refresh this information <ANNUALLY/MORE FREQUENT PROVISION>.
- Make this information available <INSERT LOCATION ON ORGANISATION WEBSITE WHERE REGISTER(S) WILL BE PUBLISHED OR CLARIFY ARRANGEMENTS FOR HOW IT MIGHT BE ACCESSED>.

DRAFTING NOTE - In some cases it might not be appropriate to publish information about the interests of some decision making staff, or their personal information might need to be redacted.

If decision making staff have substantial grounds for believing that publication of their interests should not take place then they should contact <INSERT NAME OF TEAM OR INDIVIDUAL TO MAKE REPRESENTATIONS TO> 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.

9.3 Wider transparency initiatives

<INSERT NAME OF ORGANISATION> fully supports wider transparency initiatives in healthcare, and we encourage staff to engage actively with these.

Relevant staff are strongly encouraged to give their consent for payments they receive from the pharmaceutical industry to be disclosed as part of the Association of British Pharmaceutical Industry (ABPI) Disclosure UK initiative. These “transfers of value” include payments relating to:

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

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

10 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
• 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 <INSERT ORGANISATION NAME> will always clarify the circumstances and issues with the individuals involved. Staff should maintain a written audit trail of information considered and actions taken.

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

DRAFTING NOTE - Some organisations might wish to nominate a team or individual to advise on possible disputes about the most appropriate management action. If so, this information should be added here.

11 Management of interests – common situations

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

DRAFTING NOTE - You should consider and refine the content according to your local processes, being careful to ensure that your provisions are not weaker than the guidance. In some circumstances your organisation may decide that stricter standards are justified, due to the nature of its business.

11.1 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 £6* in total, and need not be declared.

Gifts from other sources (e.g. patients, families, service users):
• Gifts of cash and vouchers to individuals should always be declined.
• Staff should not ask for any gifts.
• Gifts valued at over £50 should be treated with caution and only be accepted on behalf of <INSERT ORGANISATION NAME AND INFORMATION ABOUT HOW SUCH GIFTS SHOULD BE RECEIVED, E.G. PAYMENT INTO ANY CHARITABLE FUND IN EXISTENCE> not in a personal capacity. These should be declared by staff.
• Modest gifts accepted under a value of £50 do not need to be declared.
• A common sense approach should be applied to the valuing of gifts (using an actual amount, if known, or an estimate that a reasonable person would make as to its value).
• Multiple gifts from the same source over a 12 month period should be treated in the same way as single gifts over £50 where the cumulative value exceeds £50.

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

11.2 Hospitality
• Staff should not ask for or accept hospitality that may affect, or be seen to affect, their professional judgement.
• Hospitality must only be accepted when there is a legitimate business reason and it is proportionate to the nature and purpose of the event.
• Particular caution should be exercised when hospitality is offered by actual or potential suppliers or contractors. This can be accepted, and must be declared, if modest and reasonable. Senior approval must be obtained.

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 organisation’s register(s) of interest as to why it was permissible to accept.
• A common sense approach should be applied to the valuing of meals and refreshments (using an actual amount, if known, or a reasonable estimate).

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

11.2.1 What should be declared

- Staff name and their role with the organisation.
- 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).

11.3 Outside Employment

- Staff should declare 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 organisation to engage in outside employment.

The organisation may also have legitimate reasons within employment law for knowing about outside employment of staff, even when this does not give rise to risk of a conflict. <INSERT REFERENCES TO ANY OTHER RELEVANT POLICIES OR CONTRACTUAL PROVISIONS IF APPROPRIATE HERE>

11.3.1 What should be declared

- Staff name and their role with the organisation.
- The nature of the outside employment (e.g. who it is with, a description of duties, time commitment).
- Relevant dates.
- Other relevant information (e.g. action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

11.4 Shareholdings and other ownership issues

- Staff should declare, as a minimum, any shareholdings and other ownership interests in any publicly listed, private or not-for-profit company, business, partnership or consultancy which is doing, or might be reasonably expected to do, business with the organisation.
• Where shareholdings or other ownership interests are declared and give rise to risk of conflicts of interest then the general management actions outlined in this policy should be considered 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.

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

11.5 Patents
• Staff should declare patents and other intellectual property rights they hold (either individually, or by virtue of their association with a commercial or other organisation), including where applications to protect have started or are ongoing, which are, or might be reasonably expected to be, related to items to be procured or used by the organisation.
• Staff should seek prior permission from the organisation before entering into any agreement with bodies regarding product development, research, work on pathways etc, where this impacts on the organisation’s own time, or uses its equipment, resources or intellectual property.
• Where holding of patents and other intellectual property rights give rise to a conflict of interest then the general management actions outlined in this policy should be considered and applied to mitigate risks.

11.5.1 What should be declared
• Staff name and their role with the organisation.
• A description of the patent.
• Relevant dates.
• Other relevant information (e.g. action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

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

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

11.7 Donations

- Donations made by suppliers or bodies seeking to do business with the organisation should be treated with caution and not routinely accepted. In exceptional circumstances they may be accepted but should always be declared. A clear reason should be recorded as to why it was deemed acceptable, alongside the actual or estimated value.
- Staff should not actively solicit charitable donations unless this is a prescribed or expected part of their duties for the organisation, or is being pursued on behalf of the organisation’s own registered charity or other charitable body and is not for their own personal gain.
- Staff must obtain permission from the organisation if in their professional role they intend to undertake fundraising activities on behalf of a pre-approved charitable campaign for a charity other than the organisation’s own.
- 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.

11.7.1 What should be declared

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

11.8 Sponsored events

- Sponsorship of events by appropriate external bodies will only be approved if a reasonable person would conclude that the event will result in clear benefit the organisations and the NHS.
- During dealings with sponsors there must be no breach of patient or individual confidentiality or data protection rules and legislation.
- No information should be supplied to the sponsor from whom they could gain a commercial advantage, and information which is not in the public domain should not normally be supplied.
- At the organisation’s discretion, sponsors or their representatives may attend or take part in the event but they should not have a dominant influence over the content or the main purpose of the event.
- The involvement of a sponsor in an event should always be clearly identified.
- Staff within the organisation involved in securing sponsorship of events should make it clear that sponsorship does not equate to endorsement of a company or its products and this should be made visibly clear on any promotional or other materials relating to the event.
- Staff arranging sponsored events must declare this to the organisation.
11.8.1 What should be declared

- The organisation will maintain records regarding sponsored events in line with the above principles and rules.

11.9 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 and written contract between staff, the organisation, and/or institutes at which the study will take place and the sponsoring organisation, which specifies the nature of the services to be provided and the payment for those services.
- The study must not constitute an inducement to prescribe, supply, administer, recommend, buy or sell any medicine, medical device, equipment or service.
- Staff should declare involvement with sponsored research to the organisation.

11.9.1 What should be declared

- The organisation will retain written records of sponsorship of research, in line with the above principles and rules.
- Staff should declare:
  - their name and their role with the organisation.
  - Nature of their involvement in the sponsored research.
  - relevant dates.
  - Other relevant information (e.g. what, if any, benefit the sponsor derives from the sponsorship, action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

11.10 Sponsored posts

- External sponsorship of a post requires prior approval from the organisation.
- Rolling sponsorship of posts should be avoided unless appropriate checkpoints are put in place to review and withdraw if appropriate.
- Sponsorship of a post should only happen where there is written confirmation that the arrangements will have no effect on purchasing decisions or prescribing and dispensing habits. This should be audited for the duration of the sponsorship. Written agreements should detail the circumstances under which organisations have the ability to exit sponsorship arrangements if conflicts of interest which cannot be managed arise.
- Sponsored post holders must not promote or favour the sponsor’s products, and information about alternative products and suppliers should be provided.
- Sponsors should not have any undue influence over the duties of the post or have any preferential access to services, materials or intellectual property relating to or developed in connection with the sponsored posts.

11.10.1 What should be declared

- The organisation will retain written records of sponsorship of posts, in line with the above principles and rules.
• Staff should declare any other interests arising as a result of their association with the sponsor, in line with the content in the rest of this policy.

11.11 Clinical private practice
Clinical staff should declare all private practice on appointment, and/or any new private practice when it arises* including:
• Where they practise (name of private facility).
• What they practise (specialty, major procedures).
• When they practise (identified sessions/time commitment).

Clinical staff should (unless existing contractual provisions require otherwise or unless emergency treatment for private patients is needed):
• Seek prior approval of their organisation before taking up private practice.
• Ensure that, where there would otherwise be a conflict or potential conflict of interest, NHS commitments take precedence over private work.†
• Not accept direct or indirect financial incentives from private providers other than those allowed by Competition and Markets Authority guidelines: https://assets.publishing.service.gov.uk/media/542c1543e5274a1314000c56/Non-Divestment_Order_amended.pdf

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

11.11.1 What should be declared
• Staff name and their role with the organisation.
• A description of the nature of the private practice (e.g. what, where and when staff practise, sessional activity, etc).
• Relevant dates.
• Any other relevant information (e.g. action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

12 Management of interests – advice in specific contexts

12.1 Strategic decision making groups
In common with other NHS bodies <INSERT ORGANISATION NAME> 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.

* 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
† 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
DRAFTING NOTE - You should identify relevant strategic decision making groups, which is likely to include those involved in the activities listed above.

The interests of those who are involved in these groups should be well known so that they can be managed effectively. For this organisation these groups are: <INSERT GROUP NAMES HERE>

These groups should adopt the following principles:

- Chairs should consider any known interests of members in advance, and begin each meeting by asking for declaration of relevant material interests.
- Members should take personal responsibility for declaring material interests at the beginning of each meeting and as they arise.
- Any new interests identified should be added to the organisation’s register(s).
- The vice chair (or other non-conflicted member) should chair all or part of the meeting if the chair has an interest that may prejudice their judgement.

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

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

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

12.2 Procurement

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

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

DRAFTING NOTE - In this section you may wish to refer to existing procurement policies that your organisation operates. You may wish to identify relevant individuals or teams who are available to offer advice.
13 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’.

13.1 Identifying and reporting breaches

DRAFTING NOTE - You can signpost here how staff can make representations on breaches, and to whom (for instance local counter fraud teams, etc).

Staff who are aware about actual breaches of this policy, or who are concerned that there has been, or may be, a breach, should report these concerns to <INSERT NAME OF TEAM OR INDIVIDUAL TO MAKE REPRESENTATIONS TO>.

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 <CROSS REFER TO RELEVANT WHISTLEBLOWING OR OTHER HR POLICIES>.

The organisation 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.

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

13.2 Taking action in response to breaches

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

Breaches could require action in one or more of the following ways:
- Clarification or strengthening of existing policy, process and procedures.
- Consideration as to whether 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 Protect, the Police, statutory health bodies (such as NHS England, NHS Improvement or the CQC), and/or health professional regulatory bodies.
Inappropriate or ineffective management of interests can have serious implications for the organisation and staff. There will be occasions where it is necessary to consider the imposition of sanctions for breaches.

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

- 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.

13.3 Learning and transparency concerning breaches

DRAFTING NOTE -

It is recommended (although not required) that reports on breaches, impact of these, and actions taken should be considered by key organisational governance groups and that anonymised reports of these should be prepared and published on a regular basis.

Reports on breaches, the impact of these, and action taken will be considered by <INSERT NAME OF RELEVANT GOVERNANCE VEHICLE> at least <INSERT FREQUENCY>.

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 <INSERT LOCATION OF PUBLICATION> as appropriate, or made available for inspection by the public upon request.

14 Review

This policy will be reviewed in <INSERT TIME FRAME> unless an earlier review is required. This will be led by <INSERT RESPONSIBLE PERSON(S)>.

15 Associated documentation

Freedom of Information Act 2000
ABHI Code of Business Practice
NHS Code of Conduct and Accountability (July 2004)
<INSERT OTHER RELEVANT ORGANISATIONAL POLICIES E.G. ANTI-BRIBERY, WHISTLEBLOWING, COUNTER FRAUD>
## Policy Approval Pack

### PART 1 - Policy Approval Pro-Forma
Guidance at sections 6.1 and 6.9

<table>
<thead>
<tr>
<th>Name of Policy</th>
<th>Standards of Business Conduct Policy (including Hospitality &amp; Gifts and Declarations of Interests)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Reference Number</td>
<td>POL-CE-TS-8</td>
</tr>
<tr>
<td>Current Version Number (Before review)</td>
<td>03</td>
</tr>
<tr>
<td>To be completed by author</td>
<td></td>
</tr>
<tr>
<td>Type of Policy (Clinical/Corporate)</td>
<td>Corporate</td>
</tr>
<tr>
<td>Author</td>
<td>Trust Secretary</td>
</tr>
<tr>
<td>Executive sponsor</td>
<td>Chief Executive</td>
</tr>
<tr>
<td>Directorate</td>
<td>Chief Executive</td>
</tr>
<tr>
<td>New or Reviewed Policy</td>
<td>Reviewed Policy – the policy has undergone a ‘cross-check’ exercise against NHS England’s model policy which came into force on 1st June 2017 to ensure it covered all the key areas of guidance provided.</td>
</tr>
<tr>
<td>New Policies (signature)</td>
<td></td>
</tr>
<tr>
<td>Review Period - If deviate from standard 3 years, provide a reasonable explanation</td>
<td>3 years</td>
</tr>
<tr>
<td>Aim of Policy/ Changes</td>
<td>To ensure that the Trust’s policy is compliant with new national requirements in relation to interests, gifts and hospitality.</td>
</tr>
</tbody>
</table>

**Guidance at sections 6.4, 6.11 and 11**

**Publication and Dissemination;**

<table>
<thead>
<tr>
<th>Target Audience (Need to Read List)</th>
<th>All staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Classification/ Confidentiality</td>
<td></td>
</tr>
<tr>
<td>Are there any restrictions?</td>
<td>No</td>
</tr>
<tr>
<td>Legislation/ Regulation</td>
<td></td>
</tr>
<tr>
<td>Is there a requirement for the policy to be made available to the public?</td>
<td>Yes</td>
</tr>
<tr>
<td>Freedom Of Information</td>
<td>Yes</td>
</tr>
</tbody>
</table>

To ensure compliance with Fraud Act 2006 & Bribery Act 2010. There is a requirement to publish the register of interests on the internet under the new NHS contract annually.
PART 2 - Impact Assessment

Guidance at sections 6.2 and 6.5

Identify impact and implications on;

<table>
<thead>
<tr>
<th>Other documents;</th>
<th>Is information consistent?</th>
<th>Is information duplicated only where necessary?</th>
<th>Has the author been included in the consultation?</th>
<th>Please indicate what actions have been taken as in review of the associated document;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust governance documents: Standing Financial Instructions, Standing Orders, Constitution, Reservation and Delegation of Powers</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Reviewed as a new Policy in April 2016 – the revised version does not impact on the Trust governance documents.</td>
</tr>
<tr>
<td>Freedom to Speak Up: Raising Concerns (Whistleblowing) Policy</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Reviewed – no change</td>
</tr>
<tr>
<td>Anti Fraud, Bribery and Corruption Policy</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Reviewed – no change</td>
</tr>
<tr>
<td>Staff Terms and Conditions of Employment</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Reviewed – no change</td>
</tr>
<tr>
<td>Social Networking Policy</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Reviewed – no change</td>
</tr>
</tbody>
</table>

If you have answered ‘No’ to any of the questions above, you must address this before moving on to the next stage in the process.

Other Departments and Organisations;

<table>
<thead>
<tr>
<th>List departments affected by the policy;</th>
<th>Have they been included in the consultation?</th>
<th>List organisations affected by the policy;</th>
<th>Have they been included in the consultation?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief Executive</td>
<td>No – consulted in 2016 when policy was fully revised, but this revision is purely to incorporate new national requirements (i.e. the changes must be made – application is not optional)</td>
<td>AuditOne</td>
<td>No – consulted in 2016 when policy was fully revised, but this revision is purely to incorporate new national requirements (i.e. the changes must be made – application is not optional)</td>
</tr>
<tr>
<td>HR</td>
<td>As above</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All directorates</td>
<td>As above</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Procurement</td>
<td>As above</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Finance</td>
<td>As above</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comms &amp; Engagement</td>
<td>As above</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you have answered ‘No’ to any of the questions above, you must address this before moving on to the next stage in the process.

Financial/ fraud;
Are there any financial implications? | Yes | If you have answered 'Yes' please provide details | The policy refers to financial interests / benefits, gifts and hospitality with a monetary value, as well as how to report potential fraudulent dealings.

| **Equality Analysis Assessment - Equality, Diversity and Human Rights:** |
| Has the EAA been completed in line with the Equality Analysis Policy? | Yes |
| Has the completed form been sent to E&D Team for checking and logging in the central register? | Yes |
| Have any positive or negative implications been identified from completion the EAA? | Yes | If you have answered ‘Yes’, please provide details. | Positive impact on professionalism and the Trust’s reputation through compliance with the new policy |
PART 3 - Approval Cover Sheet

Guidance at sections 6.7, 6.8 and 10

<table>
<thead>
<tr>
<th>To be completed by the author</th>
<th>To be completed by the chair</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of Group</strong></td>
<td><strong>Name of Chair/Consultation Lead</strong></td>
</tr>
<tr>
<td><strong>Consultation Group/ Individuals/stakeholders</strong></td>
<td>Yvonne Ormston, Chief Executive</td>
</tr>
<tr>
<td><strong>Approval Sub-Group</strong></td>
<td>Douglas Taylor, Non-Exec Director</td>
</tr>
<tr>
<td><strong>HR Policy Review Group</strong></td>
<td>Does the policy affect staff management/staff Terms and Conditions or is it related to Human Resources? Yes ☐ No ☐</td>
</tr>
</tbody>
</table>
changes to secondary employment or employment of relatives compared to the previous policy

If you have answered ‘Yes’ to the question above, the policy must be submitted to the HR Policy Review Group.

<table>
<thead>
<tr>
<th>Ratifying Committee</th>
<th>Board of Directors</th>
<th>Ashley Winter, Chairman</th>
<th>July 2017</th>
<th>Final stage; ‘rubber stamp’ exercise</th>
<th>Accepted</th>
<th>Rejected</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Executive Director Signatures</th>
<th>Executive Directors who will be responsible for ensuring staff within their directorates abide by the policy should sign here to evidence they have seen the policy and agree to its content. Document author to obtain signatures prior to submission to the ratification Committee</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Directors Name</th>
<th>Yvonne Ormston</th>
<th>Lynne Hodgson</th>
<th>Joanne Baxter</th>
<th>Paul Liversidge</th>
<th>Caroline Thurlbeck</th>
<th>Medical Director (Kyee Han or Mathew Beattie)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Directors Signature</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

<p>| Date | | | | | | |</p>
<table>
<thead>
<tr>
<th>Compliance Checks</th>
<th>Author to Complete Prior to Submission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has the policy approval pro-forma been fully completed?</td>
<td>Yes</td>
</tr>
<tr>
<td>Has the impact assessment been fully completed and all issues identified addressed?</td>
<td>Yes</td>
</tr>
<tr>
<td>Have financial implications been considered?</td>
<td>Yes</td>
</tr>
<tr>
<td>Has the Equality Analysis Assessment (EAA) been completed and submitted to E&amp;D for log in the register?</td>
<td>Yes</td>
</tr>
<tr>
<td>New policy, have you obtained an executive sponsor signature?</td>
<td>Yes</td>
</tr>
<tr>
<td>Why has this document been amended? i.e. full review, particular section/new law etc.</td>
<td>Revised; To comply with new national regulations</td>
</tr>
<tr>
<td>Is the policy in the corporate style (as per template from CO-Pol-1)</td>
<td>Yes</td>
</tr>
<tr>
<td>Have you followed appendix B with regards to the structure, style, content and format of the policy?</td>
<td>Yes</td>
</tr>
<tr>
<td>Is the content clear and ambiguous?</td>
<td>Yes</td>
</tr>
<tr>
<td>Has the scope of the document been identified?</td>
<td>Yes</td>
</tr>
<tr>
<td>Format including duties and explanation of terms used</td>
<td>Yes</td>
</tr>
<tr>
<td>Have associated documentation been recorded and key references included and cited in full?</td>
<td>Yes</td>
</tr>
<tr>
<td>Have training requirements been included (refer to Training Needs Analysis if appropriate)?</td>
<td>Yes</td>
</tr>
<tr>
<td>Has the monitoring table been correctly completed? - adequate description and appropriate monitoring?</td>
<td>Yes</td>
</tr>
<tr>
<td>Has table of revisions been completed for each amendment?</td>
<td>Yes</td>
</tr>
<tr>
<td>Has the font cover of the document been fully completed?</td>
<td>Yes</td>
</tr>
<tr>
<td>Has the next review date been noted? (If less than the standard 3 years, please provide an explanation why)</td>
<td>Yes; July 2019</td>
</tr>
<tr>
<td>Has the document author clearly identified?</td>
<td>Yes</td>
</tr>
<tr>
<td>Has the Originating Directorate been notified?</td>
<td>Yes</td>
</tr>
<tr>
<td>Has the document sponsor been identified and consulted with?</td>
<td>Yes</td>
</tr>
<tr>
<td>Has the Counter Fraud Service been consulted?</td>
<td>Yes</td>
</tr>
<tr>
<td>Has the dissemination and publication been assessed and noted?</td>
<td>Yes</td>
</tr>
<tr>
<td>Does the policy need to be available to the public? If so once ratified provide copy to Communication team</td>
<td>Yes; Registers are public documents</td>
</tr>
<tr>
<td>Have you booked the policy onto the relevant consultation and approval groups via relevant secretariat in line with the governance structure?</td>
<td>Yes</td>
</tr>
<tr>
<td>Have the sub group and date been identified?</td>
<td>Yes</td>
</tr>
<tr>
<td>Has the requirement for approval at HR PRG been identified with date (if appropriate)?</td>
<td>Yes; Next meeting after July</td>
</tr>
<tr>
<td>Have the Ratifying Committee and date been correctly identified on the front cover?</td>
<td>Yes</td>
</tr>
<tr>
<td>Have you completed the Approval Cover Sheet with details of the scheduled approval groups and chairs?</td>
<td>Yes</td>
</tr>
<tr>
<td>Once you are satisfied that the policy meets all of the requirements above, has the policy document been submitted to the Quality department for logging?</td>
<td>Yes</td>
</tr>
<tr>
<td>Has the completed policy approval pack been submitted to the Quality department?</td>
<td>Yes</td>
</tr>
<tr>
<td>Name a member from the subgroup to be present to respond to any questions if author unavailable</td>
<td>Tracey Mullen</td>
</tr>
</tbody>
</table>

**Authors Name**: Jennifer Boyle, Trust Secretary

**Authors Signature**: 

6
### PART 5 - Sub Group Checklist – Compliance

<table>
<thead>
<tr>
<th>Compliance Checks</th>
<th>Yes/No</th>
<th>Actions Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has the policy approval cover sheet been fully completed and submitted?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Has the author completed the checklist? And has this been checked by the group?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Has the impact assessment been fully completed?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Has the EAA been completed (if necessary) and has it been reviewed by the group?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Have all the issues identified by the impact assessment been addressed?</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

#### Style and Format

<table>
<thead>
<tr>
<th>Style and Format</th>
<th>Yes/No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has the correct template been used?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Has the front page document been completed fully?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Has appendix B been followed with regards to style, structure, content and format?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Procedural Documents must use the Arial font style bold text size 12</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Section and paragraph heading should be numbered and in bold.</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Has the table of revisions been updated?</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

#### Content

<table>
<thead>
<tr>
<th>Content</th>
<th>Yes/No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are the title and the contents of the Document clear and unambiguous?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Does the policy reflect best practice guidance?</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

#### Explanation of Terms Used

<table>
<thead>
<tr>
<th>Explanation of Terms Used</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acronyms are first used with explanation.</td>
<td>Yes</td>
</tr>
<tr>
<td>Glossary of Terms used if helpful to the procedural documents understanding.</td>
<td>Yes</td>
</tr>
</tbody>
</table>

#### Consultation & Review Arrangements

<table>
<thead>
<tr>
<th>Consultation &amp; Review Arrangements</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is it clearly apparent that the document has been consulted upon?</td>
<td>Yes</td>
</tr>
<tr>
<td>Has the monitoring table been completed?</td>
<td>Yes</td>
</tr>
<tr>
<td>If the monitoring of this document involves members of other teams or Health Groups, have they been informed?</td>
<td>Yes</td>
</tr>
<tr>
<td>Has the name/job title of the Chairman of the Approval Committee (Non-Executive/ Chief Executive) been correctly identified?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

#### Associated documents and supporting references

<table>
<thead>
<tr>
<th>Associated documents and supporting references</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are there full references to other Trust Policies and other documents that the Policy refers to or is associated with?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

#### Ratification Process

<table>
<thead>
<tr>
<th>Ratification Process</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has the ratification Committee been identified and is this the right committee?</td>
<td>Yes</td>
</tr>
<tr>
<td>Is there timescales identified for monitoring and reporting to appropriate committee?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

### Sub Group Outcome

Reviewed successful
**PART 6 - Quality Team Checklist**

If ‘No’ is answered to any of the questions, send back to the author until satisfied that all of the below requirements are covered.

<table>
<thead>
<tr>
<th>Quality Team Checklist</th>
<th>Yes/No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Control Sheet complete on the front cover?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contents Page Complete?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has appendix B with regards to structure, style, content and format been followed?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Policy Approval Pack Submitted?</td>
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<tr>
<td>Part 1 - Policy Approval Pro-Forma complete?</td>
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<tr>
<td>Part 2 - Impact Assessment complete?</td>
<td></td>
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<tr>
<td>Part 3 - Approval Cover Sheet complete?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Part 4 - Author Checklist complete?</td>
<td></td>
<td></td>
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<tr>
<td>Part 5 - Sub-Group Checklist complete?</td>
<td></td>
<td></td>
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<tr>
<td>Have executive director signatures been obtained?</td>
<td></td>
<td></td>
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<td>Part 6 - Quality Team Checklist complete?</td>
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<td>All footers and watermark updated?</td>
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<td>Page numbers updated?</td>
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</tr>
<tr>
<td>Has the status been changed from ‘draft’ to ‘active’?</td>
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<tr>
<td>Version Number Changed?</td>
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<tr>
<td>Have keywords been added?</td>
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</tr>
<tr>
<td>Has the review period and formal review date been supplied and added to Q-Pulse?</td>
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</tr>
<tr>
<td>Has a Q-Pulse Reference Number been provided for new policies?</td>
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</tr>
<tr>
<td>Document activated in Q-Pulse?</td>
<td></td>
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<tr>
<td>Policy effective from date (Q-Pulse upload date) completed on front cover?</td>
<td></td>
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</tr>
<tr>
<td>Policy made available to relevant staff groups as per ‘need to read’ list and confidentiality restrictions?</td>
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<tr>
<td>Policy available to the public (if required in line with approval pro-forma) on website?</td>
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<td></td>
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<tr>
<td>Previous version of policy archived?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Policy Approval Pack uploaded to Q-Pulse and linked to the document?</td>
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</table>

Confirm process completed: Quality Team
**Board of Directors – 27/07/2017**

**Report title:** Standards of Business Conduct Policy Including Gifts and Hospitality

**Purpose of report:** To present the Board of Directors with the revised policy for ratification.

**Key issues:**
(key points of the paper, how this supports the achievement of the Trust’s corporate objectives, overview of risk implications, main risk details on page 2).

In 2016, both the Standards of Business Conduct and the Gifts and Hospitality policies were due for review. An extensive benchmarking exercise was undertaken to review the policies from other Trusts and compare against our own. In order to bring the Trust in line with the standards adopted by many other Trusts and assist staff in developing a greater understanding of their responsibilities in this area, a completely new Standards of Business Conduct policy was developed and communicated to all staff.

On 9th February 2017, NHS England issued new guidance on managing conflicts of interest within the NHS. The guidance came into force on 1st June 2017.

To make implementation easier, NHS England released a model policy which included the content of the guidance. Organisations could adopt the model policy or use parts of it to update their current policies and procedures. After a cross-check exercise of the two documents identified NEAS’ policy was robust and covered most of the key areas of guidance, it was agreed the current policy would be used and strengthened in parts against the model policy.

Key changes include:

- Clearer guidance regarding ‘decision-making staff’;
- More comprehensive definition of key terms;
- Clearer guidance regarding gifts from suppliers;
- New sections on meals and refreshments, donations, patents, sponsored research, sponsored posts and clinical private practice;
- A new section on contract management;
- Guidance for strategic decision-making groups on how to manage potential conflicts;
- A comprehensive section on how the Trust will deal with breaches; and
- Reference to wider transparency initiatives in healthcare.

The model policy from NHS England has been provided for information only to enable the Committee members to assure themselves that the Trust’s revised policy incorporates all the key elements of the national requirements.

**Issue previously considered by:**
A full consultation exercise with senior managers and the Audit Committee was undertaken in 2016.

The Audit Committee was scheduled to review and consider the policy for approval at its meeting on 21st July. Due to the proximity of the meeting, a verbal update will be provided to the Board on the outcome of the Audit Committee’s discussions.

**Recommended actions:**
The Board of Directors is requested to review, comment upon and ratify the revised Standards of Business Conduct policy, being assured that the Audit Committee has undertaken a detailed review as part of the approval process.

**Sponsor / approving director:** Yvonne Ormston, Chief Executive

**Report author:** Jennifer Boyle, Trust Secretary

---

**Governance and assurance**

**Link to Trust Priorities:**
(please tick)

<table>
<thead>
<tr>
<th>Organisational Sustainability</th>
<th>Improving Quality &amp; Safety</th>
<th>Workforce &amp; Investors in People</th>
<th>Clinical Care &amp; Transport</th>
<th>NHS 111 &amp; Clinical Assessment Service</th>
<th>Comms &amp; Engagement</th>
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</thead>
<tbody>
<tr>
<td>Link to CQC / KLOE: (please tick)</td>
<td>✔</td>
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<td>Caring</td>
<td>Responsive</td>
<td>Effective</td>
<td>Well Led</td>
<td>Safe</td>
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<tr>
<td>Any relevant legal / statutory issues? (Such as relevant acts, regulations, national guidelines or constitutional issues to consider)</td>
<td>Ensuring that we have robust and clear standards in place for staff is critical for ensuring that we are compliant with a number of governance requirements.</td>
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<tr>
<td>Equality analysis completed If this is not relevant please explain why:</td>
<td>Yes</td>
<td>No</td>
<td>Not Relevant</td>
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<td></td>
<td>✔</td>
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<tr>
<td>An equality analysis was completed for this policy in 2016, given that it constituted a new policy.</td>
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<tr>
<td>Key considerations</td>
<td>Details</td>
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<tr>
<td>Confirm whether any risks that have been identified have been recognized on a risk register and provide the reference number:</td>
<td>There are no associated risks – the policy should strengthen business standards across the Trust.</td>
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<td>Please specify any Financial Implications</td>
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<tr>
<td>Please explain whether there are any associated efficiency savings or increased productivity opportunities?</td>
<td>There are no direct financial implications associated with the implementation of this policy.</td>
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<tr>
<td>Are any additional resources required e.g. staff capacity?</td>
<td>None</td>
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<tr>
<td>Is there any current or expected impact on patient outcomes/experience/quality?</td>
<td>The policy should assist staff in understanding the standards expected of them, and ensure that patient outcomes rather than personal gain remains paramount in all our dealings.</td>
<td></td>
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</tr>
<tr>
<td>Specify whether appropriate clinical and/or stakeholder engagement has been undertaken: (stakeholders could include staff, other Trust departments, providers, CCGs, patients, carers or the general public)</td>
<td>A broad range of senior staff were consulted on the content of the policy when it was fully revised in 2016 – current revisions are to incorporate mandatory national requirements from NHS England.</td>
<td></td>
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<tr>
<td>Are there any aspects of this paper which need to be communicated to our stakeholders (internal or external)? (Please tick – if ‘yes’ then please complete all boxes: Please briefly specify the key points for communication and ensure the Comms team are informed via <a href="mailto:publicrelations@neas.nhs.uk">mailto:publicrelations@neas.nhs.uk</a>)</td>
<td>Yes</td>
<td>No</td>
<td>Positive</td>
<td>Negative</td>
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<td>✔</td>
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<td>✔</td>
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<td>Proactive</td>
<td>Reactive</td>
<td>Internal</td>
<td>External</td>
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<td></td>
<td>✔</td>
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<td>✔</td>
<td>✔</td>
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<tr>
<td>Once approved the policy will be communicated to all staff.</td>
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</tbody>
</table>
**Equality Analysis Assessment**

Equality Analysis must be conducted to determine if there is a potential differential impact for any groups protected under the Equality Act 2006 and related legislation.

<table>
<thead>
<tr>
<th>Date of screening</th>
<th>13th July 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of assessor</td>
<td>Jennifer Boyle</td>
</tr>
<tr>
<td>Job title</td>
<td>Trust Secretary</td>
</tr>
<tr>
<td>What are you assessing?</td>
<td>Revised policy – Standards of Business Conduct (including Gifts and Hospitality)</td>
</tr>
</tbody>
</table>

1. **What is the main aim or purpose of the document or service? (the author could cut and paste from the policy)**

The purpose of the policy and associated procedures/declaration forms is to ensure that all employees of the Trust maintain the highest standard of public accountability and are open and transparent in their business conduct.

The policy also, importantly, provides support and guidance for making appropriate judgement and decisions to protect employees from any suspicion of bribery, fraud and corruption. The policy should be supplemented with common sense and good judgement to ensure that the spirit of the policy is followed as well as its content.

The revised version of the Policy has undergone a cross-check exercise against NHS England’s model policy which came into force on 1st June 2017 to ensure it covered all of the key areas of the guidance.

<table>
<thead>
<tr>
<th>Who is or would be affected by the way the policy or service is or will be carried out?</th>
<th>Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employees/service users/wider community stakeholders- what is the demographic profile?</td>
<td>Our 2016 workforce profile information is as follows:</td>
</tr>
<tr>
<td></td>
<td>As of 31st December 2016 the Trust employed 2,662 people, an increase of 2.1% (54 people) from last year.</td>
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<tr>
<td></td>
<td><strong>Ethnicity</strong> - the visible BAME profile of our workforce is 1.2%, all other White categories represent 1.1% and White English/Welsh/Scottish/ Northern Irish and British represents 89.4%. The number of non-White British people in the workplace has increased by 0.7% from 1.6% to 2.3% (0.2% BAME and 0.5% White Other). Our profile of 2.3% compares to 6.4% of the North East population identifying their ethnicity as ‘non White British’ groups (Census 2011).</td>
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<tr>
<td></td>
<td><strong>Gender</strong> - there has been an increase of female representation within our workforce by 0.7% (41.4%) when compared to 2015 (40.7%).</td>
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<tr>
<td></td>
<td><strong>Sexual Orientation</strong> - there has been an increase of LGB staff within our workforce by 0.6% (3.4%) compared to 2015 (2.8%). 80.1% of staff describe themselves as heterosexual, 3.4% are lesbian, gay or bisexual and 16.3% prefer not to say.</td>
</tr>
<tr>
<td></td>
<td><strong>Disability</strong> - there has been an increase in employees who have reported a disability of 0.7% (6%) when compared</td>
</tr>
</tbody>
</table>
to 2015 (5.3%).

**Faith** - There has been an increase in employees reporting ‘Non Christian’ religions by 0.8% (6.8%) when compared to 2015 (6%). 51.8% identify as Christian, 7% as a non-Christian faith, 18.1% no faith, and 22.7% prefer not to say.

**Age** - 7.7% of employees are under 25 years, 48.1% are 26 – 44 years, 37.7% are 45-59 years, and 6.42% are over 60 years old.

### What are the intended outcomes of the document/service? What is it trying to achieve?

The purpose of the policy is to ensure that the Trust and its staff adhere to the highest standards of business conduct at all times, including declarations of interest, gifts, hospitality, commercial sponsorship and employment of relatives. The policy aims to provide staff with clear standards to follow and apply when conducting their roles. The intended outcome is that staff will be fully compliant with required standards, and therefore positively impact upon their own personal professionalism, as well as the Trust’s reputation. The policy aims to safeguard all staff and the Trust itself from accusations of abuse of position for personal gain.

### How will you measure the outcomes? So it does no adversely impact on any group of people?

It is not anticipated to impact adversely on any group of people – ultimately applying the principles of the policy should impact positively.

### 2. Gathering information

**Please provide details of the information you have used to assess the impact**

*For example details/evidence of internal performance/monitoring reports, external evidence, research and guidance.*

The policy simply states that staff must apply professionalism, integrity and good business practice when working for the Trust and therefore it doesn’t impact differently on different groups of people.

**Are there any gaps in your information and if so how are you going to address these? Does the author have enough information to make an informed decision about each group protected by law?**

No gaps have been identified.

### 3. Assessing Impact

<table>
<thead>
<tr>
<th>Equality Group</th>
<th>Is there potential for an adverse or positive impact?</th>
<th>If yes/possibly, please describe the potential impact</th>
<th>Is this impact legal and justifiable? If yes, please explain how</th>
<th>What action (if any) can be taken to address the impact</th>
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</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td>Generic</td>
<td>Yes - positive</td>
<td>This policy will enhance the standards of business conduct applied by staff across the Trust, ensuring that professionalism is applied by staff and positively impacting on the Trust’s reputation.</td>
<td>Yes</td>
<td>The policy will be made available to all staff and promoted through the Summary to ensure that staff are made aware of the standards expected of them.</td>
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</tr>
<tr>
<td>Age</td>
<td>No</td>
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<tr>
<td>Disability</td>
<td>No</td>
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<tr>
<td>Gender</td>
<td>No</td>
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<tr>
<td>Gender reassignment</td>
<td>No</td>
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<tr>
<td>Marriage and civil partnership</td>
<td>No</td>
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<tr>
<td>Maternity and pregnancy</td>
<td>No</td>
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<tr>
<td>Race</td>
<td>No</td>
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<tr>
<td>Religion or belief</td>
<td>No</td>
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<tr>
<td>Sexual orientation</td>
<td>No</td>
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</table>

4. Considering alternatives

**Can changes be made to the document/service to reduce the impact?** *(such as amending the wording of a policy or changing a procedure)*  
*If Yes, please detail the changes*

| No changes to policy required as a result of the EAA. |
5. Legislative compliance

<table>
<thead>
<tr>
<th>Does the document/service prevent the promotion of equality of opportunity or foster good relations between different equality groups? <em>Please state how.</em></th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the document/service provision infringe an individual’s human rights?</td>
<td>No</td>
</tr>
</tbody>
</table>

6. Involvement consultation, feedback and partnership working

<table>
<thead>
<tr>
<th>Has the author engaged/consulted on the policy/service with any patient, community, service user, third sector, staff or any other groups representing staff or patients? <em>Yes / No. If yes, please provide details</em></th>
<th>The new policy produced in 2016 had been consulted on with various members of staff including HR, procurement, contracting, communications and engagement. The revised policy has been strengthened in parts against NHS England’s model policy but as the new additions are mandatory to enable compliance with national requirements, a further consultation exercise has not been completed.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has the author involved, consulted or worked in partnership any specialist services, groups or practitioners? <em>Yes / No. If yes, please state which services, groups or practitioners.</em></td>
<td>No</td>
</tr>
</tbody>
</table>

7. Monitoring – Is service/policy data broken down by each protected characteristic?

<table>
<thead>
<tr>
<th>Response = Yes / No / Partly</th>
<th>Age</th>
<th>Disability</th>
<th>Gender</th>
<th>Gender reassignment</th>
<th>Marriage and civil partnership</th>
<th>Maternity and pregnancy</th>
<th>Race</th>
<th>Religion or belief</th>
<th>Sexual orientation</th>
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</thead>
<tbody>
<tr>
<td>Service Take Up <em>(for example EPRF and ESR data)</em></td>
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<td>No</td>
<td>No</td>
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<td>No</td>
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<tr>
<td>Staff Satisfaction</td>
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8. Action plan

<table>
<thead>
<tr>
<th>Action</th>
<th>Benefits / Rationale</th>
<th>Measures of Success</th>
<th>Lead Officer</th>
<th>Time scale</th>
<th>Age</th>
<th>Disability</th>
<th>Gender</th>
<th>Gender reassignment</th>
<th>Marriage and civil partnership</th>
<th>Maternity and pregnancy</th>
<th>Race</th>
<th>Religion or belief</th>
<th>Sexual orientation</th>
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<tr>
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9. Sign Off

<table>
<thead>
<tr>
<th>Assessors Signature</th>
<th>Date: 13th July 2017</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Director / Head of Service Signature</th>
<th>Date: July 2017</th>
</tr>
</thead>
</table>
Standards of Business Conduct Policy

Including Hospitality and Gifts and
Declarations of Interests

Document Control Sheet

<table>
<thead>
<tr>
<th>Q Pulse Reference Number</th>
<th>POL-CE-TS-8</th>
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<tbody>
<tr>
<td>Version Number</td>
<td>03</td>
</tr>
<tr>
<td>Document Author</td>
<td>Trust Secretary</td>
</tr>
<tr>
<td>Lead Executive Director Sponsor</td>
<td>Chief Executive</td>
</tr>
<tr>
<td>Ratifying Committee</td>
<td>Board of Directors</td>
</tr>
<tr>
<td>Date Ratified</td>
<td>27 July 2017</td>
</tr>
<tr>
<td>Date Policy Effective From</td>
<td>01 August 2017</td>
</tr>
<tr>
<td>Next Review Date</td>
<td>03 August 2020</td>
</tr>
<tr>
<td>Keywords</td>
<td>Standards of Business Conduct, Hospitality and Gifts, Declarations of Interests, Notification of Gifts and Hospitality Received (AHQ 95), Notification of Gifts and Hospitality Offered (AHQ 113), Counter Fraud, Bribery Act 2010, Freedom of Information, Fraud Act 2006, Whistleblowing, Secondary employment</td>
</tr>
</tbody>
</table>

Unless this copy has been taken directly from the Trust Quality Management site (Q-Pulse) there is no assurance that this is the most up to date version.

This policy supersedes all previous issues.
## Version Control - Table of Revisions

All changes to the document must be recorded within the ‘Table of Revisions’.

<table>
<thead>
<tr>
<th>Version number</th>
<th>Document section/ page number</th>
<th>Description of change and reason (e.g. initial review by author/ requested at approval group)</th>
<th>Author/ Reviewer</th>
<th>Date revised</th>
</tr>
</thead>
<tbody>
<tr>
<td>02</td>
<td>Full policy</td>
<td>Extensive update including combining Standards of Business Conduct and Hospitality and Gifts Policies in line with national good practice recommendations.</td>
<td>Trust Secretary</td>
<td>April 2016</td>
</tr>
</tbody>
</table>
| 03             | Full policy                   | Additions and amendments made to multiple sections to bring the policy in line with the new national standards introduced by NHS England. Key changes include:  
  - Clearer guidance regarding ‘decision-making staff’;  
  - More comprehensive definition of key terms;  
  - Clearer guidance regarding gifts from suppliers;  
  - New sections on meals and refreshments, donations, patents, sponsored research, sponsored posts and clinical private practice;  
  - A new section on contract management;  
  - Guidance for strategic decision-making groups on how to manage potential conflicts;  
  - A comprehensive section on how the Trust will deal with breaches; and  
  - Reference to wider transparency initiatives in healthcare. | Trust Secretary | July 2017 |
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15.1 Appendix A: Practical Guidelines for Staff on Gifts and Hospitality

15.2 Appendix B: Examples of Interests that need to be declared by staff

15.3 Appendix C – Nolan Principles

15.4 Appendix D: Guidance of the acceptance of Hospitality, Gifts and Sponsorship
1. Introduction

This policy has been introduced to provide all staff and volunteers with clear guidelines, standards and protocols to follow in respect of their business conduct.

As a member of staff or volunteer by reading and adhering to this policy you should be clear on how to:

- make sure that you are not placed in a position to risk conflict between your NHS and private position;
- act impartially in all your NHS work;
- be aware of what would constitute an act of bribery or corruption and of the Trust’s commitment to preventing bribery and corruption;
- refuse gifts, benefits, hospitality or sponsorship of any kind which might reasonably be seen to compromise your personal judgement or integrity and seek to obtain preferential consideration;
- declare and register any gifts (over £25 in value), benefits, hospitality and sponsorship whether accepted or declined;
- beware of bias generated through sponsorship where this might impinge on your professional judgement and impartiality;
- declare and record financial or personal interests in any organisation with which you have to deal, and be prepared to withdraw from those dealings if required, thereby ensuring that your professional judgement is not influenced by such considerations;
- fulfil your contractual obligations to the Trust before embarking on any extra work, paid or otherwise. If you do take on extra work, you must obtain formal permission from your manager. You must also not work elsewhere whilst you are off sick from the Trust;
- not abuse your position to obtain preferential rates for private dealings with organisations with which you have official dealings;
- not give unfair advantage to one competitor over another, if your duties involve tendering or contracting for the supply of goods and/or services to the Trust. You must also be careful that your action, or inaction, does not create an impression that you might give such an advantage;
- not misuse your official position or information acquired in the course of your official duties to further your private interests or those of others; and
- not make use of, or make known publicly, confidential information that you have gained during the course of your work.
2. Purpose

It should also be read in conjunction with the Trust documents outlined in section 15.

NHS employees are expected to:

- Ensure that the interests of patients and service users remains paramount at all times;
- Be impartial and honest in the conduct of their official business;
- Demonstrate probity when dealing with the assets of the Trust;
- Use integrity in all decisions affecting patients and service users, staff and suppliers and in the use of information acquired in the course of their duties;
- Use the public funds entrusted to them to the best advantage of the service, always ensuring value for money; and
- Accept responsibility for the actions that they have taken, ensuring that the appropriate person within the Trust is notified should problems occur.

It is also the responsibility of employees to ensure that they **DO NOT:**

- Abuse their official position for personal gain or to benefit their family or friends;
- Seek to advantage or further private business or other interests, in the course of their official duties;
- Misuse their position to further their interests or those close to them;
- Be influenced, or give the impression that they have been influenced by outside interests;
- Allow outside interests they have to inappropriately affect the decisions they make when using taxpayers’ money;
- Avoid managing conflicts of interest; and
- Interpret this policy in a way which stifles collaboration and innovation with our partners.

As an organisation we will:

- 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:
o Keeping this policy under review to ensure they are in line with the guidance.
o Providing advice, training and support for staff on how interests should be managed.
o Maintaining register(s) of interests.
o Auditing this policy and its associated processes and procedures at least once every three years.

3. **Scope**

This policy applies in all areas of the Trust. It is aimed at all employees of the Trust, regardless of position held, be they permanent or temporary and all secondees, agency staff and contracted out staff working within the Trust. It also applies to:

- All prospective employees – who are part-way through recruitment;
- Volunteers acting on behalf of the Trust, trainees, apprentices, contractors, sub-contractors and those on work experience; and
- Committee, sub-committee and advisory group members (who may not be directly employed or engaged by the organisation).

4. **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.

The following will be decision making staff:

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

5. **Duties - Roles & Responsibilities**

<table>
<thead>
<tr>
<th>Individual</th>
<th>Key Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Chief Executive</strong></td>
<td>As the ‘Accounting Officer’ is ultimately responsible for ensuring there is an effective system in place for employees to declare hospitality, gifts, sponsorship,</td>
</tr>
<tr>
<td>Individual</td>
<td>Key Responsibilities</td>
</tr>
<tr>
<td>------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>outside income and any other interests.</td>
<td></td>
</tr>
</tbody>
</table>

**Trust Secretary**
- Ensuring a fit for purpose policy is in place and made available to staff.
- Monitor and ensure compliance with this policy.
- Advising staff on the contents of this policy.
- Providing guidance for staff on refusal or acceptance for hospitality or gifts.
- Maintaining a central register of hospitality and gifts and ensuring that this is available for inspection.
- Receive declarations for inclusion in the Hospitality and Gifts Register.
- Maintaining a register of interests and making this available for inspection.
- Ensure that this policy is compliant with legislation and guidance.

**All Managers**
- Ensuring that their staff are aware of, and adhere to, this policy.
- Make declarations of receipts of hospitality or gifts where required.
- Processing staff declarations of interest and requests for secondary employment in line with this policy.
- Provide advice and guidance to staff on the receipt of hospitality and gifts in the first instance, and
- Consult with the Trust Secretary where additional guidance is required.

**All Staff**
- Ensuring they are aware of, and follow this policy.
- Make declarations of receipt of hospitality and gifts where required in consultation with their line manager.
- Refuse gifts, inducements or hospitality other than items of modest value.
- Staff with authority to commit expenditure must declare any relevant and material interests.
- Do not use your official position for private gain.
- Respect confidentiality of business information.
Individual | Key Responsibilities
---|---
| • Act in accordance with the seven Nolan principles on standards in public life: selflessness, integrity, objectivity, accountability, openness, honesty and leadership.
| • Ensure that they are not placed in a position which risks, or appears to risk, conflict between their private interests and their NHS duties, whether this is direct or indirect.

Local Counter Fraud Specialist (LCFS) | • The LCFS’s role is to ensure that all cases of actual or suspected fraud and bribery are notified to the Director of Finance and Resources and reported accordingly.
| • Investigation of the majority cases of alleged fraud within NEAS.
| • The LCFS will regularly report to the Director of Finance & Resources on progress of investigations and when/if referral to the police is required.
| • The LCFS and the Director of Finance & Resources, in conjunction with NHS Protect, will decide who will conduct investigations and when/if referral to the police is required.

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6. **Glossary of Terms**

This policy uses the following terms:

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hospitality and gifts</strong></td>
<td>For the purposes of this policy is defined as the receipt of entertainment (including meals and drinks), gifts or cash (or equivalent, i.e. cheques, vouchers, gift cards, lottery tickets or betting slips) for personal use or benefit which has no direct benefit to patient care or the business of the Trust. This policy covers general hospitality (e.g. when a Trust employee is bought a meal or a snack either during or outside normal working hours) and management hospitality (the entertainment and hospitality of Directors and employees).</td>
</tr>
<tr>
<td><strong>Commercial Sponsorship</strong></td>
<td>Defined as NHS funding from an external source, including funding of all or part of the costs 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),</td>
</tr>
<tr>
<td>Term</td>
<td>Description</td>
</tr>
<tr>
<td>---------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Financial interests</td>
<td>Where an individual may get direct financial benefit(^1) from the consequences of a decision they are involved in making.</td>
</tr>
<tr>
<td>Non-financial professional interests</td>
<td>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.</td>
</tr>
<tr>
<td>Non-financial personal interests</td>
<td>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.</td>
</tr>
<tr>
<td>Indirect interests</td>
<td>Where an individual has a close association(^2) 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.</td>
</tr>
<tr>
<td>Conflict of interest</td>
<td>A conflict 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 assuming taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold’. A conflict of interest may be:</td>
</tr>
<tr>
<td></td>
<td>o Actual – there is a material conflict between one or more interest</td>
</tr>
<tr>
<td></td>
<td>o Potential – there is the possibility of a material conflict between one or more interests in the future.</td>
</tr>
<tr>
<td>Secondary employment</td>
<td>This includes:</td>
</tr>
<tr>
<td></td>
<td>• any paid employment outside the Trust</td>
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<tr>
<td></td>
<td>• self-employment</td>
</tr>
<tr>
<td></td>
<td>• bank/locum agency work outside of the Trust</td>
</tr>
<tr>
<td></td>
<td>• voluntary work (whether paid or not)</td>
</tr>
<tr>
<td>Corruption</td>
<td>Accepting any gifts or consideration as an inducement or reward for: doing, or refraining from doing, anything in their official capacity; or showing favour or disfavour to any person</td>
</tr>
</tbody>
</table>

\(^1\) 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.
### 7. Policy Content

#### 7.1 Legislation and Guidance

The Trust Board is committed to the prevention of bribery and demonstrating the importance of transparency and openness at all times.

It is an offence under the Bribery Act 2010 both for anyone to receive, be offered 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 Fraud Act 2006 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.

The Human Medical Regulations 2012 clearly state that a ‘person may not, in connection with the promotion of medicinal products to persons qualified to prescribe or supply them, supply, offer, or promise any gift, pecuniary advantage or benefit unless it is cheap and relevant to medicinal practice’. Convictions under these laws can result in a two year jail term. Acts of bribery or fraud are covered by the Bribery Act 2010 and the Fraud Act 2006. Convictions under the Bribery Act can lead to up to ten years imprisonment and an unlimited fine.

All purchasing decisions must demonstrably stand the value for money test and be conducted in line with the Trust’s Constitution and Standing Financial Instructions.

In support of this transparent process, the Trust has a ‘Hospitality and Gifts’ Register which publicly details items or gifts received by, or offered to, employees. This document is available for inspection by the public at any time and will be used to
respond to Freedom of Information (FoI) requests on this subject as appropriate. It is also subject to audit inspection at any time.

In accordance with the Trust’s Constitution, the Directors are required to declare any pecuniary (financial) interest in contracts or other matters under consideration by the Trust and potentially withdraw from those dealings if required. Such declarations are formally recorded. This is in place to protect both the Directors and the Trust from any suggestion of improper influence. In order to protect against the possibility of such suggestions against the Trust’s employees, this register of interests is extended to all employees. The Trust therefore has an ‘Employees’ Register of Interests’ in which all NEAS employees and persons affiliated with the Trust register their interest with other organisations. The register is also subject to audit inspection at any time.

7.2 Fraud and Probity

In accordance with the details set out in this policy, the Trust expects all employees to act with honesty and probity. Failure to comply with the policy could be considered as a breach of duty which may result in disciplinary action being taken in accordance with the Trust’s general disciplinary policy and may also lead to criminal prosecution.

Where the allegation is serious the matter should be referred to the Local Counter Fraud Specialist or Director of Finance & Resources. The contact details are contained within the Trust’s Anti-Fraud, Bribery and Corruption Policy. Staff can alternatively report fraud by calling the confidential NHS Fraud & Corruption Reporting Line on: 0800 028 40 60 or at www.reportnhsfraud.nhs.uk

7.3 Hospitality, Gifts and Sponsorship - General Principles

The Trust maintains a Register of Hospitality and Gifts. Any gift that is accepted, or offered and exceeds a real or theoretical value in excess of £25.00 must be declined and declared. In addition, regular small gifts below this threshold which are received or given to the same individual over a twelve month period of time and collectively amount to more than £50.00 must also be declined and declared. All offers of gifts, whether accepted or declined, should be declared within 28 days of the offer being made.

For the avoidance of doubt, if an employee is unsure as to the appropriateness or acceptability of a gift then it should be politely declined. Similarly it is better for an employee to declare an entry in the Register of Hospitality and Gifts if in doubt as to whether or not they are required to do so. Gifts offered from a commercial organisation, irrespective of their real or intrinsic value, must be declared.

It is particularly important that gifts and hospitality offered by pharmaceutical companies are declared in detail in order to comply with the ‘sunshine rule’ which seeks to ensure that NHS organisations are not inappropriately lobbied in order to use specific drugs. This is in accordance with the Human Medical Regulations 2012.

Accepted gifts and hospitality which are deemed to be declarable must be authorized by the line manager of the staff member.
If any member of staff is unclear whether any offers of gifts or hospitality should be declined or submitted to the register they should contact the Trust Secretary for advice.

7.4 Gifts – of money from patients, relatives or carers

For the avoidance of doubt, this includes money or gifts of a cash equivalent, such as vouchers, of any value offered to individual employees must always be politely but firmly, declined. Instead the patient, relative or carer should be made aware of the NEAS Charitable Fund which can receive cash donations.

7.5 Gifts – of money or of a cash equivalent (e.g., vouchers) from contracts or suppliers

Such gifts must always be firmly refused and details should be notified to the Trust Secretary.

7.6 Gifts – of low intrinsic value or informal gifts

Items such as pens, calendars, diaries, biscuits, flowers etc., may be accepted but wherever possible should be shared to the benefit of a team rather than solely by the individual. Any gift from a contacter or supplier must be declared, irrespective of value. Gifts of low intrinsic value from patients, relatives or carers do not need to be declared, but should wherever possible be shared to the benefit of a team rather than solely by the individual. Any gift that exceeds a real or intrinsic value over £25 must be declined and declared.

7.7 Gifts from contactors or suppliers

Gifts from suppliers or contractors doing business (or likely to do business) with the organisation should be declined, whatever their value.

To accept a gift under such circumstances may amount to an offence under Section 2 of the Bribery Act, or at the very least the perception that a member of staff may have been influenced by such a gift.

Low cost branded promotional aids such as pens or post-it notes may, however, be accepted where they are under the value of £6\(^3\) in total, and need not be declared.

7.8 Hospitality received from/offered to external agencies

Hospitality if moderate in nature and provided to an individual or small group of staff is permitted if there is a clear and genuine business justification. Hospitality accepted must be no more in size or value than would be offered by the NHS as an employer. Hospitality received, or offered and declined, must also be submitted to the Register of Hospitality and gifts.

\[^3\] 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
Particular caution should be exercised when hospitality is offered by actual or potential suppliers or contractors. This can be accepted, and must be declared, if modest and reasonable. Senior approval must be obtained.

It not necessary for small, simple, low cost hospitality received, e.g., tea, coffee and buffet lunches to be recorded in the register, nor is it necessary to record items of an advertising nature received at training courses, conferences or seminars, etc., or part of a promotional exercise, e.g. pens, books, folders, etc.

**7.9 Meals and refreshments**

In terms of meals and refreshments, the following guidance applies:

- Under a value of £25 - may be accepted and need not be declared.
- Of a value between £25 and £75\(^4\) - 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(s) of interest as to why it was permissible to accept.
- A common sense approach should be applied to the valuing of meals and refreshments (using an actual amount, if known, or a reasonable estimate).

**7.10 Hospitality from patients**

This may jeopardise professional boundaries. All staff, where it is reasonable to do so, should therefore politely decline such hospitality.

**7.11 Donations**

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

Staff should not actively solicit charitable donations unless this is a prescribed or expected part of their duties for the organisation, or is being pursued on behalf of the organisation’s own registered charity or other charitable body and is not for their own personal gain.

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

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

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\(^4\) 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](http://www.pmcpa.org.uk/thecode/Pages/default.aspx)
that any tax liabilities related to such donations are properly discharged and accounted for.

7.12 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
- 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 NEAS will always clarify the circumstances and issues with the individuals involved. Staff should maintain a written audit trail of information considered and actions taken.

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

7.13 Employee Declarations of Interests

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

All employees, and potential employees, must declare all instances where they, a close relative or associate, has a controlling and/or significant interest in any business (including a private company, public sector organisation, other NHS employer or voluntary organisation), or any other activity or pursuit, which may compete for an NHS contract to supply either goods or services to the Trust.

Additionally, the Trust expects employees, and potential employees, 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 healthcare provision or in any way be linked to their main employment with the Trust.

The Trust also expects employees, and potential employees, to declare any potential conflict of interest arising from access to confidential and/or commercial information arising from their other employment or via spouse/partner e.g., employment by a competitor like another NHS Trust.

All staff should identify and declare material interests at the earliest opportunity (and in any event within 28 days). If staff are in any doubt as to whether an interest is material then they should declare it, so that it can be considered. Declarations should be made:

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

We will prompt Board Members, staff at band 8a and above, and anyone who has previously made a declaration to annually review declarations they have made and, as appropriate, update them or make a nil return. Additionally, on an annual basis we will encourage all staff to consider whether they need to make a declaration via promotion of the policy through the Trust’s communication channels.

7.14 Board Member Declaration of Interests

The procedure for the Board of Directors including Non-Executive Directors and Governors to declare interests is described in the Trust’s Constitution and Standing Orders. This process must be completed on appointment and on an annual basis for all Board Members.

At the time Board members’ interests are declared, they should be recorded in the Board minutes. Any changes in interests should be declared at the next Board meeting following the change occurring.

Directorships of companies likely or possibly seeking to do business with the NHS should be published in the Trust’s Annual Report. The information should be kept up to date for inclusion in succeeding annual reports.

During the course of a Board meeting, if a conflict of interest is established, the Board member concerned should withdraw from the meeting and play no part in the relevant discussion (unless the Board decides otherwise) or decision.

The interests of Board members’ spouses or cohabiting partners should be regarded as relevant and should be disclosed.

Influence rather than the immediacy of the relationship is more important in assessing the relevance of an interest. The interests of partners in professional partnerships including general practitioners should also be considered.

Directors have a duty not to accept benefits from a third party by virtue of their being a Director or for doing or not doing anything in their capacity as a Director.

The Trust Secretary will retain a register of Board Members’ interests. The Register will be available for inspection by the public free of charge. The Secretary will take reasonable steps to bring the existence of the Register to the attention of the local population and to publicise arrangements for viewing it.

Copies or extracts of the Register will be provided to members of the NHS Foundation Trust free of charge and within a reasonable time period of the request. A reasonable charge may be imposed on non-members for copies or extracts of the Register.

Further detail can be found in section 6 of the Standing Orders and section 9.14 of the Constitution.
7.15 Secondary Employment

It is a condition of employment that Trust staff do not undertake any other employment, paid or unpaid - which conflicts with the requirements of the post. In the event of staff wishing to take up any employment, they must seek prior, written, authority from their Executive Director. When written approval is given to a member of staff to undertake other employment, the relevant Director will ensure that this is recorded in the Register of Other Employment held by the HR Manager.

Staff should be aware that undertaking other employment whilst claiming sick pay from the Trust may lead to a referral being made to the Trust’s Local Counter Fraud Specialist for investigation. This may lead to disciplinary action (including dismissal) and/or criminal prosecution. The employee would also have to repay any sick pay.

7.16 Clinical Private Practice

Clinical staff (such as GPs working in the Clinical Assessment Service) should declare all private practice on appointment, and/or any new private practice when it arises including:

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

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

- Seek prior approval of their organisation before taking up private practice.
- Ensure that, where there would otherwise be a conflict or potential conflict of interest, NHS commitments take precedence over private work.
- Not accept direct or indirect financial incentives from private providers other than those allowed by Competition and Markets Authority guidelines: https://assets.publishing.service.gov.uk/media/542c1543e5274a1314000c56/Non-Divestment_Order_amended.pdf

7.17 Employment of Relatives

For the purposes of this Policy, the term relation/relative/relationship applies to blood (or adoptive) relations e.g., husband, wife, parent, child, brother, sister, aunt etc., and also to people who are living together as partners, regardless of gender or sexuality.

The Trust permits the employment of relatives. Potential members of staff must declare any current or previous relationship to employees of the Trust, as the employment of relatives may constitute a conflict of interest and must be declared.

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5 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/practicaladviceatwork/contracts/consultanttermsandconditions.pdf

6 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/practicaladviceatwork/contracts/consultanttermsandconditions.pdf
Failure to declare leading to a conflict of interest may result in disciplinary action.

It may not be acceptable for staff members in relationships to work within the same department and in each case, advice must be sought from the Human Resources (HR) Department.

It may not be acceptable for members of staff in relationships to act as supervisor or manager, whether in a direct or indirect sense, to one another and in each case, advice must be sought from the HR Department. Where this is the case, a declaration of interest must be made.

An employee must not shortlist, interview, appoint, promote, review performance or terminate employment of a person related to them.

Staff members entering into a relationship which may be considered to lead to a conflict of interest must make their line manager aware of this as soon as possible. The member will be required to act in the best interests of the patients and of their Department, if such a declaration is received. The longer serving party will be given the preference of remaining in the department or choosing to seek an alternative post.

7.18 Patents

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

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

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

7.19 Commercial Sponsorship

Where the Trust organises seminars, conferences, etc., for which sponsorship is received from any non-NHS source, the organiser of the event must record details of the sponsorship (including the date and title of the event, the name of the sponsoring organisation and the nature and extent of the sponsorship received) in the Register of Hospitality and Gifts.

Offers of significant sponsorship in excess of £1,500 must be reviewed and formally approved by the Director of Finance & Resources before the offer is accepted to ensure that there is no possibility of decisions regarding subsequent purchasing or contracting decisions of the Trust being compromised. For this reason the Trust will on no account accept linked deals where sponsorship is connected to a future purchase of specific products or from specific suppliers.
Sponsorship of events by appropriate external bodies will only be approved if a reasonable person would conclude that the event will result in clear benefit the organisations and the NHS.

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

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

At the organisation's discretion, sponsors or their representatives may attend or take part in the event but they should not have a dominant influence over the content or the main purpose of the event.

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

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

Staff arranging sponsored events must declare this to the organisation.

7.20 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 organisation, and/or institutes at which the study will take place and the sponsoring organisation, which specifies the nature of the services to be provided and the payment for those services.

The study must not constitute an inducement to prescribe, supply, administer, recommend, buy or sell any medicine, medical device, equipment or service.

Staff should declare involvement with sponsored research to the organisation.

7.21 Sponsored Posts

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

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

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

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

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

7.22 Contracts

All staff that are in contact with suppliers, contractors or external consultants, are expected to adhere to the professional standards set out in the Trust’s Standing Orders and Standing Financial Instructions and in the Code of Ethics of the Chartered Institute of Purchasing and Supply (CIPS). This is particularly important for staff who are authorised to sign Purchase Orders or place contracts for goods, materials or services.

Directors, managers and members of staff, including external consultants need to ensure that they show no special favour to contractors, friends, current or former employees, close relatives or associates when awarding contracts or orders.

Directors, Managers and members of staff, including external consultants must not seek or accept preferential treatment, 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 excludes agreements which have been negotiated by NHS management for the benefit of all staff, (e.g., staff benefit schemes).

7.23 Management of interests – strategic decision making groups

In common with other NHS bodies, NEAS uses a variety of different groups to make key strategic decisions about things such as:

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

The interests of those who are involved in these groups should be well known so that they can be managed effectively. For this organisation these groups include the Board of Directors, Board committees, sub-groups and Council of Governors (essentially the groups documented within the Trust’s governance structure).

These groups should adopt the following principles:

- Chairs should consider any known interests of members in advance, and begin each meeting by asking for declaration of relevant material interests.
- Members should take personal responsibility for declaring material interests at the beginning of each meeting and as they arise.
- Any new interests identified should be added to the organisation’s register(s).
• The vice chair (or other non-conflicted member) should chair all or part of the meeting if the chair has an interest that may prejudice their judgement.

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

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

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

7.24 Procurement

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

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

8. 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’.

8.1 Identifying and Reporting Breaches

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.

Staff who are aware about actual breaches of this policy, or who are concerned that there has been, or may be, a breach, should report these concerns to the Trust Secretary (0191 430 2001). Concerns which may relate to fraud, bribery or corruption should be reported to the Local Counter Fraud Specialist or Director of Finances and Resources.
For further information about how concerns relating to risk, malpractice or wrongdoing should be raised is contained within the Trust’s *Freedom to Speak Up: Raising Concerns (Whistleblowing) Policy* (Q-Pulse reference: EXT-CE-DOC-1).

The organisation 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 organisation will:

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

### 8.2 Reporting Breaches to the Media

The Trust works closely with the media to help service users and the general public understand the challenges faced by the Trust and celebrate the successes within the organisation. As an essential emergency service and health provider, it is important that public confidence is not undermined.

Any employee considering disclosure to the media is advised to first seek further specialist guidance from professional or other representative bodies and to discuss matters with their colleagues and where appropriate, line and professional managers. An employee considering contacting the media should also, as a first point, contact the Trust Communications Department.

It is expected that staff concerns can be addressed and dealt with without reference to the media and dealt with through other policies and procedures in the Trust. Disclosing issues of concern to the media, if entered into unjustifiably, will result in disciplinary action if it unreasonably undermines public confidence in the Trust.

The Trust acknowledges that Branch Secretaries (or formerly designated deputies) of recognised Trades Unions have the right to approach the Media without reference to the Trust Communications Department.

The Trust recognises that all staff are entitled to use social media for social networking in a personal capacity but that individual comments and postings relating to work or professional issues can impact on the reputation of the NEAS or the NHS. A Social Networking Policy exists to provide guidance to staff on conducting their legitimate activities on social media while avoiding potential problems for themselves or the NHS. The Trust’s Communications & Engagement team should be consulted by any team or department who is thinking of using social media to promote their work. Any online posting associated with the Trust’s business also needs to be approved by the individual’s line manager.
8.3 Taking action in respect to breaches

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

Breaches could require action in one or more of the following ways:
- Clarification or strengthening of existing policy, process and procedures.
- Consideration as to whether 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 Protect, the Police, statutory health bodies (such as NHS England, NHS Improvement or the CQC), and/or health professional regulatory bodies.

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

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

- 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.

8.4 Learning and transparency regarding breaches

Reports on breaches, the impact of these, and action taken will be considered by the Audit Committee.

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

The Trust will:

- Publish the interests declared by decision making staff in the Trust’s Register of Interests
- The information will be refresh on an annual basis
- The Register is available to the public via the Trust’s website.
- Publish the Register of Gifts and Hospitality 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 Trust Secretary 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.

10. Wider Transparency Initiatives

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

Relevant staff are strongly encouraged to give their consent for payments they receive from the pharmaceutical industry to be disclosed as part of the Association of British Pharmaceutical Industry (ABPI) Disclosure UK initiative. These “transfers of value” include payments relating to:

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

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

11. Equality and Diversity

The Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on the grounds of any protected characteristic (Equality Act 2010).

An equality analysis has been undertaken for this policy, in accordance with the internal Equality Policy and the Equality Act (2010).
Details of this assessment are stored within the central register for Equality Analysis Assessments maintained within the Equality and Diversity team within the Communications and Engagement department.

12. Monitoring Compliance with and Effectiveness of this Policy

12.1 Compliance and Effectiveness Monitoring

Arrangements for the monitoring of compliance with this policy and of the effectiveness of the policy are detailed in the table below.
### 12.2 Compliance and Effectiveness Monitoring Table for this policy

<table>
<thead>
<tr>
<th>Process in the policy</th>
<th>Key Performance Indicators (KPI)/Criteria</th>
<th>Method</th>
<th>Who By</th>
<th>Committee</th>
<th>Frequency</th>
<th>Learning/Action Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Register of Interests</td>
<td>Audited on an annual basis.</td>
<td>Review of completed forms within the register to determine compliance with this policy</td>
<td>Trust Secretary</td>
<td>Audit</td>
<td>Annual</td>
<td>Provide feedback to individuals on the appropriateness of their declarations if any weaknesses are identified.</td>
</tr>
<tr>
<td></td>
<td>Public Document – can be examined on request.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reported within the Trust’s Annual Report.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Register of Hospitality &amp; Gifts</td>
<td>Audited on an annual basis.</td>
<td>Review of completed forms within the register to determine compliance with this policy</td>
<td>Trust Secretary</td>
<td>Audit</td>
<td>Annual</td>
<td>Provide feedback to individuals on the appropriateness of their declarations if any weaknesses are identified.</td>
</tr>
<tr>
<td></td>
<td>Public Document – can be examined on request.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
13. Consultation and Review of this Policy

This policy has been reviewed in consultation with the Trust Secretary, Audit Committee and Board of Directors. Its content is aligned with the model policy produced by NHS England in 2017.

This Policy will be reviewed by the Trust Secretary every three years or when otherwise appropriate to reflect changes in legislation or guidance. The Audit Committee and Board of Directors will consider the materiality of any revision made to the document and, subject to its view, approve for dissemination throughout the Trust.

This policy will be circulated by the Quality Assurance Assistant/Manager.

14. References

This document refers to the following guidance, including national and international standards:

- The Nolan Committee’s Seven Principles of Public Life
- The Bribery Act 2010
- NHS Code of Accountability
- The Fraud Act 2006
- Code of Ethics of the Chartered Institute of Purchasing and Supply (CIPS)

15. Associated Documentation

This policy does not directly impact upon other Trust policies and procedures, although the standards of professional and business conducts outlined within the Trust’s codes of conduct apply to all circumstances outlined in this policy.

- Constitution (SOP-CE-TS-3)
- Standing Financial Instructions (SOP-CE-TS-2)
- Reservation and Delegation of Powers (SOP-CE-TS-4)
- Standing Orders (SOP-CE-TS-5)
- Freedom to Speak Up: Raising Concerns (Whistleblowing) Policy (EXT-CE-DOC-1)
- Anti-Fraud, Bribery and Corruption Policy (POL-F-CF-1)
- Staff Terms and Conditions of Employment (Employment Contracts)
Standards of Business Conduct Policy

- Disciplinary Policy and Procedures (POL-WOD-HR-7)
- Social Media Policy (POL-WOD-HR-10)
Appendices

15.1 Appendix A: Practical Guidelines for Staff on Gifts and Hospitality

**Genuine**: Is the offer made for reasons of genuine appreciation for something I have done, without any encouragement from me?

**Independent**: If I accept it, would a reasonable member of the public be confident that I could be independent in doing my job?

**Free**: Would it be clear to a reasonable member of the public that the donor does not expect any favourable treatment from the Trust in return?

**Transparent**: Would I be comfortable if the gift was transparent to my organisation, colleagues and to the public?

If the answer to any of the above questions is ‘no’ then the offer of a gift, gratuity, hospitality or sponsorship must be declined.

**Do:**

- Make sure you understand the guidelines on the hospitality and gifts and consult your line manager if you are not sure
- Make sure you are not in a position where your private interests and duties to the Trust may conflict
- Declare to the Trust any interests which may be relevant

**If in doubt, ask yourself:**

- Am I or might I be in a position where I (or my family/friends) could gain from the connection between my private interests and my employment?
- Do I have access to information which could influence purchasing or contracting decisions?
- Could my outside interest be in any way detrimental to the Trust or to clients’ interests?
- Do I have any other reason to think I may be risking a conflict of interest?

**Do not:**

- Accept any gifts, inducements or hospitality unless you are sure that acceptance will not constitute a conflict of interest
- Abuse your past or present official position to obtain preferential rates for private deals or to affect the employment conditions of a relative
- Unfairly advantage one competitor over another or show favoritism in awarding contracts or making business decisions
- Misuse to make available official 'commercial in confidence' information
15.2 Appendix B : Examples of Interests that need to be declared by staff

The following table provides some practical examples of interest that should be disclosed for inclusion in the Register of Interests.

<table>
<thead>
<tr>
<th>Type of Interest</th>
<th>Specific Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial interest</td>
<td>A personal or family connection with a private, limited or public company e.g. work of family member connected with the organisation, supplier/personal acquaintance of company employee. Connection to a company invited to tender to supply goods or services to the Trust</td>
</tr>
<tr>
<td>Shareholdings</td>
<td>Shares in a private hospital or supplier or potential supplier of the Trust</td>
</tr>
<tr>
<td>Partnerships</td>
<td>Links and contracts with both the public and private sectors</td>
</tr>
<tr>
<td>Consultants / GPs</td>
<td>Private practice</td>
</tr>
<tr>
<td>Education</td>
<td>School Governor</td>
</tr>
<tr>
<td>Other NHS</td>
<td>Trustee/Non-Executive Director of another Trust</td>
</tr>
<tr>
<td>Outside Employment</td>
<td>Employment with any external organisation or company</td>
</tr>
<tr>
<td>Directorships</td>
<td>Director of a company</td>
</tr>
<tr>
<td>Political</td>
<td>County Councillor</td>
</tr>
<tr>
<td>Land</td>
<td>Owner of land under negotiation or owner of rental accommodation</td>
</tr>
<tr>
<td>Charities</td>
<td>Active involvement in a charity.</td>
</tr>
</tbody>
</table>

The above list is not intended to be exhaustive. Further advice can be obtained from the Trust Secretary.
15.3 Appendix C – Nolan Principles

The Seven Principles of Public Life

1. Selflessness

Holders of public office should take decisions solely in terms of the public interest. They should not do so in order to gain financial or other material materials 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 influence them in the performance of their official duties.

3. Objectivity

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

4. Accountability

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

5. Openness

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

6. Honesty

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

7. Leadership

Holders of public office should promote and support these principles by leadership and example.
### Appendix D: Guidance of the acceptance of Hospitality, Gifts and Sponsorship

<table>
<thead>
<tr>
<th>Hospitality or Gift</th>
<th>Acceptable</th>
<th>Declarable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff should not accept gifts that may affect, or be seen to affect, their professional judgement.</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Low value gifts from others such as: diaries/calendars under £25.00</td>
<td>Yes*</td>
<td>No</td>
</tr>
<tr>
<td>Gifts from suppliers or contractors doing business (or likely to do business)</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Low cost branded promotional aids such as pens or post-it notes from contractors / suppliers under the value of £6 in total</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Token gifts given at a courtesy visit/VIP visit</td>
<td>Yes*</td>
<td>Yes</td>
</tr>
<tr>
<td>Infrequent working breakfast</td>
<td>Yes*</td>
<td>Only if considered greater than £25.00 in value</td>
</tr>
<tr>
<td>Infrequent working lunch</td>
<td>Yes*</td>
<td>Only if considered greater than £25.00 in value</td>
</tr>
<tr>
<td>Biscuits, chocolates, flowers, alcohol from patients/relatives / friends of patients</td>
<td>Yes*</td>
<td>Only if considered greater than £25.00 in value</td>
</tr>
<tr>
<td>Formal dinners/evenings**</td>
<td>Yes*</td>
<td>Yes</td>
</tr>
<tr>
<td>Visits to view equipment paid for by outside companies</td>
<td>Yes*</td>
<td>Yes</td>
</tr>
<tr>
<td>Other forms of commercial sponsorship</td>
<td>Yes*</td>
<td>Yes</td>
</tr>
<tr>
<td>Holiday accommodation</td>
<td>No - to be declined</td>
<td>Yes</td>
</tr>
<tr>
<td>Services offered to staff by Trust contractors or suppliers at discounted rates</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Gifts/equipment offered by contactors/potential suppliers over £25.00 (such as invitations to concert/sporting event tickets)</td>
<td>No - to be declined</td>
<td>Yes</td>
</tr>
<tr>
<td>Other promotional gifts</td>
<td>No - to be declined</td>
<td>Yes, regardless of value</td>
</tr>
<tr>
<td>Gifts of cash or vouchers (any amounts) – persons offering cash should be advised of the existence of the Charitable Funds as an alternative</td>
<td>No - to be declined</td>
<td>Yes, regardless of value</td>
</tr>
</tbody>
</table>

* Acceptable where the hospitality/gift does not create a sense of obligation or constitute an incentive or bribe.

** See section 7.9 for acceptable values.