

Standards of Business Conduct Policy

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Links to Organisational/Service Objectives, business plans or strategies	Personal Responsibility Framework Our shared commitment

Executive Summary

This policy describes the expectations of the Trust and methods to be used to declare any conflicts of interest, secondary employment, financial interest, and sponsorship.

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Version History Log

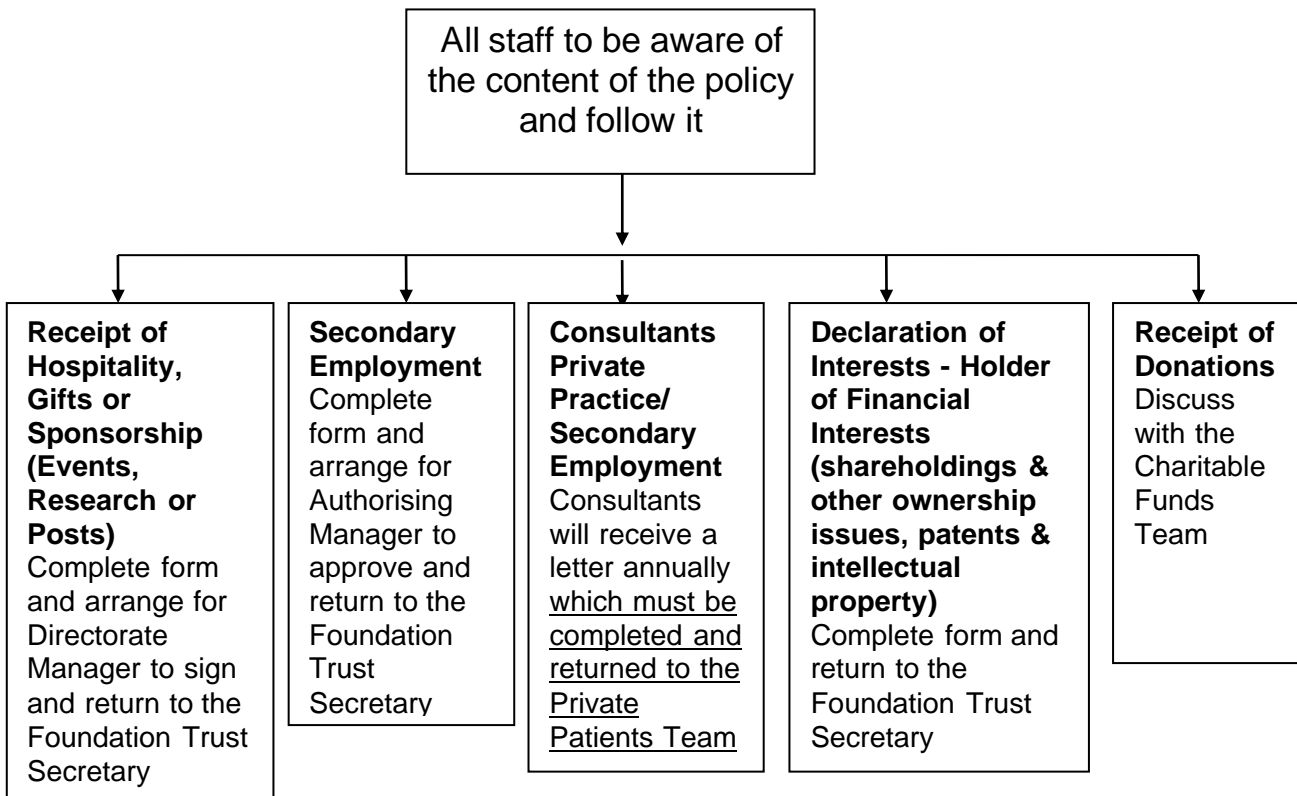
This area should detail the version history for this document. It should detail the key elements of the changes to the versions.

Version	Date Approved	Version Author	Status & location	Details of significant changes
7		Anna Pridmore		Re draft of whole policy
8		Lynda Provins		Revision – New NHSE Managing Conflicts of Interest in the NHS Guidance
8.01	31.01.18	Lynda Provins	Final Intranet	Revision – comments received
9.00		Lynda Provins		Revised to ensure compliance with guidance
11		Cheryl Gaynor		Revised Consultant Declaration of Intent Updated name of Organisation and Logo.

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Process flowchart



All staff should use common sense and judgement to consider whether the interests you have and declare these as they arise. If in doubt, declare. Staff should regularly consider what interests you have and declare these as they arise. If in doubt, declare.

Staff should **not** misuse your position to further your own interests or those close to you.

Staff should **not** be influenced, or give the impression that you have influenced by outside interests.

Staff should **not** allow outside interests you have to inappropriately affect the decisions you make when using taxpayers money.

Queries on any areas of this policy should be referred to the Foundation Trust Secretary in the first instance. If any clarification is required please talk to your Line Manager or the Foundation Trust Secretary.

All completed forms should be returned to the Foundation Trust Secretary with the exception of the Consultants Private Patients letter which must be returned to the Private Patients Team.

1 Introduction & Scope

The Trust has in place a framework for personal responsibility and living our values. This framework focuses on promoting personal responsibility through how individuals act within the organisation in relation to the roles, the teams and the behaviours displayed on a daily basis. The impact of these values is felt by everyone who comes into contact with our services. The framework is supported by the Trust's document called *Our shared commitment*.

Following on from the guidance on Standards of Business Conduct in HSG (93)5, legislation has been introduced specifically to address issues of bribery and commercial sponsorship through the Bribery Act 2010. Further guidance has been issued by NHS England on Managing Conflicts of Interest in the NHS in 2017. NHS Foundation Trusts must also comply with the 'NHS Foundation Trust Code of Governance' issued by NHSI, the sector regulator.

The Trust's Constitution and Standing Orders requires conflicts of interest to be declared and a register of interests to be maintained. The requirement to abide by the Trust's Standard of Business Conduct Policy is incorporated into every individual's contract of employment. This policy is designed to guide and protect individual employees in their normal day to day dealings with regard to the acceptance of gifts, hospitality, honaria, charitable donations, financial interests, sponsorship and the award of contracts for goods and/or services.

The principles and conduct of the NHS are summarised as follows:

NHS staff are expected to:

- Ensure that the interest of patients remains paramount at all times;
- Be impartial and honest in the conduct of their official business;
- Use the public funds entrusted to them wisely and to the best advantage of the service, always ensuring value for money.

The Code of Conduct/ Code of Accountability emphasises three crucial public service values which must underpin the work of the health service staff at all times:

Accountability – Everything that is done by those who work in the NHS must be able to stand the test of parliamentary scrutiny, public judgements on propriety and professional codes of conduct.

Probity – There should be an absolute standard of honesty in dealing with the assets of the NHS; integrity should be the hallmark of all personal conduct in decisions affecting patients, staff and suppliers, and any news or information acquired in the course of NHS duties.

Openness – There should be sufficient transparency about NHS activities to promote confidence between the NHS Authority or Trust and its staff, patients and the public.

2 Definitions / Terms used in policy

There are a number of elements that should be taken into account around standards of business conduct. They include:

Financial Interests – where an individual may get direct financial benefit (or avoidance of a loss) 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 person 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 or a non-financial interest and could stand to benefit from a decision they are involved in making.

For the purpose of this policy this includes, but is not restricted to:

- Interest in a company by the employee, their partner/ spouse or children which the Trust has commercial dealings with, or whose principal business is healthcare or an allied business associated to healthcare;
- Significant financial or controlling interests or ownership by the employee or a member of their family, of a company which the Trust has a business relationship with. Family members include siblings, direct descendants or ancestors, and their partners/ spouse;
- Secondary employment including the formation of a company that is in the healthcare or healthcare related field;
- Unpaid advisory work for organisations where the Trust has a contractual relationship or is within the healthcare environment.

Sponsorship including commercial sponsorship – Defined as NHS funding from an external source, including funding of all or part of the costs of member(s) of staff, NHS research, staff, training, pharmaceuticals, equipment, meeting rooms, costs associated with meetings, meals, gifts, hospitality, hotel and transport costs (including trips abroad), provision of free services (speakers), buildings or premises.

Commercial sponsorship of posts may be offered by companies (for example pharmaceutical or orthopaedic companies). This may be on the basis of whole or partial funding.

Gifts, honoraria and charitable donations – This is defined as something (of value) given voluntarily (for which payment has not been made) from an individual or company to another individual or organisation (the Trust) to mark an occasion, make a gesture and/or as a token of gratitude. The policy does not expect staff to record and report every gift offered, declined or received. If the gift is of a 'low intrinsic value' (below £6) such as calendars, mugs, pens, diaries, note pads, mouse mats, confectionery, etc. it does not need to be declared.

Conflicts of Interest – a set of circumstances by which a reasonable person would consider that an individual's ability to apply judgement or act, in the context of delivering, commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold. It 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.

Bribery Act 2010 responsibilities – It defines bribery as giving someone a financial or other advantage to encourage that person to perform their functions or activities improperly or to reward that person for having already done so. This includes seeking to influence a decision-maker by giving some kind of ‘gift’ to that decision maker rather than buy what can legitimately be offered as part of a tender process. This is a criminal offence, punishable by up to 10 years imprisonment and an unlimited fine. Further information can be found at Attachment A.

Hospitality – Hospitality is often offered by suppliers of goods and services and partner organisations and includes such things as business breakfasts/lunches, educational seminars, travel, overnight accommodation and corporate networking events.

Trust Staff – All individuals who are employed by the Trust including those on permanent, temporary and bank contracts along with agency and locum workers. It also includes those who hold honorary contracts, secondees to the Trust and contractors. Employment means receiving remuneration for hours worked in the Trust.

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. Staff should be familiar with the Trust’s Reservation of Powers and Scheme of Delegation and the knowledge of what their limits are. These staff are:

- Executive, Non-executive and Corporate Directors or equivalent roles;
- Members of advisory groups which contribute to direct or delegated decision making;
- Those at Agenda for Change band 8d and above;
- Administrative and clinical staff who have the power to enter into contracts on behalf of the organisation;
- Administrative and clinical staff involved in decision making concerning the commissioning of services, purchasing of goods, medicines, medical devices or equipment and formulary decisions.

3 Policy Statement

The Trust has an obligation to ensure that all employees are able to perform their duties safely and to protect its business interests. Therefore, you may not engage in any employment outside of the Trust and/or any additional secondary employment with the Trust (paid, unpaid or voluntary), without having obtained the prior approval of your manager. Additionally, you must not engage in any employment which may conflict with your Trust employment or be detrimental to it, e.g. private work, or that which may be detrimental to the interests or image of the Trust. In accordance with this policy you must tell your line manager if you think you may be risking a conflict of interest in this area.

General principles of the policy are that all staff working for the Trust under NHS terms and conditions are covered by the policy. The policy applies equally to exchequer and charitable sources of funding. All employees have a responsibility for ensuring that they are not placed in a position, which risks – or appears to risk – a conflict between their private interests and their NHS duties.

4 Identification, Declaration and Review of Interests

4.1 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).
- Individuals that are part of a tender evaluation panel should complete a declaration of interest document as required by the tendering checklist.

Declaration forms can be found at Attachment B of this document.

Declarations should be completed, approved by the authorising manager and sent to the Foundation Trust Secretary.

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

4.2 Proactive review of interests

The Trust will prompt decision making staff annually to review declarations they have made and, as appropriate, update them or make a nil return.

5 Records and publication

5.1 Maintenance

The Trust will maintain the following registers:

- Register of Secondary Employment;
- Register of Pecuniary (Financial) Interests;
- Register of Hospitality, Gifts or Sponsorship.

All declared interests that are material will be promptly transferred to the register by administrative staff in the Chief Executive's Office.

5.2 Publication

The Trust will:

- Publish the interests declared by decision making staff in
 - Register of Secondary Employment;
 - Register of Pecuniary (Financial) Interests;
 - Register of Hospitality, Gifts or Sponsorship.
- Refresh this information annually;
- Make the Register of Hospitality, Gifts or Sponsorship available on the Trust's website.

If decision making staff have substantial grounds for believing that publication of their interests should not take place then they should contact the Foundation 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.

5.3 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>

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

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

7 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.

7.1 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 £6¹ 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 the Trust 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.

7.1.1 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);

7.2 Hospitality

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

¹ 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>

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- 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 £75² - 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);

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.

7.2.1 What should be declared

- Staff name and their role with the organisation;

² 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>

- 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).

7.3 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.

7.3.1 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).

7.4 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.

7.4.1 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);

7.5 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 on-going, 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.

7.5.1 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).

7.6 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.

7.6.1 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).

7.7 Donations

- Donations made by suppliers or bodies seeking to do business with the organisation should be treated with caution and dealt with through the Fundraising Team only. 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 York Teaching Hospital Charity fund (never to an individual) and a receipt should be issued by the cashiers office or general office (please see the Charity Fundraising Policy and Procedure). All donations over £5 should receive an official acknowledgement in the form of a thank you letter from the Fundraising Team;
 - 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.

7.7.1 What should be declared

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

7.8 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.

7.8.1 What should be declared

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

7.9 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.

7.9.1 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).

7.10 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.

7.10.1 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.

7.11 Clinical private practice

Clinical staff should declare all private practice on appointment, and/or any new private practice when it arises³ to the Private Patient Team including:

- Where they practise (name of private facility).
- What they practise (specialty, major procedures).
- When they practise (identified sessions/time commitment) and if this is in NHS contracted hours then prior approval should be sought from the Medical Director.

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.⁴
- 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.

7.11.1 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.

³ 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

⁴ 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

- 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).

Consultant staff must complete the Consultant Declaration of Intent Re: Private Patients/Secondary Employment which is sent out annually by the Private Patient Team.

8 Management of interests – advice in specific contexts

8.1 Strategic decision making groups

In common with other NHS bodies York & Scarborough Teaching Hospitals NHS Foundation Trust uses a variety of different groups to make key strategic decisions about things such as:

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

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: Board of Directors, Council of Governors and Executive Board

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.

8.2 Procurement

Procurement should be managed in an open and transparent manner, compliant with the Trust's Procurement Policy and 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.

9 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'.

9.1 Identifying and reporting breaches

Staff who are aware about actual breaches of this policy, or who are concerned that there has been, or may be, a breach, should report these concerns to their manager.

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 see the Raising Concerns and Whistleblowing Policy and Fraud, Bribery and Corruption Policy or contact the Trust's Freedom to Speak Up Guardian.

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 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.

9.2 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 wrong-doing or fault then the organisation can and will consider the range of possible sanctions that are available, in a manner which is proportionate to the breach. This includes:

- 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.

9.3 Learning and transparency concerning breaches

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

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

10 Associated documentation

Freedom of Information Act 2000

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

ABHI Code of Business Practice

NHS Code of Conduct and Accountability (July 2004)

Trust's Charity Fundraising Policy and Procedure

Procurement Policy

Reservation of Powers and Scheme of Delegation

11 Impact Upon Individuals with Protected Characteristics

In the development of this policy the Trust has considered evidence to ensure understanding of the actual / potential effects of our decisions on people covered by the equality duty. A copy of the analysis is attached at Appendix 1.

12 Accountability

Operational implementation, delivery and monitoring of the policy reside with:

The Trust

The Chief Executive is responsible for ensuring that this policy is brought to the attention of all employees, also that machinery is put in place for ensuring that they are effectively implemented and monitored including periodic examination of the 'gifts and hospitality' registers and declaration of interests register maintained within the directorates or by the Foundation Trust Secretary.

Foundation Trust Secretary

The Foundation Trust Secretary is responsible for the upkeep of the corporate registers and for compiling an annual report which is presented to the Audit Committee.

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Directorate Managers/Clinical Directors

The Directorate Managers/Clinical Directors are responsible for ensuring all staff are aware of the policy and for approving/escalating any forms received.

Trust Staff

It is the responsibility of all Trust staff to ensure that they are not placed in a position which risks, or may risk, conflict between their private interests and their NHS duties.

It is the responsibility of all Trust staff to declare the information requested by this policy. Failure to do so may result in disciplinary procedures against individual members of staff.

Attachment A – Bribery Act 2010

The Bribery Act 2010 replaced offences in common law and under the Public Bodies Corrupt Practices Act 1889, the Prevention of Corruption Act 1906 and 1916.

The Act brings into force a new consolidated scheme of bribery offences including:

- Two general offences covering offering, promising or giving an advantage, and the requesting, agreeing to receive or accepting of an advantage
- A discrete offence of bribery of a foreign public official to obtain or retain business or an advantage in the conduct of business;
- A new offence of failure by a commercial organisation to prevent a bribe being paid for or on its behalf. It will be a defence if the organisation has ‘adequate procedures’ in place to prevent bribery
- A maximum penalty of 10 years imprisonment for all offences and unlimited fines
- Extra-territorial jurisdiction to prosecute bribery committed abroad by persons ordinarily resident in the UK as well as UK national and UK corporate bodies

The Trust is committed to eliminating all level of fraud and corruption within the Trust and the NHS. It is an offence under the Bribery Act 2010 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. The Trust is committed to carry out business fairly, honestly and openly and is committed to a zero tolerance of bribery.

Any staff concerned or requiring further clarification should contact the Foundation Trust Secretary or Head of Procurement.

If you believe any bribery offence has taken place, please report to Steve Moss, Counter Fraud Specialist.

Attachment B – documents and forms



Declaration of interest form – Financial Interest

Name:

Position held in the Trust:

Date Detail when the interest arose and if relevant when it ceased.

The Code of Business Conduct requires staff to declare, on an annual basis, when they or their close relatives/associates have any interests, as detailed in the sections below, in an organisation, activity or pursuit which may compete for an NHS contract to supply either goods or services to the Trust:

- (a) Directorships, including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies).
- (b) Ownership, part-ownership or directorship of private companies, business or consultancies likely or possibly seeking to do business with the NHS.
- (c) Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS.
- (d) A position of Authority in a charity or voluntary organisation in the field of health and social care.
- (e) Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services.
- (f) Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS Foundation Trust, including but not limited to, lenders or banks.

If at any time your declaration changes and you are affected by one or more of the above you must complete this form at that time, and in any instance that you feel appropriate.

Description of Interest: Provide a description of the interest that is being declared. That is, the information provided should enable a reasonable person with no prior knowledge should be able to read this and understand the nature of the interest

Types of interest:

Financial interests - This is where an individual may get direct financial benefits from the consequences of a decision they are involved in making

Non-financial professional interests - This is 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 status or promoting their professional career

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

Indirect interests - This is where an individual has a close association with another individual who has a financial interest, a non-financial professional interest or a non-financial personal interest who would stand to benefit from a decision they are involved in making

A benefit may arise from both a gain or avoidance of a loss.

Name of organisation:

Relationship/role:

How is this relevant to the work of the organisation?

.....
.....
.....
.....

Declaration:

I have read and understood the Standard of Business Conduct Policy as it relates to conflicts of interest, and declare that the information I have provided on this form is correct and complete. I understand that failure to abide by the code will render me liable for disciplinary action and civil recovery procedures, including termination of employment, and potentially liable to prosecution for any fraudulent actions. I consent to the information on this form being used for the prevention, detection and investigation of fraud.

I do/do not (delete as appropriate) give my consent for this information to be published on the registers held by the Trust. If consent is not given please state why,

Signature.....

Print name:Date:

Line manager to complete:

Declaration is Acceptable/Unacceptable (please delete as appropriate)

Comments:

.....
.....

Signature:.....

Print name:Date:

Please return completed forms to the Foundation Trust Secretary.

Secondary or outside employment

This form is for use during the financial year to advise if you have started any secondary or outside employment

Name.....

Position held in the Trust.....

Date.....

The Code of Business Conduct requires staff to declare, on an annual basis, when they are undertaking secondary or 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.

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).

Name of secondary or outside employer.....

Your post with secondary or outside employer.....

Date employment began.....

Hours and time worked.....

Declaration:

I have read and understood the Standard of Business Conduct as it relates to secondary or outside employment and I declare that the information I have provided on this form is correct and complete. I understand that failure to abide by the code will render me liable for disciplinary action and civil recovery procedures, including termination of employment, and potentially liable to prosecution for any fraudulent actions. I consent to the information on this form being used for the prevention, detection and investigation of fraud.

I do/do not (delete as appropriate) give my consent for this information to be published on the registers held by the Trust. If consent is not given please state why,

Signature.....

Print name.....

Line Manager to complete

Declaration is acceptable/ unacceptable (please delete as appropriate)

Comment.....
.....

Signature

Print Name.....Date.....

Please return completed forms to the Foundation Trust Secretary.

CONSULTANTS DECLARATION OF INTENT

PRIVATE PATIENTS

I, declare to the best of my knowledge, **I will / I will not see private patients** (please delete as appropriate) within the York and Scarborough Teaching Hospitals NHS Foundation Trust (including any of its premises or facilities) during the **period April 2022 to March 2023**.

I therefore agree I will only see private patients outside of my NHS contracted hours. If private patients are seen in NHS contracted hours this will only be with prior approval from the Medical Director.

I declare that should I see, treat or admit any patient on a private basis I will notify the Private Patient Team in advance of my intention to do so (tel. 01723 385382) or email : private.patientunit@nhs.net Arrangements to recover any necessary hospital fees on behalf of the Trust will then be made.

I will ensure that, where there would otherwise be a conflict or potential conflict of interest, NHS commitments take precedence over private work.⁵

If your private patients are seen by other NHS Trust staff this must be notified to the Trust, agreed in advance and not impact on NHS work.

The Consultant, or their nominated deputy, have the prime responsibility of informing the Private Patient Team of any costs associated with the private episode of care and also for ensuring that the private status of any patient admitted by them to any site or premises of York and Scarborough Teaching Hospitals NHS Foundation Trust is accurately recorded and that the Trust's capacity and resources are effectively used.

NHS facilities, staff and services must only be used for private practice with the agreement of the Trust.

Consultants should not spend time discussing private treatment with patients during NHS consultations. When patients raise questions about the availability of private treatment, it is advised that consultants refer enquiries to their private secretaries. Consultants may briefly answer factual questions about

⁵ 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
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the availability of private treatment and should then inform the patient's GP about the request for information.

I declare that if I treat or admit Private Patients to York and Scarborough Teaching Hospitals NHS Foundation Trust premises or facilities, I have the necessary personal/indemnity insurance cover required.

I declare that I am also aware that the Trust cannot be held responsible for any errors regarding information given to private patients and that use of the Trust's headed notepaper is not permitted in these circumstances.

I declare that I will also inform the Trust through the Overseas Visitor Officer of any person who may be deemed an Overseas Visitor.

Room Rent

In line with present updated arrangements, room rent will be increased annually in line with the cost of living % rise each April.

Consultants will be charged directly for the use of consulting rooms. Outstanding invoices must be settled in line with payment of instruction (within 28 days). Otherwise the Trust reserves the right to deduct the outstanding amount from the individual's salary.

Multi-Disciplinary Team (MDT)

The Trust is currently considering the complexities and implications surrounding the MDT process and private/NHS interface, which may result in further amendment/changes in line with the private patient policy.

PHIN

I declare I accept responsibility for adherence, compliance and processes necessary to comply with PHIN and will act upon PHIN updates as required.

Non NHS work (Category II)

In line with the Private Patient Policy and audit recommendations any non NHS work i.e. DVLA, solicitor or medico-legal work. Trust headed notepaper must not be used and any work must be declared and notified to Private Patient Team, (telephone: 01723 385382) in the first instance.

In relation to any approach from 3rd Party such as DVLA; Diving Organisation; Airline, or Medico legal work where they approach the individual Consultant directly, if utilisation of Trust resources are necessary then an appropriate charge will be applied and an invoice sent to the relevant Consultant .

Please declare if you employ any NHS Trust staff i.e. secretary, technician, nurse for any element of your private work.

I do/ I do not (delete as appropriate) employ NHS Trust staff details below:

Staff member name

Department.....

Position.....

Your co-operation in completing this form is very much appreciated.

Print Name.....

Speciality/Hospital Site.....

The form contains a couple of examples of the type of declaration expected.

Date declared	Organisation where interest held	Nature of interest
Example	Smith Pharmaceuticals	Advisor Clinical Trials Lecture fees
Example	Smith Surgery Partnership LLP	Contracted NHS work Partner

Declaration: I have read and understood the Standards of Business Conduct as it relates to secondary or outside employment link as follows:

<http://staffroom.ydh.yha.com/policies-and-procedures/corporate-policies-and-procedures/standards-of-business-conduct-policy-supporting-documentation>

Including private practice work and I declare that the information I have provided on this form is correct and complete. I understand that failure to abide by the code will render me liable for disciplinary action and civil recovery procedures, including termination of employment, and potentially liable to

prosecution for any fraudulent actions. I consent to the information on this form being used for the prevention, detection and investigation of fraud.

I do/do not (delete as appropriate) give my consent for this information to be published on the registers held by the Trust. If consent is not given please state why,

Signed.....

Date.....

...

Please complete this form as a matter of urgency and return within 48 hours of receipt duly completed and signed to Private Patient's Team, Scarborough Hospital. Via email to: private.patientunit@nhs.net

- ❖ Please be aware this information will also be used to update the Trust's secondary employment register.

- ❖ Hyperlink covers the relevant section of the Standards of Business Conduct Policy.

7.11 Clinical Private Practice

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

- Where they practise (name of private facility).
- What they practise (specialty, major procedures).
- When they practise (identified sessions/time commitment) and if this is in NHS contracted hours then prior approval should be sought from the Medical Director.

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.⁷

⁶ Hospital Consultants are already required to provide their employer with this information by virtue of Para.3 Sch. 9 of the Terms and Conditions – Consultants (England) 2003: https://www.bma.org.uk/-/media/files/pdfs/practical_advice_at_work/contracts/consultanttermsandconditions.pdf

- 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.

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).

Consultant staff must complete the Consultant Declaration of Intent Re: Private Patients/Secondary Employment which is sent out annually by the Private Patient Team.

⁷ These provisions already apply to Hospital Consultants by virtue of Paras.5 and 20, Sch. 9 of the Terms and Conditions – Consultants (England) 2003: https://www.bma.org.uk/-/media/files/pdfs/practical_advice_at_work/contracts/consultanttermsandconditions.pdf
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York & Scarborough Teaching Hospitals NHS Foundation Trust – Register of Hospitality, Gifts or Sponsorship

The Standards of Business Conduct Policy requires staff to declare; gifts, benefits, hospitality or sponsorship, which are relevant and material to the Trust. All staff are required to comply with all Trust policies and procedures for procurement.

Please complete the declaration below if your situation satisfies any of the following criteria:

1. Hospitality over the value of £50

- 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 £75⁸ - 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);

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.

⁸ The £75 value has been selected with reference to existing industry guidance issued by the ABPI <http://www.pmcpsa.org.uk/thecode/Pages/default.aspx>

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).

2. Gifts

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

Gifts from suppliers or contractors:

- Gifts from suppliers or contractors doing business (or likely to do business) with the organisation should be declined, whatever their value.
- Low cost branded promotional aids such as pens or post-it notes may, however, be accepted where they are under the value of £6⁹ 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 the Trust 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.

What should be declared

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

3. Commercial Sponsorship for Attendance at Courses and Conferences including fees and travel (over the value of £50)

The policy defines commercial sponsorship as including:

⁹ 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>

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'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), provision of free services (speakers), buildings or premises'.

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

What should be declared

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

In all cases, the Directors or Governors of York & Scarborough Teaching Hospitals NHS Foundation Trust must publicly declare sponsorship or any commercial relationship linked to the supply of goods or services and be prepared to be held to account for it.

Declarations must be made to the Chief Executive who has overall responsibility for the Public register relating to 'Declaration of Interests and Sponsorship'.

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.

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).

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.

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.

Name.....

Position held in the Trust.....

Date.....

Is this:

- Hospitality
- A gift
- Commercial sponsorship

Nature of hospitality, gift or sponsorship.....

By whom.....

Total value £.....

Travel £

Accommodation £.....

Other £ (please specify)

Location of hospitality/ sponsorship if not provided in the Trust premises

.....

Declaration

I have read and understood the Standards of Business Conduct Policy as it relates to conflicts of interest, personal activities and hospitality and declare that the information I have provided on this form is correct and complete. I understand that failure to abide by the policy will render me liable for disciplinary action and civil recovery procedures, including termination of employment, and potentially liable to prosecution for any fraudulent actions. I consent to the information on this form being used for the prevention, detection and investigation of fraud.

I do/do not (delete as appropriate) give my consent for this information to be published on the registers held by the Trust. If consent is not given please state why,

Signature:.....

Print name:

Date:

Line manager to complete:

Declaration is Acceptable/Unacceptable (please delete as appropriate)

Comments:

.....
.....
.....
.....
.....

Signature:.....
.....

Print name:

Date:

Approval by Chief Pharmacist required when the declaration is related to pharmaceuticals

Approval by Chief Pharmacist

Date.....

NOTES REGARDING THE USE OF THIS INFORMATION

The information you have provided on this form will be recorded in the Trust's Register of Gifts and Hospitality, which will be available to the public, Monitor and will be made available to the Audit Committee on an annual basis.

The Register is held by the Chief Executive and maintained by the Foundation Trust Secretary. Information should be supplied to the Foundation Trust Secretary.

Please return completed forms to the Foundation Trust Secretary.

Appendix 1 Equality Analysis

To be completed when submitted to the appropriate committee for consideration and approval.

Name of Policy		Standards of Business Conduct Policy
1.	What are the intended outcomes of this work? That Staff have clear guidance and understanding of the acceptable standards of business conduct in the Trust	
2	Who will be affected? Staff	
3	What evidence have you considered? Legislation National guidance	
a	Disability	
b	Sex	
c	Race	
d	Age .	
e	Gender Reassignment	
f	Sexual Orientation	
g	Religion or Belief	
h	Pregnancy and Maternity.	
i	Carers	
j	Other Identified Groups	
4.	Engagement and Involvement	
a.	Was this work subject to consultation?	Yes
b.	How have you engaged stakeholders in constructing the policy	Yes
c.	If so, how have you engaged stakeholders in constructing the policy	A number of stakeholders have been asked to comment on the draft policy
d.	For each engagement activity, please state who was involved, how they were engaged and key outputs Corporate Directors Counter Fraud/ Internal Audit	

	Heads of Service Staff side JNMC	
5.	Consultation Outcome	
	<i>Now consider and detail below how the proposals impact on elimination of discrimination, harassment and victimisation, advance the equality of opportunity and promote good relations between groups</i>	
a	Eliminate discrimination, harassment and victimisation	Not applicable
b	Advance Equality of Opportunity	Not applicable
c	Promote Good Relations Between Groups	Not applicable
d	What is the overall impact?	None
	Name of the Person who carried out this assessment: Foundation Trust Secretary	
	Date Assessment Completed	
	Name of responsible Director Patrick Crowley	

If you have identified a potential discriminatory impact of this procedural document, please refer it to the Equality and Diversity Committee, together with any suggestions as to the action required to avoid/reduce this impact.

Appendix 2 Policy Management

1 Consultation, Assurance and Approval Process

Consultation Process

The policy is based on legislation and guidance supplied by the NHS. Those members of staff involved in interpreting the legislation and guidance along with the Executive Directors of the Trust have been invited to comment on the policy. The Trust will involve stakeholders and service users in the development of its policies.

Quality Assurance Process

The author has consulted with the following to ensure that the document is robust and accurate:-

- Counter Fraud/ Internal Audit
- Procurement
- Finance
- Corporate Directors
- Staff side
- JNMC

The policy has also been proof read and the review checklist completed by the Policy Manager prior to being submitted for approval.

Approval Process

The approval process for this policy complies with that detailed in section 3.3 of the Policy Development Guideline. The approving body for this policy Executive Board.

2 Review and Revision Arrangements

The Foundation Trust Secretary will be responsible for review of this policy in line with the timeline details on the front cover.

Subsequent reviews of this policy will continue to require the approval of the Executive Board.

3 Dissemination and Implementation

Dissemination

Once approved, this policy will be brought to the attention of all relevant staff working at and for York & Scarborough Teaching Hospitals NHS Foundation Trust via the Staff Matters and Team Brief and by publishing on the Policies and Procedures section of the Staff Room.

This policy is available in alternative formats, such as Braille or large font, on request to the author of the policy.

Implementation of Policies

This policy will be implemented throughout the Trust by the Foundation Trust Secretary annual basis. Staff can access the policy on staffroom and the policy will be publicised through payslip messages.

In addition to this the Policy Author will collate the following evidence to demonstrate compliance with this policy:

- Annual report
- Register of gifts and hospitality
- Register of secondary employment
- Register of declaration of interest
- Annual Report for the Audit Committee

Document Control including Archiving Arrangements

Register/Library of Policies

All corporate and clinical documents will be logged on Q-Pulse, the Trust's document management system and made accessible via Staff Room using the portal's search facility. The register of documents will be maintained by the Healthcare Governance Directorate.

If members of staff want to print off a copy of a policy they should always do this using the version obtainable from Staffroom but must be aware that these are only valid on the day of printing and they must refer to the intranet for the latest version. Hard copies must not be stored for local use as this undermines the effectiveness of an intranet based system.

Archiving Arrangements

On review of this policy, archived copies of previous versions will be automatically held on the version history section of each policy document on Q-Pulse. The Healthcare Governance Directorate will retain archived copies of previous versions made available to them. Policy Authors are requested to ensure that the Policy Manager has copies of all previous versions of the document.

It is the responsibility of the Healthcare Governance Directorate to ensure that version history is maintained on Staffroom and Q-Pulse.

Process for Retrieving Archived Policies

To retrieve a former version of this policy from Q-Pulse, the Policy Manager should be contacted.

Monitoring Compliance and Effectiveness

This policy will be monitored for compliance with the minimum requirements as laid out on page 44.

4 Standards/Key Performance Indicators

Any theoretical training requirements identified within this policy are outlined within the mandatory training profiles accessed via the Statutory & Mandatory Training Link that can be found on the home page of Horizon or on Q:\York Hospitals Trust\Mandatory Training. You will be required to create your own mandatory training profile using the tool and support materials available in these areas and agree your uptake of this training with your line manager. The training identification policy and procedure document describes the processes related to the review, delivery and monitoring of mandatory training, including non-attendance. See section 11 of the Policy for Development and Management of Policies for details of the statutory and mandatory training arrangements.

Process for Monitoring Compliance and Effectiveness

In order to fully monitor compliance with this policy and to ensure that the minimum requirements of the NHSLA Risk Management Standards for Acute Trusts are met, the policy will be monitored as follows:-

Minimum requirement to be monitored	Process for monitoring	Responsible Individual/ committee/ group	Frequency of monitoring	Responsible individual/ committee/ group for review of results	Responsible individual/ committee/ group for developing an action plan	Responsible individual/ committee/ group for monitoring of action plan
a. Completion of an Annual Report	Production of the report	Audit Committee	Annual	Audit Committee	Foundation Trust Secretary	Audit Committee
b. Production of the registers & breach log	Register updates	Audit Committee	Annual	Audit Committee	Foundation Trust Secretary	Audit Committee
c. Review of the system	Audit undertaken by Internal Audit	Audit Committee	According to the annual risk assessment as part of the annual audit plan preparation, but at least once every three years	Audit Committee	Foundation Trust Secretary	Audit Committee

5 Training

Training requirements should be identified during the development stage.

Any training requirements identified within this policy that are of a Corporate Statutory or Mandatory nature will be outlined in the Statutory/Mandatory Training Brochure. This can be accessed via the link on StaffRoom, the Q:\York Hospital Trust\Mandatory Training or the organisation's online learning platform.

If this training is deemed to be statutory or mandatory and is not identified within the Statutory/Mandatory Training Brochure then application must be made by the Policy Author to the Corporate Learning and Development Team to have it added.

These training requirements are used to develop the customised profiles that can be viewed by learners when they access their personal online learning account. It is then the learner's responsibility to undertake this learning with the support of their line manager and the line manager's responsibility to review this at annual KSF appraisal.

The Corporate Statutory and Mandatory Training Identification Policy and Procedure document describes the processes relating to the identification, review, delivery and monitoring of statutory and mandatory training including non-attendance.

6 Trust Associated Documentation

- Fraud, Bribery and Corruption Policy
- Procurement Policy
- Tender Checklist
- Standing Orders
- Standing Financial Instructions
- Raising Concerns and Whistleblowing Policy

7 External References

- Code of Conduct code of accountability - http://www.nhsbsa.nhs.uk/Documents/Sect_1_-_D_-_Codes_of_Conduct_Acc.pdf
- Code of Governance - [http://www.monitor-nhsft.gov.uk/sites/default/files/Code%20of%20Governance_WEB%20\(2\).pdf](http://www.monitor-nhsft.gov.uk/sites/default/files/Code%20of%20Governance_WEB%20(2).pdf)
- Bribery Act 2010 - <http://www.legislation.gov.uk/ukpga/2010/23/contents>
- HSG (93)5 - http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4065045.pdf
- Managing Conflicts of Interest in the NHS – <http://www.england.nhs.uk/ourwork/coi>

Appendix 3 Plan for the dissemination of a policy

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

Title of document:	Standards of Business Conduct Policy
Date finalised:	
Previous document in use?	Yes
Dissemination lead	Foundation Trust Secretary
Which Strategy does it relate to?	Corporate Governance
If yes, in what format and where?	
Proposed action to retrieve out of date copies of the document:	Healthcare Governance Directorate will hold archive

To be disseminated to:	1)	2)
Method of dissemination	Electronic	
who will do it?		
and when?	Immediate	
Format (i.e. paper or electronic)	Electronic	

Dissemination Record

Date put on register / library	
Review date	
Disseminated to	
Format (i.e. paper or electronic)	
Date Disseminated	
No. of Copies Sent	
Contact Details / Comments	