

DOCUMENT CONTROL	
Title:	Standards of Business Conduct Policy (Incorporating Managing Conflicts of Interest in the NHS and management of gifts and hospitality)
Version:	6
Reference Number:	CO125
Scope:	
This document applies to all staff employed by Pennine Care NHS Foundation Trust, including all staff working within the Trust employed by other agencies, and trainees, students or anyone on a temporary placement.	
Purpose:	
The aim of the policy is to ensure that the behaviour and interests of staff both inside and outside work do not conflict with their position within the Trust, or their duties and responsibilities.	
Requirement for Policy:	
This policy reflects the current guidance and best practice that all NHS ICB's, ICS, NHS Trusts and NHS Foundation Trusts must follow	
Keywords:	
Conflict; interest; declaration; gifts; hospitality; conduct	
Supersedes:	
Version 5	
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<ul style="list-style-type: none"> • Updated Job Titles • Updated guidance / policy links • A change to the decision makers from 8a to 8c • All procurement team mandatory declarations • Removed link to Civica Declare System • Additional confidentiality information relating to managers access to declarations. 	
Owner:	
<ul style="list-style-type: none"> • Director of Corporate Affairs 	
Accountability:	
<ul style="list-style-type: none"> • Chief Executive 	

Individual(s) & group(s) involved in the Development:	
This document has been developed in collaboration with the following interested parties:	
<ul style="list-style-type: none"> • Head of Procurement • Freedom to Speak Up Guardian • Associate Director of Nursing and Professional Leadership • Chief Pharmacist • Associate Director of Communications • Anti-Fraud Specialist • Head of Workforce 	
Individual(s) & group(s) involved in the Consultation:	
The document has been circulated for consultation and comments have been taken into consideration and the document amended accordingly:	
<ul style="list-style-type: none"> • Staff Side Policy Review Group • Local Counter Fraud Officer • All Staff 	
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Other Trust documentation to which this policy relates (and when appropriate should be read in conjunction with):	
CL122	Safeguarding Families Policy
F001	Standing Financial Instructions
F002	Reservation of Powers to the Board and delegation of Powers
F003	Anti-Fraud, Bribery and Corruption Policy
HI005	Internet Access Policy
HR001	Conduct and Disciplinary Policy
HR011	Recruitment and Selection Policy
HR012	Freedom to Speak Up
HR019	Policy on Professional Registration & Re-registration for All Professionals
HR035	Working Time Regulation
IG002	Data Protection and Confidentiality Policy
MP013	Conduct of and Liaison with Pharmaceutical Company Employees
	Standing Orders for the Practice and Procedure of the Board of Directors
Policy Associated Documents:	
TAD_CO125_01	Declaration of acceptance / Refusal of gifts or hospitality
Other external documentation/resources to which this policy relates:	
	Nolan Principles 'The 7 principles of public life' https://www.gov.uk/government/publications/the-7-principles-of-public-life/the-7-principles-of-public-life--2
	Code of Conduct for NHS Managers
	Clear sexual boundaries between HealthCare professionals and patients – Council for Healthcare Regulatory Excellence
	Conduct of the liaison with Pharmaceutical Company Employees
	NHSE Conflicts of Interest Guidance – https://www.england.nhs.uk/ourwork/coi/
CQC Regulations	
This guideline supports the following CQC regulations:	
Regulation 17	Good governance
NICE Products:	
This policy has been produced to reflect recommendations published in the following NICE products	
	None

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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.

As a member of staff, you should ...	As an organisation we will ...
<ul style="list-style-type: none"> • Familiarise yourself with this policy and follow it. To refer to the guidance for the rationale behind this policy, please see https://www.england.nhs.uk/wp-content/uploads/2017/02/guidance-managing-conflicts-of-interest-nhs.pdf • Use your common sense and judgement to consider whether the interests you have could affect the way taxpayers' money is spent • Regularly consider what interests you have and declare these as they arise. If in doubt, declare. • NOT use your position to further your own interests or those close to you • NOT be influenced, or give the impression that you have been influenced by outside interests • NOT allow outside interests you have to inappropriately affect the decisions you make when using taxpayers' money 	<ul style="list-style-type: none"> • Ensure that this policy and supporting processes are clear and help staff understand what they need to do. • Identify a team or individual with responsibility for: <ul style="list-style-type: none"> ○ Keeping this policy under review to ensure it remains in line with the guidance ○ Providing advice, training and support for staff on how interests should be managed. ○ Maintaining register(s) of interests. ○ Auditing this policy and its associated processes and procedures at least once every three years. • NOT avoid managing conflicts of interest. • NOT interpret this policy in a way which stifles collaboration and innovation with our partners.

2. INTRODUCTION

Pennine Care NHS Foundation Trust (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 tax payers 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.

This policy shall apply at any time individuals are conducting any business of the Trust or acting as representatives of the Trust (including outside their core working hours), defined as in an 'official capacity'. This policy shall only apply to activities undertaken in an official capacity, except where an individual's personal conduct could reasonably be regarded as bringing his/her office or the Trust into disrepute.

Codes of Conduct

Staff must follow the values expressed within any relevant professional or managerial codes of conduct, including the Code of Conduct and Accountability for NHS Boards and the Code of Conduct for NHS Managers.

Those individuals governed by a professional body (e.g. the GMC, NMC, HPC) are responsible for complying with their relevant standards of conduct.

A breach of such standards may lead to action by the Trust independently of any action taken by the regulatory or professional body concerned.

Failure to follow this policy may be viewed as misconduct, for which appropriate actions may be taken.

3. PURPOSE

This policy sets out the core standards of conduct expected to avoid conflicts of interest and to safeguard the interests of the Trust, its staff and patients by indicating areas where these could be put at risk. It also endeavours to show areas where this could be put at risk so that these can be addressed.

It covers hospitality, gifts, payment and commercial sponsorship offered to staff, Board members and the Trust by individuals (including patients) or public sector, independent or commercial organisations, except in the case of gifts, hospitality and entertainment offered by pharmaceutical company employees, in which case staff should refer to the Trust's Policy for the conduct of and liaison with Pharmaceutical Company Employees.

It will help our staff manage conflicts of interest risk 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

It is the responsibility of all staff to ensure that they are not placed in a position which risks or appears to risk conflict between their private interests and NHS duties. Additionally, staff are responsible for ensuring they adhere to the requirements of any applicable Professional Codes of Conduct.

This policy has been updated to include guidance issued by NHS England, which came into effect on 1 June 2017 and supersedes the 1993 Department of Health circular HSG(93) 5 Standards of Business Conduct for NHS Staff. It also includes guidance derived from the Prevention of Corruption Acts 1906 and 1916, and the Bribery Act 2010 and should be read in conjunction with related policies detailed on the front control page.

4. KEY TERMS

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

At Pennine Care NHS Foundation Trust, 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
- Agency staff, and
- Committee, sub-Committee and advisory group members (who may not be directly employed or engaged by the organisation).
- Anyone proving a service on behalf of the Trust or with access to confidential Trust information or networks.

NHS England have published as guidance some frequently asked questions for specific staff groups on the issues posed and how the guidance applies to them. These are available at <https://www.england.nhs.uk/publication/managing-conflicts-of-interest-in-the-nhs-questions-and-answers/>

7. DECISION MAKING STAFF

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

Decision making staff in this organisation are deemed to be:

- Executive and Non-Executive Directors
- Members of the Trust Management Board
- Staff at Band 8c and above.
- All Procurement Team
- Consultant Medical Staff

8. IDENTIFICATION, DECLARATION AND REVIEW OF INTERESTS

Identification and declaration of interests (including gifts and hospitality)

All staff should identify and declare material interests at the earliest opportunity (and in any event with 28 calendar 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).

The Trust have commissioned Civica Declare System to support compliance with the requirements laid out in this policy. Declarations should be made by logging onto the Civica Declare system which can be accessed through the Trusts Intranet. If staff members are unable to access the system, declarations should be made using TAD_CO125_01.

Completed forms should be returned to the Director of Corporate Affairs, Pennine Care NHS Foundation Trust, 225 Old Street, Ashton-under-Lyne, OL6 7SR

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

Proactive review of interests

It is a requirement that staff make declarations on an annual basis. The Trust will prompt decision making staff annually to review declarations that have been made and, as appropriate, update them or make a nil return.

9. RECORDS AND PUBLICATION

Maintenance

The Trust will maintain two registers of interest: one of declarations of interests made and one to record the acceptance or refusal of Gifts and Hospitality as required by this policy.

Publication

In line with national guidance, the Trust will:

- Publish the interests declared by decision making staff in the Register of Interests
- Publish the details of the acceptance or refusal of Gifts and Hospitality as required by this policy in the Register of Gifts and Hospitality.
- Refresh this information annually
- Make this information available on the Trust website

If decision making staff have substantial grounds for believing that publication of their interests should not take place, then they should contact the Director of Corporate Affairs (in the Chief Executive's secretariat) 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.

Wider transparency initiatives

Pennine Care NHS Foundation Trust 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 pharmaceuticals 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.

For details on what should be declared in these circumstances please refer to the Conduct of and Liaison with Pharmaceutical Company Employees (MP013).

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 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.

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.

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 (The £6.00 value has been selected with reference to existing industry guidance issued by the ABPI: <http://www.pmcpa.org.uk/theCode/Pages/default.aspx>).

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

- Gifts of cash and vouchers to individuals should always be declined.
- There may be instances where it is appropriate to accept such a gift of cash or vouchers on behalf of the service as a whole or the Trust charity (Pennine Care Charitable Foundation) and the Director of Corporate Affairs should be contacted for advice before gifts of this nature are accepted.
- 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, 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)

11.2 Hospitality

- Staff should not ask for or accept hospitality that may affect, or be seen to affect, their professional judgment.
- 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. Staff must obtain approval in advance from the line manager or the person(s) they are working to.

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 by the staff member's line manager or the person(s) they are working to. A clear reason should be recorded on the organisation's register 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 (Inc. domestic travel)
 - Offers of foreign travel and accommodation.

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.

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).

Where HR issues arise in relation to a staff member's primary role with the Trust, such as sickness absence, suspension or an adverse impact on working hours or performance, appropriate advice should be sought from the HR department.

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 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.

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 given rise to a conflict of interest, then the general management actions outlined in this policy should be considered and applied to mitigate risks.

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 taken 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.

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.

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 for 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.

11.9 Sponsored research

- Funding sources for research purposes must be transparent.
- Any proposed research must go through the relevant research authority or other approvals process.
- There must be a written protocol and written contract between staff, the organisation and/or institute(s) 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.
 - The 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 organisation 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.

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://www.bma.org.uk/advice/employment/private-practice/competition-and-markets-authority>

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

Strategic decision making groups

In common with other NHS bodies, Pennine Care 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
- The selection of medicines, equipment and devices.

The interests of those who are involved in such groups should be well known so that they can be managed effectively. These include but are not limited to:

- Board of Directors
- Trust Management Board
- Procurement Groups
- Medical Managers
- Drugs and Therapeutic Committee

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 judgment.

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 proportional management of risk.

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.

Further advice may be sought from the Procurement Team on 0161 716 3170.

13. RECRUITMENT & SELECTION

The aim of the recruitment and selection processes is to ensure that the best candidate is fairly appointed on the basis of merit. This does not preclude the employment of near relatives or close friends of existing members of staff, provided that the individual selected is demonstrably the best candidate. If a near relative, or a close friend, is being considered, the member of staff should not justify the need for the appointment; canvass on their behalf, select the appointee; or directly supervise the appointee.

Please refer to the Recruitment & Selection Policy for further guidance.

The aim of this policy is to provide clear guidance to managers to ensure a fair, consistent and lawful approach in all our recruitment and selection procedures.

14. CONFIDENTIALITY

All staff employed by the Trust have a duty to keep business sensitive, patient and staff information safe and strictly confidential and to use it only for the proper purposes in accordance with the law and Trust policy. For further guidance please refer to the Data Protection and Confidentiality Policy or consult the Trust Information Governance Team.

Information contained within and relating to declarations made (including nil returns) may be requested and provided to Line Managers / Service Leads where there is a legitimate processing purpose. Copies of declarations may be included in staff members p-files.

Declarations are subject to Audit for internal compliance assurance, and may be made available for external audit and investigation. All processing (including sharing) of data will only be performed where there is a lawful and necessary basis, using only proportionate information, and only with agencies and individuals with a legitimate right to process that data. The Trust is required to make some information, submitted via the process, publicly available.

IMPORTANT:

Any information added to the p-file **MUST** be kept in accordance with the (minimum and maximum) retention periods laid out in the Declarations Policy.

15. CONDUCT AND DISCIPLINARY (TRUST EMPLOYEES ONLY)

The Trust policy on Conduct and Disciplinary gives guidance on the conduct expected of staff working within the Trust. It sets out conduct, which is not acceptable; although the guide given is in no way an exhaustive list.

16. RELATIONSHIPS

Relationships with service users/patients

Staff must always act in such a way as to promote and safeguard the wellbeing and interests of service users/patients and to maintain the trust between service users / patients and staff.

Under no circumstances should staff form inappropriate personal relationships with service users / patients. They should not behave in a way, in work or outside work, which would call into question their suitability or professional conduct. This includes friendships, social networking, breach of sexual boundaries (which includes acts, words or behaviours of a sexual nature) and business, commercial or financial.

Staff working with service users/patients must declare issues that might create conflicts of interest and must make sure that they do not influence their judgement or practice, including adhering to policies and procedures about accepting gifts and money from clients and their carers.

Positive relationships, built on trust, should be fostered with service users/patients. Staff must ensure that relationships with clients are conducted openly and that they are never of a private or personal nature. Under no circumstances is it appropriate to take advantage of the vulnerability of a service user/patient.

It is inappropriate for a personal relationship to develop between an employee and a service user/patient directly in their care and should this occur it may result in the staff member being dismissed. If a personal relationship does develop between a staff member and a service user/patient then the staff member must raise the issue with their line manager to decide on the appropriate course of action.

Practitioners should not allow their professional relationships with service users/patients to be prejudiced by any personal views they may have about age, gender, disability, race, sexuality, belief, lifestyle or culture.

Relationships between Staff Members

Staff are encouraged to socialise and develop professional relationships in the workplace, provided that these relationships do not interfere with the work performance of either individual, or with the effective functioning of the workplace.

Staff who engage in personal relationships should be aware of their professional responsibilities and will be responsible for ensuring that the relationship does not give concerns about clinical practices, priorities, use of resources, favouritism, bias, ethics and conflict of interest.

Colleagues must work in a collaborative and co-operative manner and recognise and respect the contribution that each person makes.

Relationships between staff should always be professional. Where a relationship forms between colleagues that is of a more personal nature they should inform their line manager who will speak to each party in order to safeguard the interests of the service and the individuals concerned. For members of the Board (voting and non-voting), the Chair should also be notified of a relationship between staff.

As a complex organisation, there will inevitably be occasions when the Trust may be the employer of both partners in a marriage/relationship, or of close relations. Ordinarily this is of little or no significance, but there are limited circumstances where it may be and, consequently, where serious difficulties could arise. In particular this will apply where there is a possibility of partners or close relatives working in posts which have direct line management relationship, such that one would be involved in appointing, managing, counselling, appraising, disciplining etc., the other, or where both would be members of a management or clinical group with corporate responsibilities to the Trust.

In such circumstances there is a potential for a division of loyalty, which should be avoided wherever possible. However, the requirements of the equality legislation must be scrupulously observed, and selection for appointment, training and promotion must not be inappropriately affected by such relationships.

In all instances where line management arrangement exist or arise between close personal or family relations, this must be declared at the earliest stage to the line manager (or if this relationship in itself is the potential cause of conflict, should be escalated to the next senior manager in line). This applies to substantive and temporary / bank positions within the Trust.

If in doubt over whether a conflict of interest exists, staff should contact their line manager for further guidance. The manager will then seek advice from the Head of Workforce. It is paramount that managers notify the relevant people when matters of concern arise.

The Trust will take reasonable action to change structures and responsibilities, where possible, to avoid people with close relationships working in the same direct line of management. This may include the transfer to other roles.

If staff have concerns about a relationship or potential relationship, they are encourage to use the various avenues for raising concerns at work such as the Freedom to Speak Up Policy

17. DEALING WITH BREACHES

There will be situation when interests will not be identified, declared or managed appropriately and effectively. This may happen innocently, accidentally or because of the deliberate actions or staff or other organisations. For the purposes of this policy these situations are referred to as '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 can report concerns anonymously although they are legally protected when raising concerns within the workplace, as outlined within the Freedom to Speak Up Policy. The Public Interest Disclosure Act 1998 (PIDA) provides legal protection to workers, and is known as the UK's Whistleblower Law. The tests as laid down in the legislation must be met in order to gain protection.

Free help and advice about raising concerns, including information, guidance and awareness materials, is available from Speak Up: Tel: 08000 724 725.

<https://speakup.direct>

Staff can also get independent and confidential advice about raising a concern about possible wrongdoing or malpractice at work from Protect - formerly Public Concern at Work (PCaW): Tel: 020 3117 2520 <https://www.pcaw.org.uk/>

The Trust encourages openness, honesty, and accountability – please familiarise yourself with the Trust's Freedom to Speak Up Policy.

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 using one of the following ways:

(a) by contacting the Director of Corporate Affairs on 0161 716 3003 for guidance on the scope of this policy and whether the issue concerned is likely to represent a breach by contacting the Freedom to Speak Up Guardian, on 07517 581605 or by email at kevin.robinson6@nhs.net website: www.intranet.penninecare.nhs.uk/freedom-to-speak-up

The **Freedom to Speak Up Guardian (FTSUG)** acts as an independent and impartial source of advice to staff at any stage of raising a concern, with access to anyone in the organisation, including the Chief Executive, or if necessary, bodies outside the organisation. This person has been given special responsibility and training in supporting staff who want to speak up. They will treat your concern confidentially unless otherwise agreed; ensure you receive timely support to progress your concern; escalate to the board any indications that you are being subjected to detriment for raising your concern; remind the organisation of the need to give you timely feedback on how your concern is being dealt with; check out you have access to personal support since raising your concern may be stressful.

If you still remain concerned after this, you can also report concerns to:

(b) Non-Executive Director with responsibility for Freedom to Speak Up, Alison Chambers, alison.chambers7@nhs.net

(c) by using the mechanisms outlined in the Anti-Fraud, Corruption and Bribery Policy, including reporting any suspicions of fraud or bribery or to have a chat about any concerns by contacting the Trust Anti-Fraud Specialist, Andy Wade on 0161 743 2008 or by email at Andrew.wade@miaa.nhs.uk. Alternatively staff can report fraud or bribery by calling the Fraud and Corruption Reporting Line on 0800 028 4060 or online at www.cfa.nhs.uk/reportfraud

(d) Electronically using the Civica Declare system.

The organisation will investigate each reported breach according to its own facts and merits and given 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 the severity of the breach is.
- Assess whether further action is required in response – this is likely to involve any staff member involved and their line manager, as a minimum.
- Consider who else inside and outside the organisation should be made aware.
- Take appropriate action as set out in the next section.

Any financial or other irregularities or impropriety which involve evidence or suspicion of fraud, bribery or corruption by any officer, will be reported to the Trust Anti-Fraud Specialist with a view to an appropriate investigation being conducted and potential prosecution being sought.

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.: Anti-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 Counter Fraud Authority, 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, redeployment, 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.

Learning and transparency concerning breaches

Reports on breaches, the impact of these and action taken will be considered by the Audit Committee at least every six months.

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.

18. EQUALITY IMPACT ANALYSIS

As part of its development, this document was analysed to consider / challenge and address any detrimental impact the policy may have on individuals and or groups protected by the Equality Act 2010. This analysis has been undertaken and recorded using the Trust's analysis tool, and appropriate measures will be taken to remove barriers and advance equality of opportunity in the delivery of this policy / procedure

19. FREEDOM OF INFORMATION EXEMPTION ASSESSMENT

Under the Freedom of Information Act (2000) we are obliged to publish our policies on the Trust's website, unless an exemption from disclosure applies. As part of its development, this policy was assessed to establish if it was suitable for publication under this legislation. The assessment aims to establish if disclosure of the policy could cause prejudice or harm to the Trust, or its staff, patients, or partners. This assessment has been undertaken using the Trust's Freedom of Information Exemption Guide, and will be reviewed upon each policy review.

20. INFORMATION GOVERNANCE ASSESSMENT

This Policy has been analysed to ensure it is compliant with relevant information law and standards as in place at the time of approval, and are consistent with the Trust's interpretation and implementation of information governance components such as data protection, confidentiality, consent, information risk, and records management.

Compliance will be reviewed against any changes to legislation / standards or at the next review of this document.

21. SAFEGUARDING

All staff have a responsibility to promote the welfare of any child, young person or vulnerable adult they come into contact with and in cases where there are safeguarding concerns, to act upon them and protect the individual from harm.

All staff should refer any safeguarding issues to their manager and escalate accordingly in line with the Trust Safeguarding Families Policy and Local Safeguarding Children/Adult Board processes.

22. ANTI-FRAUD, BRIBERY AND CORRUPTION

The Trust is committed to reducing the level of fraud, bribery and corruption within the NHS and has adopted a Local Anti-Fraud, Bribery and Corruption Policy. Individuals should refer and adhere to this policy.

Concerns about fraud, bribery or corruption should be reported to the Trust's nominated Anti-Fraud Specialist using the contact details contained within the Local Anti-Fraud, Bribery and Corruption Policy. These details can also be found on the Trust's Counter Fraud intranet page.

Alternatively concerns can be reported via the NHS Fraud and Corruption Reporting line on 0800 028 4060 or using the online report tool, www.reportnhsfraud.nhs.uk. All contacts are dealt with by experienced trained staff and anyone who wishes to remain anonymous may do so

23. MONITORING

The effective application of this policy, including adherence to any standards identified within will be subject to monitoring using an appropriate methodology and design, such as clinical audit.

Monitoring will take place on a biannual basis and will be reportable to the Quality Group via the Clinical Effectiveness and Quality Improvement Team.

24. REVIEW

This policy will be reviewed three-yearly unless there is a need to do so prior to this; e.g. change in national guidance.

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