

Standards of Business Conduct Policy

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Executive Summary

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

This is a controlled document. Whilst this document may be printed, the electronic version is maintained on the Q-Pulse system under version and configuration control. Please consider the resource and environmental implications before printing this document.

Version History Log

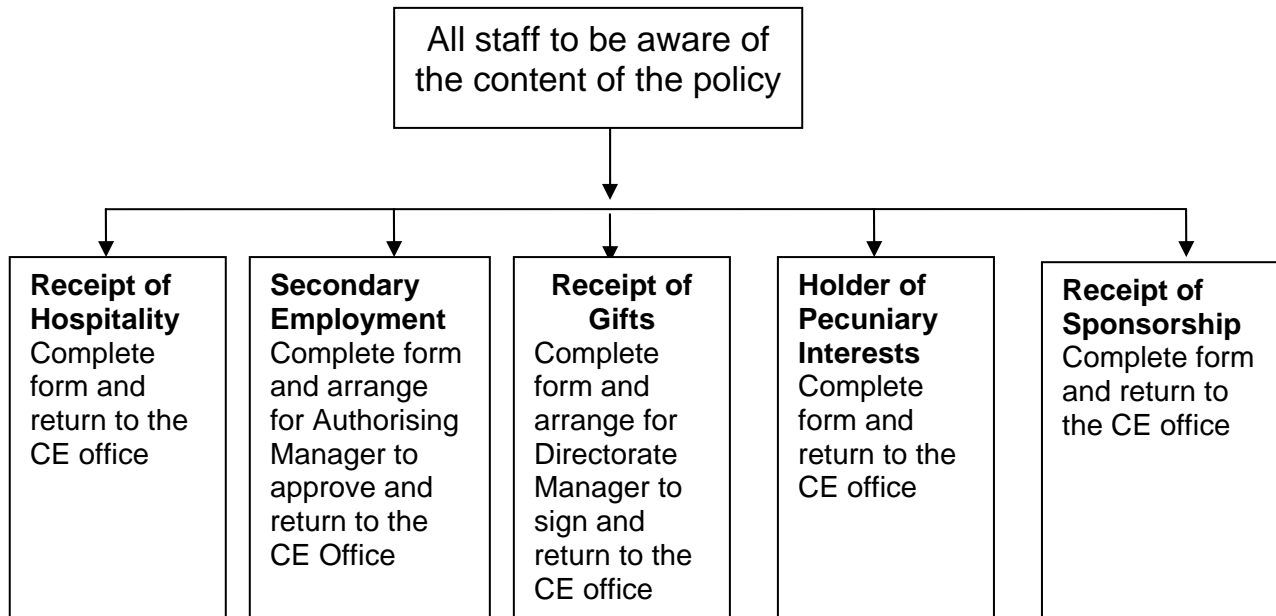
This area should detail the version history for this document. It should detail the key elements of the changes to the versions.

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| 7 | | Anna Pridmore | | Re draft of whole policy |
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Process flowchart



Staff will be reminded of their responsibilities twice a year through the Team Brief system and through payslips. Staff will also be advised when a revised version of the policy is made available. Please use the templates included in the policy to complete the declaration being made. Declarations can be made during the year.

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.

The NHS Foundation Trust must also comply with the 'NHS Foundation Trust Code of Governance' issued by Monitor, 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, pecuniary interests, sponsorship and the award of contracts for goods and/or services.

Queries on any areas of details in this policy should be referred to the Foundation Trust Secretary in the first instance.

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 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:

Pecuniary Interests – Defined as an interest that a person has in a matter because of a reasonable likelihood or expectation of appreciable financial gain or loss to the person.

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' such as calendars, mugs, pens, diaries, note pads, mouse mats, confectionery, etc. it does not need to be declared.

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.

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.

3 Policy Statement

It is a long established principle that public sector bodies, which include the NHS, must be impartial and honest in the conduct of their business, and that their employees should remain beyond suspicion. It is an offence under the Bribery Act 2010 for an employee to corruptly accept any gifts or consideration as an inducement or reward for doing or refraining from doing anything, in their official capacity, or corruptly showing favour, or disfavour, to any person in their official capacity.

A breach of the provisions of this Act renders employees liable to prosecution and may also lead to loss of their employment and superannuation rights in the NHS. The Act is worded that it deems an individual to be guilty unless proven innocent. It is, therefore, the duty of the Trust to make staff aware of the policy and procedures, but it is the duty of each member of staff to record information to provide a clear audit trail.

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 of 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.

Continuous maintenance of the individuals' declarations of interests is the responsibility of the individual. The individual must keep the Trust up to date with any declarations.

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

For details about compliance with each section please see:
Pecuniary Interest – attachment A
Hospitality – attachment B
Gifts, Honoraria and charitable donations – attachment C
Sponsorship including commercial sponsorship and commercial sponsorship in post – attachment D
Bribery Act 2010 – attachment E
Forms – attachment F

4 Equality Analysis

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.

5 Accountability

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

The Trust

The Chief Executive is responsible for ensuring that these guidelines are 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.

Directorate Managers/Clinical Directors

The Directorate Managers are responsible for ensuring all staff are aware of the policy and for approving the receipt of gifts and the undertaking of any secondary employment.

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 information to be held on the 'gifts and hospitality' register or the declarations of interest register by using the appropriate form. Failure to do so may result in disciplinary procedures against individual members of staff. Staff are also required to declare any interest in other organisations as outlined in the policy or any secondary employment they engage in.

6 Consultation, Assurance and Approval Process

6.1 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.

Consultation has taken place with the following stakeholders:

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

6.2 Quality Assurance Process

Following consultation with stakeholders and relevant consultative committees, this policy has been through quality assurance checks prior to being reviewed by the authorising committee to ensure it meets the NHSLA standards for the production of policy and equalities legislation and is compliant with the Development and Management of Policies policy.

6.3 Approval Process

The approval process for this policy complies with that detailed in section 3.3 of the Development and Management of Policies Policy. The approving body for this policy Executive Group.

The Checklist for Review and Approval has been completed and is included as Appendix 2 and the completed Virtual Policy Review Group Checklist is included as Appendix 4.

7 Review and Revision Arrangements

On reviewing this policy, all stakeholders identified in section 6.1 were consulted. The person responsible for review was:

- Foundation Trust Secretary

Subsequent changes to this policy will be detailed on the version control sheet at the front of the policy and a new version number will be applied.

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

8 Dissemination and Implementation

8.1 Dissemination

Once approved, this policy will be brought to the attention of all relevant staff working at and for York Teaching Hospital NHS Foundation Trust following the completed plan for dissemination of the policy (See Appendix 3).

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

8.2 Implementation of Policies

This policy will be implemented throughout the Trust by the Audit Committee, Foundation Trust Secretary and Internal Audit on an 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

9 Document Control including Archiving Arrangements

9.1 Register/Library of Policies

This policy will be stored on Staffroom, in the policies and procedures section and will be stored both in an alphabetical list as well as being accessible through the portal's search facility and by group. The register of policies 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.

9.2 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.

9.3 Process for Retrieving Archived Policies

To retrieve a former version of this policy from Q-Pulse, the Healthcare Governance Directorate should be contacted.

10 Monitoring Compliance and Effectiveness

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

10.1 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 | 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 |

10.2 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.

11 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.

12 Trust Associated Documentation

- Fraud and Corruption Policy
- Procurement Policy
- Tender Procedure
- Standing Orders
- Standing Financial Instructions

13 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

Attachment A - Pecuniary Interests

Interest in a company

All members of staff are required to ensure that if they, their partners/spouse or children hold an interest in an organisation that has commercial dealings with the Trust or whose principle business is healthcare, that they declare such interest to the Directorate Manager and/or Clinical Director and to the Foundation Trust Secretary. This is extended to include significant financial or controlling interest or ownership of a company by the employee, or a family member where the company has commercial dealings with the Trust or whose principle business is healthcare.

Declaration of Interest – below is guidance on what areas of interest should be declared.

GUIDANCE RELATING TO DECLARATION OF INTERESTS FOR ALL STAFF AT YORK TEACHING HOSPITAL NHS FOUNDATION TRUST

Interests which should be regarded as ‘relevant and material’ and which for the avoidance of doubt should be included in the register are:

- (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 employees have any doubt about the relevance or materiality of an interest, advice should be sought from their line manager or the Foundation Trust Secretary. This guidance is applicable to spouses, partners, close relatives and associates of staff.

Secondary or outside employment

If you wish to take up secondary employment you must request this in writing using the form attached to your line manager. Your line manager may request further supplementary information following the initial request.

Employees may not, without appropriate written approval from a Directorate Manager, Head of Service, Clinical Director, Corporate Director or the Chief Executive as appropriate, engage in any outside employment whether connected to their NHS employment or not which prevents them from fulfilling their role with the Trust.

The Trust will not unreasonably withhold consent for additional employment provided that:

- It is not undertaken at times when the employee's contract is considered to be in operation
- In the opinion of the Trust, the additional employment does not have an adverse impact upon their Trust contractual duties
- In the opinion of the Trust, the additional employment is not considered to be in competition with the Trust for the provision of its services
- Where the total hours of work exceed, or are likely to exceed, the European Working Time Directive Regulations, the employee signs the appropriate declaration to work additional hours available from the Human Resources department

- Where the Trust employment is on the basis of part-time or ad-hoc hours, such as 'bank' nursing, the employee should obtain authorisation approval covering the range of their external bank/part-time employment. This will prevent the need for separate authorisation for each period of employment. It will be the relevant Trust Manager's responsibility that any other employment which may be undertaken by the employee is, and continues to be, in accordance with rules stated herein. Authorising Managers should ensure that copies of all letters of authorisation are placed on the staff file of the individual concerned. The employee concerned must also therefore keep their line manager directly informed of any material changes in outside working practices or working hours

Employees are reminded that if they work for a second employer while off sick or on a 'staged return' from their normal place of employment it should be by prior agreement with their line manager, Occupational Health, Human Resources and their GP. This arrangement would normally be agreed if it was considered the work would be therapeutic to their recovery. Work undertaken without permission will be investigated and appropriate action taken which could potentially lead to disciplinary action and, where considered fraudulent, prosecution and civil recovery proceedings.

If the secondary employment is deemed to have a detrimental impact on your employment with the Trust, for example through performance, attendance and/or conduct, the Trust reserves the right to withdraw its approval with reasonable notice. The Trust may also address the detrimental impact through the Trust's policies on Sickness Absence, Performance Management or other relevant policies. In order to meet our health and safety obligations, where as a result of taking up secondary employment either within the Trust or externally, this results in a breach of the Working Time Regulations (e.g. entitlements to rest periods, average hours worked etc), your contract of employment with the Trust may be at risk of being terminated.

Private Practice and Category 2 Work

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

Other grades may undertake private practice or work for outside agencies, providing they do not do so within the time they are contracted to the NHS. All hospital doctors are entitled to fees for other work outside their NHS contractual duties under "Category 2" (paragraph 37 of the TCS of Hospital Medical and Dental Staff), providing this does not interfere with their contractual duties, e.g. examinations and reports for life insurance purposes. Agreement to the retention of fees from category 2 work must be obtained from their line manager/director in cases where there may be detriment to the Foundation Trust of a practitioner carrying out category 2 work.

Consultants are annually asked to advise of their intention to undertake private work, additionally, they are asked to identify any interests they have in other organisations that might undertake business in the NHS or specifically with the York Teaching Hospital NHS Foundation Trust. This information is requested by the Finance Department and used to ensure conflicts relating to procurement or business activities do not arise during the year. If a consultant's declarations change during the year they are required to advise the Finance Department as soon as possible.

At Attachment F are the proforma documents related to this section.

Attachment B – Hospitality

As with any gift, it is important to exercise judgement and good common sense when any hospitality is offered. 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. The over-riding principle is whether the hospitality received was such that it could have, or could be perceived as having, an actual or potential influence on the conduct of the Trust employee receiving the hospitality (an inducement).

Offers of hospitality made to the Trust or individuals, may be accepted provided that all the following conditions are met:

- It would legitimately further the aims of the Trust
- It has been openly offered
- It could not be construed as a form of inducement and is unlikely to put employees under any obligation to those offering it
- Due regard has been given to cost in monetary terms (travel, subsistence) and in terms of hours lost on duty (opportunity cost)
- The Trust is not in active negotiation or tender proceedings with the organisation.
- Is modest in nature and legitimate in relation to what is being offered

Modest hospitality, provided it is normal and reasonable in the circumstances, may be acceptable. Such examples may include:

- Lunch in the course of a working visit, seminar or event need not be declared. (It is not appropriate for suppliers or organisations to offer employees of the Trust, or for them to accept, any alcohol within normal working hours).
- Any hospitality received, similar to the scale of hospitality which the Trust as an employer would be likely to offer, need not be declared.

- Networking events, organised by a third party and open to a fair representation of attendees from any number of Trusts / organisations (i.e. not only our Trust representatives) are also acceptable and need not be declared. Such examples could be a conference, seminar or regional meeting.

Staff can protect themselves from allegations of impropriety or the perception of personally benefiting by;

- Ensuring that the acceptance of any hospitality is transparent and that there is an appropriate approval and recording of details. (See form below – Attachment F).
- Declining invitations if they could be construed as being unrelated to the product or service in question and/or unusual in nature (e.g. an expensive or exclusive sporting or cultural event) or anything that may create the risk or intent or sense of obligation to the host or bias in their favour.
- If, having accepted corporate hospitality in good faith, an employee feel uncomfortable with the lavishness of the event or the motives of the third party become apparent, then the subject should be raised with their line manager, Directorate Manager or Clinical Director.

As a general rule, and in all cases of doubt, staff should seek advice from their line manager, their Directorate Manager, the Foundation Trust Secretary or a Corporate Director, in order to protect themselves from potential challenges and/or disciplinary action.

Any offer of hospitality that is accepted with a monetary value of greater than £50 must be declared using the form attached at Attachment F.

Employees must obtain the authority of their Manager/Director **before** accepting any hospitality. Offers made by suppliers to pay travelling, hotel or other expenses may only be accepted upon authority being given via a fully completed authorisation form.

At Attachment F are the proforma documents related to this section.

Attachment C – Gifts, honoraria and charitable donations

Employees must not as individuals seek or accept gifts, gratuities or honoraria, other than as specified below, from any individual or organisation with whom they have or might have dealings on behalf of the Trust. This prohibition applies equally to cash gratuities or payments, goods and services (in kind or at preferential rates). Any gifts (of an apparent aggregate value of more than £50) that are offered should be firmly but politely refused and in the employee's own interests, reported in writing to their Manager/Director. Articles of negligible value such as calendars, diaries or ballpoint pens may be accepted.

Employees who are offered an honorarium for work or services delivered during contractual hours of work should arrange for the honoraria to be paid directly to the Trust, unless alternative agreements are agreed in advance with Trust management. All honorarium work must be notified to your line manager and agreed as appropriate to undertake during contractual hours.

It is custom and practice in some industries for gifts to be given to customers by their suppliers. When such gifts, other than those of negligible value are received, the employee must politely refuse the gift though without giving offence to the patient or company concerned. Where this causes offence to the patient or representative, a formal letter of thanks to the patient /company, (with a copy to their immediate Manager/Director and to their Head of Department), explaining the position of the Trust on accepting gifts or benefits should be sent.

Gifts of money from patients should be refused. Where there is a bequest to a member of staff where a patient or the family wishes to show their gratitude to staff. This should be reported to your line manager and appropriate action agreed upon. In these circumstances each case will be discussed on its merits.

Gifts that are made as a donation to a raffle may be accepted, provided the person / department follows Trust procedures and makes a written record of the donations that can be available for inspection.

At Attachment F are the proforma documents related to this section.

Attachment D – Sponsorship including Commercial Sponsorship and Commercial Sponsorship of Posts

The definition of sponsorship is ‘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’.

Staff need to ensure that any sponsorship must:

- Follow the general guidance for the NHS
- Offers of commercial sponsorship for courses, conferences and funding of posts must not compromise purchasing decisions in any way
- Ensure they are not placed in a position which risks, or appears to risk, conflict between their private interests and their duties to the Trust as an employee
- Anyone receiving an approach regarding any sponsorship (e.g. for events, meetings, educational talks or supplier visits) should request that the details be put in writing. The attached form at attachment F should then be completed with the associated correspondence attached and submitted to the Chief Executive Office. For regular sponsorship (not a one off event) a written Sponsorship Agreement will be required. Declarations will be included in a register of sponsorship events
- Suppliers may offer to sponsor, wholly or partially, a post for the Trust. The Trust must not enter into such arrangements unless it has been formally considered and approved. Sponsorship of staffing posts are required to be authorised by the appropriate Clinical Director, Directorate Manager and Executive Director. Where such sponsorship is accepted, monitoring arrangements must be established to ensure that transparency and probity are maintained so that it

does not adversely affect the commercial interests of the Trust. Under no circumstances will the Trust agree to 'linked deals' where sponsorship is linked to the purchase of particular products, or to supply from particular sources

All pharmaceutical companies entering into sponsorship agreements must comply with the Association of the British Pharmaceutical Industry (ABPI) Code of Practice. Any sponsorship agreements with pharmaceutical companies will require the approval of the Trust's Chief Pharmacist before authorisation. All partnerships between the Trust and the pharmaceutical industry must comply with the following regulations:

- The Medicines (Advertising) Regulations 1994
- The Medicines (Monitoring of Advertising) Regulations 1994
- The Medicines for Human Use (Marketing Authorisations) Regulations 1994
- The Medicines (Advertising) Amendment Regulations 1996
- The Medicines (Advertising and Monitoring of Advertising) Amendment Regulations 1999
- The Medicines (Advertising) Amendment Regulations 2004
- The Medicines (Advertising Amendments) Regulations 2005
- The Medicines (Codification Amendments Etc.) Regulations 2002
- Communications Act 2003 (Amendment of the Medicines (Monitoring of Advertising) Regulations 1994) Order 2003
- Article 85(1) of the E.C. treaty prohibiting agreements preventing, restricting or distorting competition
- Section 21(1) of the Competition Act 1980.
- Best Practice Guidance On Joint Working Between The NHS And Pharmaceutical Industry And Other Relevant Commercial Organisations

The attached form must be completed and returned to the Chief Executive's office following approval by the Chief Pharmacist.

Attachment E – 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 F – documents and forms

York Teaching Hospital 

NHS Foundation Trust

Declaration of interest form – Attachment A (Pecuniary Interest)

Name:

Position held in the Trust

Date.....

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.

Business interests relevant to the work of the organisation

Please give details of any relevant business interests held by you or your associates:

Name of organisation:

.....

Relationship/role:

.....

When did business interest begin?

.....

How is this relevant to the work of the organisation?

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

Declaration:

I have read and understood the Standard of Business Conduct 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.

Signature.....

Print name:

Date:

Line manager to complete:

Declaration is Acceptable/Unacceptable (please delete as appropriate)

Comments:

.....
.....

Signature:.....

Print name:

Date:

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

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.

Signature.....

Print name.....

Line Manager to complete

Declaration is acceptable/ unacceptable (please delete as appropriate)

Comment.....
.....

Signature

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

For Consultants and other practitioners with other interests and employment

This form is for use during the financial year to advise if you have started any secondary or outside employment including private practice and category 2 work.

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

Name.....

Position held in the Trust.....

| 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 including private practice and category 2 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.

Signature.....

Print name.....

York Teaching Hospital NHS Foundation Trust – Register of Hospitality, Gifts or Sponsorship – (Attachment B, C and D)

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

Offers made by suppliers, third parties, other NHS organisations to pay travelling, hotel or other such expenses should be formally recorded.

Prior authorisation must be obtained before acceptance of hospitality over the value of £50. Hospitality cannot be accepted without prior authorisation.

2. Gifts over an apparent value of £50

Gift offered with an apparent value of over £50 should not be accepted without prior authorisation.

In addition gifts should be declared if several small gifts, worth a total of over £50 are received from the same or closely related source in a 12 month period.

All gifts or hospitality over £50 must be declared, whether accepted or not. Your line manager will be able to advise you if it is appropriate to accept the gift.

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:

‘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’.

In all cases, the Directors or Governors of York Teaching Hospital 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'.

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.

Signature:.....

Print name:

Date:

Line manager to complete:

Standards of Business Conduct Policy

Version 7 Date February 2014

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.

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 | Yes |
| d. | <p>For each engagement activity, please state who was involved, how they were engaged and key outputs</p> <p>Corporate Directors Counter Fraud/ Internal Audit Heads of Service Staff side JNMC</p> | |
| 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 Checklist for Review and Approval

Authors need to be confident that their policy meets all of the criteria identified below before submitting this to the appropriate committee(s) for consideration and approval.

| | Title of document being reviewed: | Yes/No | Comments |
|-----------|--|--------|-------------------|
| 1. | Development and Management of Policies | | |
| | Is the title clear and unambiguous and meets the requirements of page 3 of the Development and Management of Policies Policy? | Yes | |
| | Is it clear whether the document is a policy, procedure or protocol? | Yes | |
| | Does the style and format of the policy meet the requirements of section 3.2 of the Development and Management of Policies Policy? | Yes | |
| | Does the policy contain a list of definitions of terms used? | Yes | |
| 2. | Rationale | | |
| | Are reasons for development of the document stated? | No | Existing document |
| 3. | Development Process | | |
| | Is the method described in brief? | N/A | |
| | Are individuals involved in the development identified? | N/A | |
| | Do you feel a reasonable attempt has been made to ensure relevant expertise has been used? | N/A | |
| | Is there evidence of consultation with all relevant stakeholders and users? | N/A | |
| 4. | Content | | |
| | Is the document linked to a strategy? | N/A | |
| | Is the objective of the document clear? | N/A | |
| | Is the target population clear and unambiguous? | N/A | |
| | Are the intended outcomes described? | N/A | |
| | Are the statements clear and unambiguous? | N/A | |
| | Does it meet all of the requirements of NHSLA RMSAT or other relevant body, if applicable? | N/A | |
| 5. | Evidence Base | | |

| | Title of document being reviewed: | Yes/No | Comments |
|------------|---|---------------|-----------------|
| | Is the type of evidence to support the document identified explicitly? | Yes | |
| | Are supporting references cited in full? | Yes | |
| | Are local/organisational supporting documents referenced? | Yes | |
| | Are all associated documents listed and updated? | Yes | |
| 6. | Approval | | |
| | Does the document identify which committee/group will approve it? | Yes | |
| | If appropriate, have the staff side committee (or equivalent) approved the document? | Yes | |
| 7. | Dissemination and Implementation | | |
| | Does the dissemination plan identify how this will be done and is it clear? | Yes | |
| | Does the plan include the necessary training/support to ensure compliance? | Yes | |
| | Does the policy detail what evidence will be collated to demonstrate compliance with it? | Yes | |
| 8. | Document Control | | |
| | Does the document identify where it will be held? | Yes | |
| | Have archiving arrangements for superseded documents been addressed? | Yes | |
| 9. | Process for Monitoring Compliance | | |
| | Are there measurable standards or KPIs to support monitoring compliance of the document? | N/A | |
| | Is there a plan to review or audit compliance with the document? | Yes | |
| 10. | Review Date | | |
| | Is the review date identified? | Yes | |
| | Is the frequency of review identified? If so, is it acceptable? | Yes | |
| 11. | Overall Responsibility for the Document | | |
| | Is it clear who will be responsible for coordinating the dissemination, implementation, evidencing, monitoring and review of the documentation? | Yes | |

| Policy Owner's Approval | | | |
|---|-------------------|------|--|
| If you are happy to approve this document, please sign and date it and forward to the chair of the committee/group where it will receive final approval. (This can be completed electronically with an electronic signature) | | | |
| Name | Anna Pridmore | Date | |
| Signature | <i>A Pridmore</i> | | |
| Committee Approval | | | |
| If the Chair or Vice Chair of the committee is happy to approve this document, please sign and date here and enter the name of the committee/group. The Policy Author will contact the secretary/administrator of the committee/group to obtain a signed copy of this checklist. The Policy Author will then submit this together with the approved policy (ensuring the "draft" watermark is removed) to the Policy Manager for logging and publication. | | | |
| Name | | Date | |
| Signature | | | |
| Committee/ Group title | | | |
| For Policy Manager's use only | | | |
| Is there a signed and completed Checklist for Review and Approval accompanying the policy? | | | |
| Is the policy logged on Qpulse? | | | |
| Has the old version of the policy been archived? (if applicable) | | | |
| Has the policy been published on Staffroom? | | | |
| Author notified that policy has been published? | | | |

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 | Anna Pridmore |
| 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 | |

Appendix 4

Virtual Policy Review Group Checklist

All policy/procedure authors are required to complete the table below, entering ticks or text in the relevant box and to be open and honest about any implications. Failure to identify implications may lead to the document approval process being delayed.

Policy Title: Standards of Business Conduct Policy

Policy Author Anna Pridmore Policy Owner Patrick Crowley

Date of submission to VPRG 24 November 2013

| | Yes | No | Not Sure | N/A | Comments |
|--|-----|----------|----------|-----|----------|
| CLaD Does the policy/procedural document require staff to be formally trained? | | x | | | |
| Would the training be classified as Statutory/Mandatory and is this already included in the Statutory/Mandatory Training Brochure? | | x | | | |
| Does training require the learner to | | x | | | |

| | Yes | No | Not Sure | N/A | Comments |
|---|-----|----|----------|-----|----------|
| access statutory or mandatory learning material/content on line? | | | | | |
| Procurement Will the introduction of the document incur additional costs associated with equipment, disposables, maintenance agreements etc? | | x | | | |
| What is the likely additional cost associated with the above? | | | | x | |
| Information Technology Will the introduction of the document require an increase in computer hardware? | | x | | | |
| Are there any software, IT training or software license requirements associated with the document's introduction? If so, what are the estimated costs associated with this? | | x | | | |
| Information Governance Are there any information governance issues associated with the introduction of the document? | | x | | | |

| | Yes | No | Not Sure | N/A | Comments |
|---|-----|----|----------|-----|----------|
| HR Will there be any impact on staffing levels or any other HR related issues? (If so give details) | | x | | | |
| Estates and Facilities Will there be any significant impact on Estates and Facilities associated with the introduction of the document? (If so, give details) | | x | | | |
| Communications Will the introduction of the document require significant communications team input? | | x | | | |
| Risk and Legal Are there risks associated with the introduction of this document? | | x | | | |
| Are there any legal implications associated with the introduction of this document? | | x | | | |
| Will the introduction of the document require the production of significant additional or new patient information? | | x | | | |
| Occupational Health Will the introduction of the document | | x | | | |

| | Yes | No | Not Sure | N/A | Comments |
|---|-----|----|----------|-----|----------|
| have any potential implications on the OH department? | | | | | |
| Health and Safety/Security Will the introduction of the document have any significant health and safety or security implications for the Trust? | | x | | | |
| Corporate Will the introduction of the document have any corporate governance implications for the Trust not covered above? | x | | | | |
| Finance Are there any changes from the proposed document which have a financial impact? If you answered yes to the above question, please provide detail. | | x | | | |
| Does the document require any change in financial processes or arrangements? (e.g. Payroll, Invoicing, Payments etc) If you answered yes to the above question, please provide detail. | | x | | | |

| | Yes | No | Not Sure | N/A | Comments |
|--|------------|-----------|---------------------|------------|-----------------|
| | | | | | |

If you answered yes to the first question, has a business case been submitted? Enter details alongside relevant entry

Submitted and Approved
(Include Business case No.)

Being written (Please provide planned timeframes for submission)

Saving being Declared

None of the above (Please give a brief explanation of the reasons why a business case has not been submitted or savings declared)