



Doncaster and Bassetlaw  
Teaching Hospitals  
NHS Foundation Trust

# Standards of Business Conduct and Employees Declarations of Interest Policy

This procedural document supersedes: CORP/FIN 4 v.7 - Standards of Business Conduct and Employees Declarations of Interest Policy



## Did you print this document yourself?

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Executive Sponsor(s):	Director of Finance
Author/reviewer: (this version)	Local Counter Fraud Specialist & Director of Corporate Affairs /Company Secretary
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### Amendment Form

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

Version	Date Issued	Brief Summary of Changes	Author
Version 8		<ul style="list-style-type: none"> <li>• Clarification of close relationship (page19)</li> <li>• Minor changes to terminology and references</li> <li>• Update to contacts and links</li> <li>• Clarification that approval for Clinical Private practice is still requirement of Consultant T&amp;Cs but must logging/declaring of the work will be on the Civica EPR system</li> </ul>	Mark Bishop/Fiona Dunn
Version 7	5 August 2022	<ul style="list-style-type: none"> <li>• Minor changes to references for electronic recording of declarations following the acquisition of CIVICA DECLARE online software (removal of manual forms process)</li> </ul>	Mark Bishop/Fiona Dunn
Version 6	20 July 2020	<ul style="list-style-type: none"> <li>• Minor changes to terminology</li> <li>• Updates to contacts and links</li> <li>• Adjustment to accord with CORP/COMM 1 policy on format</li> </ul>	Mark Bishop
Version 5	25 July 2017	<ul style="list-style-type: none"> <li>• Changes to meet the guidance issued by NHS England that became effective on 1 June 2017</li> <li>• Adoption of NHS England declaration form</li> <li>• Minor amendments to flowcharts, titles and terminology etc.</li> </ul>	Mark Bishop Matthew Kane
Version 4	4 April 2016	<ul style="list-style-type: none"> <li>• Minor amendments to titles etc.</li> <li>• Inclusion of updates to cover the 'Sunshine rules' for sponsorship (see 4.2)</li> <li>• Addition of lottery tickets and wills &amp; legacies (see 5.1)</li> <li>• Dealing with existing or potential suppliers hospitality (see 5.2)</li> <li>• Pharmaceutical sponsorship insertion of new ABPI code of practice link</li> <li>• Employee declarations of Interest minor amendments (see 5.6)</li> <li>• Additional wording in relation to Favouritism in Awarding Contracts (see 5.11)</li> </ul>	Mark Bishop

Version 3	7 August 2014	<ul style="list-style-type: none"><li>• Change in Author</li><li>• Minor amendments to terminology and titles</li><li>• Re-wording to encompass all business interests</li><li>• Addition of Secondary Employment declaration form</li><li>• Re-formatting of policy layout to accord with current guidance</li><li>• Addition of Flowcharts</li></ul>	Mark Bishop
Version 2	January 2013	<ul style="list-style-type: none"><li>• Housekeeping mainly job title updates.</li><li>• New style Trust format in accordance with CORP/COMM 1</li></ul>	Jon Goodison
Version 1	March 2010	<ul style="list-style-type: none"><li>• This is a new procedural document - PLEASE READ IN FULL.</li></ul>	Jon Goodison

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

## 2. INTRODUCTION

Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust (DBTH), and the people who work with and for us, collaborate closely with other organisations, delivering high quality care for our patients.

These partnerships have many benefits and should help ensure that public money is spent efficiently and wisely. But there is a risk that conflicts of interest may arise.

Providing best value for taxpayers and ensuring that decisions are taken transparently and clearly, are both key principles in the NHS Constitution. We are committed to maximising our resources for the benefit of the whole community. As an organisation and as individuals, we have a duty to ensure that all our dealings are conducted to the highest standards of integrity and that NHS monies are used wisely so that we are using our finite resources in the best interests of patients.

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. DBTH therefore adopts a transparent approach to all its activities.

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 private interests and duties. In support of this transparent process, DBTH has an [Electronic Probity Register](#) (EPR), on which we record details of all declared sponsorship, commercial relationships, secondary employment, gifts and hospitality received by or offered to staff. This register is available for inspection by the public at any time. It is also subject to audit inspection at any time, and its contents will be reviewed in an annual report on the subject to be made to the Audit and Risk Committee (ARC).

The EPR is our central record in which all DBTH staff and persons affiliated with DBTH register their financial interest with non NHS organisations. All information declared will be added as soon as possible to the EPR but certainly within 2 weeks of receipt. The EPR register is the online Civica Declare System.

## 3. PURPOSE

The purpose of this policy is to ensure that all employees maintain the highest standard of public accountability and are open and transparent in their business conduct by:

- Ensuring awareness of the correct procedure and declaration form to complete in the event of being offered sponsorship, gifts, hospitality, or outside monies.
- Providing guidance to employees when they are required to provide professional advice and/or services, for a fee, to a non NHS organisation;
- Ensuring DBTH maintains an accurate record of all the above interests via the EPR.
- Encouraging openness and transparency in the declaration process.

This policy will help our staff manage conflicts of interest risks effectively by:

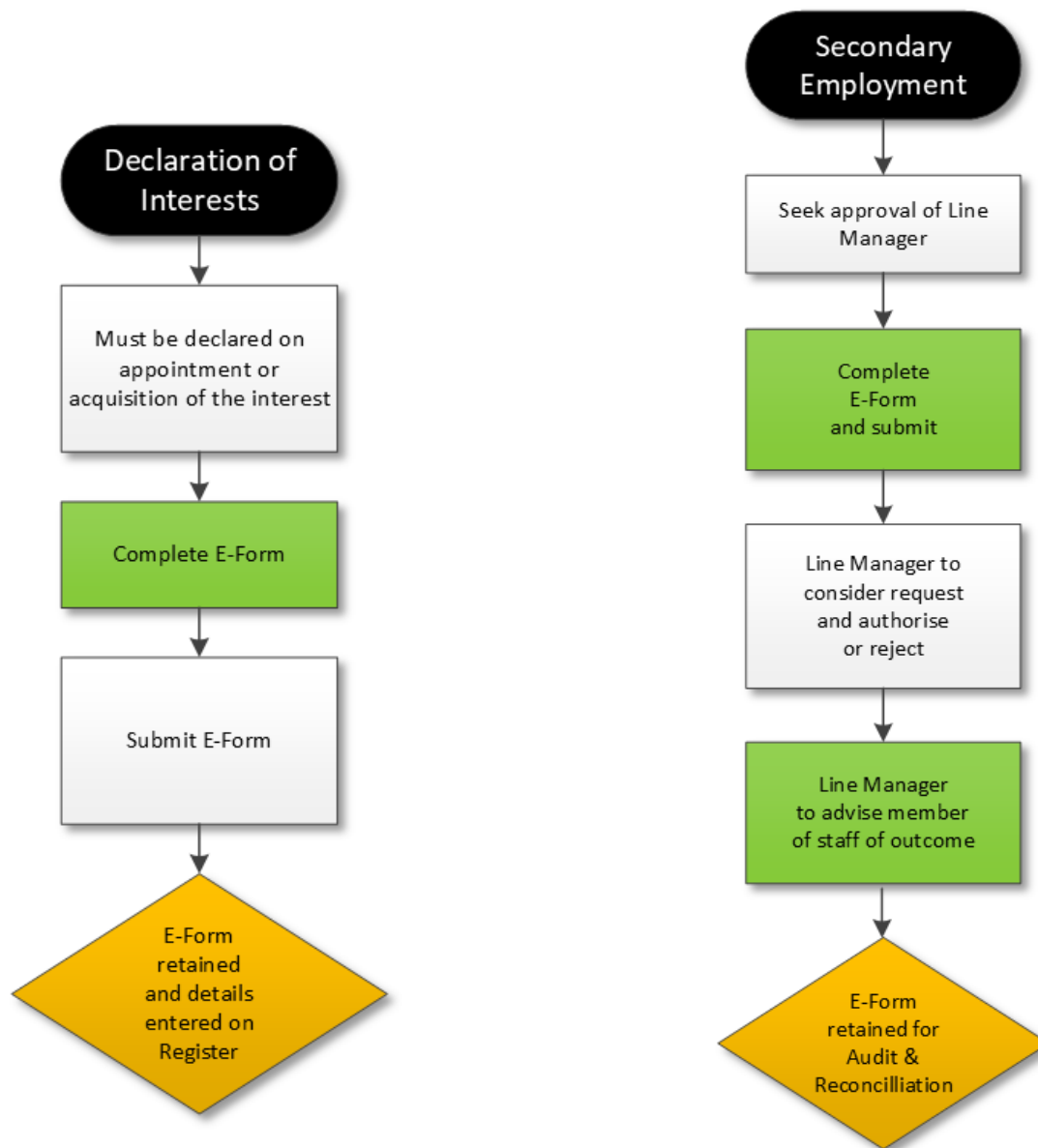
- Introducing consistent principles and rules.
- Providing simple advice about what to do in common situations.
- Supporting good judgement about how to approach and manage interests.

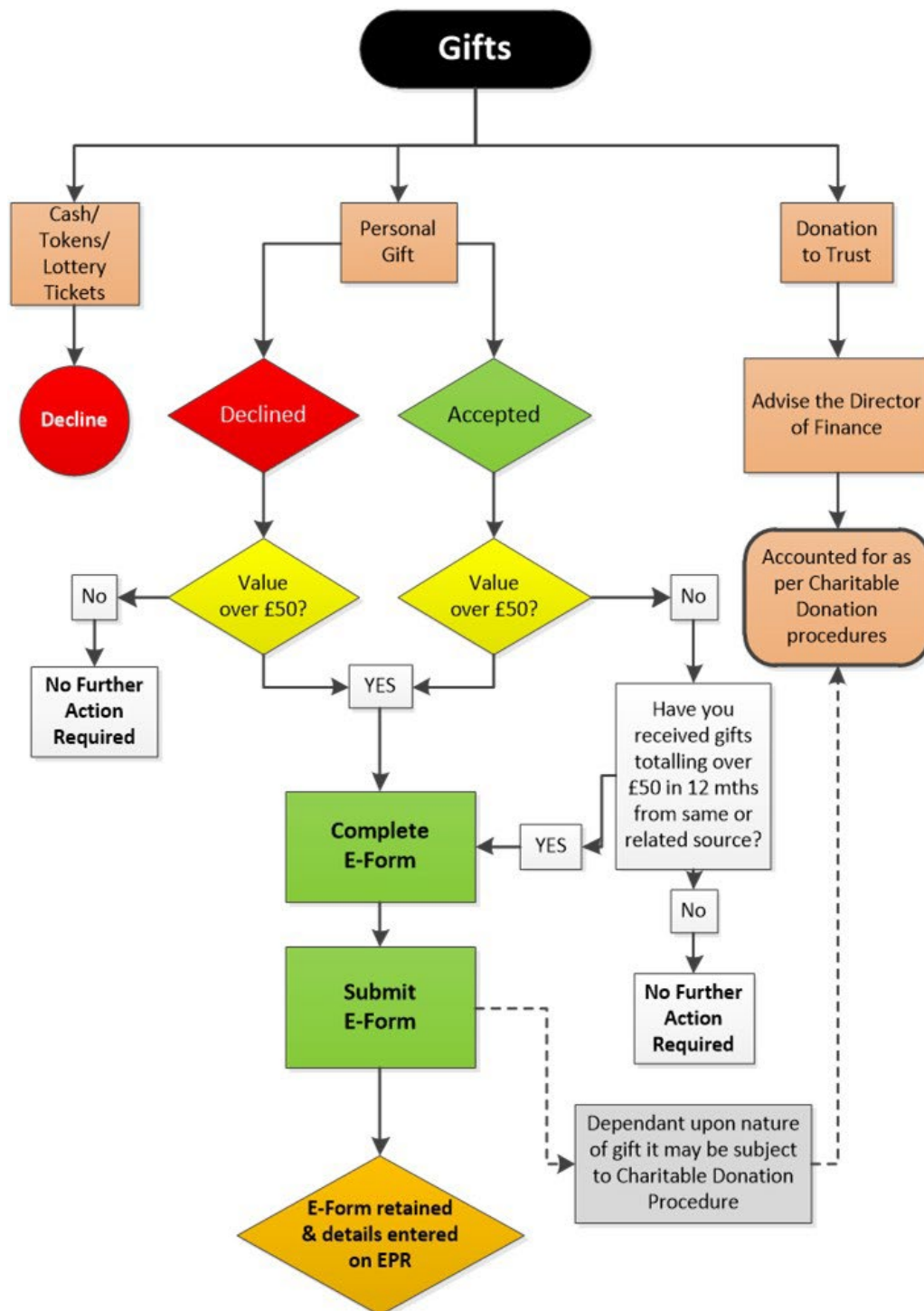
Further guidance on the implementation of this policy can be sought from the Director of Corporate Affairs / Company Secretary who if necessary, will escalate the query to the Director of Finance.

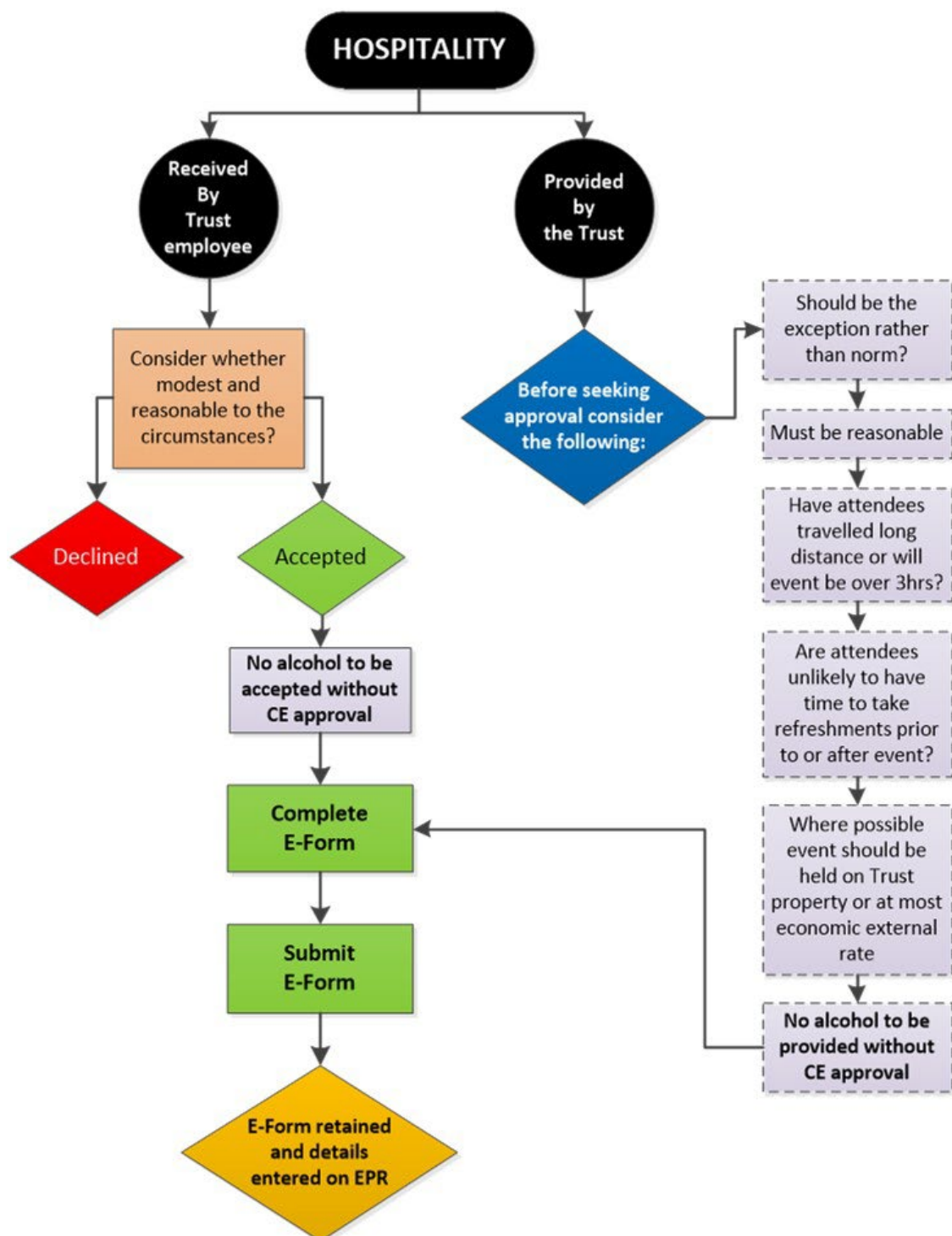


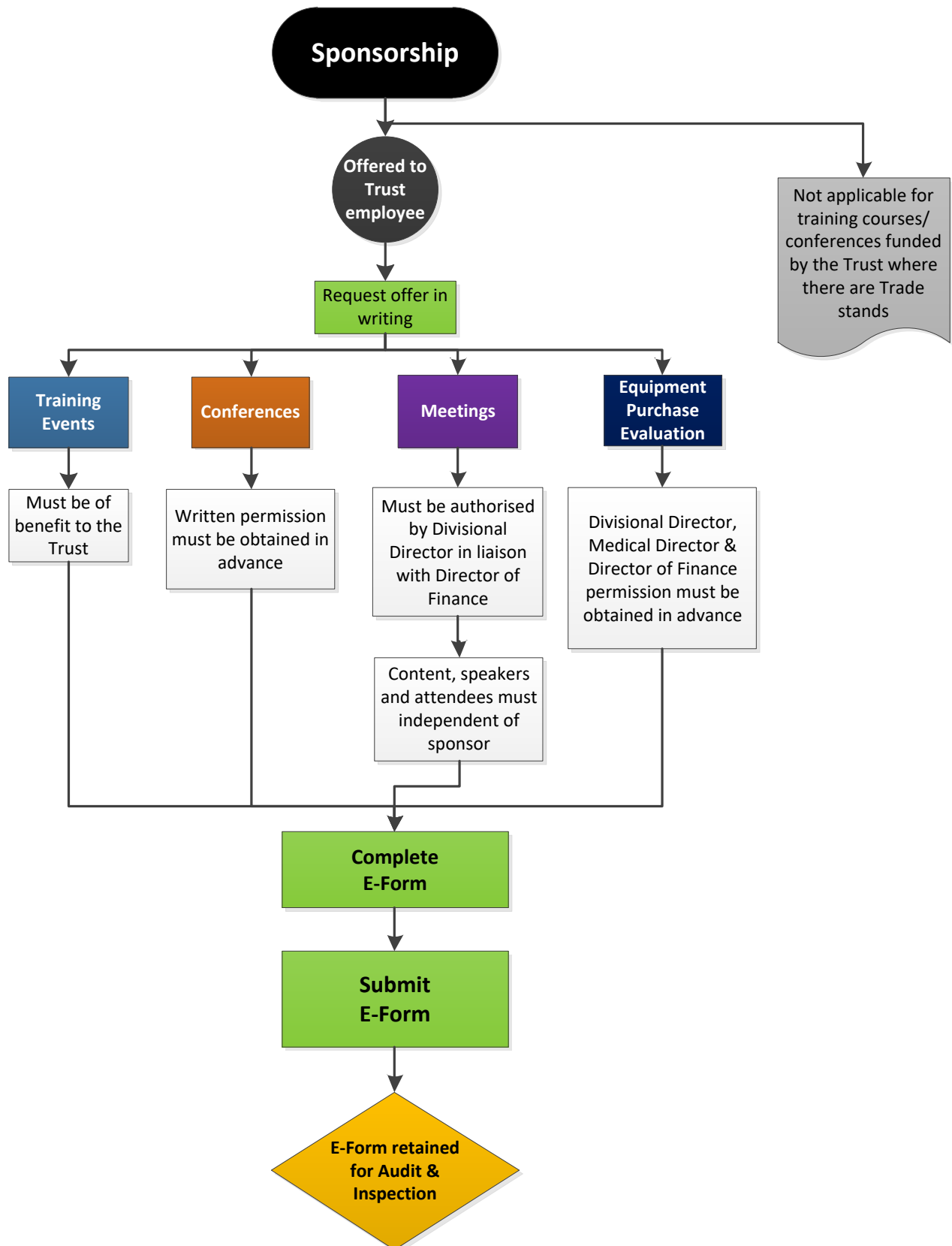
## 4. FLOWCHARTS

To provide a quick reference guide the following flowcharts set out the basic procedures to be followed for each specific event. The narrative elements of the policy should be read in full for a detailed explanation of requirements and reporting guidance.









## 5. KEY TERMS

### 5.1 Conflict of Interest

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.

### 5.2 Interests - Categories

Interests fall into the following categories:

- **Financial interests:**

Where an individual may get direct financial benefit<sup>1</sup> 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<sup>2</sup> 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.

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<sup>1</sup> This may be a financial gain, or avoidance of a loss.

<sup>2</sup> A common-sense approach should be applied to the term 'close association'. Such an association might arise, depending on the circumstances, through relationships with close family members and relatives, close friends and associates, and business partners.

### 5.3 Interests - Gifts, Hospitality and Secondary Employment

For the purpose of this Policy the following definitions have been adopted:

- **Gifts** Defined as any item of cash or goods, or any service, which is provided for personal benefit at less than its commercial value.
- **Hospitality.** Defined as meals and or drinks, visits, entertainment, lecture courses organised etc. provided or offered by suppliers/potential suppliers.
- **Secondary Employment.** This will include the following:
  - Any paid employment outside the Trust.
  - Self-employment.
  - Bank/locum agency work outside of the Trust.
  - An extra job/work within the Trust.
  - Voluntary work (whether paid or not).

## 6. DUTIES AND RESPONSIBILITIES

### 6.1 Responsibility

In regard to this policy, the following have definitive roles in providing strategic financial leadership and advice to all:

- The **Chief Executive** is ultimately responsible for ensuring there is an effective system in place for employees to declare Sponsorship, Gifts, Hospitality, outside income and any other interests, and also to minimise professional liability risks.
- The **Director of Finance** has the following delegated responsibility:
  - Ensuring this Policy is adhered to.
  - Ensuring adequate records are kept for audit requirements.
- The **Company Secretary** leads the Trust Secretariat function, acting as the lead specialist in the Trust on corporate governance issues including:
  - Responsible for ensuring that there are robust corporate governance arrangements in place to support the effective management of the Trust
  - That Trust's business is conducted with probity, accountability and in accordance with national standards and regulations. Maintaining and publishing the EPR for all declarations of interest, including the logging of gifts, hospitality and sponsorship;
  - Provision of advice and information relating to declarations of interest, including the logging of gifts, hospitality and sponsorship.

## 6.2 All Employees

At DBTH 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) \*

\* *Where not directly employed, the hosting manager should make the individual aware of the policy requirements*

**All Staff have a duty to comply with this policy. In addition, all employees must ensure they are not placed in a position which risks, or appears to risk, conflict between their private interests and their NHS duties, whether this is direct or indirect. Where applicable, employees must also adhere to their own professional Codes of Conduct in this area.**

Where there is any uncertainty regarding the contents of this Policy, confirmation should be sought from the Director of Finance.

## 6.3 Decision Making Staff

The business decisions made by DBTH must be ethical and in full compliance with legal requirements. These Standards of Business Conduct reflect our continued commitment to ethical business practices and regulatory compliance. By following the standards provided in this document, we are acknowledging our responsibilities to manage our activities with integrity.

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.'

- **Executive and Non-Executive directors.**
- **Medical Staff – Consultants and Associated Specialists.**
- **All Clinical/Divisional Directors, Nursing Directors and Operational Directors.**
- **Agenda for Change band 8c staff (and above).**
- **Members of Advisory Groups**
- **Trust Governors**
- **All staff within Pharmacy, IT and Procurement teams** who have the power to enter into contracts on behalf of their organisation and are involved in decision making concerning the commissioning of services, purchasing of goods, medicines, medical devices or equipment, and formulary decisions.

- NHS contractor professions, e.g. pharmacists, dentists and optometrists etc.

**All decision-making staff must make a declaration on starting employment and any new interests should be declared within a reasonable time of becoming aware of the interest and no later than 28 days after the interest becoming known.**

**Decision-making staff are required to make at least an annual declaration of interest.**

## 6.4 Legislation and Guidance

It is an offence under the Bribery Act 2010 both for anyone to receive, be offered or to offer any financial or other advantage to another person in order to induce a person to perform improperly or reward any person for improper performance of a function or activity. This includes breaches in expected performance. It is also an offence under Section 3 of the Fraud Act 2006 for an employee to fail to disclose information to an employer to make a gain for themselves or another or to cause a loss or expose the Trust to the risk of loss. Additionally, Section 4 of the same Act provides that it is also an offence for an employee who occupies a position in which they are expected to safeguard or not act against the financial interests of the Trust, to abuse that position to cause a loss or expose the Trust to the risk of loss. A breach of either Act renders employees liable to prosecution and may also lead to loss of their employment.

In August 2015 the Health Secretary announced a tightening of the rules which came into force in 2016 relating to the recording of the receipt of gifts (including cash payments) and hospitality by NHS organisations and their employees from pharmaceutical and medical device companies. This is being referred to as the ‘Sunshine Rule’ (following a similar initiative introduced in the US in 2013) and is designed to ensure transparency around relationships between such companies and the NHS. From 2016/17 the requirement for NHS organisations to maintain such records was written into the NHS standard contract.

**NHS staff found not complying with the requirements of this policy may be subject to disciplinary action and more serious allegations involving fraud, bribery or corruption will involve criminal investigation and prosecution where appropriate.**

In addition to the requirement for NHS staff to declare gifts and hospitality, etc. to their NHS employer, a new national database has been made publicly available by the [Association of the British Pharmaceutical Industry](#) (ABPI). This searchable database will show details of benefits given in cash or in kind (termed ‘transfers of value’) by pharmaceutical companies to healthcare organisations and individual healthcare professionals. The public ABPI record will be able to be cross matched against the Trust’s own records of declarations of gifts and hospitality, etc. and will identify where employees are failing to formally declare such relationships to the Trust.



## 6.5 Review & Dissemination

This Policy will be reviewed every 3 years or earlier where the following necessitates:

- Legislative changes
- Good practice guidance
- Case law
- Significant incidents reported
- New vulnerabilities identified
- Changes to organisational infrastructure

The Standards of Business Conduct Policy is located on the Trust extranet.

## 7. IDENTIFICATION & DECLARATION OF INTERESTS

### 7.1 Action Required

**All staff must identify and declare any interests outlined in this policy at the earliest opportunity (and in any event within 28 days).** *If staff are in any doubt as to whether an interest should be declared 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).

After expiry, an interest will remain on the EPR for a minimum of 6 months and historic interests will be retained in an archive file for a minimum of 6 years.

### 7.2 Proactive review of interests

The Director of Corporate Affairs / Company Secretary will prompt decision making staff at least annually via the Civica Declare System to review declarations they have made and as appropriate, update them or make a nil return.

### 7.3 Records (Electronic Probity Register)

The Trust will maintain an Electronic Probity Register (EPR) via the Trust Board office using the Civica Declare electronic EPR system.

All declared interests that are material will be promptly transferred to the EPR.

## 7.4 Publication

The Trust will:

- Publish the interests declared by decision making staff on the EPR (Civica Declare System).
- Refresh this information at least annually.
- Make this information available via the Trust website via Civica Declare System.

If staff have substantial grounds for believing that publication of their interests should not take place then they should contact the Director of Finance 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. The Director of Finance decision will be final.

## 7.5 Wider transparency initiatives

DBTH fully supports wider transparency initiatives in healthcare, and we encourage staff to engage actively with these.

Staff are strongly encouraged to give their consent for payments they receive from the pharmaceutical industry to be disclosed as part of the Association of British Pharmaceutical Industry (ABPI) Disclosure UK initiative<sup>3</sup>. 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

**The public ABPI record will be subject to checking by the Trust for cross matching against the EPR to identify where employees are failing to formally declare such relationships to the Trust.**

## 8. 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

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<sup>3</sup> Further information about the scheme can be found on the ABPI website: <http://www.abpi.org.uk>

- 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.

## 9. MANAGEMENT OF INTERESTS (COMMON SITUATIONS)

### 9.1 Employee Declarations of Interest

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

**All employees must declare all instances where they, including spouses/partners, a close relative<sup>4</sup> or associate, has a controlling and/or significant personal interest (*including friendships*) in any business, or any other activity or pursuit, which may compete for an NHS contract to supply goods or services.**

**Additionally, the Trust expects employees to similarly declare personal interests (*including a directorship registered at Companies House or other appointments*) in any business venture or activity that could be perceived to have a connection to any healthcare provision or in any way be linked to their main employment with the Trust (*e.g. provision of private treatment, private nursing or residential home*).**

All employees therefore must declare such interests to the Trust, either on starting employment or on acquisition of the interest.

For all employees any such interests must be declared at <https://www.DBTH.mydeclarations.co.uk> by selecting the relevant menu option under the 'New Declarations' link. They will then be recorded in the EPR.

The procedure for Board of Directors including Non-Executive Directors and Governors to declare interests is described in detail in DBTHs Standing Orders, Section 8.

### 9.2 Gifts

Staff should not accept gifts that may affect or be seen to affect, their professional judgement.  
**Gifts from suppliers or contractors:**

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<sup>4</sup> A close relative is defined as "a parent, parent-in-law, son, son-in-law, daughter, daughter-in-law, step-parent, step-son, step-son-in-law, step-daughter, step-daughter-in-law, brother, brother-in-law, sister or sister-in-law"

- ***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<sup>5</sup> in total and need not be declared.

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

- ***Gifts of cash and vouchers (e.g. tokens, gift vouchers and lottery tickets) to individuals should always be declined.***
- Staff should not ask for any gifts.
- Gifts valued at over £50 should be treated with caution and only be accepted on behalf of DBTH (i.e. to charitable funds) and not in a personal capacity. These should be declared by staff.
- Modest gifts (including seasonal gifts, e.g. biscuits, chocolates and flowers) 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.

In cases of doubt, employees should consult their line manager.

All gifts received or offered above the £50 threshold (or where doubt exists) must be declared using the [Civica Declare System](#)

The following need **NOT** be declared:

- Income generation schemes, which are managed and logged separately.
- Discounts on pharmaceuticals, which are managed and logged separately.

Where employees have any concern as to the potentially excessive value of a gift offered or the pressure to accept any gift is particularly high or where refusal might cause offence, they should seek advice from their Directorate or Division Director or the Director of Finance. Employees should at all times be aware that the Code of Conduct for NHS Managers seeks to ensure that the best interests of the public and patients/clients are upheld in decision making and that decisions are not improperly influenced by gifts or inducements.

**Donations.** Gifts in the form of a donation of money to DBTH should be communicated immediately to the Director of Finance. Such donations will be deposited in the Trust charitable fund (see CORP/FIN 8).

Non-cash gifts of goods and essential items are welcomed in times of crisis such as seen during the Covid-19 pandemic. Staff who become involved in offers of such goods and services should refer to the guidance on the Charity page of the Trust website [www.dbth.nhs.uk/charity/](http://www.dbth.nhs.uk/charity/) or contact the Communications Team.

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<sup>5</sup> The £6 value has been selected with reference to existing industry guidance issued by the ABPI: <https://www.pmcpa.org.uk/the-code/2019-interactive-abpi-code-of-practice/>

**Wills and Legacies.** Where a member of staff is a beneficiary to a Will of a patient who has been under their care, the member of staff must declare this using the [Civica Declare System](#) and inform the Director of Finance, through their line manager so that consideration can be given as to whether or not it is appropriate in all circumstances for that member of staff to retain the gift(s) in order to avoid subsequent claims by the beneficiaries of the estate of inducement, reward or corruption.

Gifts which have been received without approval will be returned to the donor by the Trust. Where the donor cannot be traced the gift will be donated to an appropriate charity.

### 9.3 Hospitality

Employees must not under any circumstances accept any hospitality from existing or potential suppliers which may, or be capable of being construed as, being able to influence a purchasing decision or cast doubts on the integrity of such decisions. This includes site visits to inspect equipment at the expense of the supplier. The Trust should meet the costs of an inspection visit so as to avoid putting in jeopardy the integrity of subsequent purchasing decisions. In short staff should:

- Not ask for or accept hospitality that may affect, or be seen to affect, their professional judgement.
- Only accept hospitality when there is a legitimate business reason and it is proportionate to the nature and purpose of the event.
- Exercise caution when hospitality is offered by actual or potential suppliers or contractors. This can be accepted, and must be declared, if modest and reasonable. Senior approval must be obtained.

Modest hospitality, provided it is normal and reasonable in the circumstances, e.g. lunches in the course of working visits, may be acceptable, though it should be similar to the scale of hospitality which the NHS as an employer would be likely to offer. The following apply at DBTH:

#### Meals and refreshments (per individual):

- **Under** a value of **£25** - may be accepted and need not be declared.
- Of a value **between £25 and £75<sup>6</sup>** - may be accepted and must be declared.
- **Over** a value of **£75** - should be refused unless (in exceptional circumstances) senior approval is given. A clear reason should be recorded on the organisation's register(s) of interest as to why it was permissible to accept.
- A common-sense approach should be applied to the valuing of meals and refreshments (using an actual amount, if known, or a reasonable estimate).

#### Travel and accommodation:

- Modest offers to pay some or all of the travel and accommodation costs related to attendance at events may be accepted and must be declared.
- Offers which go beyond modest or are of a type that the organisation itself might not usually offer, need approval by senior staff, should only be accepted in exceptional

<sup>6</sup> The £75 value has been selected with reference to existing industry guidance issued by the ABPI <http://www.pmcpa.org.uk/thecode/Pages/default.aspx>

circumstances, and must be declared. A clear reason should be recorded on the organisation's register(s) of interest as to why it was permissible to accept travel and accommodation of this type. A non-exhaustive list of examples includes:

- offers of business class or first-class travel and accommodation (including domestic travel)
- offers of foreign travel and accommodation

All hospitality will be recorded in the EPR to ensure probity, openness and transparency. Staff should decline all other offers of hospitality or entertainment and record all offers (***whether accepted or declined***) at <https://dbth.mydeclarations.co.uk/home> by selecting 'Hospitality' menu option under the 'New Declarations' link.

Any potential hospitality which falls outside the scope of this policy, and which is linked to an unconditional desired benefit for DBTH (such as employee training) should be agreed with the employee's Director in advance and notified, where appropriate through the Trust Board in accordance with the usual arrangements for declarations of hospitality.

#### 9.4 Provision of Hospitality by DBTH

The provision of hospitality should be considered as an exception rather than the norm. It is reasonable to provide refreshments such as tea, coffee, water or fruit juice at meetings which involve attendees who do not work within the premises or when attendees have travelled some distance to the meeting or when the meeting is to last a considerable period of time, i.e. in excess of 3 hours.

Lunchtime and evening meetings where attendees would be unlikely to have reasonable time to take refreshments either prior to or after the meeting would also be considered reasonable occasions for the provision of hospitality. When refreshments are considered necessary, these should be limited to sandwiches, fruit, tea, coffee, water and fruit juice. Lunches should not be provided if a morning meeting ends before 1:00pm or if an afternoon meeting commences after 1:30pm.

Whenever possible, meetings should be arranged within DBTH premises. If this is not possible, the meeting should be arranged at the most economic external rate, taking into account room charges and refreshment charges.

It is not appropriate for DBTH to provide or accept alcohol as part of hospitality at any time, except in exceptional circumstances and with the prior approval of the Chief Executive.

#### 9.5 Sponsorship

**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 to DBTH and the NHS, the following will apply:

- 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 DBTHs 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.
- Staff within DBTH 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 DBTH.
- Any events which rely heavily on the use of sponsored materials should be discouraged unless they promote good practice agreed to by DBTH.
- Sponsorship of meetings, management or educational events may be authorised by the appropriate Director in consultation with the Director of Finance, provided that the content of the programme, speakers and attendees are independent of the sponsor(s).
- The involvement of a sponsor in an event should always be clearly identified

*This procedure does not apply to training courses / conferences where attendance by employees has been funded by the Trust and at which there are trade stands.*

**Research.** Funding sources for research purposes must be transparent.

- Any proposed research must go through the relevant health research authority or other approvals process.
- There must be a written protocol and written contract between staff, DBTH, and/or institutes at which the study will take place and the sponsoring organisation, which specifies the nature of the services to be provided and the payment for those services.
- The study must not constitute an inducement to prescribe, supply, administer, recommend, buy or sell any medicine, medical device, equipment or service.
- Staff must declare involvement with sponsored research to DBTH.

**Sponsored Posts.** External sponsorship of a post requires prior approval from DBTH and:

- 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 DBTH 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.

**Pharmaceutical Sponsorship.** All pharmaceutical companies entering into sponsorship agreements must comply with the Association of the British Pharmaceutical Industry (ABPI) Code of Practice, which can be found at the following link <https://search.disclosureuk.org.uk/> and must pay due regard to the requirements of The Human Medicines Regulations 2012 in relation to inducements and hospitality. In all cases:

- Any sponsorship agreements with pharmaceutical companies will require the advice of DBTHs Prescribing Lead before authorisation by the Director of Finance.
- All collaborative partnerships between DBTH and the pharmaceutical industry, charitable sector or non-NHS organisations must comply with current legislative and regulatory guidance.
- Participation in a collaborative pharmaceutical partnership does not in any way suggest DBTH endorsement of any product, only that the product is in line with DBTH prescribing policy at the time.

When the Trust considers it necessary for employees advising on the purchase of equipment to inspect such equipment in operation in other parts of the country (or exceptionally overseas), the relevant Director, Director of Finance or Medical Director should be advised **in advance** and the Trust will consider meeting the cost so as to avoid putting in jeopardy the integrity of subsequent purchasing decisions.

Any member of staff covered by this policy who receives an approach regarding any form of sponsorship not described below should request that the details be put in writing; upon receipt the relevant Sponsorship menu option under the 'New Declarations' link at <https://dbth.mydeclarations.co.uk/home> should be accessed and completed. For regular sponsorship i.e. not a one-off event, a written Sponsorship Agreement will also be required.

**All sponsorship must be recorded into the EPR to ensure probity, openness and transparency.**

## 9.6 Sponsorship Agreements

All Employees and Board members involved in the development of a sponsorship agreement must declare any prior interest in terms of previous sponsorship or relationship to any of the individual sponsors in question. In addition the following should be adhered to:

- All collaborative partnerships will follow formal process and have written agreement explicitly stating the contributions from all parties – specifically resources, outcomes, publication of any such outcomes and an opt out clause for each party.
- Appropriateness and full impact of provision of free or discounted materials should be fully investigated prior to entering any such agreement, including continuance of such provision.
- DBTH prefers to work collaboratively with several partners; however in the event this is not possible a formal tendering process will be adopted. All companies whose products deliver care and/or services in the relevant area will be approached for involvement following the Trusts Standing Orders and Standing Financial Instructions.
- DBTH will not participate in any collaborative partnership which links sponsorship to a particular product and/or service.



- Potential sponsors must be informed that any agreement will have no effect on purchasing decisions, the use of particular products, or the DBTH Formulary.
- Proposals which link sponsorship to the purchase, volume, or use of any particular product must be refused, and must be reported to the Board.
- Officers or representatives must also refuse proposals which require employees to recommend the sponsor's products to patients, where these are considered not the best for the patient.

Sponsorship which involves the exchange of patient information must be approved by DBTHs Caldicott Guardian.

## 9.7 Secondary Employment

**All staff must declare any existing outside employment on appointment and any new outside employment when it arises by recoding it at <https://dbth.mydeclarations.co.uk/> by selecting the 'Outside Employment' menu option under the 'New Declarations' link.**

No member of staff, without the consent of their Line Manager may engage in any outside employment whether connected to their NHS employment or not as the Trust must be satisfied that there are no conflicts of interest or health and safety implications for the employee or their colleagues or service and that this other work does not have an adverse effect on their Trust employment.

Consent will not be unreasonably withheld provided that:

- It is not undertaken at times when the employee's contract is considered to be in operation.
- the additional employment does not have an adverse impact upon their DBTH contractual duties.
- the additional employment is not considered to be in competition with DBTH for the provision of services.
- Where the total hours of work exceed, or are likely to exceed, the Working Time Directive, the employee signs the appropriate declaration to work additional hours available from their Line Manager or from Human Resources.
- Does not adversely impact on the reputation of the Trust
- Does not use Trust resources including premises, equipment, materials or staff.

Where DBTH employment is on the basis of part-time or ad-hoc hours, such as Clinical Advisors or 'bank' nursing, the employee should obtain a single authorisation from their Line Manager covering the range of their external bank/part-time employment. This will prevent the need for separate authorisation for each period of employment.

All staff must keep their Line Manager directly informed of any material changes in outside working practices or working hours.

*All staff are reminded that if they work for a second employer whilst off sick or on a 'staged return' from their normal place of employment without permission, this may be considered fraud and as such could result in disciplinary action being taken including dismissal and may lead to prosecution and civil recovery proceedings.*

## 9.8 Clinical Private Practice

Clinical staff should declare all private practice on appointment on the Civica Declare System, and/or any new private practice when it arises<sup>7</sup> 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 DBTH before taking up private practice as per Consultant Terms & Conditions<sup>7</sup>.
- Ensure that, where there would otherwise be a conflict or potential conflict of interest, NHS commitments take precedence over private work.<sup>8</sup>
- Not accept direct or indirect financial incentives from private providers other than those allowed by Competition and Markets Authority guidelines:  
[https://assets.publishing.service.gov.uk/media/542c1543e5274a1314000c56/Non-Divestment\\_Order\\_amended.pdf](https://assets.publishing.service.gov.uk/media/542c1543e5274a1314000c56/Non-Divestment_Order_amended.pdf)

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

## 9.9 Professional Advice and Services Provided

Professional liability occurs when a service is provided to a third party outside of the NHS or to another NHS organisation. Professional advice and services can be provided across a wide spectrum, which not only include clinical/medical services but also a number of the other services/professions found within the NHS, such as, pathology, fire prevention, health promotion, prescribing and orthodontics. Professional liability arises where advice or a service is supplied to a third party. Third party, in this context, should mean any organisation, company or individual outside of the local health and social care community or any private sector organisation.

Where any employee is requested to support, contribute or assist any private or non-NHS organisation (other than within the local health and social care community) they should seek the approval of the Director of Finance before doing so.

Any payment or honorarium offered to employees in their capacity as employees of the Trust for

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<sup>7</sup> Hospital Consultants are already required to provide their employer with this information by virtue of the Terms and Conditions – Consultants (England) 2003: <https://www.nhsemployers.org/-/media/Employers/Documents/Pay-and-reward/Consultants>

<sup>8</sup> These provisions already apply to Hospital Consultants by virtue of the Terms and Conditions – Consultants (England) 2003: <https://www.nhsemployers.org/-/media/Employers/Documents/Pay-and-reward/Consultants>

doing so should be accepted and paid directly to DBTH and advised to the Director of Finance. It should be noted that not all advice and services are covered by DBTH insurance scheme. Guidance can be found in the scheme rules on the NHS Resolution website <https://resolution.nhs.uk/>.

Where services are being provided for a fee to a third party, then there must be clear terms and conditions for the supply of all services by the organisation, and this should be contained within standard terms and conditions. Information and guidance regarding terms and conditions for the supply of certain services to non-NHS bodies is available from the Head of Procurement. The Director of Finance must review all contract arrangements prior to completion.

Healthcare organisations often loan equipment to other similar organisations or patients. It is important to be clear about where responsibility for liability lies, and that there are suitable systems in place for the tracking of loaned equipment. The Trust Policy for the Use of Medical Equipment Used “on trial/on-loan” must be consulted for guidance.

### 9.10 Preferential Treatment in Private Transactions

Individual employees must not seek or accept preferential rates or benefits in kind for private transactions carried out with companies with which they have had, or may have, official dealings on behalf of DBTH. (This does not apply to concessionary agreements negotiated with companies by NHS management, or by recognised employees’ interests, on behalf of all employees – for example, NHS employee benefits schemes).

Goods should not normally be delivered to the Trust for personal use, except for those employees and their family members who reside onsite, in DBTH premises.

### 9.11 Contracts

All employees who are in contact with suppliers and contractors (including external consultants), and in particular those employees who are authorised to sign Purchase Orders, or place contracts for goods, materials or services, are expected to adhere to professional standards of the kind set out in the Ethical Code of the Chartered Institute of Purchasing and Supply (CIPS) and the Trust’s Standing Orders/Standing Financial Instructions.

The Trust will ensure that all invitations to potential Contractors and Suppliers to tender or quote for business include a notice warning them of the consequences of engaging in any corrupt practices involving employees of public bodies. For tenders to be considered they must be received with a declaration of bona fide tendering.

### 9.12 Favouritism in Awarding Contracts

Fair and open competition between prospective contractors or suppliers for NHS contracts is a requirement of NHS Standing Orders and of relevant Procurement Rules. This means that:

- No private, public or voluntary organisation or company which may bid for NHS business should be given any advantage over its competitors, such as advance notice of NHS requirements. This applies to all potential contractors, whether or not there is a relationship between them and the NHS employer, such as a long-running series of previous contracts.
- Each new contract should be awarded solely on merit, taking into account the requirements of the NHS and the ability of the contractors to fulfil them.

The Trust will ensure that no special favour is shown to current or former employees or their close relatives or associates in awarding contracts to private or other businesses run by them or employing them in a senior or relevant managerial capacity. Contracts may be awarded to such businesses where they are won in fair competition, but scrupulous care must be taken to ensure that the selection process is conducted impartially, and that employees who are known to have a relevant interest play no part in the selection.

**DBTH employees need to ensure that they show no special favour to contractors, friends, current or former employees, close relatives or associates when awarding contracts or orders.**

### 9.13 Donations

A donation is a charitable financial payment, which can be in the form of direct cash payment or through the application of a will or similar directive. Charitable giving and other donations are often used to support the provision of health and care services. As a major public sector employer the NHS holds formal and informal partnerships with national and local charities. Staff will, in their private lives, undertake voluntary work or fundraising activities for charity. A supportive environment across the NHS and charitable sector should be promoted. However, conflicts of interest can arise, therefore the following applies:

- 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 Trust or is being pursued on behalf of the Trust's own registered charity or other charitable body and is not for their own personal gain.
- Staff must obtain permission from the Trust if in their professional role they intend to undertake fundraising activities on behalf of a pre-approved charitable campaign for a charity other than the 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.

**Advice in regard to donations must be sought from the Director of Finance and records will be maintained in line with obligations under charity law, in line with the above principles and rules.**

### 9.14 Loyalty Interests

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

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

### 9.15 Patents

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

- Staff should seek prior permission from the organisation before entering into any agreement with bodies regarding product development, research, work on pathways etc, where this impacts on the organisation's own time, or uses its equipment, resources or intellectual property.
- Where holding of patents and other intellectual property rights give rise to a conflict of interest then the general management actions outlined in this policy should be considered and applied to mitigate risks.

### 9.16 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 DBTH:

- Where shareholdings or other ownership interests are declared and give rise to risk of conflicts of interest then the general management actions outlined in this policy should be considered and applied to mitigate risks.
- There is no need to declare shares or securities held in collective investment or pension funds or units of authorised unit trusts.

## 10. MANAGEMENT OF INTERESTS – ADVICE IN SPECIFIC CONTEXTS

### 10.1 Strategic Decision Making Groups

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

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

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

- Board of Directors and its Committees.
- Charitable Funds Committee inc Fred and Ann Green Legacy
- Executive Team.
- Management Board.
- Drug and Therapeutics 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 EPR.
- The vice chair (or other non-conflicted member) should chair all or part of the meeting if the chair has an interest that may prejudice their judgement.

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

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

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

## 10.2 Procurement

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

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

## 11. DEALING WITH BREACHES

### 11.1 Identifying Breaches

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

### 11.2 Reporting Breaches

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

To ensure that interests are effectively managed staff are encouraged to speak up about actual or suspected breaches. Every individual has a responsibility to do this. For further information about how concerns should be raised refer to the *Freedom to Speak Up Policy 'Speak up to make a difference'*. Where fraud is suspected, then refer to the *Fraud, Bribery and Corruption Policy & Response Plan*.

DBTH will investigate each reported breach according to its own specific facts and merits and give relevant parties the opportunity to explain and clarify any relevant circumstances.

Following investigation we will:

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

### 11.3 Taking Action in Response to Reporting Breaches

Action taken in response to breaches of this policy will be in accordance with DBTH's disciplinary procedures and could involve organisational leads for staff support (e.g. HR), fraud (e.g. Local Counter Fraud Specialists), members of the management or executive teams and our 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 and NHS Improvement or the Care Quality Commission), 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 DBTH can and will consider the range of possible sanctions that are available, in a manner which is proportionate to the breach. This includes:

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

### 11.4 Fraud and Probity

In accordance with the details set out in this policy, the Trust expects all employees to act with honesty and probity. Failure to comply with the policy may result in disciplinary action being taken in accordance with current disciplinary procedures.

Where the allegation is serious the matter should be referred appropriately to the Local Counter Fraud Specialist or by calling the confidential NHS Fraud & Corruption Reporting Line on:

**0800 028 40 60** or online at: <https://www.cfa.nhs.uk/reportfraud>.



### 11.5 Learning and Transparency Concerning Breaches

Action taken in response to breaches of this policy will be in accordance with DBTH's disciplinary procedures and could involve organisational leads for staff support (e.g. Human Resources)

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

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

## 12. TRAINING/ SUPPORT

Employees will receive instruction and direction regarding this policy from a number of sources, including but not limited to:

- Policy/Strategy and Procedure Manuals
- Line Managers
- Other communication methods (e.g. Newsletters, Staff Brief and/or Team meetings)
- Trust Website / Extranet
- Training sessions (e.g. Fraud Awareness Training)
- Staff Handbook
- Staff Brief

## 13. MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where reported to
Electronic Probity Register	Director of Finance Internal Audit External Audit NHS England	At least annually	The register will be reviewed and reported on an annual basis to the Audit Risk Committee by the Director of Corporate Affairs / Company Secretary

## 14. EQUALITY IMPACT ASSESSMENT

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are disadvantaged over others. Our objectives and responsibilities relating to equality and diversity are outlined within our equality schemes. When considering the needs and assessing the impact of a procedural document any discriminatory factors must be identified.

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment for All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible, remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. See Appendix 4.

## 15. DATA PROTECTION

Any personal data processing associated with this policy will be carried out under 'Current data protection legislation' as in the Data Protection Act 2018 and the General Data Protection Regulation (GDPR) 2016.

For further information on data processing carried out by the trust, please refer to our Privacy Notices and other information which you can find on the Trust website:

<https://www.dbth.nhs.uk/about-us/our-publications/publication-scheme/>

## 16. ASSOCIATED TRUST PROCEDURAL DOCUMENTS

CORP/COMM 1	Approved Procedural Documents (APDs) – Development and Management Policy.
CORP/COMM 14	Research Governance Policy
CORP/COMM 26	Intellectual Property Policy
CORP/EMP 1	Sickness Absence Policy
CORP/EMP 2	Disciplinary Procedure
CORP/EMP 4	Fair Treatment for All Policy
CORP/EMP 14	Freedom to Speak Up Policy 'Speak up to make a difference'
CORP/EMP 27	Equality Analysis Policy
CORP/EMP 36	Recruitment and Selection Policy
CORP/FIN 1 (A)	Standing Orders
CORP/FIN 1 (B)	Standing Financial Instructions
CORP/FIN 1 (C)	Reservation of Powers to the Board and Delegation of Powers
CORP/FIN 1 (D)	Fraud, Bribery and Corruption Policy & Response Plan
CORP/FIN 8	Charitable Funds Policy
CORP/PROC 2	Supplier and Manufacturer Representative Policy
CORP/PROC 8	Policy and Guidance for the Procurement of Goods, Services and Works

## 17. REFERENCES

- Nolan Report “Seven Principles of Public Life” May 1995
- Commercial Sponsorship – Ethical Standards for the NHS, November 2000
- Freedom of Information Act 2000
- The Code of Conduct for NHS Managers 2002 (Corporate Governance Manual 1.3.4)
- DH Code of Conduct for Private Practice (2004)
- NHS Trust model standing orders, reservation and delegation of powers and standing financial instructions, DH Crown Copyright March 2006
- The Fraud Act 2006
- The Bribery Act 2010
- The Human Medicines Regulations 2012
- Competition and Markets Authority Guidelines - Private Healthcare Market Investigation Order 2014
- NHS England - Managing Conflicts of Interest in the NHS. Guidance for staff and organisations (2017)
- The Data Protection Act 2018
- ABPI: The Code of Practice for the Pharmaceutical Industry (2019)
- ABHI Code of Ethical Business Practice (2019)
- Directives on Public Purchasing for Works and Supplies Her Majesty’s Government
- NHS Resolution website

## APPENDIX 1 – KEY CONTACTS

### *Contact Details for Advice & Guidance*

<i>Contact Name</i>	<i>Contact Details</i>
Director of Corporate Affairs /Company Secretary	<b>01302 644157</b> <a href="mailto:fiona.dunn2@nhs.net">fiona.dunn2@nhs.net</a>
Director of Finance	<b>01909 490162</b> <a href="mailto:Jonathan.sargeant@nhs.net">Jonathan.sargeant@nhs.net</a>
Local Counter Fraud Specialist	<b>01302 642999</b> <b>07831 148760</b> <a href="mailto:mbishop@nhs.net">mbishop@nhs.net</a>  <a href="mailto:nlg-tr.counterfraudplus@nhs.net">nlg-tr.counterfraudplus@nhs.net</a> (Fraud Team email)
NHS Fraud & Corruption Reporting Line (24 hour hotline operated by Crimestoppers UK)	<b>0800 028 40 60</b> <a href="https://www.cfa.nhs.uk/reportfraud">https://www.cfa.nhs.uk/reportfraud</a>
Freedom to Speak Up Helpline	<b>01302 644300</b> <a href="mailto:dbth.guardian@nhs.net">dbth.guardian@nhs.net</a>
NHS Whistleblowing Helpline	<b>08000 724 725</b> <a href="http://www.wbhelpline.org.uk/">www.wbhelpline.org.uk/</a>

## APPENDIX 2 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

Policy	Division/Executive Directorate and Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
CORP/FIN 4 v.7 – Standards of Business Conduct & Employees Declarations of Interest Policy	Finance	Mark Bishop	Existing	18/04/2023
<b>1. Who is responsible for this policy?</b> Finance Directorate				
<b>2. Describe the purpose of the policy?</b> Sets out the directions and criteria for declaring business involvement , gifts, hospitality and sponsorship plus conflicts of interest				
<b>3. Are there any associated objectives?</b> Comply with Standing Orders, Standing Financial Instructions and the Bribery Act 2010. Also to accord with NHS England guidance ( <i>issued 01/06/2017</i> )				
<b>4. What factors contribute or detract from achieving intended outcomes?</b> None				
<b>5. Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief?</b> No				
<b>6. If yes, please describe current or planned activities to address the impact</b> N/A				
<b>7. Is there any scope for new measures which would promote equality?</b> N/A				
<b>8. Are any of the following groups adversely affected by the policy?</b>				
<b>a. Protected Characteristics</b>	<b>Affected?</b>	<b>Impact</b>		
b. Age	No			
c. Disability	No			
d. Gender	No			
e. Gender Reassignment	No			
f. Marriage/Civil Partnership	No			
g. Maternity/Pregnancy	No			
h. Race	No			
i. Religion/Belief	No			
j. Sexual Orientation	No			
<b>9. Provide the Equality Rating of the service/ function/policy /project / strategy</b>				
<b>Outcome 1</b> ✓	<b>Outcome 2</b>	<b>Outcome 3</b>	<b>Outcome 4</b>	
<b>10. Date for next review:</b> July 2026				
<b>Checked by:</b> Fiona Dunn, Director of Corporate Affairs / Company Secretary			<b>Date:</b>	