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#  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 service users / patients for the decisions we take.

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

#  Introduction

South West Yorkshire Partnership NHS Foundation Trust (the ‘Trust’), and the people who work with and for us, collaborate closely with other organisations, delivering high quality care for our service users / 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. (See Section 4 for the definition of conflict of interests)

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 a Trust 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.

In terms of standards of integrity the Trust, and this policy, follow the Nolan principles of public office.

* Selflessness – act solely in terms of the public interest.
* Integrity – avoid placing in suituations where decisions could be inappropriately influenced.
* Objectivity – make decisions impartially, fairly and using the best evidence without discrimination or bias.
* Accountability – be open to public scrutiny.
* Openness – decisions taken in an open and transparent manner.
* Honesty.
* Leadership – everyone should exhibit these principles in their own behaviour, promote and support the principle and challenge poor behaviour wherever it occurs.

This policy replaces Standards of Conduct in Public Service Policy (October 2017). The structure follows the national model policy and incorporates Trust specific elements. All staff (See section 6) must follow the principles set out in the policy.

All staff are responsible for ensuring that they are not placed in a position which risks, or appears to risk, conflict between their private interests and their NHS duties.

#  Purpose

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

* Introduces consistent principles and rules.
* Provides simple advice about what to do in common situations.
* Supports good judgement about how to approach and manage interests.

The core principles underpinned by this policy include that staff are expected to:

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

It is the responsibility of staff to ensure that they do NOT:

* Abuse their official position for personal gain or to benefit their family or friends.
* Accept bribes.
* Seek to advantage or further private business or other interests in the course of their official duties.

This policy should be considered alongside these other Trust policies:

* Standing Financial Instructions (SFIs).
* Anti-Fraud, Bribery and Corruption Policy.
* Whistleblowing Policy.

#  Key terms

A ‘conflict of interest’ is:

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

A conflict of interest may be:

* Actual - there is a material conflict between one or more interests.
* Potential – there is the possibility of a material conflict between one or more interests in the future.

Staff may hold interests for which they cannot see potential conflict. However, caution is always advisable because others may see it differently and perceived conflicts of interest can be damaging. All interests should be declared where there is a risk of perceived improper conduct.

#  Interests

Interests fall into the following categories:

* **Financial interests:**

Where an individual may get direct financial benefit[[1]](#footnote-1) 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[[2]](#footnote-2) with another individual who has a financial interest, a non-financial professional interest or a non-financial personal interest and could stand to benefit from a decision they are involved in making.

#  Staff

At the Trust we use the skills of many different people, all of whom are vital to our work. This includes people on differing employment terms, who for the purposes of this policy we refer to as ‘staff’ and are listed below:

* All salaried employees.
* All prospective employees – who are part-way through recruitment.
* Non-Executive Directors.
* Bank staff.
* Contractors and sub-contractors.
* Agency staff.
* Committee, sub-committee and advisory group members (who may not be directly employed or engaged by the Trust).
* Volunteers.
* Governors (Governors are also required to sign the ‘code of conduct for governors’ on appointment to the Members’ Council which requires all governors to adhere to Trust policies and procedures).

This policy applies to all staff and it is the responsibility of all staff to ensure that they are not placed in a position which risks, or appears to risk, conflict between their private interests and their NHS duties. Staff need to be aware that it is both a serious criminal offence (Bribery Act 2010, the Theft Act 1968 and the Fraud Act 2006) and disciplinary matter to corruptly receive or give any fee, loan, gift, reward or other advantage in return for doing (or not doing) anything or showing favour (or disfavour) to any person or organisation.

It is the responsibility of managers within the Trust to ensure that the policy is brought to the attention of all staff.

Staff need to ensure that they consider any potential conflict of interests arising from the development of the Integrated Care Systems and the different organisations which operate within them. In each case the policies and procedures of the host organisation will take precedent but declarations should be made to all parties.

Staff on secondment will also need to comply with the policy of their host organisation and make declarations to both the Trust and their host organisation.

#  Decision Making Staff

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

Decision making staff in this Trustare:

* Trust Directors.
* Trust Board members.
* Senior Managers with responsibility for commissioning of services and /or the purchasing of goods and services.

The Trust is required to publish declarations of interest for decision making staff annually. This report is available on the Trust website:

https://www.southwestyorkshire.nhs.uk/contact-us/freedom-of-information/registers-and-documents/

Note, there are separate Declaration of Interest policies for the Trust Directors, Trust Board members, and governors of the Members’ Council.

# Identification, declaration and review of interests

## Identification & declaration of interests (including gifts and

##  hospitality)

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

* On appointment with the Trust.
* 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).

A declaration of interest(s) form is available at Appendix D.

Declarations should be made to the Trust Company Secretary.

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

## Proactive review of interests

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

#  Records and publication

## Maintenance

The Trust will maintain a single Register of Interest.

All declared interests will be promptly transferred to the register by the Company Secretary, at least monthly.

## Wider transparency initiatives

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

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

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

Further information about the scheme can be found on the ABPI website:

<http://www.abpi.org.uk/our-work/disclosure/about/Pages/default.aspx>

#  Management of interests – general

If an interest is declared but there is no risk of a conflict arising then no action is warranted. However, if a material interest is declared then the general management actions that could be applied include:

* restricting staff involvement in associated discussions and excluding them from decision making.
* removing staff from the whole decision making process.
* removing staff responsibility for an entire area of work.
* removing staff from their role altogether if they are unable to operate effectively in it because the conflict is so significant.

Each case will be different and context-specific, and the Trust willalways 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.

#  Management of interests – common situations

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

## Gifts

* Staff should not accept gifts.These should be politely but firmly declined.

Gifts from suppliers or contractors:

* Gifts from suppliers or contractors doing business (or likely to do business) with the Trust should be politely but firmly 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[[3]](#footnote-3) in total, and need not be declared.
* If gifts of low value are received by a team e.g, chocolates, these should be distributed equally. The Trust and its staff must not promote a business/company in any way. Refer to the Trust’s guidance on social media if required [Use social media (sharepoint.com)](https://swyt.sharepoint.com/sites/Intranet/communications/Pages/How-do-I-use-social-media.aspx).

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

* Gifts of cash and vouchers to individuals should always be declined.
* Staff should not ask for any gifts.
* Gifts of a low intrinsic value such as chocolates or flowers can be accepted but must be declared.
* If a gift is accepted a Declaration of Interest form (Appendix D) should be completed.
* Any gift accepted should be accepted on behalf of the Trust and other related Charities.

### What should be declared

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

## Hospitality

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

Meals and refreshments:

* Under a value of £25 - may be accepted and need not be declared.
* Of a value between £25 and £75[[4]](#footnote-4) - may be accepted and must be declared.
* Over a value of £75 - should be refused unless (in exceptional circumstances) senior approval is given. A clear reason should be recorded on the Trust’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 Trust itself might not usually offer, need approval by senior staff, should only be accepted in exceptional circumstances, and must be declared. A clear reason should be recorded on the Trust’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.

### What should be declared

* Staff name and their role with the Trust.
* The nature and value of the hospitality including the circumstances.
* Date of receipt.
* Any other relevant information (e.g. action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

## Outside Employment

Employees of the Trust are advised not to engage in outside employment, which may conflict with their NHS work, or be detrimental to it.

Outside employment could include working in a private clinic / hospital, registered nursing or residential care home. Other areas may include consultancy work, or involvement in running of a voluntary sector organisation (even in a voluntary capacity).

* Staff must declare any existing outside employment on appointment and any new outside employment when it arises.
* Where a risk of conflict of interest arises, the general management actions outlined in this policy should be considered and applied to mitigate risks.
* Where contracts of employment or terms and conditions of engagement permit, staff are required to seek prior approval from the Trust to engage in outside employment.

### What should be declared

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

## 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 Trust.
* 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.

### What should be declared

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

## 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 Trust.
* Staff should seek prior permission from the Trust before entering into any agreement with bodies regarding product development, research, work on pathways etc, where this impacts on the Trust’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.

### What should be declared

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

## 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 Trust does business with an organisation in which close family members and relatives, close friends and associates, and business partners have decision making responsibilities.

### What should be declared

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

## Donations

* Donations made by suppliers or bodies seeking to do business with the Trust 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 Trust’s own. Approval must be received from the Director of Finance and the Director of Human Resources.
* Donations, when received, should be made to a specific charitable fund (never to an individual) and a receipt should be issued.
* Staff wishing to make a donation to a charitable fund in lieu of receiving a professional fee may do so, subject to ensuring that they take personal responsibility for ensuring that any tax liabilities related to such donations are properly discharged and accounted for.

### What should be declared

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

## Sponsored events

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

### What should be declared

* The Trust will maintain records regarding sponsored events in line with the above principles and rules. This must include:
	+ Purpose of Sponsorship.
	+ Names of companies involved.
	+ Sponsorship value.

## Sponsored research

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

### What should be declared

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

## Sponsored posts

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

### What should be declared

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

## Clinical private practice

Clinical staff should declare all private practice on appointment, and / or any new private practice when it arises[[5]](#footnote-5) including:

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

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

* Seek prior approval of their Trust before taking up private practice.
* Ensure that, where there would otherwise be a conflict or potential conflict of interest, NHS commitments take precedence over private work.[[6]](#footnote-6)
* Not accept direct or indirect financial incentives from private providers other than those allowed by Competition and Markets Authority guidelines:

<https://assets.publishing.service.gov.uk/media/542c1543e5274a1314000c56/Non-Divestment_Order_amended.pdf>

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

### What should be declared

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

#  Management of interests – advice in specific contexts

## Strategic decision making groups

In common with other NHS bodies the Trustuses 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.

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 Trust’s register(s).
* The vice chair (or other non-conflicted member) should chair all or part of the meeting if the chair has an interest that may prejudice their judgement.

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

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

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

## 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 Trust 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.

By participating in tendering exercises prospective suppliers should also be in agreement with, and adhere to, the Trust’s Supplier Code of Conduct. A copy of which is included within the tender documentation. Any supplier not wishing to comply with this term should provide details of their objections which will be duly noted and considered within the contract award process.

#  Dealing with breaches

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

## Identifying and reporting breaches

Staff who become aware of actual breaches of this policy, or who are concerned that there has been, or may be, a breach, should report these concerns to any of the following:

* Line Manager .
* Deputy Director of Finance.
* Human Resource Business Partner.
* Company Secretary.
* Local Counter Fraud Specialist.

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 please refer to the Trust’s Whistleblowing Policy available on the Intranet document store:

(<http://nww.swyt.nhs.uk/docs/Documents/Forms/AZ.aspx>)

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

Following investigation the organisation will:

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

## Taking action in response to breaches

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

Breaches could require action in one or more of the following ways:

* Clarification or strengthening of existing policy, process and procedures.
* Consideration as to whether HR / employment law / contractual action should be taken against staff or others.
* Consideration being given to escalation to external parties. This might include referral of matters to external auditors, NHS Counter Fraud Authority, the Police, statutory health bodies (such as NHS England, or the CQC), and / or health professional regulatory bodies.

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

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

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

## Learning and transparency concerning breaches

Reports on breaches, the impact of these, and action taken will be considered by the Trust Executive Management Team (EMT) and reported, at least annually, to the Trust Audit Committee.

# Bribery

Bribery is defined as “an inducement or reward offered, promised or provided to gain personal, commercial, regulatory or contractual advantage”. Bribery can also be described as corruption, the offering or acceptance of inducements, gifts, favours, payment or benefit-in-kind which may influence the action of a person.

All employees have a personal responsibility to protect the Trust from bribery and corruption and not engage in any form of bribery, in the UK or abroad.

Please refer to the Trust’s Anti-Fraud, Bribery and Corruption Policy.

# Counter Fraud measures

As noted in section 3, staff are expected not to use their position to gain advantage. The organisation will take all steps necessary to prevent fraud and encourages staff with concerns or reasonably held suspicions about potentially fraudulent activity or practice, to report these. In accordance with the Trust’s Anti-Fraud, Bribery and Corruption Policy and also the Trust’s Whistleblowing Policy, staff should inform the nominated Local Counter Fraud Specialist (LCFS) or the Trust’s Director of Finance, unless the Director of Finance or LCFS is implicated. If that is the case, they should report it to the Chair, Chief Executive or Chair of the Audit commitee, who will decide on the action to be taken.

Employees can also call the NHS Fraud and Corruption Reporting Line on free phone 0800 028 40 60. This provides an easily accessible and confidential route for the reporting of genuine suspicions of fraud within or affecting the NHS. All calls are dealt with by experienced trained staff and any caller who wishes to remain anonymous may do so.

# Review

This policy will be reviewed bi-annually unless an earlier review is required. This will be led by the Human Resources Business Partner in conjunction with the Deputy Director of Finance and Company Secretary.

# Associated documentation

Trust’s Anti-Fraud, Bribery and Corruption Policy

Bribery Act 2010

Theft Act 1968

Fraud Act 2006

Freedom of Information Act 2000

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

ABHI Code of Business Practice

NHS Code of Conduct and Accountability (July 2004)

**Equality Impact Assessment**

**Date of EIA: 16th June 2022**

**Review Date: October 2025**

**Completed By: HR Business Manager**

|  |  |  |
| --- | --- | --- |
|  | **QUESTIONS** | **ANSWERS AND ACTIONS** |
| **1** | **What is being assessed?**Prompt: what is the function of this document (new or revised) |  Standards of Conduct in Public Service Policy |
| **2** | **Description of the document**Prompt: What is the aim of this document | To ensure that employees adhere to the expected standards of business conduct required of NHS staff and that there is an appropriate means of declaring legitimate interests. |
| **3** | **Lead contact person for the Equality Impact Assessment** | Ashley Hambling, HR Business Manager |
| **4** | **Who else is involved in undertaking this Equality Impact Assessment** | **Deputy Director of Finance****HR Business Manager****Corporate Governance Manager**  |
| **5** | **Sources of information used to identify barriers etc**Prompts: service delivery equality data – refer to equality dashboards ([BI Reporting - Home (sharepoint.com)](https://swyt.sharepoint.com/sites/BIReporting) satisfaction surveys, complaints, local demographics, national or local research & statistics, anecdotal. Contact InvolvingPeople@swyt.nhs.uk for insight**What does your research tell you about the impact your proposal will have on the following equality groups?** | **The Trusts Equality Workforce Monitoring Annual Report 2021.**[Workforce equality information - South West Yorkshire Partnership NHS Foundation Trust](https://www.southwestyorkshire.nhs.uk/about-us-2/performance/workforce-equality/)   |
| **5a** | **Disability Groups:**Prompt: Learning Disabilities orDifficulties, Physical, Visual, Hearing disabilities and people with long term conditions such Diabetes, Cancer, Stroke, Heart Disease etc. Accessible information standard | Whilst this policy is applicable to all Trust staff, we need to make sure this is easily accessible, available and understandable to all staff including those with long term conditions/disabilities.Advice is available to staff from line managers as well as the support service colleagues. The 2022 workforce equality monitoring report states 8.4% of Trust report as disabled.  |
|  | **QUESTIONS** | **ANSWERS AND ACTIONS** |
| **5b** | **Gender:**Prompt: Female & Male issues should be considered |  This policy is applicable to all staff, no issues identified. The Trust split of female to male employees is approx 80/20 79% female to 21% male.  |
| **5c** | **Age:**Prompt: Older people & Young People issues should be considered | This policy is applicable to all staff, no issues identified. We would need to ensure that any colleagues are not subject to bribery with the purpose of sexual exploitation. Bribery is covered in section 14 of the Policy. The equality workforce monitoring report 2022 provides the age range of staff within Trust. As in previous years the highest number of Trust staff fall in the age bands 40-49 and 50-59 with 52.7% of the total staff being between 40 and 59. |
| **5d** | **Sexual Orientation:**Prompt: Heterosexual, Bisexual, Gay, Lesbian groups are included in this Category | This policy is applicable to all staff, no issues identified.The equality workforce monitoring report 2022 provides the sexual orientation of Trust staff which is 83% heterosexual, 2.4% gay/lesbian, 1.2% bisexual and 13.6% unknown.  |
| **5e** | **Religion & Belief:**Prompt: Main faith groups and people with no belief or philosophical belief issues should be considered | This policy is applicable to all staff, no issues identified.The equality monitoring report 2022 states staff reported as 46.9% Christianity, 3.7% Islam, 11.9% other and 19.6% Atheism. |
| **5f** | **Marriage and Civil Partnership**Prompt: Single, Married, Co-habiting, Widowed, Civil Partnership status are included in this category | This policy is applicable to all staff, no issues identified. The equality workforce monitoring report 2022 provides the marital status of Trust staff which is 1.2% civil partnership, divorced/legally separated 9.6%, married 50.1%, single 37.4%, widowed 0.9%, and unknown 0.8%. |
| **5g** | **Pregnancy and Maternity**Prompt: Currently pregnant or have been pregnant in the last 12 months should be considered | This policy is applicable to all staff, no issues identified. |
| **5h** | **Gender Re-assignment**Prompt: Transgender issues should be considered | This policy is applicable to all staff, no issues identified. |
| **5I** | **Carers**Prompt: Caring responsibilities paid or unpaid, hours this is done should be considered | This policy is applicable to all staff, no issues identified. |
| **5j** | **Race**Prompt: Indigenous population and BME Groups such as Black African and Caribbean, Mixed Heritage, South Asian, Chinese, Irish, new Migrant, Asylum & Refugee, Gypsy & Travelling communities.) | This policy is applicable to all staff, no issues identified. The equality workforce monitoring report 2022 provides the ethnicity of Trust staff. Asian 5.1%, Black 3.5%, Chinese or Other 1.2%, Mixed 1.4%, White 88.7%, unknown 0.2%. |

**Action Plan**

EIAs are now reviewed using a grading approach which is in line with our Equality Delivery System (EDS). This rates the quality of the EIA. This means that the team can review the EIA and make recommendations only. The rating and suggested standards are set out below:

* + **Under-developed** – red – **No data**. **No strands** of equality
	+ **Developing** – amber – **Some census data plus workforce**. **Two strands** of equality addressed
	+ **Achieving** – green – **Some census data plus workforce. Five strands** of equality addressed
	+ **Excelling** – purple –**All the data and all the strands** addressed

Potential themes for actions: Geographical location, built environment, timing, costs of the service, make up of your workforce, stereotypes and assumptions, equality monitoring, community relations/cohesion, same sex wards and care, specific issues/barriers.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Who will benefit from this action? (tick all that apply)** | **Action 1: This is what we are going to do** | **Lead/s**  | **By when** | **Update -outcome** | **RAG** |
| **Age** |  X | Review any declaration of interests received to see if they are being received by certain demographic groups. Consider any potential impacts on these groups.  |  Ashley HamblingAndy ListerRob Adamson  |  October 2022. |   |   |
| **Disability** |  X |
| **Gender reassignment**  |  X |
| **Marriage and civil partnership** | X  |
| **Race** |  X |
| **Religion or belief** |  X |
| **Sex** |  X |
| **Sexual Orientation** |  X |
| **Pregnancy maternity**  |  X |
| **Carers** |  X |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Who will benefit from this action? (tick all that apply)** | **Action 2: This is what we are going to do** | **Lead/s**  | **By when** | **Update -outcome** | **RAG** |
| **Age** |   | Review any data for staff from protected groups that have been subject to breach of the policy and have undergone a disciplinary process this policy. |  Ashley HamblingAndy ListerRob Adamson |  October 2022 |   |   |
| **Disability** |   |
| **Gender reassignment**  |   |
| **Marriage and civil partnership** |   |
| **Race** |   |
| **Religion or belief** |   |
| **Sex** |   |
| **Sexual Orientation** |   |
| **Pregnancy maternity**  |   |
| **Carers** |   |

**Grading EIA assessment by equality and involvement manager**

**Name: Aboobaker Bhana**

**Date: 11/07/22**

**Rating: *Developing***

EIAs are now reviewed using a grading approach which is in line with our Equality Delivery System (EDS). The team have reviewed and rated the EIA using the following:

* **Under-developed** – red – **No data**. **No strands** of equality
* **Developing** – amber – **Some census data plus workforce**. **Two strands** of equality addressed
* **Achieving** – green – **Some census data plus workforce. Five strands** of equality addressed
* **Excelling** – purple –**All the data and all the strands** addressed

**Comments:**

**No examples in the involvement section**

**No examples of past learing shared**

**The new census demographic data needs to be added as soon as available in the Autumn of 2022 in the action plan**

1. **Involvement & Insight: New or Previous (please include any evidence of activity undertaken in the box below)**

|  |
| --- |
| Review of interest declarations made.  |

|  |
| --- |
| 1. **Methods of Monitoring progress on Actions**

Review in Corporate Governance and Risk Group. |
|

|  |
| --- |
| 1. **Publishing the Equality Impact Assessment**
 |

 |
|

|  |
| --- |
| 1. **Signing off Equality Impact Assessment:**

Greg Moores, Chief People Officer Date: 27 September 2022  |

 |

***Once approved, you must forward a copy of this***

***Assessment/Action Plan by email to:***

InvolvingPeople@swyt.nhs.uk

**Please note that the EIA is a public document and will be published on the web.**

**Failing to complete an EIA could expose the Trust to future legal challenge.**

# Appendix B - Checklist for the Review and Approval of Procedural Document

*To be completed and attached to any policy document when submitted to EMT for consideration and approval.*

|  | **Title of document being reviewed:** | **Yes/No/Unsure** | **Comments** |
| --- | --- | --- | --- |
| **1.** | **Title** |  |  |
|  | Is the title clear and unambiguous? | Yes |  |
|  | Is it clear whether the document is a guideline, policy, protocol or standard? | Yes | Clear policy which enables management and staff to make correct decisions, deal effectively and comply with legislation, Trust processes and good working practices. |
|  | Is it clear in the introduction whether this document replaces or supersedes a previous document? | Yes |  |
| **2.** | **Rationale** |  |  |
|  | Are reasons for development of the document stated? | Yes |  |
| **3.** | **Development Process** |  |  |
|  | Is the method described in brief? | No |  |
|  | Are people involved in the development identified? | Yes | Utilise national policy framework but HR, finance and governance involved prior to Staffside and Members review |
|  | Do you feel a reasonable attempt has been made to ensure relevant expertise has been used? | Yes |  |
|  | Is there evidence of consultation with stakeholders and users? | Yes |  |
| **4.** | **Content** |  |  |
|  | Is the objective of the document clear? | Yes |  |
|  | Is the target population clear and unambiguous? | Yes | Applies to all staff |
|  | Are the intended outcomes described?  | Yes |  |
|  | Are the statements clear and unambiguous? | Yes |  |
| **5.** | **Evidence Base** |  |  |
|  | Is the type of evidence to support the document identified explicitly? | Yes |  |
|  | Are key references cited? | Yes |  |
|  | Are the references cited in full? | Yes |  |
|  | Are supporting documents referenced? | Yes |  |
| **6.** | **Approval** |  |  |
|  | Does the document identify which committee/group will approve it?  |  |  |
|  | If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document? | Yes | Will be subject to discussion and agreement with staff side |
| **7.** | **Dissemination and Implementation** |  |  |
|  | Is there an outline/plan to identify how this will be done? | YES |  |
|  | Does the plan include the necessary training/support to ensure compliance? | N/A |  |
| **8.** | **Document Control** |  |  |
|  | Does the document identify where it will be held? | YES |  |
|  | Have archiving arrangements for superseded documents been addressed? | YES |  |
| **9.** | **Process to Monitor Compliance and Effectiveness** |  |  |
|  | Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document? | YES |  |
|  | 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 implementation and review of the document? | YES |  |

# Appendix C - Version Control Sheet

*This sheet should provide a history of previous versions of the policy and changes made*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Version** | **Date** | **Author** | **Status** | **Comment / changes** |
| 1.0 | Aug 03 | James Corson | Superseded |  |
| 2.0 | May 12 | James Corson | Superseded | An extensive rewrite and change of title. It incorporates elements of the Barnsley PCT policy and reference to the Bribery Act and the revised CIPS professional Code. It also now makes reference to the Code of conduct for NHS Managers. This single procedure now replaces all the previous disciplinary documents for the forerunner organisations: Barnsley, Calderdale and Wakefield PCT’s |
| 2.0a | Apr 13 | James Corson | Superseded | Links embedded in the document updated |
| 2.0b | Dec 13 | James Corson | Superseded | Addition of further information on Fraud/bribery/corruption following a Focussed Quality Assessment |
| 2.0c | Feb 15  | James Corson | Superseded | Further clarification of when staff can engage in outside employment. See para 5.8 |
| 3 | 3/10/17 | HR Business Manager / Deputy Director of Finance | Superseded | Updated in accordance with national guidance. |
|  | 25/07/18 | Company Secretary | Superseded | Reference added to bribery and counter fraud.  |
| 4 | Sept 19 | Company SecretaryDeputy Director of FinanceHR Business Manager | Superseded | Minor updating.Reference to staff working across Integrated Care Systems/secondments. |
| 5.  | May 2022 | Corporate Governance Manager,Deputy Director of Finance,HR Business Manager | Current  | Minor updating |

# Appendix D - Declaration Form

|  |
| --- |
| **IN STRICT CONFIDENCE - INTERESTS DECLARATION FORM** |
| **Name and Base** |  |
| **Job Title** |  |
| **Description of Interest** |
|  |
|  |
|  |
| **Relevant dates** |  From: |  To: |
| The information submitted will be held by South West Yorkshire NHS Foundation Trust (‘the Trust’) for personnel or other reasons specified on this form and to comply with the organisation’s policies. This information may be held in both manual and electronic form in accordance with the Data Protection Act 1998. Information may be disclosed to third parties in accordance with the Freedom of Information Act 2000 and published in registers that South West Yorkshire NHS Foundation Trustholds.I confirm that the information provided above is complete and correct. I acknowledge that any changes in these declarations must be notified to South West Yorkshire NHS Foundation Trustas soon as practicable and no later than 28 days after the interest arises. I am aware that if I do not make full, accurate and timely declarations then civil, criminal, internal disciplinary, or professional regulatory action may result.I **do / do not** give my consent for this information to published on registers that South West Yorkshire NHS Foundation Trust holds. If consent is not given please give reasons. |
|  |
|  |
| **Signed:** | **Date:** |
| **Comments of Line Manager and/or Head of Service (as appropriate)** |
|  |
|  |
| **Signed:** | **Date:** |
| **Action required, if any:** |
|  |
|  |
| * **Copy to Personal File**
 | * **Original to Register of Interests File**
 |

**PLEASE RETURN THIS FORM TO: Company Secretary, Block 8, Fieldhead, Wakefield**

**GUIDANCE NOTES FOR COMPLETION OF INTERESTS DECLARATION FORM**

|  |  |
| --- | --- |
| **Name and Base** | Insert your name and location |
| **Job Title** | Insert your position/role in relation to the Trust |
| **Description of Interest:** | Provide a description of the interest that is being declared. This should contain enough information to be meaningful (e.g. detailing the supplier of any gifts, hospitality, sponsorship, etc). That is, the information provided should enable a reasonable person with no prior knowledge should be able to read this and understand the nature of the interest.Types of interest:**Financial interests** - This is where an individual may get direct financial benefits from the consequences of a decision they are involved in making**Non-financial professional interests** - This is where an individual may obtain a non-financial professional benefit from the consequences of a decision they are involved in making, such as increasing their professional reputation or status or promoting their professional career**Non-financial personal interests** - This is where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit, because of decisions they are involved in making in their professional career**Indirect interests** - This is where an individual has a close association with another individual who has a financial interest, a non-financial professional interest or a non-financial personal interest who would stand to benefit from a decision they are involved in making.A benefit may arise from both a gain or avoidance of a loss.Further comments:Detail any action taken to manage an actual or potential conflict of interest. It might also detail any approvals or permissions to adopt certain course of action. |
| **Relevant Dates:** | Detail here when the interest arose and, if relevant, when it ceased. |

1. This may be a financial gain, or avoidance of a loss. [↑](#footnote-ref-1)
2. A common sense approach should be applied to the term ‘close association’. Such an association might arise, depending on the circumstances, through relationships with close family members and relatives, close friends and associates, and business partners. [↑](#footnote-ref-2)
3. The £6 value has been selected with reference to existing industry guidance issued by the ABPI: <http://www.pmcpa.org.uk/thecode/Pages/default.aspx> [↑](#footnote-ref-3)
4. The £75 value has been selected with reference to existing industry guidance issued by the ABPI <http://www.pmcpa.org.uk/thecode/Pages/default.aspx> [↑](#footnote-ref-4)
5. Hospital Consultants are already required to provide their employer with this information by virtue of Para.3 Sch. 9 of the Terms and Conditions – Consultants (England) 2003: [https://www.bma.org.uk/-/media/files/pdfs/practical advice at work/contracts/consultanttermsandconditions.pdf](https://www.bma.org.uk/-/media/files/pdfs/practical%20advice%20at%20work/contracts/consultanttermsandconditions.pdf) [↑](#footnote-ref-5)
6. These provisions already apply to Hospital Consultants by virtue of Paras.5 and 20, Sch. 9 of the

Terms and Conditions – Consultants (England) 2003: [https://www.bma.org.uk/-/media/files/pdfs/practical advice at work/contracts/consultanttermsandconditions.pdf](https://www.bma.org.uk/-/media/files/pdfs/practical%20advice%20at%20work/contracts/consultanttermsandconditions.pdf)) [↑](#footnote-ref-6)