

Code of Business Conduct for Trust Staff

Version:	Version 6 (September 2018)	
Adopted by:	Finance and Performance Committee	
Date Adopted:	October/November 2011	
Name of Author:	Frank Lusk, Trust Secretary	
Name of responsible committee:	Finance and Performance Committee	
Date issued for publication:	September 2018	
Review date:	March 2020	
Expiry date:	1 September 2021	
Target audience:	All Staff	
Type of Policy	Clinical	Non Clinical ✓
Which Relevant CQC Fundamental Standards?	Regulation 17 – Good Governance	

CONTENTS

1.0	INTRODUCTION BY THE CHIEF EXECUTIVE	7
2.0	WHY WE HAVE A CODE	8
2.1	Three Fundamental Public Service Values	8
2.2	Bribery Act 2010	8
2.3	Aims of the Code	8
2.4	Summary	9
3.0	PROFESSIONAL CONDUCT	11
4.0	BUSINESS CONDUCT	11
4.1	Expectations of Staff	11
4.2	Responsibilities of Staff	11
4.3	Failure to follow/breaches of the Code	11
4.4	Monitoring of the Code	12
5.0	CONFLICTS OF INTEREST – GENERAL	12
6.0	IDENTIFICATION, DECLARATION AND REVIEW OF INTERESTS (INCLUDING GIFTS AND HOSPITALITY)	13
6.1	Proactive review of interests	13
7.0	RECORDS AND PUBLICATION	13
7.1	Maintenance	13
7.2	Publication	13
7.3	Wider transparency initiatives	14
8.0	MANAGEMENT OF INTERESTS – GENERAL	14
9.0	MANAGEMENT OF INTERESTS – COMMON SITUATIONS	14
9.1	Gifts	15
9.2	Hospitality	15
9.3	Outside Employment	16
9.4	Shareholdings and other ownership issues	16
9.5	Patents	16
9.6	Loyalty interests	17
9.7	Donations	17
9.8	Sponsored events	17
9.9	Sponsored research	18
9.10	Sponsored posts	18
9.11	Commercial sponsorship for collaborative partnerships	18
9.12	Clinical private practice	19
10.0	MANAGEMENT OF INTERESTS – ADVICE IN SPECIFIC CONTEXTS	19
10.1	Strategic decision making groups	19
10.2	Procurement	20
11.0	APPLICATIONS FOR EMPLOYMENT WITHIN THE TRUST	20

12.0	MAINTAINING CONFIDENTIALITY	21
12.1	Standards Expected for Information Confidentiality	21
12.1.1	Information about Patients and Clients	
12.1.2	Information about Members of Staff	
12.1.3	Other Confidential Information	
12.2	Guidance on Questions of Confidentiality	21
12.3	Failure to Maintain Confidentiality	21
12.4	Maintaining Information Security	21
13.0	GUIDANCE ON FRAUD, BRIBERY AND CORRUPTION	22
13.1	Board Commitment	22
13.2	Acting on Suspected Fraud, Bribery and Corruption	22
14.0	FREEDOM TO SPEAK UP GUARDIAN	23
15.0	MONITORING COMPLIANCE AND EFFECTIVENESS	23
	APPENDICES:	
	Appendix A Potential Risks “red flags”	24
	Appendix B1 Training needs analysis	26
	Appendix B2 NHS Constitution	27
	Appendix B3 Stakeholders and Consultation	28
	Appendix B4 Due Regard Screening Template	29
	Appendix B5 Privacy Impact Assessment Screening	30

Version Control and Summary of Changes

Version number	Date	Comments (description change and amendments)
Refresh Version 2	May 2012	
Refresh Version 3	April 2013	Reference to a designated Compliance Officer with specific responsibility for the Bribery Act in terms of reporting and monitoring, (included in Section 3.2, and in Appendix A) Inclusion of Monitoring of the Code arrangements Inclusion of need to declare when receiving honorarium payments (in 8.2 Declarations, and in Appendix F) Strengthening of links to the Trust's Disciplinary Policy and Procedure Inclusion of Appendix of Potential risks ('Red Flags') Inclusion of Appendix H – copy of pro forma within HR induction paperwork containing statement confirming understanding of Code, for confirmation.
Refresh Version 3.1	August 2013	Correction of minor type errors, Section 6.6.1, 6.6.3, Appendix D – reference to Audit and Assurance Committee
Refresh Version 3.2	October 2013	Change of Chief Executive's name, Introduction by the Chief Executive, page 6.
Refresh Version 3.3	April 2014	Clarification of flowchart in Figure 1 (page 9) in relation to Commercial Sponsorship at meetings Annual review of list of 'Red Flag' Risks; inclusion of 1.27 (page 27) Inclusion of reference to Second Opinion Advice process (section 10.1.1, page 45) Charitable Funds processes - clarification of required reporting of elements (Section 6.2.12 on page 14) Inclusion of requirement for Nil Returns, and strengthening of requirement of knowledge of declined offers, in line with findings of Internal Audit review (pages 15 and 16) Declaration of interests unrelated to work (page 19)
Refresh Version 3.4	November 2014	Changes to titles of Director of Finance, and Trust Secretary (throughout) Counter Fraud updates
RefreshVersion 3.5	June 2015	<ul style="list-style-type: none"> • Removal of items that can change over time eg telephone numbers, questions asked in surveys • Updated references eg e-communications policy reference and Local Register Holders list (Annex C). • Removal of Appendix H "Local Induction Checklist" as changeable HR owned list of actions for new starters.
RefreshVersion 3.6	July 2015	Update of local register holders in Appendix C
RefreshVersion 3.7	October 2015	Removal of contact details (go out of date) from 3.2.2

Review Version 4	January 2017	Review of layout to present clearer advice, reduce repetition and comply with Template for Developing Procedural Document. Inclusion of additional information to reflect NHS England's consultation on proposals to strengthen the management of conflicts of interest.
Review Version 5	September 2017	Review against NHS England guidance on "Managing Conflicts of Interest in the NHS" effective from June 2017
Refresh Version 5.1	January 2018	To reflect recommendations from 360 Assurance audit 1718/LPT/09 November 2017
Review Version 6	September 2018	Review to move into NHS England model. Proforma appendices and flowcharts deleted as superseded by LPT Declare.

All LPT Policies can be provided in large print or Braille formats, if requested, and an interpreting service is available to individuals of different nationalities who require them.

Did you print this document yourself?

Please be advised that the Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up-to-date version.

For further information contact: Trust Secretary

Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the provisions of the Equality Act 2010 and advances equal opportunities for all. This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (gender) or sexual orientation.

In carrying out its functions, LPT must have due regard to the different needs of different protected equality groups in their area. This applies to all the activities for which LPT is responsible, including policy development, review and implementation.

Due Regard

LPT must have **due regard** to the aims of eliminating discrimination and promoting equality when policies are being developed. Information about due regard can be found on the Equality page on e-source and/or by contacting the LPT Equalities Team.

The Due regard assessment template is Appendix B4 of this document

1.0 INTRODUCTION BY THE CHIEF EXECUTIVE

The Chief Executive of the NHS has designated me the “Accountable Officer” for the Trust in my capacity as Trust Chief Executive. As Accountable Officer, I have overall responsibility for ensuring that the Trust operates efficiently, economically and with probity.

Probity is one of the crucial public service values which underpins the work not only of this Trust but of the NHS as a whole. The NHS, like all organisations which receive public funds, is required to demonstrate a high standard of conduct in the way it carries out its work.

The purpose of the Code of Business Conduct for Trust Staff (referred to as the “Code”) is to outline the principles to be followed by each member of staff to ensure that this is the case. The Trust requires of its staff high standards of corporate and personal conduct, based on the recognition that patients come first.

The Code is intended to:-

- make all staff aware of the Trust’s expectations of their conduct and behaviour;
- give staff the knowledge and information they need to protect themselves from situations that may draw criticism or even disciplinary action;
- enable members of staff to express their concerns in an open and unthreatening way;
- demonstrate the high standards of business conduct which the Trust Board has adopted as guiding principles for the conduct of all Trust activities;
- assist staff in complying with managing conflicts of interest

All staff will need to be fully committed to the Code, and to make it part of their everyday working ethos.

This document should be read in conjunction with; the ‘NHS Code of Conduct and Accountability’ 2004, the regulations and guidelines set out in the Standing Orders and Standing Financial Instructions of Leicestershire Partnership NHS Trust, and the Professional Codes as followed by professional staff groups. The document, ‘Good Psychiatric Practice: Relationships with pharmaceutical and other commercial organisations’ (Royal College of Psychiatrists) should also be reviewed by those dealing with such bodies.

If you would like to discuss any aspects of the Code please contact the Trust Secretary who will be pleased to help.

Peter Miller
Chief Executive

2.0 WHY WE HAVE A CODE

2.1 Three Fundamental Public Service Values

There are three fundamental public service values (Code of Conduct and Accountability for NHS Boards: Department of Health, 2004) which underpin the work of the NHS:-

Accountability - everything done by staff who work in the Trust must be able to stand the test of Parliamentary scrutiny, public judgements on propriety and professional codes of conduct.

Probity - there must be an absolute standard of honesty in dealing with the assets of the Trust: integrity should be the hallmark of all personal conduct in decisions affecting patients, colleagues and suppliers, and in the use of information acquired in the course of discharging Trust duties.

Openness - there must be sufficient transparency about the business of the Trust to promote confidence between the Trust and its staff, patients and the public.

In addition, staff are expected to uphold the seven principles of public life known as the "Nolan Principles": Selflessness, Integrity, Objectivity, Accountability, Openness, Honesty, and Leadership.

2.2 Bribery Act 2010

Bribery is the offering of an incentive to someone to do something which they would not normally do.

The Bribery Act 2010 introduced four criminal offences, which are, in broad terms:-

- Bribing someone
- Being bribed (ie receiving a bribe)
- Bribing a foreign public official, and
- (for a commercial organisation) failure to prevent bribery

The Act reforms the criminal law of bribery, making it easier to tackle this offence proactively in the public and private sectors. It introduces a corporate offence which means that relevant commercial organisations will be exposed to criminal liability for failing to prevent bribery.

Appendix A gives a list of possible circumstances which may raise concerns under various anti-bribery and anti-corruption laws. The list is not intended to be exhaustive and is for illustrative purposes only.

All employees of LPT must ensure that they adhere to the highest of standards. For further information please contact the Trust's designated Compliance Officer (Trust Secretary), or contact Counter Fraud Specialist.

2.3 Aims of the Code

The Code is intended to lay down guidelines which will help staff maintain the values of accountability, probity, and openness. It aims to:-

- make staff aware of the Trust’s expectations of their business conduct and behaviour;
- demonstrate the high standards of business conduct which the Trust Board has adopted as guiding principles for the conduct of all Trust activities;
- introduce common principles and rules for managing conflicts of interest;
- help to ensure that we use NHS money wisely, providing best value for taxpayers and accountability to our patients for the decisions we take.

The Code is underpinned by the Trust’s Disciplinary Policy and Procedure. It also reflects the NHS England model policy content on “Managing Conflicts of Interest in the NHS” issued in 2017.

For clarification, the term “staff” in the Code includes;

- All salaried employees
- All prospective employees – who are part-way through recruitment
- Contractors and sub-contractors
- Agency staff
- Committee, sub-committee and advisory group members (who may not be directly employed or engaged by the organisation).

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 the Code these people are referred to as ‘decision making staff’.

Decision making staff in this organisation are:

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

2.4 Summary

As a member of staff you should ...	As an organisation we will ...
<ul style="list-style-type: none"> • Familiarise yourself with this Code and follow it. • Refer to the guidance for the rationale behind ‘Managing Conflicts of Interest in the NHS’ 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 	<ul style="list-style-type: none"> • Ensure that this policy and supporting processes are clear and help staff understand what they need to do. • Identify a team or individual with responsibility for: <ul style="list-style-type: none"> ○ Keeping this policy under review to ensure 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.

<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> ○ 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
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

3.0 PROFESSIONAL CONDUCT

Professional healthcare staff are also reminded of their responsibility for complying with the relevant standards set by their regulatory or professional bodies, eg the GMC's Good Medical Practice, the NMC's Code of Professional Conduct, and the Royal College of Psychiatrists' document 'Good Psychiatric Practice: relationships with pharmaceutical and other commercial organisations'.

A breach of such standards may lead to action by the Trust, independent of any action taken by the regulatory or professional body concerned. It will be investigated fairly and appropriate steps taken to prevent recurrence and to address any wider issue.

4.0 BUSINESS CONDUCT

4.1 Expectations of Staff

Staff are expected to:-

- ensure that the interests of patients remain paramount at all times,
- be impartial and honest in the conduct of their official business,
- use the public funds entrusted to them to the best advantage of the service, always ensuring value for money,
- understand and uphold the Nolan principles to all areas of their work for and on behalf of the Trust.

4.2 Responsibilities of Staff

It is also the responsibility of staff to ensure that they **do not**:-

- abuse their official position for personal gain or to benefit their family or friends, or
- seek to advantage or further private business or other interests, in the course of their official duties, or
- breach any statutory legislation or Trust policies whilst conducting business on behalf of the organisation

Staff need to be aware that it is a serious criminal and disciplinary offence to receive or give any gift, loan, fee, or other advantage as an inducement or reward for:

- undertaking, or refraining from undertaking, anything in their official capacity, or
- showing favour or disfavour to any person in their official capacity, eg placing a contract for goods or services with a person or organisation.

If an allegation of corrupt behaviour is made, staff will have to demonstrate that any rewards they have obtained have not been corruptly obtained.

4.3 Failure to follow/breaches of the Code

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.

Failure to follow the Code may damage the Trust and its work and so may be viewed as a disciplinary matter, to be dealt with under normal disciplinary procedures, and

the penalty could include dismissal. (Please refer to Disciplinary Policy and Procedure.)

Staff who are aware about actual breaches of the Code, or who are concerned that there has been, or may be, a breach, should report these concerns to their line manager in the first instance, or direct to the Trust Secretary. In some instances, staff may wish to raise their concerns with the Trust’s Freedom to Speak Up Guardian (see section 14), or via the ‘Raising Concerns’ tab on LPT Declare.

4.4 Monitoring of the Code

Compliance with the Code is monitored through:

- annual compliance reviews by the Trust’s Audit and Assurance Committee,
- scrutiny of LPT Declare by Trust’s Compliance Officer,
- follow up action on any breaches reported under the ‘raising concerns’ tab on LPT Declare,
- interrogation of reports, and communicating to staff, from LPT Declare where particular shortfalls in reporting are apparent
- independent reviews undertaken by the Trust’s internal audit service.

5.0 CONFLICTS OF INTEREST - GENERAL

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 delivery, 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 fall into the following categories:

Type	Description
Financial interests	Where an individual may get direct financial benefit from the consequences of a decision they are involved in making. This may be a financial gain, or avoidance of a loss.
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 ¹ with another individual who has a financial interest, a non-financial professional interest or a non-financial personal interest and could stand to benefit from a decision they are involved in making.

6.0 IDENTIFICATION, DECLARATION AND REVIEW OF INTERESTS (INCLUDING GIFTS AND HOSPITALITY)

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

- On appointment with the organisation.
- When staff move to a new role or their responsibilities change significantly.
- At the beginning of a new project/piece of work.
- As soon as circumstances change and new interests arise (for instance, in a meeting when interests staff hold are relevant to the matters in discussion).

Staff should use the LPT Staff Declarations website to submit a declaration - <https://lpt.mydeclarations.co.uk/home>. The generic inbox for any queries is 'LPT Declare'.

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.

6.1 Proactive review of interests

Decision making staff will be prompted at least annually to review declarations they have made and, as appropriate, update them or make a nil return.

7.0 RECORDS AND PUBLICATION

7.1 Maintenance

The organisation will maintain the LPT Staff Declarations website which will contain all declared interests that are material.

7.2 Publication

¹ 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.

The LPT Declarations website will allow members of the public to view the register of declarations, thus providing transparency and accountability in compliance with NHS England guidance.

If decision making staff have substantial grounds for believing that publication of their interests should not take place then they should email 'LPT Declare' 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.

7.3 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>

8.0 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 LPT 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.

9.0 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.

9.1 Gifts

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

Gifts from suppliers or contractors:

- Gifts from suppliers or contractors doing business (or likely to do business) with the organisation should be declined, whatever their value.
- Low cost branded promotional aids such as pens or post-it notes may, however, be accepted where they are under the value of £6² in total, and need not be declared.

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

- Gifts of cash and vouchers to individuals should always be declined.
- Staff should not ask for any gifts.
- Gifts valued at over £50 should be treated with caution and only be accepted on behalf of the Trust, not in a personal capacity. These should be declared by staff and wherever possible should be donated to the Trust's charitable funds, Raising Health.
- Modest gifts accepted under a value of £50 do not need to be declared.
- A common sense approach should be applied to the valuing of gifts (using an actual amount, if known, or an estimate that a reasonable person would make as to its value).
- Multiple gifts from the same source over a 12 month period should be treated in the same way as single gifts over £50 where the cumulative value exceeds £50.

9.2 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.
- Particular caution should be exercised when hospitality is offered by actual or potential suppliers or contractors. This can be accepted, and must be declared, if modest and reasonable. Senior approval must be obtained.

Meals and refreshments:

- Under a value of £25 - may be accepted and need not be declared.
- Of a value between £25 and £75³ - 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 register 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:

²The £6 value has been selected with reference to existing industry guidance issued by the ABPI: <http://www.pmcpa.org.uk/thecode/Pages/default.aspx>

³ 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>

- Modest offers to pay some or all of the travel and accommodation costs related to attendance at events may be accepted and must be declared.
- Offers which go beyond modest, or are of a type that the organisation itself might not usually offer, need approval by senior staff, should only be accepted in exceptional circumstances, and must be declared. A clear reason should be recorded on the register of interest as to why it was permissible to accept travel and accommodation of this type. A non-exhaustive list of examples includes:
 - o offers of business class or first class travel and accommodation (including domestic travel)
 - o offers of foreign travel and accommodation.

9.3 Outside Employment

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

The organisation may also have legitimate reasons within employment law for knowing about outside employment of staff, even when this does not give rise to risk of a conflict.

9.4 Shareholdings and other ownership issues

- Staff should declare, as a minimum, any shareholdings and other ownership interests in any publicly listed, private or not-for-profit company, business, partnership or consultancy which is doing, or might be reasonably expected to do, business with the organisation.
- Where shareholdings or other ownership interests are declared and give rise to risk of conflicts of interest then the general management actions outlined in this policy should be considered and applied to mitigate risks.
- There is no need to declare shares or securities held in collective investment or pension funds or units of authorised unit trusts.

9.5 Patents

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

9.6 Loyalty interests

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

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

9.7 Donations

- Donations made by suppliers or bodies seeking to do business with the organisation should be treated with caution and not routinely accepted. In exceptional circumstances they may be accepted but should always be declared. A clear reason should be recorded as to why it was deemed acceptable, alongside the actual or estimated value.
- Staff should not actively solicit charitable donations unless this is a prescribed or expected part of their duties for the organisation, or is being pursued on behalf of the organisation's own registered charity, Raising Health, or other charitable body and is not for their own personal gain.
- Staff must obtain permission from the organisation if in their professional role they intend to undertake fundraising activities on behalf of a pre-approved charitable campaign for a charity other than the organisation's own.
- Donations, when received, should be made to a specific charitable fund (never to an individual) and a receipt should be issued.
- Staff wishing to make a donation to a charitable fund in lieu of receiving a professional fee may do so, subject to ensuring that they take personal responsibility for ensuring that any tax liabilities related to such donations are properly discharged and accounted for.

9.8 Sponsored events

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

9.9 Sponsored research

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

9.10 Sponsored posts

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

9.11 Commercial sponsorship for collaborative partnerships

Where collaborative partnerships involve a pharmaceutical company, staff should also be aware of the requirements of Part 14 of the Human Medicines Regulations 2012 ("the Regulations" – SI 2012/1916), which sets out general definitions relevant to advertising and contains rules on the contents of advertisements and promotions.

Specific issues may arise where there are opportunities for the Trust or individual employees to enter into co-operative arrangements with pharmaceutical companies. The following guidelines should be observed:

- the partnership activity should support the overall objectives and priorities of the Trust,
- these activities should show tangible benefits to individual patient management,
- the work should support the activities and decisions of the Trust,
- the overall aim of the partnership should be considered and take account of the need for probity and transparency,

- the agreement should take account of the programme's clinical effectiveness and of the strict requirements regarding patient confidentiality,
- any benefits offered or obtained should be documented in the Register,
- 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.

Proposed arrangements with pharmaceutical companies must be brought to the attention of your line manager (Medical Director in the case of medical staff) for review **prior to agreement**.

If publications are sponsored by a commercial organisation they should have no influence over the content of the publication.

- The company logo can be displayed on the publication, but no advertising or promotional information should be displayed.
- The publication should contain a disclaimer which states that sponsorship of the publication does not imply that the Trust endorses any of the company's products or services.

9.12 Clinical private practice

Clinical staff should declare all private practice on appointment, and/or any new private practice when it arises⁴ including:

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

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

- Seek prior approval of their organisation before taking up private practice.
- Ensure that, where there would otherwise be a conflict or potential conflict of interest, NHS commitments take precedence over private work.⁵
- 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

Clinicians 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. Medical Staff should refer to the Guidance for LPT Consultant Medical Staff on Private Practice and Fee Paying Services available from Medical Staffing/HR Dept.

10.0 MANAGEMENT OF INTERESTS – ADVICE IN SPECIFIC CONTEXTS

10.1 Strategic decision making groups

⁴ 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

⁵ These provisions already apply to Hospital Consultants by virtue of Paras.5 and 20, Sch. 9 of the Terms and Conditions – Consultants (England) 2003: https://www.bma.org.uk/-/media/files/pdfs/practical_advice_at_work/contracts/consultanttermsandconditions.pdf

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

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

The Trust's governance arrangements and structures are provided in the Integrated Governance Handbook on Staff eSource > Support Services > Governance.

These groups should adopt the following principles:

- Chairs should consider any known interests of members in advance, and begin each meeting by asking for declaration of relevant material interests.
- Members should take personal responsibility for declaring material interests at the beginning of each meeting and as they arise.
- Any new interests identified should be added to the organisation's register(s).
- The vice chair (or other non-conflicted member) should chair all or part of the meeting if the chair has an interest that may prejudice their judgement.

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

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

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

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.

For further advice please contact the Head of Procurement.

11.0 APPLICATIONS FOR EMPLOYMENT WITHIN THE TRUST

Staff involved in making appointments should ensure that these are made on the basis of merit alone. It is unlawful to make an appointment based on anything other

than the ability of the candidate to undertake the duties of the post. In order to avoid any possible accusation of bias, staff should not be involved in an appointment where they are related to an applicant, or have a close personal relationship outside work with him or her. Any such relationship should be declared to the line manager, whether or not the employee is involved in the appointment process.

Staff should not be involved in decisions relating to discipline, promotion or pay adjustments, or any other employment matter, for any other employee who is a relative, partner, or close personal friend.

Candidates making applications for any appointment with the Trust are required to disclose in writing whether, to their knowledge, they are related to any employee of the Trust. Failure to disclose such a relationship may disqualify a candidate and, if he/she is appointed, may render him/her liable to instant dismissal. Upon appointment, a new starter will receive an automatic email from LPT Declare with their login details in order to register any declarations they may have.

The Trust's Standing Orders require Directors and every Officer of the Trust to disclose to the Trust Board any relationship with a candidate of whose candidature he/she is aware.

12.0 MAINTAINING CONFIDENTIALITY

12.1 Standards Expected for Information Confidentiality

All employees of the Trust have a duty to maintain confidentiality and the Trust's Information Governance guidance which sets out the general standard to respect confidentiality of information at all times.

12.1.1 Information about Patients and Clients

When patients or clients visit their own doctors, clinics or hospitals, or are visited at home by staff, they give personal details of their lives and allow staff to carry out investigations and record information confident that whatever staff may learn about them will not be reported to unauthorised persons. Staff must not knowingly, wilfully, or by neglect, disclose anything learned about a patient/client to anyone not authorised to receive it.

12.1.2 Information about Members of Staff

When staff are appointed it is necessary to record personal information about them required for record purposes. It is important that this information should also be regarded as confidential and not disclosed to anyone without the prior approval of the employee having first been given.

12.1.3 Other Confidential Information

Staff may find that, as part of their work, they have access to confidential reports and information concerning the business of the Trust and other NHS organisations. The fact that they do have access to this information places a responsibility on them to honour the trust placed on them by the nature of their employment. "Commercial in confidence" information must not be disclosed to any unauthorised person or organisation as its disclosure would prejudice the principle of a purchasing system based on competition.

12.2 Guidance on Questions of Confidentiality

There is seldom any difficulty in deciding when and to whom disclosures of confidential material ought to be made. When any difficulties or doubts arise, however, staff should act cautiously and, depending on the circumstances, approach their line manager for advice.

12.3 Failure to Maintain Confidentiality

The intention of the Trust's rules is not to make the Trust and its staff a secretive organisation. As a public body, there is a recognised need for openness. However, this should not be confused with a breach of confidentiality. As employees of the Trust, all staff need to know that a breach of confidentiality is potentially a serious disciplinary offence that could result in dismissal.

12.4 Maintaining Information Security

All employees and contract staff have a duty to abide by the Trust's Information Governance policies which are provided on Staff eSource – Policies & Documents Library > Policies & Documents > Staff policy quick links > Information Governance policies.

Each individual is accountable for the function they perform. Information, hardware or software should be handled in a secure and responsible way; such that no security breach results from their actions.

Each individual should be aware of all security responsibilities associated with their role, and must report any breach of security, or security weaknesses, in accordance with published procedures.

13. GUIDANCE ON FRAUD, BRIBERY AND CORRUPTION

13.1 Board Commitment

The Board is committed to maintaining an honest, open and well-intentioned atmosphere within the Trust so as best to fulfil the objectives of the Trust and of the NHS. It is therefore also committed to the elimination of any fraud, bribery or corruption within the Trust, and to the rigorous investigation of any such cases by the Trust's Local Counter Fraud Specialist.

The Board wishes to encourage anyone having reasonable suspicions of fraud, bribery and corruption to report them. Therefore, it is also the Board's policy, which will be rigorously enforced, that no employee will suffer in any way as a result of reporting reasonably held suspicions. Staff should be assured that there will be no recriminations against employees who report reasonably held suspicions. Victimising or deterring staff from reporting concerns is a serious disciplinary matter. Any contravention of this policy should be reported to the Chief Executive and NHS Counter Fraud Authority. Equally, however, abuse of the process by raising malicious allegations could be regarded as a disciplinary matter. Where fraud, bribery or corruption is proven, the Trust will ensure that sanctions against the perpetrators are applied appropriately and consistently. It will also take appropriate steps to recover any assets or monies lost as a result of fraud, bribery or corruption.

13.2 Acting on Suspected Fraud, Bribery and Corruption

13.2.1 If staff suspect a colleague, patient or other person or organisation of a fraud, bribery or corruption offence against the Trust, they should directly report their concerns (not via their Line Manager) to the Trust's Local Counter Fraud Specialist (LCFS). Alternatively, you may report your suspicions to the Director of Finance, or the NHS Fraud and Corruption Reporting Line on 0800 028 40 60 which is open Monday to Friday 8am to 6pm. All information received is treated in the strictest confidence.

13.2.2 The Trust's Raising Concerns at Work (Whistleblowing) Policy and Procedure encourages staff not to turn a blind eye or to remain silent, but to accept their responsibilities for the Trust's interests and to voice genuinely held concerns about fraud, bribery and corruption. All instances of fraud, bribery and corruption will be dealt with in accordance with the standards defined in the NHS Anti-Fraud Manual and the Trust's Counter Fraud Policy.

14. FREEDOM TO SPEAK UP GUARDIAN

The Freedom to Speak Up Guardian has been appointed to work alongside leadership teams to support the Trust in being a more open and transparent place to work, where all staff are actively encouraged and enabled to speak up safely.

The identity of individuals who refer issues and do not wish to be identified will be protected except in cases where such protection might adversely affect patient care.

15. MONITORING COMPLIANCE AND EFFECTIVENESS

Key requirements are identified below.

Ref	Minimum Requirements	Evidence for Self-assessment	Process for Monitoring	Responsible Individual / Group	Frequency of monitoring
12	Compliance reviews of declarations	4.4	LPT Declare	Audit and Assurance Committee	Annual
12	Scrutiny of declarations	4.4	LPT Declare	Trust Secretary	As required
12	Raising concerns	4.3 and 4.4	LPT Declare	Freedom to Speak Up Guardian	As required
19	Declarations of interest relating to meeting business	10.1	Minutes of the meeting	Trust Board, Committee or Sub-Committee members to self-declare	Each meeting

APPENDIX A

Potential risks (“Red Flags”)

The following is a list of possible circumstances which may raise concerns under various anti-bribery and anti-corruption laws. The list is not intended to be exhaustive and is for illustrative purposes only.

The key areas for the Trust are around budget control, procurement, and business contracting and tendering matters.

If you encounter any of these issues while working for us, you must report them promptly to the Trust’s Local Counter Fraud Specialist, as described in paragraph 13.0 of the Trust’s Code of Business Conduct:

1.1 you become aware or suspect that a colleague or third party engages in, or has been accused of engaging in, improper business practices;

1.2 you learn or suspect that a colleague or third party has a reputation for paying bribes, or requiring that bribes are paid to them;

1.3 a colleague or third party asks for a commission or fee payment before committing to sign up to a contract with us, or carrying out a government function or process for us;

1.4 a colleague or third party requests payment in cash and/or refuses to sign a formal commission or fee agreement, or to provide an invoice or receipt for a payment made;

1.5 a colleague or third party requests that payment is made to a country or geographic location different from where the colleague or third party resides or conducts business;

1.6 A colleague or third party requests that payment or other benefit is provided to a person other than the expected recipient, or to a person other than the expected provider of goods and services (unless part of an open and transparent contractual arrangement such as subcontracting or factoring);

1.7 a third party requests an unexpected additional fee or commission to "facilitate" a service;

1.8 a third party requests lavish entertainment or gifts before commencing or continuing contractual negotiations or provision of services;

1.9 a third party requests that a payment is made to "overlook" potential legal violations;

1.10 a colleague or third party requests that you provide employment or some other advantage to a friend or relative;

1.11 you receive an invoice from a colleague or third party that appears to be non-standard or customised;

1.12 a colleague or third party insists on the use of side letters or refuses to put terms agreed in writing;

- 1.13 you notice that we have been invoiced for a commission or fee payment that appears large given the service stated to have been provided;
- 1.14 a colleague or third party requests or requires the use of an agent, intermediary, consultant, distributor or supplier that is not typically used by or known to us;
- 1.15 you are offered an unusually generous gift or offered lavish hospitality by a third party;
- 1.16 you are asked to conceal the receipt of provision of hospitality or any other form of benefit or payment;
- 1.17 a colleague or third party exerts pressure for payments to be made urgently or ahead of schedule;
- 1.18 colleague or third party conducts private meetings with public contractors or companies hoping to tender for contracts;
- 1.19 a colleague or third party never takes time off even if ill, or holidays, or insists on dealing with specific contractors him/herself;
- 1.20 a colleague or third party makes unexpected or illogical decisions accepting projects or contracts;
- 1.21 a colleague or third party abuses or ignores normal decision processes or delegated powers in specific cases;
- 1.22 a colleague or third party agrees contracts not favourable to the Trust either with terms or time period;
- 1.23 a colleague or third party demonstrates an unexplained preference for certain contractors during a tendering period;
- 1.24 a colleague or third party seeks to avoid independent checks on tendering or contracting processes;
- 1.25 a colleague or third party requests that normal tendering/contracting procedure is bypassed;
- 1.26 a colleague or third party reports missing documents or records regarding meetings or decisions.
- 1.27 you become aware of the mis-use of Trust-owned mobile devices, or aware of theft of such devices.

Appendix B1

Training Needs Analysis

No training identified.

Appendix B2

The NHS Constitution

The NHS will provide a universal service for all based on clinical need, not ability to pay. The NHS will provide a comprehensive range of services

Shape its services around the needs and preferences of individual patients, their families and their carers	✓
Respond to different needs of different sectors of the population	✓
Work continuously to improve quality services and to minimise errors	✓
Support and value its staff	✓
Work together with others to ensure a seamless service for patients	✓
Help keep people healthy and work to reduce health inequalities	✓
Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance	✓

Appendix B3

Stakeholders and Consultation

Key individuals involved in developing the document

Name	Designation
Murray Eden	Assistant Trust Secretary
Frank Lusk	Trust Secretary

Circulated to the following individuals for comment

Name	Designation
Matthew Curtis	Principal Anti-Crime Specialist (section 13.0 and Appendix A)
Angela Salmen	Medical Staffing & Revalidation Support Manager (sections 9.2, 9.12)
Kathryn Burt	Deputy Director of HR & OD (sections 9.3 and 11.0)
Susan Corr	Head of R&D (section 9.9)
Sam Kirkland	Head of Data Privacy (section 12.4)

Appendix B4

Due Regard Screening Template

Section 1			
Name of activity/proposal	Code of Business Conduct for Trust Staff		
Date Screening commenced			
Directorate / Service carrying out the assessment	Corporate Affairs		
Name and role of person undertaking this Due Regard (Equality Analysis)			
Give an overview of the aims, objectives and purpose of the proposal:			
AIMS: Refresh of the Trust-wide document which provides guidelines which will help staff maintain the values of accountability, probity, and openness. The Code describes the duty of staff to ensure all dealings are conducted to the highest standards of integrity and provides advice on how to manage and declare conflicts of interest risks effectively. The Code explains how staff should declare such conflicts.			
OBJECTIVES: To help all staff to manage conflicts of interest effectively.			
Section 2			
Protected Characteristic	If the proposal/s have a positive or negative impact please give brief details		
Age			
Disability			
Gender reassignment			
Marriage & Civil Partnership			
Pregnancy & Maternity			
Race			
Religion and Belief			
Sex			
Sexual Orientation			
Other equality groups?			
Section 3			
Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please <u>tick</u> appropriate box below.			
Yes		No	
High risk: Complete a full EIA starting click here to proceed to Part B		Low risk: Go to Section 4.	✓
Section 4			
If this proposal is low risk please give evidence or justification for how you reached this decision:			
Does not affect one or more equality groups unfavourably.			
Signed by reviewer/assessor		Date	
<i>Sign off that this proposal is low risk and does not require a full Equality Analysis</i>			
Head of Service Signed		Date	

Appendix B5

PRIVACY IMPACT ASSESSMENT SCREENING

<p>Privacy impact assessment (PIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet individual's expectations of privacy. The first step in the PIA process is identifying the need for an assessment.</p> <p>The following screening questions will help decide whether a PIA is necessary. Answering 'yes' to any of these questions is an indication that a PIA would be a useful exercise and requires senior management support, at this stage the Head of Data Privacy must be involved.</p>			
Name of Document:		Code of Business Conduct	
Completed by:		Murray Eden	
Job title		Assistant Trust Secretary	Date Sept 2018
			Yes / No
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.			No
2. Will the process described in the document compel individuals to provide information about themselves? This is information in excess of what is required to carry out the process described within the document.			No
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?			No
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?			No
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.			No
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?			No
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.			No
8. Will the process require you to contact individuals in ways which they may find intrusive?			No
<p>If the answer to any of these questions is 'Yes' please contact the Head of Data Privacy Tel: 0116 2950997 Mobile: 07825 947786 Lpt-dataprivacy@leicspart.secure.nhs.uk In this case, ratification of a procedural document will not take place until approved by the Head of Data Privacy.</p>			
IG Manager approval name:			
Date of approval			

Acknowledgement: Princess Alexandra Hospital NHS Trust