

# Standards of Business Conduct Policy

Policy Date: 2024/2027  
Policy Version: V4.2

January 2026

*This document remains valid whilst under review*

TARGET AUDIENCE (including temporary staff)	
People who need to know this document in detail	All staff
People who need to have a broad understanding of this document	All staff
People who need to know that this document exists	All staff

Policy Author/ Reviewed by: Deputy Trust Secretary

Approved by: Executive Management Group and Audit Committee

Date: 14 January and 20 January 2026

Ratified by: Board

Date: 29 January 2026

Expiry date: July 2027

*Excellent care at the  
heart of the community*

*Did you print this? Please ensure that you are accessing the most recent version.  
Visit: <http://thepulse/our-trust/trustwide-policies-procedures/>*

## VERSION CONTROL

Record of Document Changes		
Date	Version	Changes / Comments
03/07/2018	2.0	Changes to NHS Protect to establish the NHS Counter Fraud Authority required changes to this policy as it referred to NHS Protect.
24/06/2020	2.1	Review after two years. Amended in line with NHS England/NHS Improvement's "Managing Conflicts of Interest in the NHS: Guidance for staff and organisations" (2017) which is incorporated into the NHS Standard Contract (General Condition 27).
29/06/2020	2.1	Approved by Senior Leadership Executive Committee
May 2022	2.2	Two year review. Minor amends only i.e. Conflicts of Interest training and declarations undertaken via Electronic Staff Record (ESR). Updates to job titles, decision making staff and strengthen guidance related to gift acceptance. Reviewed by TIAA, Head of Financial Accounts and Trust/Deputy Trust Secretary.
13/07/2022	2.2	Approved by Executive Committee
22/07/2022	3.0	Ratified by Audit Committee
May 2024	4.0	Two year review. Minor amends and clarification of standards relating to acceptance of gifts including bequests. Addition of guidance on authorisation required for commercial sponsorship. Move to three-yearly review going forward or earlier where needed to respond to any major national changes to guidance.
26/06/2024	4.0	Approved by Executive Management Group
08/07/2024	4.0	Ratified by Audit Committee
11/02/2025	4.1	Generic contact details for the Trust Charity updated on page 16.
20/01/2026	4.2	Guidance on Referrals to Private Providers Private Clinical added, removed reference to ESR and added 'Trust's online conflicts of interest system' to record and update interests including Patients, Gifts, Hospitality and Sponsorship. Removal of Appendices relating to previous declaration forms for Gifts, Hospitality and Sponsorship.

## Table of Contents

<b>1.</b>	<b>Introduction.....</b>	<b>4</b>
1.1	Purpose.....	4
1.2	Scope .....	4
1.3	Definitions.....	5
1.4	Decision making staff.....	6
1.5	Legislation .....	7
1.6	Public Service Values .....	8
1.7	Failure to comply with Standards of Business Conduct Policy .....	9
1.8	Publication .....	9
<b>2.</b>	<b>Main Body of Document .....</b>	<b>10</b>
2.1	Conflict of Interest .....	10
2.2	Declaring interests .....	12
2.3	Patents and Intellectual Property .....	12
2.4	Managing conflicts of interest – general .....	13
2.5	Managing conflicts of interest at meetings .....	13
2.6	Procurement .....	14
2.7	Gifts and Hospitality .....	15
2.8	Sponsorship.....	19
2.9	Outside employment,clinical private practice and recommendation of private providers	23
2.10	Use of Social Media.....	25
2.11	Confidentiality .....	25
2.12	Public use of Equipment and Materials.....	25
<b>3.</b>	<b>Patient Focus .....</b>	<b>26</b>
<b>4.</b>	<b>Responsibilities.....</b>	<b>26</b>
<b>5.</b>	<b>Associated Documents and References .....</b>	<b>29</b>
<b>6.</b>	<b>Monitoring Compliance.....</b>	<b>29</b>
<b>7.</b>	<b>Dissemination and Implementation .....</b>	<b>29</b>
<b>8.</b>	<b>Consultation, Approval, Ratification &amp; Review .....</b>	<b>29</b>
	Appendix A - Summary of Staff Responsibilities Relating to Standards of Business Conduct .....	30
	Appendix B - Nolan Principles on Conduct in Public.....	32
	Appendix C - Chartered Institute of Purchasing and Supply Code of Ethics.....	33
	Appendix D - Process for event sponsorship authorisation .....	35
	Equality and Human Rights Analysis (EHRA).....	40
	Ratification Checklist .....	44

# 1. Introduction

The Standards of Business Conduct policy describes the standards and public service values which underpin the work of the NHS and reflects current guidance and best practice which Sussex Community NHS Foundation Trust (SCFT) staff must follow. It is a long and well-established principle that public-sector organisations must be impartial and honest in their business and that their officers must act with integrity.

As well as promoting the standards of business conduct expected of public bodies, this policy aims to protect the Trust and its employees from any suggestion of corruption, partiality or dishonesty by providing a clear framework through which the Trust can provide guidance and assurance that its employees conduct themselves with honesty, integrity and probity. All corrupt business activity is therefore contrary to the Trust's values and will not be tolerated. Moreover, since the NHS is publicly funded, it must be accountable to Parliament for the services it provides and for the effective and economical use of taxpayers' money (NHS Code of Conduct: Code of Accountability in the NHS: Appointments Commission/Department of Health – 2nd Rev: 2004).

## 1.1 Purpose

Every year the taxpayer entrusts NHS organisations with over £110 billion to care for millions of people and this money must be spent well, free from undue influence.

The purpose of this policy is to ensure that the overall business interests of the Trust, and thereby the best interests of patients, are not prejudiced by individual employees' personal interests. This policy outlines the standards of business conduct to be followed by all staff of the Trust and provides specific guidance in respect of those areas of activity where there might be particular concerns. In all these areas the guiding principles are to ensure that the interests of patients are put first, that public monies are protected, and NHS funds are spent on providing effective and efficient healthcare.

Staff should always refuse gifts or other benefits, which might reasonably be seen to compromise their personal judgement or integrity. Staff should not proactively solicit gifts, hospitality and sponsorship from any individual or organisation, other than through the Trust's charity Sussex Community NHS Charity.

## 1.2 Scope

1.2.1 All SCFT staff without exception are within the scope of this policy, irrespective of grade or position. For the purposes of this policy, 'staff' includes all employees of the Trust, whether substantive or temporary, employed by the Trust or working for the Trust through a third-party contract, volunteers, trainees or secondees, members of the Board including all Executive Directors.

1.2.2 Areas covered by this policy include:

- acceptance and refusal of casual gifts;
- acceptance and refusal of hospitality;

- declaring interests;
- preferential treatment in private transactions;
- favouritism;
- relatives of Directors or Officers;
- outside employment and private practice;
- patent and intellectual property rights;
- purchasing and contracting for goods and services;
- commercial sponsorship for attendance at courses, conferences and funding of posts;
- private use of equipment and materials
- donations and patients' wills
- "Commercial in Confidence".

1.2.3 In all these areas the guiding principles are to ensure that the interests of patients are put first. Staff should seek advice from their line manager if they are in any doubt about a particular situation.

1.2.4 This policy is based on the standards set out in the 'The Code of Conduct for NHS Managers Directions 2002'; and the 'Nolan Principles on Conduct in Public Life'. It should be read in conjunction with other relevant policies, including the Trust's Anti-Fraud, Bribery and Corruption Policy, and must be regarded as an integral part of the Trust's Standing Financial Instructions. The provisions of these policies, Standing Orders and Standing Financial Instructions must be observed at all times.

1.2.5 The Trust does not tolerate fraud, bribery and corruption. It is committed to creating a culture of honesty and ensuring that fraud, bribery and corruption is prevented, detected and dealt with promptly and effectively, whether the perpetrators are inside or outside the Trust. Reporting of all frauds and irregularities is essential to ensure:

- Proper investigation by the Anti-Crime Specialist
- Consistent treatment of information regarding fraud, bribery and corruption
- The optimum protection of the Trust's interests.

1.2.6 The Trust's employees are essential to its opposition to fraud, bribery and corruption and the Trust wants all employees to feel confident that they can expose any wrongdoing without risk to themselves. In accordance with the provisions of the Public Interest Disclosure Act 1998, the Trust has in place a Freedom to Speak Up Policy for the NHS.

## 1.3 Definitions

<b>Conflict of Interest</b>	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.
-----------------------------	---

<b>Financial Interests</b>	Where an individual may get direct financial benefit from the consequences of a decision they are involved in making.
<b>Non-Financial Professional Interests</b>	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.
<b>Non-Financial Personal Interests</b>	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.
<b>Indirect Interests</b>	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.
<b>Loyalty Interests</b>	Where, as part of their role, an individual has strong relationships with colleagues across the NHS and in other sectors. These relationships can be hard to define as they may often fall into the category of indirect interests. They are unlikely to be directed by any formal process or managed via any contractual means, however, these 'loyalty' interests can influence decision making.
<b>Benefit</b>	A benefit may arise from the making of a gain or avoiding a loss.

## 1.4 Decision making staff

Some members of staff are more likely than others to have a decision-making role or influence on the use of public money because of the requirements of their role. In the context of this policy, the staff listed below are referred to as 'decision making staff':

- Executive and Non-Executive Directors who have decision making roles which involve the spending of taxpayers money.
- Staff members at Agenda for Change Band 8d and above.
- Consultants, GPs, Medical and Dental Clinical Directors/Leads.
- Members of advisory groups which contribute to direct or delegated decision making on the commissioning or provision of taxpayer funded services.
- 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.

All decision-making staff will be prompted annually via the Trust's learning/training online platform to complete Managing Conflicts of Interest training and via the Trust's separate declarations of interests online platform to complete or update their Conflict of Interest

declaration(s) – this includes making a nil return, where appropriate. New interests or any arising should be declared immediately.

Declarations made by decision making staff will be published in accordance with paragraph 1.8.1.

## 1.5 Legislation

1.5.1 The Bribery Act 2010 imposes extensive obligations on all commercial organisations, including those in the healthcare sector, to ensure that they have adequate procedures in place to prevent bribery from occurring within their organisation. The Trust is committed to compliance with the Act.

1.5.2 All employees of the Trust must be impartial, honest and beyond suspicion in the conduct of their Trust business. It is an offence under the Bribery Act 2010 for employees to:

- **Offer bribes:** to offer or give a financial or other advantage with the intention of inducing that person to perform a relevant function or activity improperly or to reward that person for doing so; and/or
- **Receive bribes:** to receive a financial or other advantage intending that a relevant function or activity should be performed improperly as a result; and/or
- **Fail to prevent bribery:** an organisation is guilty of an offence if an associated person, i.e. someone who performs services on behalf of the organisation, bribes another person intending to obtain or retain business or business advantage.

1.5.3 “Relevant function or activity” includes any function of a public nature and any activity connected with a business. The employee performing the activity is required to perform it in good faith, impartially and be in a position of trust. Conviction under the Act is punishable by imprisonment for a maximum term of 10 years.

1.5.4 Under the corporate offence, a commercial organisation (including a Trust) is liable for the activities of associated third parties as well as its own staff, and corporate ignorance offers no protection from prosecution. The only defence is that it ‘had in place adequate procedures designed to prevent a person associated with it from undertaking such conduct’.

1.5.5 Employees should be aware that in certain circumstances, these offences could be committed as a result of a gift offer being accepted by a friend or relative as well as an employee.

1.5.6 All staff should be aware, therefore, that breaking the provisions of the Act renders them liable to prosecution and may also lead to disciplinary action resulting in the

termination of their employment and loss of NHS pension rights. Appendix A provides a summary of the key issues to be considered by all staff.

- 1.5.7 Under the Public Interest Disclosure Act 1998 employees are encouraged to disclose information confidentially about suspected wrongdoing or dangerous acts and are protected from victimisation if they do so. The Freedom to Speak Up Policy for the NHS and Anti-Fraud, Bribery and Corruption Policy explain what employees should do in such circumstances. Employees should familiarise themselves with these policies.
- 1.5.8 We ask all who have dealings with the Trust, as employees, agents, trading partners, stakeholders and patients, to help us in our fight against fraud, bribery and corruption and to contact us immediately, if you have any concerns or suspicions we need to know about. If you have any concerns or suspicions, please report them by contacting the named person(s) detailed at 1.5.10 of this policy.
- 1.5.9 There may be occasions when interests have not been identified, declared or managed appropriately and effectively. This may happen innocently, accidentally, or because of deliberate actions. Members of staff should speak up about any genuine concerns in relation to compliance with this policy.
- 1.5.10 A member of staff may report any concerns or allegations in complete confidence in line with the provisions of the Trust's Anti-Fraud, Bribery and Corruption Policy, and the Freedom to Speak Up Policy for the NHS, using the following methods:
- David Kenealy, Senior Anti-Crime Manager at TIAA: 07580 164709 or [david.kenealy@tiaa.co.uk](mailto:david.kenealy@tiaa.co.uk).
  - Sarah Pratley, Anti-Crime Specialist at TIAA: 07769 640781 or [sarah.pratley@tiaa.co.uk](mailto:sarah.pratley@tiaa.co.uk).
  - Alternatively, staff can report their suspicions to Mike Jennings, Chief Financial Officer on 01273 696011 ext. 2694 or [mike.jennings@nhs.net](mailto:mike.jennings@nhs.net).
  - Or to the NHS Counter Fraud Authority on the Fraud and Corruption reporting line: 0800 028 4060 or online at <https://reportfraud.cfa.nhs.uk/>
- 1.5.11 All reports are treated with complete confidence and staff are protected under the Public Interest Disclosure Act 1998.

## 1.6 Public Service Values

- 1.6.1 The NHS code of conduct: code of accountability in the NHS (Department of Health/NHS Appointments Commission – 2<sup>nd</sup> revision July 2004) defines three crucial public service values, which must underpin the work of the Health Service, namely:

- **Accountability** – everything done by those who work in the NHS must be able to stand the test of parliamentary scrutiny, public judgments on propriety and professional codes of conduct;
- **Probity** – staff should have an absolute standard of honesty in dealing with the assets of the NHS: integrity should be the hallmark of all personal and professional conduct in decisions affecting patients, colleagues and suppliers and in the use of information acquired in the course of NHS duties;
- **Openness** – there should be sufficient transparency about NHS activities to promote confidence between the Trust, its staff, patients and the public.

## 1.7 Failure to comply with Standards of Business Conduct Policy

- 1.7.1 Failure by an employee to comply with the requirements set out in this policy may result in action being taken in accordance with the relevant disciplinary procedure. Such disciplinary action may include termination of employment (where applicable).
- 1.7.2 Where the failure to comply relates to an officer that is not a direct employee of Sussex Community NHS Foundation Trust, this may result in action being taken in accordance with the relevant engagement procedures (e.g. termination of a secondment agreement).
- 1.7.3 Any financial or other irregularities or impropriety, which involve evidence or suspicion of fraud, bribery or corruption by any officer, will be reported to the Anti-Crime Specialist, in accordance with the Standing Financial Instructions and the Anti-Fraud, Bribery and Corruption Policy, with a view to an appropriate investigation being conducted and potential prosecution being sought.

## 1.8 Publication

- 1.8.1 Declarations made in accordance with this policy by ‘decision making staff’ will be published on the Sussex Community NHS Foundation Trust website at intervals set out in the summary. Registers of all officer declarations held by the Trust Secretariat will be made available on request.
- 1.8.2 In exceptional circumstances, where the public disclosure of information could give rise to a real risk of harm or is prohibited by law, an individual’s name and/or other information may be redacted from the publicly available register(s). Where an officer believes that substantial damage or distress may be caused to them or somebody else by the publication of information about them, they are entitled to request that the information is not published. Such a request must be made in writing to the Trust Secretariat, who will seek legal advice where required. A confidential, un-redacted version of the register will be held securely by the Trust Secretariat.

- 1.8.3 Staff should be aware that external organisations, e.g. Association of British Pharmaceutical Industries (ABPI), may also publish information relating to commercial sponsorship or other payments. The Trust Secretariat will review such publications to ensure that appropriate internal declarations have been made in accordance with this policy and will take appropriate action where they have not.
- 1.8.4 Anonymised information relating to breaches and how those breaches have been managed will be published on the Sussex Community NHS Foundation Trust website annually.

## 2. Main Body of Document

### 2.1 Conflict of Interest

- 2.1.1 A conflict of interest is defined as any situation where a person's involvement in an activity either has the effect, could potentially have the effect, or could be perceived to have the effect, of influencing the interests, financial or otherwise, of the person, or another individual, business or organisation with whom that person has a familiar formal relationship.
- 2.1.2 Situations in which there appears to be a conflict of interest but this is not in fact the case are termed an 'apparent conflict of interest'. Having an apparent conflict of interest as a Trust employee, can be as serious as having an actual conflict because of the potential damage it can cause to the reputation and integrity of the individual and the Trust. All staff are required to declare both apparent and real conflicts of interest.
- 2.1.3 An employee who has private interests which may cause a conflict of interest in the future will have a 'potential conflict of interest'.
- 2.1.4 A conflict of interest may be:
- **Actual** – there is a relevant and material conflict between one or more interests now; or
  - **Potential** – there is the possibility of a material conflict between one or more interests in the future.
- 2.1.5 Staff may hold interests for which they cannot see a potential conflict. However, caution is always advisable because others may see it differently. It is important to exercise judgement and to declare such interests where there is otherwise a risk of suggestion of improper conduct.

2.1.6 Interests can arise in a number of different contexts. A material interest is one which a reasonable person would take into account when making a decision regarding the use of taxpayers' money because the interest has relevance to that decision. Interests can generally be considered in the following categories:

- Financial interests;
- Non-financial professional interests;
- Non-financial personal interests;
- Indirect interests and;
- Loyalty interests.

2.1.7 Where there is potential for interests to be relevant and material to the organisation, the interest should be declared and recorded in the register held and maintained by the Trust Secretariat (see section 2.2). Examples of interests which should be regarded as 'relevant and material' are shown below, although this list should not be regarded as exhaustive:

- Directorships, including non-executive directorships, held in private companies or PLCs.
- Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS.
- Shareholdings and ownership interests in any publicly listed, private or not for profit company, business, partnership or consultancy, which are doing, or might reasonably be expected to do, business with Sussex Community NHS Foundation Trust.
- A position of authority in another NHS organisation, commercial, charity, voluntary, professional, statutory or other body which could be seen to influence their role.
- A position on an advisory group or other paid or unpaid decision-making forum that could influence how Sussex Community NHS Foundation Trust 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.
- Any connection with a private, public, voluntary or other organisation contracting for NHS services.
- Any other commercial interest relating to any relevant decision to be taken by the Trust.

2.1.8 Conflicts can occur because of interests held by a close family member, business partner, close friend or associate. If staff are aware of material interests (or could be reasonably expected to know about these) then these should be declared. In this context, a close family member is defined as:

- spouse or civil partner;
- any other person with whom the individual cohabits;
- children or stepchildren;
- spouse/partners' children or stepchildren;
- parents;
- grandparents and;
- siblings.

## 2.2 Declaring interests

2.2.1 All staff must declare any relevant and material interests. Declarations should be made as soon as is reasonably practicable, and within 28 days after the interest arises. If staff are in any doubt as to whether they have an interest or whether it is declarable, they should consult their line manager or the Trust Secretariat. In addition, staff are required to review and declare interests at the following points:

Board Members	<ul style="list-style-type: none"> <li>• On appointment</li> <li>• Annually (making a nil return if no interests to declare)</li> <li>• In formal meetings</li> </ul>
Decision making staff	<ul style="list-style-type: none"> <li>• On appointment</li> <li>• Annually (making a nil return if no interests to declare)</li> <li>• When moving to a new role, or responsibilities change</li> <li>• In formal meetings</li> </ul>
All other staff within the scope of this policy	<ul style="list-style-type: none"> <li>• On appointment</li> <li>• When moving to a new role, or responsibilities change</li> <li>• In formal meetings</li> </ul>

2.2.2 The register of interests is maintained by the Trust Secretariat who will formally record the declared interests/nil returns of all decision-making staff and others who make declarations. They will retain a record of historic interests for a minimum of six years after the date on which the interest expired. There may be occasions when an officer declares an interest which the Trust Secretariat later decides is not material. In such an instance the declaration will be recorded but not published.

## 2.3 Patents and Intellectual Property

2.3.1 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) relating to goods and services which are, or might reasonably be expected to be, procured or used by Sussex Community NHS Foundation Trust via the Trust's online conflicts of interest system

2.3.2 Any patents, designs, trademarks or copyright resulting from the work (e.g. research) of an officer carried out as part of their employment shall be the Intellectual Property of Sussex Community NHS Foundation Trust.

2.3.3 Where the undertaking of external work, gaining patent or copyright or the involvement in innovative work, benefits or enhances the Trust's reputation or results

in financial gain, consideration will be given to rewarding staff subject to any relevant guidance for the management of Intellectual Property in the NHS issued by the Department of Health and Social Care.

- 2.3.4 Staff must seek prior permission through their line manager before entering into any agreement with bodies regarding product development where this impacts on normal working time or uses Trust equipment and/or resources.
- 2.3.5 Where holding of patents and other intellectual property rights give rise to a conflict of interest, then this must be declared in accordance with paragraph 2.2.1.

## **2.4 Managing conflicts of interest – general**

- 2.4.1 All declarations of interest must be reviewed by the appropriate line manager, with consideration given to any actions required to mitigate the conflict in the individual circumstances. It may be decided that the risk of a conflict arising is minimal and that no action is therefore warranted. Equally, there may be occasions where the conflict of interest is profound and acute. In such cases it may be necessary to consider a range of possible actions which may include:
- restricting the officer's involvement in discussions and excluding them from decision making;
  - removing the officer from the whole decision-making process;
  - removing the officer's responsibility for an entire area of work and;
  - removing the officer from their role altogether if the conflict is so significant that they are unable to operate effectively in the role.
- 2.4.2 An audit trail of the actions taken must be maintained.

## **2.5 Managing conflicts of interest at meetings**

- 2.5.1 All formal meetings, including the Board and its Committees, must have a standing agenda item at the beginning of each meeting to determine whether anyone has any conflicts of interest to declare in relation to the business to be transacted at the meeting. The Standing Orders and all Committee terms of reference should incorporate this requirement. Any new interests declared at the meeting should be included in the relevant register of interest as soon as practicable after the meeting.
- 2.5.2 In the event that the chair of the meeting has a conflict of interest, the deputy chair is responsible for deciding the appropriate course of action to manage conflicts of interest. If the deputy chair is also conflicted, then the remaining non-conflicted voting members of the meeting should unanimously agree how to manage the conflict(s).
- 2.5.3 When a member of the meeting (including the chair or deputy chair) has a conflict of interest in relation to one or more items of business to be transacted at the meeting, the chair (or deputy chair or remaining non-conflicted members where relevant as described above) must decide how to manage the conflict. The appropriate course of

action will depend on the particular circumstances, but could include one or more of the following:

- where the chair has a conflict of interest, deciding that the deputy chair (or another non-conflicted member of the meeting if the deputy chair is also conflicted) should chair all or part of the meeting;
- requiring the individual who has a conflict of interest (including the chair or deputy chair if necessary) not to attend the meeting;
- ensuring that the individual does not receive the supporting papers or minutes of the meeting which relate to the matter(s) which give rise to the conflict;
- requiring the individual to leave the discussion while the relevant matter(s) are being discussed and when any decisions are being taken in relation to those matter(s);
- allowing the individual to participate in some or all of the discussion when the relevant matter(s) are being discussed but requiring them to leave the meeting when any decisions are being taken in relation to those matter(s);
- noting the interest and ensuring that all attendees are aware of the nature and extent of the interest but allowing the individual to remain and participate in both the discussion and in any decisions. This is only likely to be an appropriate course of action where it is decided that the declared interest is either immaterial or not relevant to the matter(s) under discussion and;
- conflicts of interest arising at a Board meeting must be managed in accordance with the requirements of the Standing Orders/Rules of Procedure.

2.5.4 In all cases, however, a quorum must be present for the discussion and decision; and interested parties cannot be counted in determining whether the meeting is quorate for that item.

2.5.5 All decisions under a conflict of interest must be recorded by the meeting secretariat and clearly reported in the minutes of the meeting. The minutes will include:

- who has the interest;
- the nature and extent of the conflict;
- an outline of the discussion;
- the actions taken to manage the conflict and;
- evidence that the conflict was managed as intended.

2.5.6 To support chairs in their role, the secretariat will provide access to details of any relevant declarations of interest which have already been made by members of the committee/group/meeting.

## **2.6 Procurement**

2.6.1 Conflicts of interest need to be managed appropriately throughout the whole procurement process. At the outset of any process, the relevant interests of individuals involved should be identified and clear arrangements put in place to manage any conflicts. This includes consideration as to which stages of the process a conflicted individual should participate in, and in some circumstances, whether the individual should be involved in the process at all.

- 2.6.2 Procurement decisions relating particularly to pharmaceuticals and appliances should always be taken on the basis of best clinical practice and value for money.
- 2.6.3 Such decisions should take into account the potential impact on the whole healthcare system e.g. a product discounted into one sector may result in significantly higher spend across the whole health community.
- 2.6.4 NHS organisations who are offered significant discounts on medicines/appliances should consult with appropriate stakeholders within the local health community with respect to the potential financial implications.
- 2.6.5 Further guidance is provided in the Standing Financial Instructions and the Procurement Policy.

### **Contracts**

- 2.6.6 All staff who are in contact with suppliers and contractors, especially those who are authorised to sign purchase orders or place contracts for goods materials or services, must adhere to the Chartered Institute of Purchasing and Supply Code of Ethics (Appendix C).

## **2.7 Gifts and Hospitality**

- 2.7.1 All staff should ensure that they are not placed in a position that risks, or appears to risk, compromising their role or the organisation's public and statutory duties or reputation. Staff must not, or be perceived to, secure valuable gifts and hospitality by virtue of their role.
- 2.7.2 The Bribery Act 2010 makes it a criminal offence to give or offer a bribe, or to request, offer to receive or accept a bribe. The Act reformed the criminal law of bribery, making it easier to tackle this offence proactively in both the public and private sectors. It introduced a corporate offence which means that commercial organisations, including NHS bodies, will be exposed to criminal liability, punishable by an unlimited fine, for failing to prevent bribery.

### **Gifts**

- 2.7.3 Staff should not ask for or accept any gifts, gratuities or honoraria (such as grants or scholarships) from any individual or organisation that may be capable of being construed as being able to influence any decision or cast doubt on the integrity of such decisions. Staff are reminded that it may be considered to be a breach of the organisation's Disciplinary Policy to solicit gifts. It may also be illegal, under the

Bribery Act 2010, and staff that are found to have done so will be referred to the Trust's Anti-Crime Specialist which may result in disciplinary action and prosecution.

A gift means any item of cash or goods, or any service, which is provided for personal benefit, free of charge, or at less than its commercial value.

**The following should not be accepted:**

- Gifts that may affect, or be seen to affect, professional judgement.
- Gifts that exceed a value of £50 (for an individual, team or department).
- Multiple gifts from the same source over a 12-month period where the cumulative value exceeds £50.
- Cash, cheques and non-redeemable vouchers of any value.
- Branded promotional aids that exceed a value of £6.

If the above are offered you should make a declaration via the Trust's online conflicts of interest system and then refuse the gift(s). Refused gifts may be suitable for donation to the Trust's Charity. If appropriate, suggest to the donor to get in touch with the Charity Office on 01273 266040 or email [sc-tr.charity@nhs.net](mailto:sc-tr.charity@nhs.net).

- 2.7.4 Staff should always refuse gifts or other benefits, which might reasonably be seen to compromise their personal, or professional, judgement or integrity.

**Gifts from suppliers, contractors or customers**

- 2.7.5 Gifts from suppliers or contractors with whom Sussex Community NHS Foundation Trust does business (or is likely to do business), or customers, should be declined, whatever the value. Subject to this, low cost branded promotional aids (such as calendars, diaries or other small gifts) may be accepted where they are valued at under £6 in total. Team or directorate gifts of low value, such as confectionary intended to be shared by the team may also be accepted. Gifts accepted from suppliers in accordance with this provision must be declared via the Trust's online conflicts of interest system. A clear reason should be recorded as to why it was considered permissible to accept the gift, alongside the actual or estimated value and include line manager approval.

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

- 2.7.6 Gifts valued at over £50 should be treated with caution and only be accepted on behalf of the organisation (i.e. to the Sussex Community NHS Charity), not in a personal capacity. Offers of gifts valued at over £50 should be declared by staff via the Trust's online conflicts of interest system and refused.
- 2.7.7 Modest gifts accepted under a value of £50 need not be declared, however, multiple gifts from the same source over a 12-month period should be declared where the

cumulative value exceeds £50 via the Trust's online conflicts of interest system and refused.

2.7.8 A common sense approach should be applied to the valuing of gifts, using the actual amount if known, or an estimate that a reasonable person would make as to its value.

2.7.9 If there is any doubt about the appropriateness of accepting a gift, members of staff should either politely decline or consult their line manager or the Trust Secretariat.

### **Patients' Wills**

2.7.10 Bequests are gifts that are made as part of a will. As with any gifts over £50 bequests should be treated with caution and cannot be accepted by staff in a personal capacity. In the event that a member of staff is made aware of the fact that a patient intends to make a bequest to them, the member of staff should discourage such action and may instead ask that the Sussex Community NHS Charity is made the beneficiary of the bequest. This should be reported through the individual's line manager to the Charity Office whereupon it will then be registered on the Legacy and Bequests Register for the Trust's Charity.

2.7.11 If a member of staff is unknowingly left a bequest in a patient will, this must be reported immediately through the individual's line manager to the relevant Executive Director and the Trust Secretariat. The bequest must be disclaimed.

### **Hospitality**

2.7.12 Hospitality in this context means the provision of meals and refreshments, invitations to functions such as ceremonies, receptions, presentations and conferences as well as invitations to social, cultural and sporting events. Some offers may include overnight accommodation and travel to and from a venue at which an event is being held.

2.7.13 Hospitality must only be accepted when there is a legitimate business reason, and it is proportionate to the nature and purpose of the event. Staff should exercise discretion in accepting offers of hospitality in case it would, or might appear to:

- place them under any obligation to the individual or organisation making the offer or;
- compromise their professional judgement and impartiality; or otherwise be improper.

All forms of hospitality are to be declared via the Trust's online conflicts of interest system.

### **Hospitality from suppliers or contractors**

2.7.14 Particular caution should be exercised when hospitality is offered by actual or potential suppliers or contractors. Offers can be accepted if modest and reasonable but must be declared via the Trust's online conflicts of interest system and be approved by the line manager.

### **Meals and refreshments**

2.7.15 Meals and refreshments under the value of £25 may be accepted and need not be declared. In case of doubt, staff should seek advice from their line manager or the Trust Secretariat.

2.7.16 Meals and refreshments offered with a value between £25 and £75 may be accepted and must be declared via the Trust's online conflicts of interest system, indicating whether it has been accepted or declined.

2.7.17 Offers over a value of £75 should be declared via the Trust's online conflicts of interest system and refused unless (in exceptional circumstances) director/senior approval is given in advance of acceptance. A clear reason should be recorded on the declaration as to why it was permissible to accept hospitality of this value.

2.7.18 A common sense approach should be applied to the valuing of meals and refreshments, using an actual amount, if known, or an estimate.

### **Travel and accommodation**

2.7.19 Modest offers to pay some or all the travel and accommodation costs related to attendance at events may be accepted but must be declared via the Trust's online conflicts of interest system. Offers which go beyond the type which would be funded by Sussex Community NHS Foundation Trust must have approval in advance. A clear reason should be recorded on the declaration as to why it was permissible to accept travel and accommodation of this type.

2.7.20 Examples of travel and accommodation which would not normally be permissible are shown below, although this list should not be regarded as exhaustive:

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

2.7.21 All references to hospitality also include those provided by contractors, organisations or individuals concerned with the supply of goods or services.

2.7.22 Where a meeting is funded by the pharmaceutical industry, this must be disclosed in the papers relating to the meeting and in any published minutes or actions and is declared via the Trust's online conflicts of interest system. The Department or Directorate organising or hosting the event must ensure that the funding has been

approved in line with the requirements set out in the Commercial Sponsorship section of this policy.

### **Preferential Treatment in Private Transactions**

- 2.7.23 Individual staff must not seek out or accept preferential rates, or benefits in kind, for private transactions carried out with companies with which they have had, or may have, official dealings on behalf of the Trust.

### **Declaring gifts and hospitality**

- 2.7.24 All staff must declare any gifts and hospitality in accordance with the guidance above as soon as is practicable via the Trust's online conflicts of interest system. A declaration will need to include the following:
- date of offer of gift or hospitality, and date of event where relevant;
  - name, job title and organisation of recipient/provider;
  - nature and purpose of gift or hospitality received or declined;
  - the name of any other organisation involved;
  - estimated value and;
  - confirmation of approval including the date (where relevant) in accordance with 2.7.14, 2.7.17, 2.7.19 and 2.7.22 above.

### **Register of Gifts, Hospitality and Sponsorship**

- 2.7.25 The register of gifts, hospitality and sponsorship is maintained by the Trust Secretariat who will formally record the declarations of all staff.

### **Gifts and hospitality provided by Sussex Community NHS Foundation Trust**

- 2.7.26 The proposed use of public funds for hospitality and/or entertainment should be considered very carefully. Inappropriate or excessive spending can cause lasting damage to the reputation of the Trust and the NHS. Hospitality is not the 'norm' when conducting business; and it should be provided only when necessary and appropriate.
- 2.7.27 In cases of doubt, advice should always be sought from the Trust Secretariat or Chief Financial Officer. All expenditure on hospitality provided should be capable of justification to the Trust's internal and external auditors.

## **2.8 Sponsorship**

### **Sponsored Posts**

- 2.8.1 Staff who are considering entering into an agreement regarding the external sponsorship of a post within Sussex Community NHS Foundation Trust must seek formal approval from the relevant Executive Director. Officers will be required to

demonstrate that the acceptance of a sponsored post is transparent and does not stifle competition.

- 2.8.2 Rolling sponsorship of posts should be avoided unless appropriate checkpoints are put in place to review and confirm the appropriateness of the arrangements continuing.
- 2.8.3 There should be written confirmation that the sponsorship arrangements will have no effect on any commissioning or other management decisions over the duration of the sponsorship and auditing arrangements should be established to ensure that this is the case. These written arrangements should set out the circumstances under which the Trust may exit the sponsorship arrangements if conflicts of interest arise which cannot be mitigated.
- 2.8.4 Holders of sponsored posts must not promote or favour the sponsor's specific products or organisation and information about alternative suppliers must be provided.
- 2.8.5 Sponsors must not have any influence over the duties of the post or have any preferential access to services, materials or intellectual property related to or developed in connection with the sponsored post.
- 2.8.6 The Chief Financial Officer will be responsible for monitoring the purchase of the company's product at regular intervals to ensure that purchasing decisions are not being influenced by the sponsorship agreement.

### **Sponsored Events**

- 2.8.7 Sponsorship of events, including courses, conferences and meetings, by external bodies should only be approved if it can be demonstrated that the event will result in clear benefits for Sussex Community NHS Foundation Trust and the wider NHS. Any sponsorship of SCFT events requires authorisation in advance (see Appendix D outlining the process for event sponsorship authorisation). Sponsorship should not in any way compromise any of our decisions or be dependent on the purchase or supply of goods or services. Sponsors should not have any influence over the content of an event, meeting, seminar, publication or training event. The Trust will not endorse individual companies or their products or services because of the sponsorship.
- 2.8.8 During dealings with sponsors there must be no breach of patient or individual confidentiality or data protection (or other) legislation. As a general rule, information which is not in the public domain should not be supplied and no information should be supplied to a company for its commercial gain.

- 2.8.9 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.
- 2.8.10 The involvement of a sponsor in an event should always be clearly identified in the interests of transparency.
- 2.8.11 Staff and managers should not feel pressurised to agree to requests from companies who wish to provide training. The onus of proof is on the company to demonstrate that the training will be unbiased and of benefit to the service. If this proof is not provided and agreed as reasonable, then the offer should be declined.
- 2.8.12 It must be made clear to commercial sponsors of seminars or training events organised by the Trust that:
- the Trust retains overall control of the event;
  - the commercial sponsor(s) do not have a right to present at the event without prior agreement;
  - where the Trust organiser(s) considers that additional value may be gained from a presentation by the sponsor(s), the content must be agreed in advance;
  - any stand that the sponsor(s) uses to promote products should be outside the main event room where practical;
  - attendance of the sponsor at the event is at the discretion of the Trust organiser(s);
  - where course material is provided by a commercial enterprise, there is no promotion of specific products (although the name of the company supporting the event is acceptable) and;
  - the Trust organiser(s) may share any training material from the training/meeting with other NHS staff.

### **Commercially Sponsored Course and Conference Attendance**

- 2.8.13 Attendance at courses and conferences, including conferences taking place abroad, which is completely or partly commercially sponsored (e.g. course fees, travel, accommodation, subsistence) must reflect an individual's personal development needs identified in their Personal Development Plan and must be approved by their line manager in advance. Managers will need to satisfy themselves that the individual's attendance at the course or conference is of genuine value to the Trust. See also 2.7.19 to 2.7.22 on offers to pay for travel and accommodation costs related to attendance at events. Accepted and refused sponsorship is to be declared via the Trust's online conflicts of interest system

### **Sponsored Research**

- 2.8.14 Funding sources for research purposes must be transparent. Any proposed research must go through the relevant approvals process including declaration via the Trust's online conflicts of interest system

2.8.15 There must be a written protocol and written contract between staff at Sussex Community NHS Foundation Trust and/or the institute 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. Where the contract includes provision of people this, and accompanying arrangements, must be clearly articulated.

2.8.16 The study must not constitute an inducement to commission any service.

### **Approval of Sponsorship**

2.8.17 Advance approval must be sought for all commercial sponsorship to ensure that no potential purchasing decisions are compromised (see appendix D). All commercial sponsorship must be declared.

### **Declaring Sponsorship**

2.8.18 All pharmaceutical companies entering into sponsorship agreements must comply with the Code of Practice for the Pharmaceutical Industry. Where the Trust is involved in collaborative partnerships with a pharmaceutical company then the proposed arrangements must comply fully with the Medicines Commercial Sponsorship, Hospitality, Gifts and Payment (Advertising) Regulations 1994 and the Medicines (Advertising Amendments) Regulations 2005.

2.8.19 Should there be any doubt about the appropriateness of accepting sponsorship, staff should seek advice from their line manager or the Trust Secretariat team.

2.8.20 All staff must declare any sponsorship in accordance with the guidance above including the value of the sponsorship. A common-sense approach should be applied to valuing the sponsorship if there is not a contractual value specified, for example a room and refreshments being provided for an event.

2.8.21 All staff must declare any sponsorship secured through, contracted by, paid directly to or managed through a third party, such as exhibitors at Trust events sold through a third party or a sponsor paying for catering directly to an event venue.

2.8.22 Declarations should be made via the Trust's online conflicts of interest system within 28 days of the occurrence by the member of staff responsible for the event who will usually be a decision making officer. For the purposes of events the declaration should be made within 28 days of when the sponsorship was agreed rather than the date of the event. In exceptional circumstances where there are multiple sponsorship arrangements, the sponsorship may be declared within 28 days of the event taking place provided that this is agreed in advance by the Trust Secretariat.

2.8.23 Declarations made in accordance with the policy will be published on the Sussex Community NHS Foundation Trust website. In exceptional circumstances the value of the sponsorship may be published in bands where there are multiple sponsors of an event. A complete register will be held by the Trust Secretary.

2.8.24 The register of sponsorship is maintained by Trust Secretariat who will formally record the declarations of all staff.

### **Joint Projects and Joint Working**

2.8.25 Joint working must be open and transparent. Partnerships should be considered against the following criteria:

- Would they provide sustainable clinical benefits?
- Would they meet patient and NHS needs?
- Would they be cost effective?
- Could the Trust explain and justify the partnership as reasonable and appropriate in ways that would maintain and protect SCFT's internal and external reputation?

2.8.26 Where commercial sponsorship is being sought by the Trust or offered to SCFT by a company, the opportunity to participate should be offered to an appropriate range of companies within that industry.

2.8.27 Sponsorship must be approved prior to commencement of the joint project. All joint projects with the pharmaceutical industry will be recorded in the Trust's Register of Gifts, Hospitality and Sponsorship. Any learning or products (e.g. protocols, guidelines etc.) developed through joint projects will be the property of the Trust, unless specifically agreed otherwise in a signed contract with the sponsor(s) and may be shared with other NHS organisations.

## **2.9 Outside employment and clinical private practice**

2.9.1 Staff should not engage in any outside employment which could have a bearing on their ability to perform their normal contractual obligations or which may involve the use of any confidential or commercial information obtained in the course of their employment with the Trust.

2.9.2 This does not mean that staff cannot work outside the Trust, for example, as an agency nurse in a private care home, but if there is any potential for an apparent or real conflict of interest in this area, the member of staff should inform their line manager in writing. Outside employment should only ever be undertaken in line with the provisions of the Trust's Collective Agreement on the Working Time Regulations. Staff are to declare any existing outside employment on appointment and when any new outside employment arises via the Trust's online conflicts of interest system.

- 2.9.3 Examples of outside employment or private practice which may give rise to a conflict of interest include, but are not limited to:
- employment with another NHS body;
  - employment with another organisation which might be in a position to supply goods/services to Sussex Community NHS Foundation Trust and;
  - self-employment, including private practice, in a capacity which might conflict with the work of Sussex Community NHS Foundation Trust or which might be in a position to supply goods/services to Sussex Community NHS Foundation Trust.
- 2.9.4 Staff must not engage in any other employment, either paid or unpaid, during periods of sickness absence from the Trust whether self-certified or covered by a Doctor's fit note. Failure to comply with these requirements may result in a referral to the Trust's Anti-Crime Specialist and could lead to disciplinary action or criminal prosecution. Please see the Trust's Supporting Attendance (Managing Absence) Policy for full details.
- 2.9.5 Where the risk of a conflict of interest is identified, this should be managed in accordance with the guidance provided at paragraph 2.4. The Trust reserves the right to refuse permission where it reasonably believes a conflict will arise or that approval would be detrimental to the work of the member of staff in question.

#### **Private Practice for Consultant Medical Staff**

- 2.9.6 The Trust recognises the right of clinicians to undertake private practice and supports consultants in doing so, providing it is arranged in accordance with the requirements of the terms and conditions associated with the 2003 Consultant Contract (specifically Schedule 9), and the 'Code of Conduct for Private Practice – Recommended Standards of Practice for NHS Consultants'. Indeed, in some instances, private practice generates additional income for Trusts, which can be used for reinvestment. However, there is a fundamental difference between a clinician undertaking private practice and a clinician competing for work from NHS commissioners, when this is work that the Trust might otherwise have received.

#### **Recommendation of Private Providers**

- 2.9.7 While patients may choose to seek additional support outside of NHS services, staff must not recommend or endorse specific private providers or individuals. The Trust is not affiliated with external organisations and cannot verify the quality, safety or governance of private practice services. Direct referrals or endorsements may also present a conflict of interest and carry commercial implications for both the individual and the organisation.

## 2.10 Use of Social Media

- 2.10.1 Officers should be aware that social networking websites are public forums and should not assume that their entries will remain private. Staff communicating via social media must comply with the Trust's Acceptable Use: Internet and Social Media Policy. Staff must not:
- conduct themselves in a way that brings Sussex Community NHS Foundation Trust into disrepute or;
  - disclose confidential information that relates to Sussex Community NHS Foundation Trust business, staff or patients.

## 2.11 Confidentiality

- 2.11.1 As a public body, the Trust recognises the need for openness. However, this should not be confused with a breach of confidentiality and all Trust employees have a duty to maintain confidentiality of information at all times. A breach of confidentiality is a potentially serious disciplinary offence that could result in dismissal.
- 2.11.2 Staff must, at all times, operate in accordance with the General Data Protection Regulation and Data Protection Act 2018 and maintain the confidentiality of information of any type, including but not restricted to, patient information; personal information relating to staff and commercial information. This duty of confidence remains after staff (however employed) leave Sussex Community NHS Foundation Trust.
- 2.11.3 Staff should be particularly careful of using, or making public, confidential internal information of a commercial nature, regardless of whether or not disclosure is prompted by the expectation of personal gain.
- 2.11.4 For the avoidance of doubt, this does not prevent the disclosure or information where there is a lawful basis for doing so (e.g. consent). Staff should refer to the suite of Sussex Community NHS Foundation Trust Information Governance and Corporate Information Technology policies for detailed information.
- 2.11.5 If there is any doubt about any information that can be made publicly available advice should be sought from the employee's line manager.

## 2.11 Public use of Equipment and Materials

- 2.12.1 Staff must obtain prior permission from their line manager before making private use of the Trust's vehicles, computers, telephones, photocopy facilities or any other Trust equipment and materials. Such requests, and the subsequent authority from the manager, should be made in writing or an email retained for future justification.

## 3. Patient Focus

Every year the taxpayer entrusts NHS organisations with over £110 billion to care for millions of people and this money must be spent well, free from undue influence.

The purpose of this policy is to ensure that the overall business interests of the Trust, and thereby the best interests of patients, are not prejudiced by individual employees' personal interests.

This policy outlines the standards of business conduct to be followed by all staff of the Trust and provides specific guidance in respect of those areas of activity where there might be particular concerns.

In all these areas the guiding principles are to ensure that the interests of patients are put first, that public monies are protected and NHS funds are spent on providing effective and efficient healthcare.

Staff should always refuse gifts or other benefits, which might reasonably be seen to compromise their personal, or professional, judgement or integrity.

## 4. Responsibilities

### 4.1 Chief Executive

- 4.1.1 The Chief Executive is the Trust's designated 'Accountable Officer' and has overall responsibility for ensuring the Trust operates efficiently, economically and with probity.
- 4.1.2 The Chief Executive has overall responsibility for ensuring that the Trust has effective Standing Orders and Standing Financial Instructions and that these are available to all managers and staff that require them.
- 4.1.3 The Chief Executive also has overall responsibility for the implementation and operation of this policy.

### 4.2 Trust Secretary

- 4.2.1 The Trust Secretary will ensure that a register of interests is kept and maintained by the Trust. All relevant documentation relating to individual entries will be kept securely in date/register order. Information contained within the register will also be available for inspection by the chair and directors of the Trust, to interested parties of the general public, to the Trust's auditors (both internal and external) and the Trust's Anti-Crime Specialist for the purpose of fulfilling their Counter Fraud function.

### 4.3 Chief People Officer

4.3.1 The Chief People Officer will ensure that contracts of employment for all new employees contain the staff guidance given at Appendix A of the policy. In addition, the contract shall contain a clause stating that failure to declare an interest or abuse of the employee's position, or inside information for the purpose of gain to the employee or the employee's family or friends, may result in a referral to the Trust's Anti-Crime Specialist, for disciplinary action or criminal prosecution.

#### **4.4 Chief Financial Officer**

4.4.1 The Chief Financial Officer will ensure that appropriate financial procedures are written and distributed to all staff that require them to perform their financial duties. The Chief Financial Officer will ensure that they and all Finance staff complete declarations of interest on an annual basis as a minimum and/or when additional real and potential conflicts arise.

#### **4.5 Head of Procurement/Director of Finance and Performance/Chief Pharmacist**

4.5.1 The Head of Procurement and the Director of Finance and Performance shall ensure that all invitations to potential contractors to tender for Trust business include a note warning tenderers of the consequences of engaging in any corrupt practices involving employees of the Trust. The Chief Pharmacist will ensure that they and all staff involved in formulary decisions complete declarations of interest on an annual basis and as and when any additional potential conflicts arise.

#### **4.6 Audit Committee**

4.6.1 The Audit Committee will ratify the Standards of Business Conduct Policy. The Audit Committee will also review key areas of risk, including conflicts of interest, and will oversee investigations when indications of fraud, bribery and/or corruption are found.

#### **4.7 Directors and Senior Managers**

4.7.1 All directors and senior managers must comply with:

- 'The Code of Conduct for NHS Managers Directions 2002';
- the 'Nolan Principles on Conduct in Public Life' (see Appendix B).

4.7.2 Trust directors and senior managers are also responsible for assisting Trust employees in complying with this policy by ensuring:

- a copy of this policy, Standing Financial Instructions and Procedure Notes are available to staff;
- that where a conflict of interest is made known to the manager, or where the manager has a conflict of interest, precise details of such interests are recorded in the Trust's online conflicts of interest declaration system;

- that where attempts have been made by external agencies to compromise staff, the facts are reported to the Chief Financial Officer, who will arrange for appropriate action to be taken and;
- compliance with the Chartered Institute of Purchasing and Supply Code of Ethics (Appendix C) where they or their staff are in contact with suppliers and contractors, including external consultants. Areas of particular concern relate to those staff who are authorised to sign purchase orders or place contracts for goods or services and key decision makers/stakeholders in projects and tenders.

4.7.3 Work to counter fraud, bribery and corruption is a core management responsibility which is contracted to the Trust's Counter Fraud function overseen by the Chief Financial Officer and the NHS Counter Fraud Authority, which will be reflected in job descriptions and through the appraisal process.

## **4.8 Staff**

4.8.1 It is the responsibility of all staff to read and comply with the Summary of Staff Responsibilities Relating to Standards of Business Conduct (Appendix A). In particular, 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 and;
- use public funds entrusted to them to the best advantage of the service, always ensuring efficiency, economy and effectiveness.

4.8.2 Staff must not:

- abuse their official position for personal gain or to benefit their family or friends;
- seek an advantage or further private business or other interests in the course of their official duties.

4.8.3 Any employee who breaches this policy may face disciplinary action, which could result in dismissal for gross misconduct. The Trust reserves the right to terminate its contractual relationship with other workers not directly employed by the Trust but contracted to a third party, if they breach this policy.

4.8.4 The Trust's Freedom to Speak Up Policy for the NHS 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 and corruption. All instances of fraud, bribery and/or corruption will be dealt with in accordance with the standards defined in the Trust's Anti-Fraud, Bribery and Corruption Policy, which can be found on the Trust's intranet.

## **4.8 Policy author**

The policy author is responsible for ensuring the policy follows the appropriate SCFT format and complies with the recognised development, consultation, approval and ratification process.

## 5. Associated Documents and References

- Code of conduct: code of accountability in the NHS (Department of Health/NHS Appointments Commission – 2nd revision July 2004)
- NHS Management Executive.
- A Guide to the Management of Private Practice in the NHS. PM(79)11
- Terms and Conditions – Consultants (England) 2003
- A Code of Conduct for Private Practice – Recommended Standards of Practice for NHS Consultants
- The Fraud Act 2006
- Bribery Act 2010
- Anti-Fraud, Bribery and Corruption Policy
- General Data Protection Regulations 2018
- Freedom to Speak Up Policy for the NHS Standing Orders and Standing Financial Instructions
- The Public Interest Disclosure Act 1998
- Managing Conflicts of Interest in the NHS: Guidance for staff and organisations (NHS England, 2017)

## 6. Monitoring Compliance

- 6.1 This policy will be monitored and subject to review no later than three years from the date of the last review or in the event of further legislation or national guidance issued.

## 7. Dissemination and Implementation

- 7.1 This policy will be made available on the intranet, including on the dedicated Managing Conflicts of Interest intranet page.

## 8. Consultation, Approval, Ratification & Review

The Trust Secretary has been consulted in the writing of this policy.

The Executive Management Group is responsible for the approval this policy.

The Audit Committee is responsible for the ratification of this policy.

The policy will be reviewed every three years by the Trust Secretariat.

## Appendix A

### **SUMMARY OF STAFF RESPONSIBILITIES RELATING TO STANDARDS OF BUSINESS CONDUCT**

It is important that you read and understand your responsibilities as summarised below. If you are uncertain or require explanation of any point stated then you should seek advice from your manager, who will have access to a copy of the Trust's Policy on Standards of Business Conduct.

#### **You must:**

- Make sure you understand your responsibilities on standards of business conduct and consult your manager, professional body or trades union representative if you are uncertain.
- Make sure you are not placed in a position which risks, or appears to risk, conflict between your private interests and your Trust employment.
- Declare all interests to your line manager where you or a close relative or associate, has a controlling and/or significant financial interest in a business or any other activity or pursuit that may compete for a NHS contract to supply either goods or services to the Trust.
- Declare all hospitality, including hospitality offered as part of an education programme, unless it is considered as modest as described in para 2.7.15 and 2.7.20 of the Trust's Standards of Business Conduct Policy.

#### **If in doubt, ask yourself:**

- Am I, or might I be, in a position where I (or my family/friends) could gain from the connection between my private interests and my employment?
- Do I have access to information that could influence purchasing decisions?
- Could my outside interests be in any way detrimental to the NHS or to patients' interests?
- Do I have any other reason to think I may be risking a conflict of interest?

#### **If still unsure - declare it!**

- Adhere to the Chartered Institute of Purchasing and Supply Code of Ethics (Appendix C) if you are involved in any way with the acquisition of goods and services (a copy of which is available from your line manager).
- Seek permission before taking on any other work, if there is any question of this adversely affecting your Trust duties in any way.
- Obtain permission before accepting any commercial sponsorship.

**You must not:**

- Accept any gifts, inducements or inappropriate hospitality.
- Abuse your past or present official position to obtain preferential rates for private transactions/deals with companies with which you have had, or may have, official dealings on behalf of the Trust.
- Unfairly advantage one competitor over another or show favouritism in awarding contracts.
- Misuse or make available official 'commercial in confidence' information particularly where its disclosure would prejudice the principle of fairness. This applies whether or not disclosure is prompted by the expectation of personal gain.
- In addition to the above, medical staff other than consultants and associate specialists, must not undertake private practices or work for outside agencies within the time they are contracted to the NHS. (Special provisions apply to consultants and associate specialists, see 'A Guide to the Management of Private Practices in the NHS', held in the Trust's medical staffing department).
- Staff must not work for any other employer when on sickness absence from the Trust, whether self-certified or under a fit note issued by their own GP.

## **Appendix B**

### **THE NOLAN COMMITTEE REPORT ON STANDARDS IN PUBLIC LIFE**

The Seven Principles of Public Life:

#### **Selflessness**

Holders of public office should take decisions solely in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves, their family, or their friends.

#### **Integrity**

Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might influence them in the performance of their official duties.

#### **Objectivity**

In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

#### **Accountability**

Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

#### **Openness**

Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

#### **Honesty**

Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

#### **Leadership**

Holders of public office should promote and support these principles by leadership and example.

## Appendix C

### CHARTERED INSTITUTE OF PURCHASING AND SUPPLY CODE OF ETHICS

(Reproduced by kind permission of CIPS)

#### 1 Introduction

- 1.1 The code set out below was approved by the Institute's Council on 16 October 1999 and is binding on CIPS members. The last major review and update was 11 March 2009.

#### 2 Principles

- 2.1 The principles set out below reflect best practice and should be adopted by all public sector organisations.

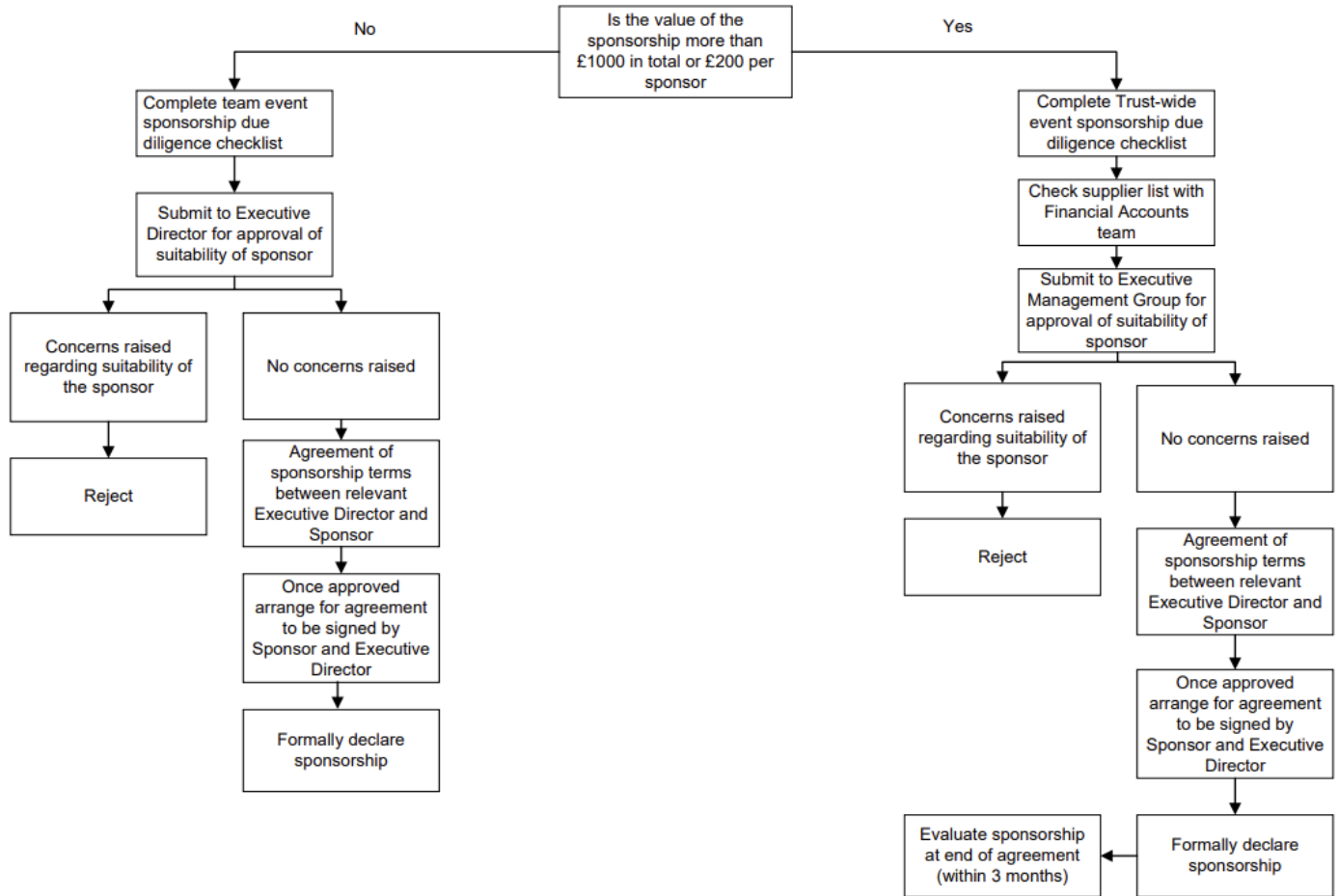
- 2.2 As a member of the Chartered Institute of Purchasing & Supply, I will:

- maintain the highest standard of integrity in all my business relationships;
- reject any business practice which might reasonably be deemed improper;
- never use my authority or position for my own personal gain;
- enhance the proficiency and stature of the profession by acquiring and applying knowledge in the most appropriate way;
- foster the highest standards of professional competence amongst those for whom I am responsible;
- optimise the use of resources which I have influence over for the benefit of my organisation;
- comply with both the letter and the intent of:
  - the law of countries in which I practise;
  - agreed contractual obligations;
  - CIPS guidance on professional practice.
- declare any personal interest that might affect, or be seen by others to affect, my impartiality or decision making;
- ensure that the information I give in the course of my work is accurate;
- respect the confidentiality of information I receive and never use it for personal gain;
- strive for genuine, fair and transparent competition;
- not accept inducements or gifts, other than items of small value such as business diaries or calendars;
- always to declare the offer or acceptance of hospitality and never allow hospitality to influence a business decision;
- remain impartial in all business dealing and not be influenced by those with vested interests.

**3 Use of the Code**

- 3.1 Members of CIPS are required to uphold this code and to seek commitment to it by all those with whom they engage in their professional practice.
  
- 3.2 Members are expected to encourage their organisation to adopt an ethical purchasing policy based on the principles of this code and to raise any matter of concern relating to business ethics at an appropriate level.
  
- 3.3 The Institute's Royal Charter sets out a disciplinary procedure which enables the CIPS Disciplinary Committee to investigate complaints against any of our members and, if it is found that they have breached the Code of Ethics to take appropriate action. Advice on any aspect of the Code of Ethics is available from CIPS.

## Appendix D – Process for Event Sponsorship Authorisation



## **Due Diligence**

<b>EVENT TYPE</b>	<b>Trust event via Trust/Trust event via charity/ charity</b>
<b>COMPANY NAME:</b>	
<b>COMPANY DETAILS</b>	
(from Companies House)	
Company number:	
Head office address:	
Incorporated on:	
Company Type:	
Parent company name (if applicable):	
Number of staff:	
Turnover:	
Profit:	

<b>DESCRIPTION OF COMPANY</b>
<p>Overview of company including industry / sector and size / national / international / no. employees (usually from 'About' section on website)</p> <p>Connection to tobacco, alcohol, gambling, pornography, Child Labour, faith, religion and equivalent systems of belief, weapons and gun clubs (Partnership untenable do not complete other sections)</p>
<b>SUPPLIER OF SUSSEX COMMUNITY NHS FOUNDATION TRUST</b>
<p><b>Is the company an existing supplier of the trust?</b> Yes/No (if yes please complete questions below using information from the Procurement team)</p> <p><b>Is there a tender due within the next six months?</b> (Yes/No) (if yes sponsorship untenable)</p> <p><b>Are there any issues with the current contract?</b> (Yes/No) (if yes please describe)</p> <p><b>Spend with supplier over last 12 months:</b></p>
<b>NOTABLE CHARITABLE GIVING LOCALLY/NATIONALLY (INCLUDING KEY CHARITY PARTNERSHIPS, AMOUNTS RAISED AND ACTIVITY)</b>
<p>Check google, company Annual Reports, websites etc.</p> <p>Sponsorship of other NHS charities (Yes/No) (please describe)</p>
<b>DESCRIPTION OF PROPOSED ACTIVITY / PARTNERSHIP WITH SUSSEX COMMUNITY NHS CHARITY</b>

Brief overview of what you will do with them – e.g. do they expect Press Coverage, will that affect your reputation if they are dubious

**Anticipated value of sponsorship**

---

**MEDIA SEARCH / NEGATIVE PRESS COVERAGE**

Check Google news  
 Check company statements  
 Check social media

---

**KEY POLICY AND REGULATIONS CHECK**

Check these platforms for any negative press

	Status:	Outcome:
CHARITY COMMISSION	Checked / Not checked	No press / reports
FUNDRAISING REGULATOR	Checked / Not checked	No press / reports
KEY POLICIES (Corporate governance, CSR, anti-bribery, modern slavery)	Checked / Not checked	Publicly available detailed below

---

**ARE THERE ANY REASONS NOT TO GO AHEAD WITH PARTNERSHIP?**

State any issues/problems you foresee
<b>RECOMMENDATION:</b>
Due Diligence completed by:
Date completed:
Submitted to Executive Management Group:
Decision:
Reason for decision:

## Equality and Human Rights Analysis (EHRA)

Title(s): Standards of Business Conduct Policy

Aims: The Standards of Business Conduct policy describes the standards and public service values which underpin the work of the NHS and reflects current guidance and best practice which Sussex Community NHS Foundation Trust staff must follow.

### Evidence

Please summarise any evidence about how the work may impact people either positively or negatively specifically linked to their [characteristics](#).

E.g. performance or survey data; focus groups; PALS; incident reviews; NICE guidance; research; good practice; demographic data.

Mark an 'X' in the columns for as many characteristics as are relevant.

	Mark 'X' relevant characteristics								
	Age	Disability and Carers	Race	Religion or Belief	Sex	Pregnancy or Maternity	Gender Reassignment	Sexual Orientation	Other (e.g. Armed Forces)
Positive impacts: There are no positive impacts.									
Negative impacts: There are no negative impacts.									

### Equality Analysis [Section 2: Equality](#)

Please evaluate how the work may impact people with protected characteristics to meet the three [aims \(A-C\)](#) below, referencing any [evidence](#) identified above. If an aim is not relevant to your work, please explain why.

Aim A. [Eliminate discrimination](#) – Please evidence if the work could [unlawfully discriminate](#).

Include [who is discriminated](#) (e.g. disabled adults) and how. Include detailed reasons if it is [lawful](#).

The policy sets out the standards of business conduct expected of all SCFT staff without exception. For the purposes of this policy, 'staff' includes all employees of the Trust, whether substantive or temporary, employed by the Trust or working for the Trust through a third-party contract, volunteers, trainees or secondees, members of the Board including all Executive Directors. There are no impacts (positive or negative) on any group of people specifically linked to their [characteristics](#).

**Aim B. [Advance equality of opportunity](#)** – Please evidence if the work:

Minimises disadvantage – Does the work address any poorer outcomes for particular protected groups?

Meets different needs – Does the work meet different protected groups' social, cultural or other needs?

Encourages participation – Does the work target under-represented groups to increase involvement?

This policy does not specifically advance equality of opportunity.

**Aim C. [Foster good relations](#)** – Please evidence if the work:

Tackles prejudice – Does the work increase contact between groups to reduce negative attitudes?

Promotes understanding – Does the work educate people about groups to change negative attitudes?

By setting the standards of business conduct expected of all staff this policy helps to foster good relations internally and externally

**Human Rights Analysis – no human rights are breached**

Mark 'X' against the relevant rights which are safeguarded (+), or breached (-) by the work:

**Article 2. Right to life** (e.g. The Deteriorating Patient policy, DNACPR or Clinical competencies)

**Article 3. Prohibition of torture, inhuman or degrading treatment** (e.g. Consent or Safeguarding)

+	-

Mark 'X' against the relevant rights which are safeguarded (+), or breached (-) by the work:

+	-

Article 5. Right to liberty and security (e.g. Deprivation of Liberty or Restrictive Interventions)

Article 8. Right to respect for private and family life, home and correspondence (e.g. Confidentiality, health records, carer involvement, correspondence or staff leave)

Article 9. Freedom of thought, conscience and religion (e.g. End of Life Care or Prescribing)

Article 10. Freedom of expression (e.g. Patient information or Raising Concerns policy)

Article 12. Right to marry and found a family (e.g. Pregnancy testing procedure)

### Monitoring

Please describe how any impacts will be monitored: (e.g. annual policy review, audit, performance metric).

No impacts have been identified which will require monitoring.

### Outcome

Choose the final outcome(s) a-d of the analysis with an 'X' and explain the reasons in the space below:

- (a) [Continue the work](#)
- (b) [Change the work](#)
- (c) [Justify and continue the work](#)
- (d) [Stop the work](#)

No impacts (negative or positive) on particular groups specifically linked to their [characteristics](#). No human rights are breached because of this policy.

Please [score](#) any risks to equality or human rights below and update your risk register:

Consequence score:	1	x	Likelihood score:	1	=	<u>Equality and Human Rights Risk Score:</u>	1
--------------------	---	---	-------------------	---	---	--	---

**Assurance Statement:** I have reviewed the evidence with rigour and an open-mind and am satisfied there has been due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations, and there is compliance with Section 149 of the Equality Act 2010.

Analysis Lead(s) names: Paul Somerville / Zoe Smith		Date: 20/06/2024
Ratifying committee / body: Audit Committee		Date: 08/07/2024
Reviewer (office use):	Decision:	Date:

**Improvement Plan**

<u>Description of actions</u>	Date	Person	How will this be delivered?
<i>None required.</i>			

Send this form along with your main paperwork for consultation to [sc-tr.equality@nhs.net](mailto:sc-tr.equality@nhs.net)

## Ratification Checklist

**Sections 1 – 4** of the Ratification Checklist must be completed and submitted with the document for approval.

**All sections** must be completed and submitted to the ratification group - please note the ratification group is sighted on the ratification checklist only therefore it should be completed comprehensively.

### AUDIT COMMITTEE 8 JULY 2024

Agenda Item: *The meeting administrator should be able to provide this*  
 Policy Title: Standards of Business Conduct Policy  
 Policy Author: Paul Somerville, Deputy Trust Secretary  
 Presented By: Zoe Smith, Trust Secretary  
 Purpose: **Ratification**

Checklist for Ratification	
<b>1.</b>	<b>Reason for Review:</b>
a) New Policy	<b>No</b>
b) Revision/update to current Policy	
Please state <b>the reason</b> for updating, e.g. compliance with new or updated legislation	Required to review/update every two years
Please state briefly <b>what amendments/updates were made, what section/page number and where they can be located within the document</b>	Minor revisions: <ul style="list-style-type: none"> <li>• General updates including grammatical amends.</li> <li>• Clarification of standards relating to acceptance of gifts from patients/carers including bequests.</li> <li>• Addition of guidance on the authorisation required for commercial sponsorship.</li> <li>• Move to three-yearly review going forward, or earlier where needed to respond to any major national changes to guidance.</li> <li>• Annual requirement for decision makers to complete annual conflicts of interest training via the Learning Academy.</li> </ul>

	c) Other – please state	
	d) Review date due or expired ( <i>please state date</i> ) July 2024	
<b>2.</b>	<b>Summary</b>	
	Please give a brief overview of the following: <ul style="list-style-type: none"> <li>• See above for revisions.</li> </ul>	
<b>3.</b>	<b>Format</b>	
	Has the standard SCFT template been used? <i>If not, please refer to the Policies and Procedures page on the Pulse and download an up to date policy template.</i>	<b>Yes</b> <b>Comments:</b>
<b>4.</b>	<b>Consultation</b>	
	<b>Name</b>	<b>Group Member</b> <b>Response Y/N</b>
	Sarah Pratley	Anti-Crime Specialist, TIAA      Y
	Jamie Bewick	Head of Financial Accounts      Y
	Zoe Smith	Trust Secretary      Y
	Lucy Beaumont	Partnerships Officer      Y
<b>5.</b>	<b>Dissemination/Implementation Process</b>	
	Communication with all staff via WLT/Team Talk. Signposted on Managing Conflicts of Interest Pulse section : <a href="https://thepulse.intranet.scft.nhs.uk/our-trust/managing-conflicts-of-interest">https://thepulse.intranet.scft.nhs.uk/our-trust/managing-conflicts-of-interest</a> and main policies and procedures Pulse section.	
<b>6.</b>	<b>Cost/Resource Implications</b>	
	Does this policy have any cost and/or resource implications?	<b>N</b>
	<b>If Yes:</b> <b>Please provide details of the cost/resource implications:</b> <i>e.g. training, equipment, additional staff</i>	
	<b>Has this been agreed by the accountable Director?</b> Name: Job title: Date:	<b>N/A</b>
<b>7.</b>	<b>Approval</b>	

	Please state the name of the Group that has approved this document?	Name: Executive Management Group	
	Date of Group Approval:	Date: 26/06/2024	
<b>8.</b>	<b>Equality Analysis</b>		
	Has the Equality and Human Rights Assessment (EHRA) form been completed by the author and sent for review to the Equality and Diversity team?	<b>Yes – completed, not sent for review</b>	Comments: Discussed with Workforce EDI lead who advised that E&D team review of the completed EHRA was not required.
	Has the Equality and Diversity Team reviewed the policy and signed EHRA form?	<b>No</b>	Comments: See above.
<b>9.</b>	<b>Patient Focus</b>		
	To ensure that all SCFT policies/procedures are consistently patient focused, have you detailed the benefits of the policy/procedure to SCFT users/patients?	<b>Yes</b>	Comments:
<b>10.</b>	<b>Review</b>		
	Please state the timescale for review:	3 years (proposed)	

## Decision, Outcome & Recommendations

*(to be completed after ratification)*

<b><i>For completion by the Chair of the Group or Committee considering ratification.</i></b>		
Is the Committee / Group satisfied and assured that due process has been followed in order to produce or review the Policy?	<b>Yes</b>	Comments:
Is the Committee / Group satisfied and assured with the consultation on the Policy?	<b>Yes</b>	Comments:
Does anybody (group or individual) else need to be consulted prior to ratification?	<b>Yes</b>	Please state who: Executive Management Group
<b>Other Comments</b>		
<b>Outcome: Was the Policy ratified?</b>	<b>Yes</b>	
<b>Other comments:</b>		

Including strengths and good practice.	
<b>Additional actions required for ratification:</b> Must be SMART	
<b>Signature of Chair:</b> Gill Galliano  <b>Print Name:</b> Gill Galliano <b>Job Title:</b> Chair of Audit Committee <b>Date:</b> 08/07/2024	