CODE OF CONDUCT FOR EMPLOYEES

Policy Author: HR Manager
Policy Reference Number: HR001
Version: 2
Date Ratified: 6 September 2019
Expiry Date: 30 September 2022

Policy Statement/Key Objective:

The Code provides a clear framework for the standards of conduct expected of all working at the Trust

Supporting Health and Wellbeing
**Summary**

<table>
<thead>
<tr>
<th>Title of Policy:</th>
<th>Code of Conduct for Employees</th>
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<tbody>
<tr>
<td>Applicable to:</td>
<td>All Staff employed by Lancashire and South Cumbria NHS Foundation Trust</td>
</tr>
<tr>
<td>People / Groups Consulted:</td>
<td>Virtual Policy Management Group and the Partnership Forum via the Policy Group</td>
</tr>
<tr>
<td>Name of Governance group responsible for approving and monitoring implementation</td>
<td>HR Delivery &amp; Governance Committee</td>
</tr>
<tr>
<td>Name of Linked Sub-Committee</td>
<td>People Sub-Committee</td>
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</tbody>
</table>
| To be read in conjunction with: | Disciplinary Policy  
| | Managing Performance Policy  
| | Contract of Employment  
| | Freedom to Speak Up Policy  
| | Anti-Fraud, Bribery & Corruption Policy  
| | Dignity at Work Policy  
| | Alcohol and Substance Misuse Policy  
| | Nicotine Management Policy  
| | Health & Safety Policy  
| | Social Media SOP  
| | Standards of Business Conduct Policy  
| | Dress Code and Uniform Policy  
| | Professional Registration Policy and Procedure |
# MCA Compliance Form

<table>
<thead>
<tr>
<th>Please complete the questions below:</th>
<th>Yes/No/Unsure</th>
<th>Notes</th>
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</thead>
<tbody>
<tr>
<td>Does the policy relate to Clinical practice?</td>
<td>☐ Yes ☒ No</td>
<td>If ‘Yes’, the policy must be compliant with the MCA. Please complete the questions below.</td>
</tr>
<tr>
<td>Does the policy refer all users to the MCA policy?</td>
<td>☐ Yes ☒ No</td>
<td>If ‘No’ refer back to author – all clinical policies should be read in conjunction with the MCA policy.</td>
</tr>
<tr>
<td><a href="#">MCA Policy and Obtaining Authorisation for Deprivation of Liberty CL048</a></td>
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<tr>
<td>Does the policy refer to any form of consent to treatment?</td>
<td>☐ Yes ☒ No</td>
<td>If ‘Yes’ is this MCA compliant?</td>
</tr>
<tr>
<td>Does the policy stipulate a specific method of consent is required?</td>
<td>☐ Yes ☒ No</td>
<td>If ‘Yes’ is this MCA compliant?</td>
</tr>
<tr>
<td>Does the policy exclude service users unable to consent?</td>
<td>☐ Yes ☒ No</td>
<td>If ‘Yes’ policy is not MCA compliant – refer back to author</td>
</tr>
<tr>
<td>Does the policy require staff to use any form of restraint / restrictive practice?</td>
<td>☐ Yes ☒ No</td>
<td>If ‘Yes’ refer policy to MCA lead for review (Mark Hammond)</td>
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</table>
# POLICY VERSION CONTROL

<table>
<thead>
<tr>
<th>Previous Versions (Title)</th>
<th>Date Reviewed</th>
<th>Why was a new version created?</th>
</tr>
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<tbody>
<tr>
<td>Code of Conduct for Employees</td>
<td>March 2015</td>
<td>Policy updated following review.</td>
</tr>
<tr>
<td>Code of Conduct for Employees</td>
<td>August 2012</td>
<td>Policy updated following review.</td>
</tr>
<tr>
<td>Code of Conduct for Employees – V1</td>
<td>August 2019</td>
<td>Policy updated following review.</td>
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# Code of Conduct Policy

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1.0 INTRODUCTION

1.1 Aims and Objectives

1.1.1 This document sets out the Code of Conduct for all employees of Lancashire & South Cumbria NHS Foundation Trust.

1.1.2 The Code encompasses the Trust’s values, and desired behaviours, which in turn support and drive our business. Together these help ensure our actions and decisions, are integrity-based, connecting with clinical, ethical, social and environmental objectives.

1.1.3 The Code is intended to provide a clear framework for the standards of conduct expected of all working at the Trust, and should be read in conjunction with the Trust’s Disciplinary Policy and Procedure, which highlights the procedure for ensuring misconduct is managed appropriately.

1.1.4 As an NHS organisation, we aim to provide a behavioural and value-driven framework within which all involved in delivering health and social care services act in accordance with their relevant codes of professional conduct.

1.2 Scope

1.2.1 This policy is applicable to all employees, temporary employees working under a contract of service, Bank Workers, Apprentices, Volunteers and Students.

1.2.2 The Code of Conduct has been endorsed by the Trust’s Executive Management Team and forms part of the Trust’s Corporate Governance arrangements.

1.2.3 The Code of Conduct is consistent with other organisational policies and procedures and staff are responsible for making themselves aware of such policies.

1.2.4 The Code supplements the NHS Code of Conduct for Managers (2002) as well as endorsing and updating the Standards of Business Conduct (1993) which are applicable to all NHS personnel. The Code supplements the codes of professional conduct which apply to specific occupations.

1.3 Guiding Values/Principles

1.3.1 Staff are expected to uphold the Trust’s values which underpin all that we do, these are:
• **TEAMWORK** We believe that teamwork is a key feature of organisational effectiveness, and aim to develop and sustain a collaborative working environment.

• **COMPASSION** We will strive to be fair, and treat people with dignity and respect, and seeing our services through the eyes of our service users.

• **EXCELLENCE** We expect excellence at all levels and provide opportunities to recognise and reward high performance, and to identify and address poor performance.

• **ACCOUNTABILITY** We will deliver on our commitments and hold ourselves accountable.

• **RESPECT** Our communication will always be respectful, honest, and clear.

• **INTEGRITY**, underpins all our actions and decisions.

1.3.2 In addition to the above values, employees are expected to act in accordance with the 7 guiding principles set out in the report from the Committee on the Standards in Public Life. These are known as the Nolan Principles and are set out as follows:

- Selflessness
- Integrity*
- Objectivity
- Accountability*
- Openness
- Honesty
- Leadership

NB: *denotes this as also a Trust Value

1.3.3 These Guiding Principles not only underpin this Code of Conduct but they apply to all aspects of public life and to all those who serve the public in any way.

1.3.4 All staff should also observe the more specific principles set out in the 2002 NHS Code of Conduct for Managers, which are relevant to all NHS personnel. These are:

1. Make the care and safety of others your primary concern and act to protect them from risk of harm;
2. Respect and safeguard the interests of others in all that you do;
3. Act as a positive ambassador for, and representative of, your employing health body and the wider NHS at all times;
4. Be honest and act with integrity at all times, justifying public trust and confidence;
5. Accept responsibility for your own work and proper performance and (where appropriate) for that of line managed staff;
6. Show commitment to working as a team member by working with all colleagues in the health body, the NHS, and the wider community; and,
7. Take responsibility for personal learning and development.

2.0 IMPLEMENTATION

2.1 Mechanisms for Dissemination

2.1.1 Implementation and dissemination of the Code of Conduct will be through a variety of communication mechanisms including new starter induction; publication of the policy on Trustnet, team briefings and departmental communications.

2.1.2 All new starters will be given a copy of the code during their induction and further guidance on the code can be obtained from managers within the Trust.

2.1.3 Staff who have questions regarding the Code, or require more detailed guidance are advised to contact their managers or the Company Secretary.

2.2 Interpretation and resolution of queries

2.2.1 Staff who have questions regarding the Code, or require more detailed guidance, are advised to contact their line manager in the first instance.

2.2.2 It is not possible for the Trust to set out appropriate conduct and behaviour for every possible situation; however staff are expected to make informed judgements about what is right and proper using the information and principles contained within this Code as a basis for their conduct and actions.

2.3 Breaches of the Code

2.3.1 Breaches of the Code of Conduct will be investigated fairly and consistently. Where an individual’s conduct conflicts with the principles set out in the code, it is right that individuals should be held to account for their actions, in particular if there is evidence of gross negligence, recklessness or criminal behaviour.

2.3.2 Where the failure is symptomatic of wider issues, particularly where they demonstrate organizational defects, the Trust will ensure that it takes action to learn from these and actively put into place appropriate mechanisms to manage the identified issues.

2.3.3 Failure to comply with and meet the standards of the Code and requirements contained within it may result in disciplinary action against the employee (see LCFT Disciplinary Policy and Procedure).
2.3.4 In some instances, breaches of the Code may also equate to criminal offences and the organisation’s Anti-Fraud Specialist or other relevant authorities may be notified.

2.3.5 Staff have an obligation to report suspected breaches of the Code. LCFT is an open and learning organisation in which concerns about people breaking the Code can be raised without fear.

2.3.6 Nothing contained within this document requires or authorises an NHS employee (whom the Code applies to):

- Make, commit or knowingly allow to be made any unlawful disclosure;
- Make, permit or knowingly allow to be made any disclosure in breach of his or her duties and obligations to his or her employer, save as permitted by law;
- Break the law

2.3.7 If there is any conflict between the above duties and obligations and the Code, the former shall prevail.

3.0 THE CODE OF CONDUCT

The following standards are applicable to all staff and volunteers at all times.

Employees and representatives of the Trust should:

3.1 Performance of Duties

3.1.1 Act always in such a manner as to promote and safeguard the interests and well-being of patients, relatives, carers, members of the public and colleagues.

3.1.2 Always treat patients with the dignity and respect they deserve.

3.1.3 Respect patient confidentiality at all times.

3.1.4 Uphold and enhance the good standing, reputation and interests of the Trust in the provision of services to the local community and beyond.

3.1.5 Ensure that no action or omission on the employee’s part, or within their sphere of work, is detrimental to the interests, condition or safety of patients.

3.1.6 Decline any duties or responsibilities unless the employee is able to perform them in a safe manner. Ensure their manager is notified in such circumstances.
3.1.7 Adopt a pro-active, responsible and co-operative attitude towards Health and Safety and take every reasonable precaution to avoid personal injury and injury to patients, relatives, carers, members of the public and colleagues. (Health & Safety Policy)

3.1.8 Use the Trust’s and NHS’s resources in an effective, efficient and timely manner, having proper regard to the best interests of patients.

3.1.9 Accept responsibility for their own work and performance, and for all their decisions and actions in relation to their duties and responsibilities.

3.1.10 Ensure that all decisions are made fairly without bias, prejudice or adverse influence.

3.1.11 Work in a collaborative and co-operative manner with health care professional staff and colleagues, recognising and respecting their particular skills, supporting the right of all people to be treated with dignity and respect at work.

3.1.12 Ensure that no-one the employee comes into contact with in the course of their work receives less favourable treatment, or is victimised or harassed, on the grounds of race, creed, colour, ethnic origin, gender, disability, marital status, sexual orientation, age, religion or any other unjustifiable grounds.

3.1.13 Be aware of and respect the customs, values and spiritual beliefs of patients and colleagues.

3.1.14 Where it is possible to influence, ensure that colleagues are:
   - Valued;
   - Properly informed;
   - Given opportunities to take part in decision-making;
   - Helped to maintain and improve their knowledge and skills and to achieve their potential; and,
   - Helped to achieve a reasonable balance between their working and personal lives.

3.1.15 Take responsibility for the employee’s own learning and development by keeping up-to-date with mandatory training, seeking to take full advantage of the opportunities provided; keeping up to date with best practice; and sharing learning and development with others.

3.1.16 Seek to ensure that anyone with a genuine concern is treated reasonably and fairly.

3.1.17 Avoid any abuse of the privileged relationship which exists with patients and of the privileged access allowed to their person, property or residence.
3.1.18 Refuse politely to accept any gift, favour or hospitality from patients, carers or any other party which might be interpreted as seeking to exert undue influence to obtain preferential consideration. Staff should not accept significant personal gifts or hospitality from contractors and outside suppliers. (Appendix 1, Updated NHS Standards of Business Conduct & Gifts and Hospitality Policy)

3.1.19 Be aware of the potential for conflict of interests between private obligations outside work and the requirements of your NHS role. (see Appendix 1, Updated NHS Standards of Business Conduct & Declaration of Interests Policy)

3.1.20 Be alert to any conduct or behaviour which may constitute criminal offences against the organisation’s assets or resources, such as fraud, bribery or corruption, and report concerns or suspicions appropriately. (see Anti-Fraud, Bribery and Corruption Policy)

3.1.21 Act with honesty and integrity and do not make, permit or knowingly allow to be made, any untrue or misleading statement relating to the employee’s own duties or activities, or to any of the functions or services of health body.

3.1.22 Respect confidential information obtained in the course the employee’s work and refrain from disclosing such information without the consent of the data controller, or a person entitled to act on their behalf (except where a disclosure is required under the terms of the relevant safeguarding procedures, or by law, or by the order of a court, or is a qualifying disclosure made in accordance with the Public Interest Disclosure Act 1998).

3.1.23 Be aware of the potential to provide good role models for health promotion in the community. Specifically, be aware of and comply with the following policy:

- Alcohol, Drugs and Substance Misuse Policy and Nicotine Management Policy.

3.1.24 Dress in a manner that is consistent with the requirements of the employee’s job, utilising uniforms and/or protective clothing when provided, ensuring safety for patients and other staff and presenting a good public image of oneself and the organisation.

3.1.25 Through the Freedom of Speak Up Policy and without fear of recrimination, bring to the attention of the appropriate level of management any deficiency in the provision of service, impropriety or breach of procedure.

3.1.26 Be aware of, and adhere to, current organisation policies and procedures relevant to the employee’s sphere of work, as well as corporately.
3.1.27 Be punctual, both in starting work on time and in returning from breaks.

3.2 Declaring Interest

3.2.1 Employees must declare any interests of a nature personally beneficial, either directly or indirectly to them, which may affect, or be affected by, a contract other than their own employment contract, which the Trust has let or is considering letting. Employees may not use their position to influence the awarding of any contract in which they have any interest, whether direct or indirect.

3.2.2 Similarly employees must declare any interest, of a nature personally beneficial, either directly or indirectly, to them in any enterprise associated with healthcare, e.g. Nursing Homes. Further more detailed information is contained within the Standards of Business Conduct Policy.

3.3 Intellectual Property Rights

3.3.1 If at any time during an employee’s normal duties she/he:

- makes or discovers any invention (or participates in making or discovering any invention)
- makes an improvement or addition to any invention (or participates in making an improvement or adding to any invention)
- creates any design (whether registerable or not) or other work in which copy right may exist

3.3.2 They must report this immediately to the relevant Director. The invention, design or other work, as appropriate, shall belong absolutely to the Trust unless specifically approved by the Chief Executive.

3.4 Acting with Integrity

All employees must act in a manner that is honest and open and ensure that they:

- Are at all times objective, impartial and act without favour.
- Use NHS resources in an appropriate and effective way; ensuring ‘Best Value’ principles are applied.
- Understand and comply with all Standing Financial Instructions that are relevant to individual roles.
- Promote public and patients’ interests.
- Are not influenced by gifts or inducements.
- Do not carry out private work using any Trust property or equipment e.g. phone calls or photocopies unless given prior permission to do so.
• Do not undertake private work during work’s time.
• Bring to the attention of the Trust any act they witness, or anything they are made aware of, which is detrimental to the well-being of another or the organisation.

3.5 Accountability

Employees will ensure that they are:

• Impartial and honest in the conduct of their official business (e.g. staff who have interest in a private nursing home and who are involved with the discharge of patients to residential facilities).
• Do not seek to advantage or further private business or other interests, in the course of their official duties.
• Do not abuse their position for personal gain or to the benefit of their family, friends, or other individual or organisations with which they are associated
• Do not undertake outside employment that could compromise their duties.
• Do not seek to advantage or further their private business or interest in the course of their official duties.
• Protect themselves and the Trust from any allegations of impropriety by seeking advice from their line manager, or from the appropriate contact point, whenever there is any doubt as to the interpretation of this section.
• Appropriately report any serious incidents in a timely manner and make accurate records of any such incidents on the appropriate systems e.g. Datix

3.6 Acceptance of Gifts or Hospitality

3.6.1 Under the Prevention of Corruption Acts 1906 and 1916 and the Bribery Act 2010, it is an offence for employees to corruptly accept any gifts or considerations as an inducement or rewards for:

• Doing, or refraining from doing, anything in their official capacity;
  Or,
• showing favour or disfavour of any person in their official capacity;
  Or,
• If it will compromise their personal and professional integrity

3.6.2 However, where staff receive a small gift where refusal would cause needless offence and the giver is not seeking a decision or business but merely wishing to express thanks this can be accepted and not deemed as corrupt, along with acceptance of items of low intrinsic value such as diaries, calendars and other items of work related stationery and equipment. There is no requirement to record such gifts the Register.
3.6.3 Receiving other small value items, for example from a patient or relative in appreciation of the treatment and care received, or seasonal items, if it is made clear to the party making the offer that it is accepted on behalf of the Ward or Department (and is shared with colleagues) or donated to the Trust’s Charitable Fund is acceptable.

3.6.4 In cases of doubt advice must be sought from your line manager and in no case must the value of the gift exceed the £50.00 limit.

3.6.5 Under no circumstances must staff accept personal gifts of cash, even below the £50.00 threshold. Further information is contained within the Standards of Business Conduct Policy.

3.7 Fraud

3.7.1 If an employee believes they have reason to suspect a colleague, patient, contractor or other person of fraud or an offence against the Trust or a serious infringement of Trust or NHS rules, they have a responsibility to inform the Anti-Fraud Specialist in the first instance and then the Chief Finance Officer if the Anti-Fraud Specialist is unavailable.

3.7.2 Employees suspected of fraud – for example, submitting or approving fraudulent expense claims, falsifying time sheets – will be investigated under the Trust’s Disciplinary Policy and Procedure, and may face disciplinary action up to and including dismissal.

3.7.3 Employees suspected of claiming or knowingly authorising incorrect expenses, or fraudulently claiming other monies e.g. sick pay, will be reported to the Trust’s Anti-Fraud Specialist. This may result in legal action.

3.8 Professional Registration

Where required (e.g. for Registered Nurses or Allied Health Professionals), employees must at all times be professionally registered or comply with any other specific requirements to be properly authorised to do their job. It is the responsibility of the individual to ensure that professional registration is maintained, as per the Trust’s Policy and requirements for Professional Registration.

3.9 Disclosure

It is every employee’s responsibility to:

- Disclose any convictions, even ‘spent’ convictions, under the Rehabilitation of Offenders Act 1974.
- Disclose the details of any crime that they have been charged with, at the point of being charged.
• Disclose when applying for a post subject to business mileage or involving driving duties, if they have any points or endorsements on their driving licence.

3.10 Relationships between Employees

3.10.1 Whilst the Trust does not seek to define standards for personal relationships between employees outside of the workplace, the Trust does not find acceptable, a close personal relationship which impacts on role performance in the workplace. This may relate to situations where formal decisions are being made, for example, in relation to recruitment and selection, organisational change, disciplinary and grievance issues. In particular, this applies to jobs where:

• There is a direct line management/ supervisory relationship between the two individuals;
• The line manager does not manage the employee directly but is the manager’s manager.

See Appendix 1 for further information.

3.10.2 Where employees work in the same section or unit, it is their responsibility to ensure that their relationship does not affect or compromise their work or the work of the unit or department.

3.10.3 Where there is the potential for a conflict of interest due to the nature of a personal relationship between employees or prospective employees, for example, in making recruitment and selection decisions, or undertaking a formal Trust procedure, employees are required to inform their line manager of the situation.

3.11 Relationships between a Trust Employee and a Service User

3.11.1 The Trust regards as wholly unacceptable any close personal relationship between an employee and a vulnerable client whom they meet as a result of their employment.

3.11.2 If this type of relationship exists/develops, the situation can be regarded as:

• An abuse of the employee’s position of trust;
• A breach of the standards of propriety expected in the post;
• A compromise of professional standards/code of conduct.

3.11.3 Where there are concerns about the relationship between an employee and a child service user, the Named Nurse/ Named Doctor/ Child Protection must be informed by managers, and the named professionals will instigate the Local Safeguarding Children Procedures which will run parallel to the Trust’s disciplinary procedures.
3.12 Non-reciprocated Behaviour

Employees must be aware that behaviour towards another employee that is not reciprocated and not acceptable can amount to harassment, which may be dealt with under the Trust’s Dignity at Work procedure.

3.13 Social Media and Communication Systems

3.13.1 The Trust considers the use of social media and/or any other communication system to communicate derogatory or inappropriate messages about the NHS, the Trust, patients/service users and/or any employee of the Trust as a serious issue.

3.13.2 The Trust recognises that employees may use social media to communicate their interests and activities outside of the workplace. Where it becomes apparent that a member of staff has engaged in activities which are not conducive to any reported sickness absence, or not conducive to their recovery from reported ill-health, disciplinary action may be taken.

3.13.3 All employees are required to bear this in mind when using social media and other communication systems (whether Trust systems or otherwise).

3.13.4 Below are examples of (gross) misconduct relating to the use of social media:

- Bringing the NHS or Lancashire & South Cumbria Foundation Trust into disrepute; including the use of social media to communicate derogatory comments about the organisation, its employees or patients/service users.
- Maintaining a social networking site which contains identifiable information on, or photographs of, Trust patients/service users, or their relatives.
- Damaging working relationships between members of staff, and/or clients of the Trust through the use of social media or other forms of communication.

3.13.5 The Trust considers excessive and inappropriate personal use of Trust communication systems, such as e-mail and OCS, a disciplinary issue.

3.13.6 Where staff suspect or become aware that Trust communication systems are being used inappropriately, they are required to inform their line manager (or other designated manager) or the Human Resources department immediately. It is not acceptable for staff to covertly monitor the use of Trust communication systems by other members of staff.

3.14 Conduct
For guidance on conduct issues please refer to the Trust Disciplinary Policy.

4. REVIEW, MONITORING & AUDITING OF CODE EFFECTIVENESS

The code of conduct will be regularly monitored/audited to ensure that required standards of behaviour and conduct are maintained at professional levels.

Where deficiencies are identified as a result of the monitoring, the Trust will develop appropriate recommendations and action plans and how any recommendations made would be implemented.

5.0 REFERENCES

Disciplinary Policy
Managing Performance Policy
Contract of Employment
Freedom to Speak Up Policy
Anti-Fraud, Bribery & Corruption Policy
Dignity at Work Policy
Alcohol and Substance Misuse Policy
Nicotine Management Policy
Health & Safety Policy
Social Media SOP
Standards of Business Conduct Policy
Dress Code and Uniform Policy
Professional Registration Policy and Procedure
Appendix 1 – Updated NHS Standards of Business Conduct

NHS STANDARDS OF BUSINESS CONDUCT [HSG (93)5] - STAFF GUIDANCE

Scope of Responsibility

This section refers to the requirements contained within the 1993 NHS Standards of Business Conduct [HSG (93)5] which remains in force and which all Trust staff and volunteers are expected to familiarise themselves with and adhere to. Indeed, for many NHS bodies, compliance with these standards forms part of the employee’s contract of employment.

It is the responsibility of all Trust staff (employees) and volunteers to personally ensure that they are not, by their conduct or actions, placed in a position which risks, or appears to risk, conflict between their private interests and their NHS duties and responsibilities.

Staff and volunteers should also be aware that the behaviour of immediate family members and partners (either personal or business) could also create potential conflicts.

Interests may be financial, or non-financial (i.e. political or religious). Similarly, the receipt of gifts or hospitality may not be conducive to NHS roles and requirements.

Guiding Principle in the Conduct of Public Business

The NHS, along with other public sector bodies, must be fair, impartial and honest in the conduct of business and decision-making and therefore, staff should act with probity, integrity and transparency at all times, remaining beyond suspicion.

Clarifications to the 1993 NHS Standards of Business Conduct

The Business Standards were first issued in 1993 and much has changed in the NHS and beyond since then, not least the introduction of relevant, new legislation relating to Fraud and Bribery. This section updates guidance relating to the original Standards document and makes reference to the new legislation which must also be considered when reviewing compliance against the requirements contained in the Business Standards.

Parts A & B

Bribery Act 2010
For any relevant activities undertaken prior to 1st July 2011, the Standards state that it is an offence under the Prevention of Corruption Acts 1906 and 1916 for an employee to accept an inducement or reward for doing, or refraining from
doing anything in his or her official capacity, or corruptly showing favour or disfavour in the handling of contracts.

From the 1st July 2011, such activities undertaken by anyone associated with the organisation would now be offences under the more extensive Bribery Act 2010. This Act created a number of specific offences including:
- the offering, promising or giving a bribe;
- the requesting, agreeing to receive or accepting a bribe;
- bribing a foreign public official;
- a new corporate offence for commercial organisations (which includes NHS bodies) where they fail to prevent bribery by those acting on their behalf.

A bribe may be defined as “an inducement or reward offered, promised or provided to someone to perform their functions or activities improperly in order to gain a personal, commercial, regulatory and/or contractual advantage.”

A bribe may take the form of payment, gifts, hospitality, promise of contracts or employment, or some other form of benefit or gain. The individuals engaged in the actual bribery activity do not have to be those who instigate the offence(s), or ultimately benefit from it. All parties involved are potentially subject to prosecution. The bribe may take place prior, to after, the corrupt act or improper function.

Paragraphs 7, 8 and 15 to 19 of Part B of the original Business Standards expressly relate to areas of NHS functions and activity where breaches may lead to prosecution for potential bribery or corruption-related offences.

Fraud Act 2006
In January 2007, the Fraud Act 2006 came into force. This introduced new, specific fraud offences. Consequently, a person is guilty of fraud if he/she is in breach of any of the following, which provide the three main ways of committing the offence:
- Fraud by false representation;
- Fraud by failing to disclose information;
- Fraud by abuse of position.

For example, failing to disclose information (such as a conflicting personal business or outside interest) when under a legal obligation to do so (as may be required by an NHS contract of employment) may constitute a fraud offence. Paragraphs 10 to 14 and 20 of the original Business Standards (Part B) expressly relate to the requirement of NHS staff to declare all relevant interests.

Similarly, as noted in Paragraphs 6 and 29 of Part B, using commercially confidential NHS information for private gain (either by oneself or another) could also constitute a criminal abuse of position offence under the Fraud Act.
Other fraud-related offences exist under the Act, specifically in respect of items (i.e. false documents) used to commit a fraud. There is also a common law offence of conspiracy to commit fraud, where several individuals are involved working together.

Summary
Staff should be aware that a breach of any provision of the Acts referred to above renders them potentially liable for prosecution and may also lead to disciplinary action, as well as loss of employment and pension rights in the NHS. Professional body sanctions (where relevant) may also be applied.

Offences under both the Fraud Act 2006 and the Bribery Act 2010 carry sanctions including up to 10 years imprisonment and/or unlimited fines.

In addition, those in the public sector should be mindful that additional sanctions are also occasionally brought under the common law offence of Misconduct in Public Office, which also carries a potential 10 year sentence.

Further advice and guidance on fraud, bribery or corruption may be obtained from the Trusts Anti-Fraud Specialist and reference may also be made to the organisation’s Anti-Fraud, Bribery and Corruption Policy.

The paragraph references in Parts A and B of the original Business Standards referred to above should not be considered definitive or exhaustive and any potential breach of any of the principles and requirements contained in the Standards of Business Conduct should be reviewed on a case-by-case basis to identify which offences (under various Acts) may or may not have been committed.

What Staff Should Do:
Make sure you understand the guidelines; consult your line manager if you are not sure.

Adhere to the ethical code of the Institute of Purchasing and Supply if you are involved in any way with the acquisition of goods and services.

Make sure you are not in a position where your private interests and NHS duties may conflict. Declare to your employer any relevant interests.

Seek your employer’s permission before taking on other employment which may adversely affect your ability to fulfil your NHS employment obligations or which conflict (or may be seen to conflict) with your obligation to the organisation.

Refuse and report any gifts or hospitality which are either inappropriate, excessive or which could be seen to compromise or influence your judgement and or NHS duties.
The organisation maintains Registers of Interests and Gifts/Hospitality and it is the personal responsibility of each member of staff to notify any relevant interests/activities and report any offer of hospitality or gifts accordingly.

If In Doubt, Ask Yourself…
Am I, or might I be, in a position where, I, or my family/friends/partner, could gain from the connection between my interests and my NHS employment?

Do I have access to information which could influence purchasing decisions?

Could my outside interests be in any way detrimental to my employer, the NHS or to patient interests?

Do I have any other reason to think I may be risking a conflict of interest?

If I read about my private interest, or my receipt of a gift or hospitality, in a newspaper would I feel embarrassed about it? (The Newspaper Test)

If you are still unsure – Declare It!

Do Not:
Accept any inappropriate gift or hospitality. (There may be circumstances where modest hospitality and casual gifts are acceptable – seek advice from your line manager). Staff should refer to the Gifts and Hospitality policy.

Abuse your NHS position to obtain preferential treatment for yourself, family or friends.

Unfairly advantage one supplier over another, or show favouritism awarding contracts.

Misuse, make available or make inappropriate reference to official ‘commercial’ or ‘in confidence’ information.

Inappropriately disclose any confidential patient information or data to any third party.
Appendix 2 - Personal Relationships at Work

Introduction

The Trust is committed to building an organisation in which high standards of conduct in the area of close personal relationships at work are maintained.

This will be achieved by:

- Promoting high standards of conduct and integrity among Trust employees
- not interfering unduly in employees' private lives but taking legitimate action when close personal relationships at work have an actual or potential impact on Trust services
- managing issues involving close personal relationships at work promptly, effectively, fairly and lawfully

Definition of Related Persons

A "close personal relationship" can be defined as:
- a family/close personal relationship
- a business/commercial/financial relationship
- a romantic/sexual relationship

And includes:
- spouse/partner
- parent including in-laws and step parents
- children, including in-laws and step-children
- siblings
- grandparents, grandchildren
- aunts, uncles, cousins

A relationship can be with an existing or prospective employee; a contractor; a Non-Executive Director; or a child/young person or vulnerable adult client whom an employee meets as a result of their employment.

Relationships between existing staff

Existing relationships which do not comply with this policy will be reviewed by the relevant Senior Manager and HR in consultation with the members of staff concerned. An appropriate course of action will be determined following this consultation.
Responsibilities

Managers will:

- Deal promptly and sensitively with issues involving close personal relationships at work in a consistent, fair and reasonable way whilst maintaining confidentiality where possible.
- Deal with any matter requiring formal disciplinary action using the Trust’s disciplinary procedure.

Employees will:

- Ensure that any close personal relationship at work does not interfere with or prejudice their employment.
- If a close personal relationship at work does interfere with or prejudices their employment, co-operate under this procedure to resolve the situation.
- Bring to the attention of Management any issues with close personal relationships at work.

Types of close personal relationships

Close personal relationships between employees where there is no line management relationship

This type of close personal relationship at work does not of itself constitute a difficulty. However, employees are expected to conduct themselves in a professional manner and to deal sensitively with any confidential information which one or both individuals may possess.

Employees are encouraged to bring to the attention of their manager any difficulties they are experiencing which may not be apparent. A close personal relationship, particularly between two employees working in the same team, may begin to have an adverse effect on their own and/or their colleagues’ work. The following list is not exhaustive but includes some examples of this: neglecting work, communicating confidential information to each other, behaving in a way which may cause difficulty or embarrassment to others, e.g. arguing in the workplace not communicating with each other as the result of a disagreement or the breakup of relationship, inflexibility in working arrangements.

It is any negative impact on work that would cause this procedure to be implemented, not the relationship itself.

Close personal relationships between employees with a line management relationship
The Trust does not find acceptable a close personal relationship in jobs where there is a direct line management/supervisory relationship between the two individuals or where the line manager does not manage the employee directly but is the manager’s manager. This is because of the potential conflict of interests, which could cause significant problems with employee management (e.g. appraisal, grievance, discipline, etc.) by creating the potential for claims of favouritism or unequal treatment.

**Relationships between a Trust employee and a child up to age 18**

It is illegal for a person in a position of power to groom or have a sexual relationship with a child under 18yrs of age. Any Trust employee would be deemed to be in a position of power. The Named Nurse / Named Doctor Child Protection must be informed by managers if this is suspected and the named professionals will instigate the Trust’s Safeguarding Children Procedures which will run parallel to the Trust’s disciplinary procedures. Staff should contact the Safeguarding Team for advice if they suspect professional abuse is occurring.

**Relationships between an employee and vulnerable adult client**

The Trust regards as wholly unacceptable (and may in some circumstances be illegal) any close personal relationship between an employee and a vulnerable adult client whom they meet as a result of their employment. If this type of relationship exists/develops, the situation can be regarded as:

- an abuse of the employee’s position of trust
- a breach of the standards of propriety expected in the post
- a compromise of professional standards/code of conduct.

The manager must invoke the Trust’s Vulnerable Adult Protection procedure immediately. This type of relationship will be treated as potential gross misconduct and the line manager will invoke the disciplinary procedure without delay.

**Action to be taken if the matter is not considered to amount to gross misconduct and cannot be resolved informally.**

Where action is taken under the procedure and no agreement can be reached on an informal and voluntary basis it will become necessary to invoke the disciplinary procedure. This could result in an employee being required to accept redeployment. However, if no suitable alternative post can be found and no other suitable alternative courses of action can be identified; or the employee(s) refuse(s) to accept redeployment, it may ultimately be necessary to dismiss the employee(s). Every opportunity would be taken to resolve the matter without recourse to dismissal.

Managers considering redeployment and/or disciplinary action must seek early advice from the Director of Workforce and Organisational Development.

**Close personal relationships between an employee and a contractor**
This type of relationship does not necessarily create a difficulty in itself. However, a close personal relationship between an employee and a contractor can create the potential for conflict of interests, and particularly concern about divulging confidential and/or commercial information. Employees must declare to the appropriate manager all relationships of a business or personal nature with a contractor or potential contractor. A close personal relationship between an employee and a contractor is not acceptable if it involves:
- an abuse of the employee’s position of trust
- a breach of the standards of propriety expected in the post
- a compromise of professional standards
- a conflict of interests.

**Non-reciprocated behaviour**

Employees must be aware that behaviour towards another employee that is not reciprocated is not acceptable and can amount to harassment which would be dealt with under the Dignity at Work Policy/Disciplinary Policy.

**Link with grievance procedure**

If an employee feels they are being victimised and/or unfairly treated they have recourse to the grievance procedure (unless disciplinary proceedings have begun).

**Close Working Relationships at Work Procedure**

This procedure will only be used where a close personal relationship which is adversely affecting/could adversely affect the work of the employee(s) concerned or others. Every effort will be made to resolve any issues on an informal basis. However if the situation cannot be resolved on an informal and voluntary basis by using this procedure it will be necessary to invoke the disciplinary procedure.
The Manager will:

- Decide whether the matter is potentially misconduct and should be dealt with under the disciplinary procedure – if this is the case this procedure will not be used

  Give the employee(s) appropriate notice of an informal meeting to discuss the matter with the employee(s) to inform them of the nature of their alleged inappropriate behaviour/the reasons why their relationship is considered incompatible with their work situation; and that this cannot continue, listen to any response the employee(s) may wish to make and provide the opportunity for them to propose possible solutions.

- Discuss actions that can be taken by the line manager to assist the employee(s) (e.g. change in reporting arrangements, duties performed within the team; investigating the possibility of redeploying the employee if this is appropriate in the circumstances; investigating the possibility of changing the service provision to a client)

- Advise the employee(s) that the disciplinary procedure will be invoked if their inappropriate behaviour continues/the situation is not resolved by other means

- Ensure the employee is treated fairly and with due regard to equality of treatment issues.

<table>
<thead>
<tr>
<th>The Employee is entitled to:</th>
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<tr>
<td>• Be told the purpose of the meeting, including details of the nature of the problem, give their response to the problem and to put their side of the case, a copy of this procedure, the opportunity to be accompanied/represented by a trade union representative or work colleague at any meeting at which their potential redeployment is discussed (it is the employee’s responsibility to arrange representation if they so choose)</td>
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<tr>
<td>• A letter within 7 calendar days following the meeting confirming the main issues considered, the outcome and the right to invoke the grievance procedure if dissatisfied with the outcome</td>
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<td>• Be treated fairly</td>
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