Standards of Business Conduct for NHS Staff – Declaration of Interest Policy

Key words:
Openness, integrity, public funds, gifts, sponsorship, declaration, interests, business, conduct, transparent, hospitality, commercial, accountability

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<tr>
<th>Document Number:</th>
<th>EDF005</th>
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<tr>
<td>Version:</td>
<td>Version 5</td>
</tr>
<tr>
<td>Developed in Consultation with:</td>
<td>Human Resources/Counter Fraud/Deputy Medical Director</td>
</tr>
<tr>
<td>Ratified by:</td>
<td>Trust Board</td>
</tr>
<tr>
<td>Date Ratified:</td>
<td>30 January 2014</td>
</tr>
<tr>
<td>Next review due to start:</td>
<td>July 2016</td>
</tr>
<tr>
<td>Expiry date:</td>
<td>30th January 2017</td>
</tr>
<tr>
<td>Document Author:</td>
<td>Deborah Pullen, Head of Corporate Development</td>
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## Main Revisions from previous issue

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<td>EDF005</td>
</tr>
<tr>
<td>Previous Version Number:</td>
<td>4</td>
</tr>
<tr>
<td>Reason for Revision:</td>
<td>Updated to reflect electronic submission of DOI rather than paper form.</td>
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<td>Requirement for review of declarations received from medical staff by the Medical Director and all other staff by the Head of Corporate Development</td>
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<td>Change in legislation referred to throughout relating to Bribery Act 2010 and a new section added</td>
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<td>Changes to paragraph 7.5 around the process and groups of staff directly contacted</td>
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<td>Expansion of paragraph 7.6 for additional interests to be declared</td>
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<td>Correction to other Trust policy named in paragraph 9.1</td>
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<td>Clarification of who should provide the authorisation for commercial sponsorship in paragraph 11.2</td>
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<td>Paragraph 20 expanded to include internal Trust documents in references</td>
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<td>Abbreviations section added</td>
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1.0 Introduction

1.1 The NHS has provided guidance to employing Authorities concerning “Standards of Business Conduct for NHS Staff” (HSG(93) 5). Further guidance “Code of Conduct and Accountability in the NHS” (EL(94)40) has also been issued. This guidance requires Trusts to implement a local “Standards of Business Conduct Policy”. This policy will be issued to all new starters and all Heads of Department, who have a responsibility for ensuring that the contents are brought to the attention of all staff on a regular basis.

2.0 Policy Aims

2.1 This policy exists to assist staff in maintaining strict ethical standards in the conduct of NHS business. The following information and guidance must be noted and adhered to by all staff. Recognising that statements of this nature cannot allude to every possible contingency, it is assumed that all staff are able to distinguish between acceptable and unacceptable behaviour in the conduct of their duties. If, however, staff are uncertain about the correctness or propriety of any proposed business transactions, or in relation to hospitality, declaration of interests and commercial sponsorship then they must seek guidance from a senior officer.

2.2 It is a long established principle that public sector bodies, which include the NHS, must be impartial and honest in the conduct of their business and their employees should remain beyond suspicion. It is an offence under the Bribery Act 2010 for an employee to give, promise or offer a bribe and to request, agree to receive or accept a bribe. A breach of the provisions of this Act renders them liable to prosecution and may also lead to loss of their employment and superannuation rights in the NHS.

3.0 Scope

3.1 The policy applies to all members of staff employed by the Trust.

4.0 Roles, responsibilities and accountabilities

4.1 The Trust Board
The Trust Board has reserved the power to approve this policy.

4.2 The Assistant Chief Executive (Board Secretary)
The Assistant Chief Executive (Board Secretary) is the primary source of advice and guidance to staff on compliance with this policy and has responsibility for maintenance of the register of interests and the register of gifts and hospitality.
4.3 **All Staff**
All employees should abide by the relevant requirements of all parts of this document.

5.0 **Principles of Conduct in the NHS**

5.1 NHS staff are expected to:-

i) Ensure that the interest of patients remains paramount at all times

ii) Be impartial and honest in the conduct of their official business

iii) Use the public funds entrusted to them to the best advantage of the service, ensuring value for money at all times.

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

iv) Abuse their official position for personal gain or to benefit their family, friends or associates.

v) Seek to advantage or further private business or other interests, in the course of their official duties.

6.0 **Principles of Conduct in Public Life**

6.1 The Nolan Committee was set up in 1994 to examine concerns about standards of conduct of all holders of public office, including arrangements relating to financial and commercial activities, and make recommendations as to any changes in arrangements which might be required to ensure the highest standards of propriety in public life. The Committee published “Seven Principles of Public Life” which it believes should apply to all those operating in the public service sector. These principles should be adopted by all staff and are:-

- **Selflessness**
  Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other 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 seek to 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.

6.2 All staff are expected to adopt these principles when conducting official business for and on behalf of the Trust so that appropriate ethical standards can be demonstrated at all times.

### 7.0 Declaration of Interests

7.1 It is a requirement that the Chair and all Board Directors should declare any conflict of interest that may arise in the course of conducting NHS business. All Board Members are therefore expected to declare any personal or business interests which may influence or may be perceived to influence their judgement. This should include, as a minimum, personal direct and indirect financial interests, and should include such interests of close family members. Indirect financial interests arise from connections with bodies which have a direct financial interest, or from being a business partner, or being employed by, a person with such an interest.

7.2 All employees, regardless of grade, need to declare cases where either they or a close relative or associate has a controlling and/or significant financial interest in a business (including a private company, public sector organisation, other NHS body and/or voluntary organisation), or in any other activity or pursuit, which may compete for an NHS contract to supply either goods or services to the Trust. Those interests of spouses, civil partners and cohabiting partners should be regarded as relevant.

All employees should therefore declare such interests either on commencement of employment or on acquisition of the interest, in order that it may be known to and in no way promoted to the detriment of either the trust or the patients it serves.

7.3 All employees of the Trust who hold a self-beneficial interest in private care homes or hospitals must declare this interest. The General Medical Council
advise that when a doctor refers a patient to a private care home or hostel in which he or she has a private interest, the patient must be informed of that interest before the referral is made.

7.4 All staff should be aware that disciplinary action can be taken in cases where an employee fails to declare a relevant interest, or is found to have abused his or her official position, or knowledge, for the purposes of self benefit, or that of family and/or friends. Disciplinary action may lead to dismissal.

7.5 A letter, incorporating a link to the electronic declaration form with appropriate guidance will be sent to all Trust Board members. In signing their declaration of interests form they are also confirming their awareness of and adherence to the Code of Conduct and Accountability in the NHS.

A letter, incorporating a link to the electronic declaration form with appropriate guidance will be sent to all Management Forum members as well as all Consultant Staff. Associate Specialists/Staff Grade doctors also receive a personal letter.

All recipients of the letter and other identified individuals will be required to complete and return the form to confirm the accuracy of information they have previously provided and provide details of any changes to that information. The completed forms will effectively comprise the Register of Interests. Reminders will be distributed if appropriate

The declarations received from medical staff will be reviewed by the Medical Director and all other staff declarations by the Head of Corporate Development.

All other staff have a duty to self declare any interests by submitting their declaration via the on-line form available on the Trust’s intranet under the Declaration of Interests page.

The Register of Interests will be held and maintained by the Assistant Chief Executive on behalf of the Chief Executive and will be subject to periodic review by the Board. The register will also be made available for revalidation purposes for doctors.

Declaration of interests must include:

- Name, job title, division, department, base and contact number
- Name of organisation and nature of interest
- Details of who holds the interest, employee/associate/family member
- Date the interest was acquired
- Position held or Nature of Interest
- Work type – paid work or voluntary work
- Any other relevant information
- Details of the organisation’s dealings (potential dealings) with the Trust.

7.6 Relevant and material interest include:

- Directorships including non-executive directorships held in private companies or Public Limited Companies (PLCs) (with the exception of those of dormant companies).
- Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS.
- Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS.
- A position of authority in a charity or voluntary organisation in the field of health and social care.
- Any connection with a voluntary or other organisation contracting for NHS services.
- Private Practice (see Paragraph 14)
- Other Employment
- Other Material Interest/Paid or Sponsored Activities (i.e. grants or payments received from other organisations including pharmaceutical, medical devices and medico-legal activity)
- Care provided to patients where this care is funded by the NHS but the income is not received by the Trust.

This list is not exhaustive and constitutes the key examples; if there is any doubt with regard to declaration of interests these should be discussed with the Head of Corporate Development or Assistant Chief Executive or in the case of Board Members with the Chairman. Those interests of spouses, civil partners and cohabiting partners should also be regarded as relevant.

7.7 Declarations should be made by completing the electronic on-line form. A link to this will be included in letters circulated. The on-line form can also be found on the Trust’s Intranet, under the Corporate page, sub-section Declaration of Interests. When fully completed and submitted, the electronic form will be sent to the Declaration of Interests inbox where it will be reviewed, logged and actioned appropriately in the Chief Executive’s office. In the absence of any interest to declare a ‘Nil Return’ should be made.
8.0 Hospitality / Gifts

8.1 Modest hospitality provided it is normal and reasonable in the circumstances - eg lunches in the course of working visits may be acceptable. Hospitality must be secondary to the purpose of the meeting. The level of hospitality offered must not exceed that level which the recipients would normally adopt when paying for themselves, or that which could be reciprocated by the NHS. It should not extend beyond those whose role makes it appropriate for them to attend the meeting.

Where meetings are sponsored by external sources, that fact must be disclosed in the minutes of the meeting and in any published proceedings.

8.2 Gifts can be accepted by staff if they are of low intrinsic value for example, calendars, post it pads, pens as well as small tokens of appreciation from patients or their relatives, (e.g. chocolates, flowers, toiletries etc).

8.3 Guidance should be sought from senior management in all other cases as to whether or not the gifts can be accepted and whether or not they need to be declared. Gifts with a value in excess of £25.00 should always be declared, however gifts should also be declared if several low value gifts worth a total of over £100.00 are received from the same or a closely related source in a twelve month period. Also cases whereby several members of staff receive individually from the same source at the same time gifts / hospitality that has a total value in excess of £100.00 must be declared. Any material gifts, which represent a donation to the Trust, may be accepted in line with established endowment procedures.

8.4 For the avoidance of doubt, staff may not accept any gift of money (including gift vouchers and other such monetary equivalents) for personal gain. All gifts of money to wards or departments, without exception, must be treated as a charitable donation to the Trust and should be accepted in accordance with established endowment arrangements and paid into the relevant charitable account / fund.

8.5 A register of all gifts and hospitality will be held by the Assistant Chief Executive on behalf of the Chief Executive and will be subject to periodic review by the Board.

The register is to be used for the recording of gifts and hospitality offered to all Directors and staff members of the Trust.

All staff should discuss any gifts/hospitality offered with their managers. Acceptance of gifts/hospitality should be authorised by a senior manager.

Declarations of gifts/hospitality must be made in writing immediately to the Assistant Chief Executive for recording in the register. The details should include:-

- The name and position of the person within the organisation offering the
gift/hospitality.

- Details of the gift/hospitality including the date offered and approximate value.
- The name and nature of the business offering the gift/hospitality (including relationship with the trust)
- Note whether or not the gift/hospitality is accepted or declined
- Name and position of the senior manager authorising acceptance
- Name and position of the person/persons accepting the gift/hospitality.

9.0 **Outside Employment/Private Practice**

9.1 Trust employees are not allowed to engage in outside employment which may conflict with, or be detrimental to their Trust work. Staff should advise their manager about any secondary employment in which they are engaged. Working for a secondary employer whilst absent from work due to being medically certified unfit is not permitted, unless under the direction of medical advice. Where an employee is suspected of secondary employment whilst absent due to sickness these matters will be investigated in accordance with the Trust Anti Fraud, Bribery and Corruption Policy and Response Plan (EDF004) and the Conduct and Disciplinary Policy (EDH002).

9.2 Consultants and associate specialists employed under the Terms and Conditions of Service of Hospital Medical and Dental Staff are permitted to carry out private practice or other work for the private sector, providing they do not do so within the time they are contracted to the Trust. Doing so could result in conduct and disciplinary action. Specific queries relating to individual contracts of employment should be clarified with the Trust’s Medical Staffing department. Any work should be subject to the conditions outlined in “A Guide to the Management of Private Practice in the NHS”. Consultants who have signed new contracts with the Trust will be subject to the terms applied to private practice in those contracts.

10.0 **Preferential treatment in private transactions**

10.1 Individual staff must not seek or accept preferential rates or benefits in kind for private transactions carried out with companies with which they have had, or may have, official dealings on behalf of the Trust. This does not apply to concessionary agreements negotiated with Companies, or by recognised staff interests, on behalf of all staff, for example staff benefits schemes.

10.2 All staff who are in contact with suppliers and contractors, including external consultants, and in particular those who are authorised to sign purchase orders, or place contracts for goods, materials or services, are expected to
apply the principles outlined in sections 5 and 6 of this policy. Guidance relating to levels of authorisation is set out in the Trust’s Standing Orders, Incorporating Reservation of Powers to the Board and Standing Financial Instructions incorporating Detailed Scheme of Delegation (EDF006).

11.0 Commercial Sponsorship

11.1 Commercial sponsorship is defined as funding from an external source, including funding of all or part of the costs of a member of staff, NHS research, training, provision of pharmaceutical, equipment, provision of meeting rooms, cost associated with meetings, meals, gifts, hospitality, hotel and transport costs (including trips abroad), provision of free services, buildings or premises.

When entering into commercial sponsorships of the types outlined above employees need to be aware of the possibility of bias generated through sponsorship, where this might impinge on professional judgement and impartiality.

11.2 Acceptance by staff of commercial sponsorship for attendance at relevant conferences and courses is acceptable, but only where the employee seeks authorisation in advance from their Executive or Divisional Director and it is clear that acceptance will not compromise purchasing decisions in any way.

11.3 Acceptance of sponsorship must be declared in keeping with corporate responsibilities.

12.0 Favouritism in awarding contracts

12.1 Fair and open competition between prospective contractors or suppliers for NHS contracts is a requirement of the NHS Standing Orders and of EC Directives on Public Purchasing for Works and Supplies. This means that:

- no private, public or voluntary organisation which may bid for NHS business should be given an advantage over its competitors.

- each new contract should be awarded solely on merit, taking into account the requirements of the NHS and the ability of the contractors to fulfil them.

12.2 Staff must ensure that no special favour is shown to current or former employees or their close relatives or associates in awarding contracts. Contracts awarded to such businesses must be won in fair competition and the selection process must be conducted impartially.
13.0 **Warnings to potential contractors**

13.1 All invitations to potential contractors to tender for NHS business should include a notice warning with regard to the consequences of engaging in any corrupt activity involving employees of the Trust. All contractors should be made aware of the Trust’s Whistle Blowing policy (Public Interest Disclosure Act) (EDH013).

14.0 **Rewards for initiative**

14.1 Managers should ensure that they are in a position to identify intellectual property rights (IPR) as and when they arise so that they can exploit them properly. This will ensure that the Trust receives any reward or benefit (such as royalties), both in respect of work carried out by third parties, or work carried out by employees of the Trust. To ensure this is achieved managers should build appropriate specifications and provisions into the contractual arrangements before work is commissioned or begins, and seek legal advice in relation to specific cases. The Trust’s Legal Services Department can be approached to obtain legal advice.

15.0 **Bribery Act 2010**

15.1 Under the Bribery Act 2010, it is a criminal offence to give, promise or offer a bribe and to request, agree to receive or accept a Bribe. The maximum penalty for bribery is 10 years imprisonment, with an unlimited fine.

Pennine Acute Hospitals NHS Trust does not, and will not, pay bribes or offer improper inducements to anyone for any purpose; nor will it accept bribes or improper inducements. It is important that all employees, contractors and agents are aware of the standards of behaviour expected of them.

Irrespective of the legal position, the Trust has the power to terminate the employment of staff if it has reasonable belief that improper behaviour has occurred. In these circumstances action will be taken in accordance with the Anti Fraud, Bribery and Corruption Policy (EDF004) and the Conduct and Disciplinary Policy (EDH002).

16.0 **Commercial in confidence**

16.1 Staff should ensure they are aware of information relating to business conducted by the Trust which is “commercial in confidence”. All such information should be restricted with regard to disclosure particularly if its disclosure would prejudice the principle of a purchasing system based on fair competition. This refers to both private and public providers of services.

16.2 Employees should be careful not to adopt a too restrictive view on this matter.
The term “commercial in confidence” should not be taken to include information about service delivery and activity levels, which should be publicly available, under the Freedom of Information Act. The exchange of data for medical audit purposes is subject to the rules governing patient confidentiality and data protection.

17.0 Implementation

17.1 Dissemination
This document will be disseminated by a variety of means:
- All staff should receive a copy on commencing employment with the Trust. All staff should abide by the statements contained within the document.
- It will be uploaded onto the Trust Intranet via the DMS
- In the event of this Policy being amended or updated, notification of upload will be sent to the weekly bulletin
- If changes are major, an item/article will be submitted to the following Trust publications:
  o The Medical Director & Nursing Director Bulletin
  o Pennine News
- Periodically, reminder/refresher articles may be required and these will be issued via the weekly bulletin.
- The Board and Senior Members of staff as defined in Section 7 should ensure they complete and return forms detailing their interests annually.

17.2 Training Arrangements
Training of staff in relation to use of this Policy will be provided by:
- Detailed guidance circulated to Board members and Senior Members of staff annually.
- Ad hoc advice will be provided by the Head of Corporate Development and Assistant Chief Executive.

17.3 Financial Impact
There are no resource implications associated with this policy.
18. Arrangements for Monitoring Compliance

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<td>The organisation has approved documentation which describes the standards of business conduct to be adopted by all staff.</td>
<td>Review Process</td>
<td>Trust Board</td>
<td>Triennially</td>
<td>Assistant Chief Executive</td>
<td>Assistant Chief Executive</td>
<td>Assistant Chief Executive</td>
<td>Assistant Chief Executive</td>
</tr>
<tr>
<td>All Board members submit an annual declaration of interest return</td>
<td>Report to Trust Board</td>
<td>Trust Board</td>
<td>Annually</td>
<td>Trust Board</td>
<td>Assistant Chief Executive</td>
<td>Assistant Chief Executive</td>
<td>Assistant Chief Executive</td>
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<tr>
<td>All staff members described in para 7 submit an annual declaration of interest return</td>
<td>Monitoring document</td>
<td>Assistant Chief Executive</td>
<td>Annually</td>
<td>Assistant Chief Executive</td>
<td>Assistant Chief Executive</td>
<td>Assistant Chief Executive</td>
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</table>
19.0 Review Arrangements

19.1 This policy will be reviewed by the Trust Board every three years or earlier should a change in legislation or other change in circumstances dictate.

20.0 References

20.1 Associated Internal Documents
- Anti Fraud, Bribery and Corruption Policy and Response Plan (EDF004)
- Conduct and Disciplinary Policy (EDH002).

20.2 Supporting References/External Documents
- Code of Conduct and Accountability in the NHS (EL(94)40)
- Guide to the Management of Private Practice in the NHS
- EC Directives on Public Purchasing for Works and Supplies
- Prevention of Corruption Acts 1906 and 1916

21. Abbreviations

DMS document management System
HSG health service guidance
IPR intellectual property rights
PLC public limited companies
### Appendix 1 - Equality Impact Assessment for this Policy

#### Equality Impact Assessment Pro-forma (Policy)

**Part One**

<table>
<thead>
<tr>
<th>Name of Policy</th>
<th>Standards of Business Conduct for NHS Staff – Declaration of Interest Policy</th>
<th>Date of assessment</th>
<th>21.11.13</th>
<th>Is the policy new or for review?</th>
<th>Review</th>
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<tbody>
<tr>
<td>Area</td>
<td>Chief Executive</td>
<td>Name of Author(s)</td>
<td>Deborah Pullen, Head of Corporate Development</td>
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<td></td>
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</table>

1.1 Briefly describe the aims and objectives and the purpose of the policy

Aim: This policy exists to assist staff in maintaining strict ethical standards in the conduct of NHS business.

Objective: To ensure that NHS staff are impartial and honest in the conduct of their business and their employees should remain beyond suspicion.

1.2 Are there any associated objectives or directives of the policy? i.e. Care Quality Commission (CQC), NHS Litigation Authority (NHSLA)

This feeds into a number of objectives/requirements including:

“Standards of Business Conduct for NHS Staff” (HSG(93) 5).

“Code of Conduct and Accountability in the NHS” (EL(94)40)

1.3 Who is the policy intended to benefit, and what are the expected outcomes?

All trust staff have a responsibility to abide by the policy.

This policy exists to assist staff in maintaining strict ethical standards in the conduct of NHS business.

1.4 What factors could influence the intended outcomes either positively or negatively?

Positive - Awareness raising and follow up of overdue submissions

Negative – lack of engagement / realisation of importance of the issue

1.5 Who are the main stakeholders in relation to the policy

<table>
<thead>
<tr>
<th>Staff</th>
<th>Service Users</th>
<th>Public</th>
<th>Other</th>
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</thead>
</table>

1.6 Who implements and is responsible for the policy?

Assistant Chief Executive
Part One (cont)

<table>
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<tr>
<th>For each of the nine Equality Categories ask the question below:</th>
<th>Human Rights</th>
<th>Age</th>
<th>Disability</th>
<th>Ethnicity (Race)</th>
<th>Religion</th>
<th>Gender</th>
<th>Sexual orientation</th>
<th>Carers</th>
<th>Social Deprivation</th>
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<tbody>
<tr>
<td>1.7 From the evidence, does the policy affect or have the potential to affect individuals or communities differently or disproportionately, either positively or negatively (including discrimination)?</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
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<td>1.8 Is there potential for, or evidence that, the proposed policy will promote equality of opportunity for all and promote good relations with different groups?</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
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<tr>
<td>1.9 Is there public concern (including media, academic, voluntary or sector specific interest) in the policy area about actual, perceived or potential discrimination about a particular community?</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
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<td>No</td>
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<td>1.10 Is there any doubt about answers to any of the questions?</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
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</table>

Part Two

2.1 In what way does the policy impact on any particular group listed above? Include here what evidence you have collated, whether there are any gaps and what further information is required.
To the best of my knowledge the policy content does not discriminate against any of the nine equality strands. This is a long established policy and the principles of high ethical standards are common across the public service.

2.2 Adverse Impact - if you have identified potential or real direct or indirect discrimination? If so, can it be justified (e.g., legislation, clinical or social evidence)?
The policy can be accessed via the intranet and users can change their settings to enlarge the size of the font on screen. If requested, steps could be taken to provide alternative formats.

2.3 Positive Impact - does the policy actively promote equality of opportunity and/or good relations between different groups of people?
As per point 2.1 above
## Part Three

<table>
<thead>
<tr>
<th>Policy Title (as it appears on the Document Management System)</th>
<th>Policy Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standards of Business Conduct for NHS Staff – Declaration of Interest Policy</td>
<td>EDF005 Version 5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ratifying Committee</th>
<th>Date sent to Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust Board</td>
<td></td>
</tr>
</tbody>
</table>

- This policy has been assessed as having no or low equality impact. Part 1 is completed. ✓
- This policy has been assessed as having low to medium impact. Parts 1 and 2 have been completed. Full impact assessment is unnecessary.
- This policy has been assessed as having medium to high impact. Parts 1 and 2 have been completed. **Full impact assessment is necessary.**

<table>
<thead>
<tr>
<th>Assessors Name</th>
<th>Designation</th>
<th>Signed*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deborah Pullen</td>
<td>Head of Corporate Development</td>
<td>D Pullen</td>
</tr>
<tr>
<td><strong>Equality Champion</strong></td>
<td><strong>Directorate</strong></td>
<td>Signed*</td>
</tr>
<tr>
<td>Vic Crumbleholme</td>
<td>Corporate</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
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<th>Date</th>
<th>21.11.13</th>
<th>Please scan or insert electronic signature</th>
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