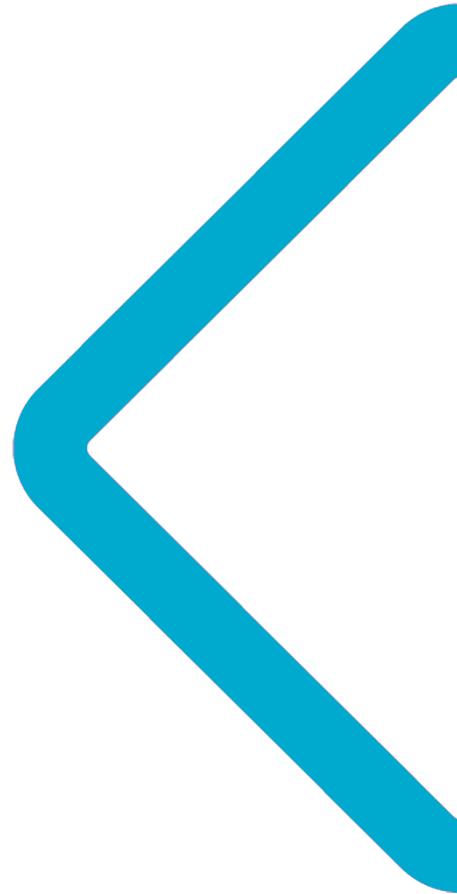


Standards of Business Conduct Policy

Including Working with the Pharmaceutical
Industry Policy & Procedure



Contents

1. Organisational Context.....	4
2. Introduction	4
3. Scope	5
4. Policy Principles	5
4.5.1 Gifts	9
4.5.2 Hospitality	10
4.5.3 Sponsorship.....	10
4.5.4 Joint Working with the Pharmaceutical Industry (PI)	12
4.6.1 Corporate Responsibility	12
4.6.2 Social Media	13
4.6.3 Political Activities	13
4.6.4 Lending and borrowing of money	13
4.6.5 Charitable collections.....	13
4.6.6 Individual Voluntary Arrangements, County Court Judgment (CCJ),Bankruptcy/ Insolvency.....	13
4.6.7 Arrest or Conviction	14
4.6.8 Gambling	14
4.6.9 Trading on NHS C&M premises.....	14
4.6.10 Confidentiality	14
4.6.11 Initiatives.....	14
4.6.12 Contractors & Suppliers of Services.....	15
5. Related Documents.....	17
6. Monitoring and Reporting	17
7. Training and Awareness.....	17
8. Dissemination and Implementation	17
9. Review	17

Appendix 1: The Seven Principles of Public Life (Nolan Principles)..... 18

Appendix 2: The Chartered Institute of Purchasing and Supply (CIPS) Code of Ethics) 19

Appendix 3: Working with the Pharmaceutical Industry (PI) Policy 20

Appendix 3a Appointment Request Form..... 24

Appendix 3b Request Proforma (ICB internal) for sponsorship of a meeting/ event by a pharmaceutical company 26

Appendix 3c Quality Standards Checklist for Joint Working with a commercial company or the pharmaceutical industry 27

Document Owner: Associate Director Corporate Affairs & Governance	Approval date: 01/07/2022	First published: 01/07/2022
	Next review date: June 2023	Version: 1.0

1. Organisational Context

1.1 NHS Cheshire and Merseyside Integrated Care Board (referred to in the policy as “NHS C&M”) was established as a statutory body on 1 July 2022. NHS C&M operates in the 9 geographical areas of Cheshire, Halton, Knowsley, Liverpool, Sefton, St Helens, Southport & Formby, Warrington, and Wirral (referred to in the policy as “Places”).

2. Introduction

2.1 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 all staff working for NHS C&M are expected to follow. See Section 2 for further information on those in scope of this policy.

2.2 As a publicly funded organisation, NHS C&M have a duty to set and maintain the highest standards of conduct and integrity. NHS C&M expects the highest standards of corporate behaviour and responsibility from all directly employed staff and those working across the C&M Integrated Care System (ICS); the NHS Constitution¹ sets out key responsibilities of all NHS staff. In addition, all officers, regardless of their role, are expected to act in the spirit set out in the seven principles of public life, or commonly referred to as the ‘Nolan Principles’ ([Appendix A](#)).

2.3 The Code of Conduct and Code of Accountability in the NHS (2004)² sets out three public service values which are central to the on-going work and sustainability of both the ICS and NHS C&M:

- **Accountability** – everything done by those who work in the NHS must be able to stand the test of parliamentary scrutiny, public judgements on propriety and professional codes of conduct.
- **Probity** – there should be an absolute standard of honesty in dealing with the assets of the NHS. Integrity should be the hallmark of all personal conduct in decisions affecting patients, officers, members and suppliers and in the use of information acquired during the course of their NHS duties, and
- **Openness** – there should be sufficient transparency about NHS activities to promote confidence between each ICS, Integrated Care Body (e.g. NHS C&M) and staff, partners, patients and public.

¹ <https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england>

² https://www.nhs.uk/sites/default/files/2017-02/Sect_1_-_D_-_Codes_of_Conduct_Acc.pdf

3. Scope

3.1 All staff working within the Cheshire & Merseyside Integrated Care System (ICS), including within place-based partnerships and hosted organisations, without exception, are within the scope of this policy, including and without limitation:

- All employees of the NHS C&M -
 - Integrated Care Board (ICB) members (including in attendance and non-voting members)
 - Members of all NHS C&M committees and sub-committees
 - Agency, locum and other temporary staff engaged by NHS C&M
 - Students (including those on work experience), trainees and apprentices
- Independent members of the ICB & Committees (not directly employed by NHS C&M)
- Member practices across the ICS (any individuals directly involved with the business of NHS C&M, including at place level)
- Third parties acting on behalf of the ICS/ NHS C&M (including Commissioning Support Units and shared services)

3.2 Collectively, and for the purpose of this policy the above will simply be referred to as 'staff' throughout the document.

3.3 Throughout this policy, reference is made to NHS C&M policies and management structures. In applying the policy, other in- scope organisations to whom the policy applies are expected to do so in accordance with their own HR and other related policies and structures.

4. Policy Principles

4.1 Expectations of staff

Staff are expected at all times to:

- Comply with the requirements of the NHS¹ & NHS C&M³ Constitutions and be aware of the responsibilities outlined within them
- Act in good faith and in the interests of the C&M ICS – including NHS C&M and place-based partnerships
- Adherence to the 'Seven Principles of Public Life (the [Nolan Principles](#)), and the NHS Code of Conduct and Code of Accountability (2004)², maintaining strict ethical standards.

³ ICB Constitution web page <https://www.england.nhs.uk/publication/the-constitutions-of-integrated-care-boards/>

4.2 Failure to comply with the Standards of Business Conduct Policy

- 4.2.1 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 organisational disciplinary procedure; such disciplinary action may include termination of employment (where applicable).
- 4.2.2 Where the failure to comply relates to an officer that is not a direct employee of NHS C&M, this may result in action being taken in accordance with the relevant engagement procedures (e.g., termination of a secondment agreement).
- 4.2.3 Any financial or other irregularities or impropriety which involve evidence or suspicion of fraud, bribery or corruption by any officer, will be reported to NHS Counter Fraud Authority in accordance with the **NHS C&M Anti-Fraud, Bribery & Corruption Policy** and the **NHS C&M Standing Financial Instructions**, with a view to an appropriate investigation being conducted and potential prosecution being sought.

4.3 Standing Orders (SOs), Prime Financial Policies (PFPS) and Scheme of Reservation & Delegation (SoRD)

- 4.3.1 All staff are required to carry out their duties in accordance with SOs, PFPs and the SoRD as these key documents set out the statutory and governance framework in which NHS C&M operates. There is considerable overlap with this policy and the provisions set out in these documents so staff must ensure that they refer to and act in accordance with them to ensure that correct, up to date processes are followed. In the event of doubt, staff should seek advice from their relevant line manager. The provisions of the SOs, PFPs and SoRD will always take primacy in the event of any conflicts arising with the content of this policy.

4.4 Management of Conflicts of Interest

- 4.4.1 A conflict of interest occurs where an individual's ability to exercise judgement or act in one role is, or could be, impaired or otherwise influenced, by his or her involvement in another role or relationship.
- 4.4.2 A conflict of interest may be:
- **Actual** – there is a relevant and material conflict between one or more interests now
 - **Potential** – there is the possibility of a material conflict between one or more interests in the future.
 - **Perceived** – i.e. an observer could reasonably suspect there to be a conflict of interest regardless of whether there is one or not.
- 4.4.3 An individual does not need to exploit his or her position or obtain an actual benefit, financial or otherwise – the potential for competing interests and/or a perception of impaired judgement or undue influence can also be a conflict of interest.
- 4.4.4 Staff should not allow their judgement or integrity to be compromised and should always be and seen to be honest and objective in the exercise of their duties in line

with their terms of employment, duties and responsibilities. All staff must declare any interests outside of their role, either on appointment or when the interest is acquired (which may directly or indirectly give rise to an actual or potential conflict of interest or duty).

4.4.5 Interests can be broadly defined as:

1. **Financial Interests** - where an individual may get direct financial benefits from the consequences of a commissioning decision.
2. **Non-Financial Professional Interests** - where an individual may obtain a non-financial professional benefit from the consequences of a commissioning decision, such as increasing their professional reputation or status or promoting their professional career.
3. **Non-Financial Personal Interests** - where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit e.g. voluntary sector champion or a volunteer for a provider, or a member of a voluntary sector board etc.
4. **Indirect Interests** - where an individual may have a close association with someone who has a financial interest, a non-financial professional interest or a non-financial personal interest in a commissioning decision (as those categories are described above) e.g. spouse or partner, close relative or friend etc

4.4.6 NHS C&M has clear principles and robust processes for minimising, managing and registering real or perceived conflicts of interest which could be deemed or assumed to affect the integrity of decisions made by staff in awarding contracts, procurement, policy development, employment and other commissioning decisions. Further information can be found in the **NHS C&M Conflicts of Interest Policy**⁴ and the NHS England website.⁵

4.4.7 Where a situation falls outside of the above categories, for any avoidance of doubt as to whether it represents a conflict of interest staff should always seek advice from the Associate Director of Corporate Affairs & Governance or Conflicts of Interest Guardian.

4.4.8 **Declaring Interests**

Written Declarations

All persons referred to in section 2.1, above, must declare any interests they hold which are relevant to the work of the ICS/ NHS C&M. Declarations should be made as soon as reasonably practicable and by law within 28 days after the interest arises (this could include an interest an individual is pursuing). Interests should be declared using the appropriate form within the NHS C&M Conflicts of Interest Policy⁴.

On appointment

Applicants for any appointment to the NHS C&M's ICB or any committees/ subcommittees should be asked to declare any relevant interests. When an

⁴ [Managing Conflicts of Interest - NHS Cheshire and Merseyside](#)

⁵ <https://www.england.nhs.uk/commissioning/pc-co-comms/coi/>

appointment is made, a formal written declaration of interests should again be made and recorded.

Annually

Formal, written declarations of interest should be submitted by all relevant individuals every year. Where there are no interests or changes to declare, a “nil return” should be made.

On changing role, responsibility or circumstances

Whenever an individual’s role, responsibility or circumstances change in a way that affects the individual’s interests (e.g., where an individual takes on a new role outside NHS C&M or enters into a new business arrangement or relationship), a further formal, written declaration should be made to reflect the change in circumstances as soon as possible, and in any event within 28 days.

Verbal Declarations

All attendees are required to declare their interests as a standing agenda item for every Board, committee, sub-committee or working group meeting, before the business is discussed. Even if an interest has been recorded in the register of interests, it should still be declared in meetings where matters relating to that interest are discussed. All declarations of interest should be recorded in meeting minutes.

- 4.4.9 Where an interest has been declared, the declarer will ensure that before participating in any activity connected with NHS C&M’s exercise of its commissioning or other functions, they have received confirmation of and understand the arrangements to manage the conflict of interest or potential conflict of interest from the Accountable Officer or relevant Committee Chair. In cases of doubt or where the declarer is yet to receive details of the management arrangements, the declarer should withdraw from any such activity until these have been clarified – further advice can be sought from the Governance Lead and/ or COI Guardian as at section 3.4.7 above.

4.4.10 Secondary Employment

Employees, Board members, committee members, contractors and others engaged under contract with NHS C&M are required to inform the Accountable Officer & Governance Lead if they are employed or engaged in, or wish to be employed or engaged in, any employment or consultancy work in addition to their work with NHS C&M. The purpose of this is to ensure that NHS C&M is aware of any potential conflict of interest. For the avoidance of doubt, “secondary employment” includes part-time, temporary and fixed term contract work as well as “one-off” payments for advice or services provided.

Examples of work which might conflict with the business of NHS C&M include:

- Employment with another NHS body
- Employment with another organisation which might be in a position to supply goods/services to NHS C&M or within the C&M Integrated Care System area
- Directorship of a Primary Care Network; and
- Self-employment, including private practice, in a capacity which might conflict with the work of NHS C&M, or which might be in a position to supply goods/services to NHS C&M.

Individuals must obtain prior permission to engage in secondary employment, and NHS C&M reserve the right to refuse permission where it believes a conflict will arise which cannot be effectively managed.

Employees should not engage in outside employment during any periods of sickness absence from NHS C&M. To do so may lead to a referral being made to the Local Counter Fraud Specialist for investigation which may lead to criminal and/or disciplinary action in accordance with NHS C&M's Anti-Fraud, Bribery & Corruption Policy.

4.5 Gifts, Hospitality & Sponsorship

For the purpose of this policy, a gift is defined as 'any item of goods and/or cash or any service which is provided for personal benefit, free of charge or at less than its commercial value'.

4.5.1 Gifts

All **gifts offered** to individuals **by current or prospective suppliers or contractors** linked to the business of NHS C&M should be declined and the offer should be declared. The only exception relates to items of low financial value (i.e., less than £6) such as diaries, calendars, stationery, and other gifts acquired from meetings, events or conferences. Such gifts may be accepted and do not need to be declared.

Gifts offered from other sources (i.e. not from suppliers/contractors or potential suppliers/contractors) should also be declined if accepting them might give rise to perceptions of bias or favouritism, and a common sense approach should be adopted as to whether or not this is the case. The general rules around the acceptance of such gifts are below - any gifts accepted should be receipted and a letter of thanks sent:

- a) Modest gifts under a value of £50 may be accepted and do not need to be declared
- b) Gifts valued at over £50 should be treated with caution and only be accepted on behalf of an organisation, not in a personal capacity - such gifts should be declared
- c) Multiple gifts from the same source over a 12 month period should be treated in the same way as single gifts over £50 where the cumulative value exceeds £50

Personal gift of cash or cash equivalents (e.g. vouchers, tokens, offers of remuneration to attend meetings whilst in a capacity working for or representing the ICS or NHS C&M) must always be declined, whatever their value and whatever their source. The offer which has been declined must be declared to the Governance Lead for inclusion on the register of gifts and hospitality.

Bequests from patients

Clinicians (under the scope of this policy) should comply with the relevant professional and regulatory guidance issued by bodies including the British Medical Association and General Medical Council. Such instances should be declared to the NHS C&M Governance Lead where they are relevant to that individuals' role with the ICS/ NHS C&M and could be considered to represent a conflict of interest in carrying out that role.

Donations to the organisation

Employees must check with their line manager or director before accepting a donation, to clarify appropriateness and/or financial or contractual consequences of acquisition. Donations of equipment or services should not be accepted without the express permission of the Accountable Officer. Further guidance regarding charitable funds, gifts and donations can be requested from the Governance Lead.

4.5.2 Hospitality

A blanket ban on accepting or providing hospitality is neither practical nor desirable from a business point of view. However, individuals should be able to demonstrate that the acceptance or provision of hospitality would directly benefit the NHS or NHS C&M.

Modest hospitality provided in normal and reasonable circumstances may be acceptable, although it should be on a similar scale to that which NHS C&M might offer in similar circumstances (e.g. tea, coffee, light refreshments at meetings). A common sense approach should be adopted as to whether hospitality offered is modest or not - "modest" hospitality may be considered hospitality with an estimated value under £25. Hospitality of this nature does not generally need to be declared.

Exceptions to this - when offers of modest hospitality should be declared and recorded on the register – include where:

- Such hospitality is offered by **current or prospective suppliers or contractors** linked to the business of NHS C&M (whether or not such an offer is accepted). Offers of this nature can be accepted if they are modest and reasonable but advice should be sought from the Accountable Officer and/ or Governance Lead.
- Several such offers from the same or a closely related source amounting to an estimated value above £100 in a 12-month period.

Offers of meals and refreshments valued at between £25 and £75 may be accepted but must be declared for inclusion on the register.

There is a presumption that the following should be politely refused:

- offers of hospitality beyond a value of £75 (for meals and refreshments); or
- offers of travel or accommodation that go beyond a type that NHS C&M itself might offer, such as business or first-class travel and accommodation and offers of foreign travel and accommodation.

There may be some limited and exceptional circumstances where accepting such hospitality may be contemplated – further guidance can be found in the NHS C&M Conflicts of Interest Policy⁴.

4.5.3 Sponsorship

Sponsored Posts

Staff who are considering entering into an agreement regarding the external sponsorship of a post within the ICS/ NHS C&M or a place-based partnership must seek formal approval from the Accountable Officer for final approval. Staff will be required to demonstrate acceptance of a sponsored post is transparent and does not stifle competition.

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 sponsorship arrangements can be exited if conflicts of interest arise which cannot be mitigated.

Rolling sponsorship of posts should be avoided unless appropriate checkpoints are put in place to review and confirm the appropriateness of the arrangements continuing.

Holders of sponsored posts must not promote or favour the sponsor's specific products or organisation and information about alternative suppliers must be provided. 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.

Sponsored events

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 NHS C&M and the wider NHS. Any event sponsorship would require the approval of the Governance Lead in advance. Sponsorship should not in any way compromise any of NHS C&M's 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 – NHS C&M is not to appear to endorse individual companies or their products or services because of the sponsorship.

During dealings with sponsors there must be no breach of patient or individual confidentiality or data protection (or other) legislation. As a 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.

At the discretion of NHS C&M, sponsors or their representatives may attend or take part in the event, but they should not have a dominant influence over the content or the main purpose of the event. The involvement of a sponsor in an event should always be clearly identified in the interests of transparency.

Sponsored research

Funding sources for research purposes must be transparent. Any proposed research must go through the relevant approvals process.

There must be a written protocol and written contract between NHS C&M and 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.

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

Declaring sponsorship

As per NHS C&M Conflicts of Interest Policy⁴ all sponsorship must be declared on the public register⁶

All pharmaceutical companies entering into sponsorship agreements must comply with the Code of Practice for the Pharmaceutical Industry. Further information can be found in NHS C&M's Joint Working with the Pharmaceutical Industry Policy Appendix 3.

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.

All officers must declare any sponsorship secured through, contracted by, paid directly to, or managed through a 3rd party, such as exhibitors at our events sold through a 3rd party or a sponsor paying for catering directly to an event venue.

4.5.4 Joint Working with the Pharmaceutical Industry (PI)

See Appendix 3 for further information.

4.6 Personal Conduct

NHS C&M places the utmost importance upon the honesty, integrity and moral behaviour of its staff. It is the responsibility of all staff, irrespective of position or pay band to ensure they are not placed in a position which risks or appears to risk the reputation of the organisation, or the wider ICS, through actions which may be considered as an abuse of official position or by placing personal interests ahead of those of NHS C&M during the course of their duties. The following principles for personal conduct should be applied consistently by all staff:

4.6.1 Corporate Responsibility

All staff have a responsibility to respect and promote the corporate or collective decision of NHS C&M, even though this may conflict with their personal views. This applies particularly if NHS C&M are yet to decide on an issue or has decided in a way with which they personally disagree. Directors and officers may comment as they wish as individuals however, if they decide to do so, they should make it clear that they are expressing their personal view and not the view of NHS C&M, or the wider ICS.

When speaking as a member of NHS C&M, whether to the media, in a public forum or in a private or informal discussion, all staff should ensure that they reflect the current policies or view of the organisation. For any public forum or media interview, approval should be sought in advance:

- in the case of members of the Integrated Care Board (ICB), approval from the Chair and/or Accountable Officer or their nominated deputies, and the Communications Team
- in the case of all other staff, approval from the Communications Team

⁶ [Managing Conflicts of Interest - NHS Cheshire and Merseyside.](#)

When this is not practicable, they should report their action to the Chair or Accountable Officer, or their nominated deputies, as soon as possible.

All staff must ensure their comments are well considered, sensible, well informed, made in good faith, in the public interest and without malice and that they enhance the reputation and status of NHS C&M and the wider ICS. All staff must follow the guidance for communication with the media; disciplinary action may be taken if this is not followed.

4.6.2 **Social Media**

NHS C&M staff should ensure that their personal use of social media does not include disclosure of confidential information in relation to NHS C&M, display material or express views or opinions which could be linked with NHS C&M, and harmful to its reputation. Staff should be aware that social networking websites are public forums and should not assume that their entries will remain private.

4.6.3 **Political Activities**

Conferences or functions run by a party-political organisation should not be attended by NHS C&M staff in an official NHS C&M capacity except where prior permission has been granted by the Accountable Officer. Staff should ensure that any political activity they undertake outside of their role does not identify them individually as an employee of NHS C&M.

4.6.4 **Lending and borrowing of money**

Staff should refrain from the lending or borrowing of money between colleagues and peers, whether informally or as a business and particularly where the amounts are significant sums of money. It is a particularly serious breach of discipline for any staff member to use their position to place pressure on colleagues, business contact or member of the public to loan them money.

4.6.5 **Charitable collections**

Individual – whilst NHS C&M supports staff who wish to undertake charitable collections amongst immediate colleagues, no reference or implication should be drawn to suggest that NHS C&M, or the wider ICS, is supporting the charity. Permission is not required for informal collections amongst immediate colleagues on an occasion like retirement, marriage, birthday, or a new job.

Organisational – Charitable collections which reference NHS C&M must be authorised and documented by a relevant Director in advance and reported to the Governance Lead, who will ensure a central record of collections is maintained.

4.6.6 **Individual Voluntary Arrangements, County Court Judgment (CCJ), Bankruptcy/ Insolvency**

Any staff member who becomes bankrupt, insolvent, has active CCJ, or made individual voluntary arrangements with organisations must inform their line manager and the HR team as soon as possible. Staff who are declared bankrupt or insolvent cannot be employed, or otherwise engaged, in posts that involve duties which might permit the misappropriation of public funds or involve the approval of orders or handling of money.

4.6.7 Arrest or Conviction

Any staff member who is arrested, subject to continuing criminal proceedings, or convicted of any criminal offence must inform their line manager and the HR Department as soon as is practicably possible.

4.6.8 Gambling

No member of staff may bet or gamble whilst on duty or on NHS C&M premises. The only exceptions to this are small lottery syndicates or sweepstakes relating to national/world sporting events such as the Grand National or World Cup, which are confined to immediate colleagues; where no profits are made, or the lottery is wholly for purposes that are not for private or commercial gain (e.g. to raise funds to support a charity (see section 3.6.5 above).

4.6.9 Trading on NHS C&M premises

Trading on NHS C&M premises is strictly prohibited, whether for personal gain or on behalf of others; this includes flyers advertising services/ products or catalogues in common areas. This also applies to canvassing within offices by, on behalf of, external bodies or companies (including non-NHS C&M interests of staff or their relatives). This provision excludes refreshment arrangements conducted solely by staff (e.g. tea and coffee funds).

4.6.10 Confidentiality

All 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 officers; commercial information. This duty of confidence remains after a staff member (however employed) leaves NHS C&M.

For the avoidance of doubt, this does not prevent the disclosure of information where there is a lawful basis for doing so (e.g. consent). Staff should refer to the suite of NHS C&M Information Governance and Corporate Information Technology policies⁷ for detailed information.

4.6.11 Initiatives

Any patents or designs, trademarks or copyright resulting from the work (e.g. research) of an individual employee of NHS C&M carried out as part of their terms of employment shall remain the Intellectual Property of NHS C&M.

Approval from the appropriate line manager/head of service should be sought before entering into any obligation to undertake external work connected with the business of NHS C&M (e.g. writing articles for publication, speaking at conferences or events).

Where the undertaking of external work (including gaining patent, copyright or the involvement of innovative work) benefits or enhances NHS C&M's reputation or results in a financial gain for the organisation, consideration will be given to rewarding employees subject to any relevant guidance for the management of Intellectual Property in the NHS issued by the Department of Health.

⁷ [Staff Hub - We Are One - Home \(sharepoint.com\)](#)

4.6.12 Contractors & Suppliers of Services

NHS C&M will ensure that all services are procured in a manner that is open, transparent, non-discriminatory and fair to all potential providers and has in place a robust Procurement Policy⁸.

Staff who are in contact with suppliers and contractors (including external consultants) and particularly those who are authorised to sign purchase orders or enter into contracts for goods and services are expected to adhere to professional standards in line with those set out in the Codes of Ethics of the Chartered Institute of Purchasing and Supply (Appendix 2).

Staff involved in the awarding of contracts and tender processes must take no part in a selection process if a personal interest or conflict of interest is known. Such an interest must be declared in accordance with the NHS C&M Conflicts of Interest Policy⁴ as soon as it becomes apparent.

Details of all contracts, including the value of the contract will be published on the public-facing website⁹ as soon as contracts are agreed. Where NHS C&M decides to commission a service(s) via an Any Qualified Provider (AQP) arrangement, the type of service and agreed price for each service commissioned will be published on the website and will also be included in the Annual Report.

4.7 Fraud, Bribery & Corruption

Staff must be aware of and act in accordance with the NHS C&M Anti-Fraud, Bribery & Corruption Policy¹⁰, and understand that in certain circumstances a breach of this policy could potentially result in criminal proceedings being brought against individuals, the organisation, and other linked organisations. Policy breaches could also result in civil legal challenge.

NHS C&M will not tolerate acts of fraud, bribery or corruption committed against it or in the wider NHS. The **Fraud Act 2006** created a criminal offence of fraud and defines three ways of committing it:

- Fraud by false representation
- Fraud by failing to disclose information and
- Fraud by abuse of position.

In simple terms fraud can be defined as **theft by deception**. An offender's conduct must be dishonest, and their intention must be to make a gain, or a cause a loss (or the risk of a loss) to another; the offence includes where the fraudster fails to get what they intended through their fraud, the focus being on the dishonest intention. In law, whether someone's behaviour is 'dishonest' is determined by the objective standards of ordinary decent people. It is not a defence for the individual to claim that they did not realise their behaviour was dishonest by those standards.

⁸ [Staff Hub - We Are One - Home \(sharepoint.com\)](#)

⁹ [How we work - NHS Cheshire and Merseyside](#)

¹⁰ [Home - NHS Cheshire and Merseyside](#)

The **Bribery Act 2010** makes it easier to tackle this offence in public and private sectors. A bribe is a financial or other advantage intended to induce or reward the 'improper performance' of a person's official public functions or work activities. Generally, this means offering or receiving something of value to influence a transaction that someone shouldn't do (although offences include offering, promising, giving, requesting, accepting, or agreeing to accept). Bribery can be committed by a body corporate. Commercial organisations, including NHS bodies, will be exposed to criminal liability, punishable by an unlimited fine, for failing to prevent bribery unless they can prove that they had in place adequate proportionate procedures designed to prevent bribery occurring on its behalf.

Fraud and Bribery are criminal offences and carry maximum sentences of 10 years imprisonment and/or unlimited fines.

Corruption is where the integrity or honesty of a person, government, company, or organisation is manipulated for personal gain. It is an umbrella term covering several different offences, including bribery.

All NHS staff have a right and duty to raise legitimate concerns in the public interest about malpractice or wrongdoing at work; this includes criminal offences. **NHS C&M expects that staff do not ignore their suspicions, but report them as soon as possible through the correct channels. Staff should not initiate their own investigations or discuss with others as this could jeopardise any formal investigation.** There are a number of ways to report reasonable suspicions of fraud, bribery or corruption; you do not need solid proof or evidence to raise concerns, and you can remain anonymous if you wish.

Internal channels:

Anti-Fraud Specialist (AFS), Ruth Barker, tel: 07584 774 763 or 0151 285 4500, email: ruth.barker@miaa.nhs.uk

Chief Finance Officer, Claire Wilson, tel: 07736 446 410, email: c.wilson7@nhs.net

Further information can be found in the NHS C&M Raising Concerns (Freedom to Speak Up) Policy - this includes options to raise concerns externally in certain situations.

External channels:

NHS Counter Fraud Authority (NHSCFA) National Fraud and Corruption Reporting Line: 0800 020 4060 (freephone 24/7 powered by Crimestoppers)

Online reporting form at <https://cfa.nhs.uk/reportfraud>. This is a national service independent to the rest of the NHS. User rights are protected, and information is treated confidentially. Users can update their referral at a later date if they wish to.

5. Related Documents

Legislation and statutory requirements

Fraud Act 2006

Bribery Act 2010

Data Protection Act 2018/ General Data Protection Regulations (GDPR) 2018

Other related policy documents

NHS C&M Conflicts of Interest Policy

NHS C&M Working with the Pharmaceutical Industry Policy

NHS C&M Anti-Fraud, Bribery & Corruption Policy

NHS C&M Freedom to Speak Up(Raising Concerns) Policy

Best practice recommendations

NHS Code of Conduct and Code of Accountability (2004)

Records Management: NHS Code of Practice 2016

6. Monitoring and Reporting

Compliance with this policy will be reviewed by the Audit Committee

7. Training and Awareness

It has been determined that there are no specific training requirements associated with this policy.

8. Dissemination and Implementation

This policy will be available to all NHS C&M staff, via the staff Intranet¹¹. All managers are responsible for ensuring that relevant staff within the organisation have read and understood this document and are competent to carry out their duties in accordance with the procedures described.

This policy should be read in conjunction with the policies listed at section 4 above.

9. Review

This policy will be reviewed on an annual basis or earlier if there are changes in legislation, relevant case law decisions, significant incidents and/or changes to the organisational infrastructure of NHS C&M.

¹¹ [Staff Hub - We Are One - Home \(sharepoint.com\)](#)

Appendix 1: The Seven Principles of Public Life (Nolan Principles)

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 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 2: The Chartered Institute of Purchasing and Supply (CIPS) Code of Ethics)

Use of the code

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. 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. The Institute's Royal Charter sets out a disciplinary procedure which enables the CIPS Board of Trustees to investigate complaints against any of our members and, if it is found that they have breached the code to take appropriate action. Advice on any aspect of the code is available from CIPS. This code was approved by the CIPS Council on 11 March 2009.

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 practice
 - 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

Advice on any aspect of the code of ethics is available from CIPS.

Appendix 3: Working with the Pharmaceutical Industry (PI) Policy

1.1 JOINT WORKING WITH PHARMACEUTICAL COMPANIES

Joint working between NHS C&M and the PI must be for the benefit of patients or the NHS and preserve patient care; the main beneficiary being the patient. Joint working arrangements must be entered into at a corporate level and not with any individual member of staff or ICB member.

For the purpose of this policy joint working is defined as situations where, for the benefit of patients, NHS C&M and one or more pharmaceutical companies' pool skills, experience and/or resources for the joint development and implementation of patient centered projects and share a commitment to successful delivery. Joint working agreements and management arrangements are conducted in an open and transparent manner. Joint working differs from sponsorship, where pharmaceutical companies simply provide funds for a specific event or work programme.

Any tentative discussion about entering into joint working which staff may have and consider worth pursuing should first be discussed with their line manager and relevant clinical leads as appropriate; formal discussion must be had with the Director of Nursing and Governance Lead – if the proposal is deemed suitable to explore further the designated lead should provide initial details on the joint working outline proposal using the quality standards checklist (Appendix 3c) for considering commercial partnerships and a summary should then be submitted to the Finance Committee for consideration and formal approval.

The length of the arrangement, the potential implications for patients and the NHS, together with the perceived benefits for all parties, should be clearly outlined before entering into any joint working. When entering into an agreement for joint working, NHS C&M will also consider the impact once the arrangements are concluded. An effective exit strategy must be in place at the outset of a given project detailing the responsibilities of each party.

A formal written agreement must be in place and an executive summary of the joint working agreement must be made publicly available (on the Procurement Decisions Register) before arrangements are implemented.

All aspects of confidentiality with regard to patient information must be observed and how this will be achieved clearly stated in the Joint Working Agreement, through a Data Privacy Impact Assessment (DPIA). Confidentiality of information received in the course of duty should be respected and should never be used outside the scope of the specific exercise.

Arrangements for monitoring the operation of the agreement and assessing clinical and financial outcomes should be agreed and clearly stated within the Joint Working Agreement. All assessments of the joint working programme should be made readily available to other NHS organisations and the public.

1.2 DISCLOSURES OF TRANSFERS OF VALUE BY PHARMACEUTICAL COMPANIES

From June 2016 the Association of the British Pharmaceutical Industry (ABPI) began publishing a public database declaring benefits that UK pharmaceutical companies give in cash or in kind to healthcare organisations, individual healthcare professionals and any relevant decision makers within a healthcare organisation. These benefits are termed 'transfers of value'. For individual Healthcare Professionals, transfers of value activities cover:

- Events – registration fees
- Events – Travel and accommodation
- Consultancy Services – fees
- Consultancy Services – expenses

For Healthcare Organisations, requirements cover:

- Activities covered by contract under which organisations provide any type of service on behalf of companies
- NHS joint-working projects
- Donations, grants and benefits in kind
- Contribution towards the cost of meetings
- Provision of medical and educational goods and services

As per section 4.5 in the Standards of Business Conduct above, NHS C&M maintains a register of all gifts, hospitality and sponsorship offered to the organisation and/or individual members of staff – to ensure this is kept up to date and matches the public ABPI database it is important that staff adhere to the NHS C&M Conflicts of Interest Policy and Standards of Business Conduct Policy regarding recording all transfers of value offered in the course of ICB business.

1.3 ATTENDANCE AT SPONSORED CLINICAL TRAINING OR EDUCATION MEETINGS/ EVENTS

NHS C&M employees must ensure there is an entry made on the Gifts, Hospitality and Sponsorship register regarding any attendance at clinical training or education provided by or sponsored by a pharmaceutical company. This should include details of company name, drugs discussed at meetings, and hospitality or other sponsorship provided.

1.4 MEETINGS WITH PHARMACEUTICAL COMPANY REPRESENTATIVES

NHS C&M does not approve any 'cold calling' to staff or ICB members from PI representatives. All requests for meetings and contacts by PI representatives to staff or members should be done via the dedicated proforma (Appendix 3a). All contact should then be via email to the generic communications email address enquiries@cheshireandmerseyside.nhs.uk until such a decision has been made that a meeting or direct contact will take place.

In considering requests for meetings with representatives of the PI, consideration should be given to whether this will represent best use of NHS C&M staff or board member's time and therefore not all requests can be granted. All approval decisions to be made by the ICB Head

of Medicines Management. All proformas will be logged centrally by the Medicines Management Team and held for 12 months for reference purposes.

GPs and any other clinician members of NHS C&M who PI representatives may contact in their capacity as prescribers or related health professionals should follow good practice and ensure inclusion in their own registers.

1.5 SPONSORSHIP OF MEETINGS/ EVENTS BY PHARMACEUTICAL INDUSTRY REPRESENTATIVES

Please refer to the NHS C&M Conflicts of Interest Policy, section 7.3 for sponsorship by *non-pharmaceutical representatives*. Sponsorship of meetings is not permitted for routine internal meetings of NHS C&M; only for educational or special events.

The ABPI Code states that meetings must be held in appropriate venues conducive to the main purpose of the event. Hospitality must be strictly limited to the main purpose of the event and must be secondary to the purpose of the meeting i.e., subsistence only. The level of subsistence offered must be appropriate and not out of proportion to the occasion. The costs involved must not exceed that level which the recipients would normally adopt when paying for themselves. It must not extend beyond members of the health professions or appropriate administrative staff.

For sponsored meetings/ events being organised by NHS C&M staff or board members, a form for proposed sponsorship of meeting must be completed and forwarded to the ICB Head of Medicines Management for approval, see Appendix 3b. A copy of the approved form should be sent to the Governance Lead, for inclusion on the Gifts, Hospitality & Sponsorship Register, to provide a central overview of all events being sponsored.

When seeking sponsorship for a meeting, use of a company with products directly related to the topic under consideration should be avoided as far as possible. Please contact the Director of Nursing for advice if you are unsure. Products that are not approved by NHS C&M and on the NHS C&M formulary should not be promoted.

If meetings are sponsored by pharmaceutical companies, that fact must be disclosed in all of the papers relating to the meetings and in any published proceedings. The declaration of sponsorship must be sufficiently prominent to ensure that readers are aware of it at the outset. Details of the sponsorship should also be highlighted to attendees at the beginning of the meeting.

For PI sponsored meetings, the level of access to clinicians or associated staff for the promotion of specific drugs or services by the pharmaceutical company (before the primary purpose of the meeting commences) must be agreed in advance, (as stated on sponsorship request form). For a sponsored sandwich lunch for example the representative could have a stand with promotional materials and attend the stand to engage with attendees during lunch and before the meeting starts.

Representative/s of the pharmaceutical company sponsoring the meeting should be thanked for the sponsorship ahead of the commencement of the primary purpose of the meeting and then must not remain in attendance at the meeting unless it is a public meeting.

Meetings of the Integrated Care Board (ICB)

NHS C&M holds meetings of its ICB in public and is required to do so both by statute and its Constitution. Where a PI representative chooses to attend, they do so in their capacity as a member of the public and have no special privileges. They should receive no greater or lesser opportunity to participate in the meeting or engage with individual members of the ICB than would any other member of the public.

Where a member of the ICB may be approached by representatives who seek to engage with them for the purpose of promoting their particular products or canvassing support for products or projects; it is recommended that they politely but firmly decline to engage with pharmaceutical representatives in these circumstances and ask them to contact NHS C&M directly via the general communications route.

Appendix 3a Appointment Request Form

For Pharmaceutical Industry Representatives
 All sections must be completed prior to consideration of an appointment
 Please email to enquiries@cheshireandmerseyside.nhs.uk

Request Date						
Name of Representative						
Name of Company						
Email/Mobile No.	(We may offer teleconference appointments)					
Category of topic(s) you wish to discuss	Please mark the relevant category/categories					
	Commissioning pathways and service development					
	Prescribing – please complete additional table below					
	Proposed joint working					
<u>ALL requests relating to prescribing</u> please complete (highlight all relevant)	Please mark the relevant category/categories					
	New Medicine		Formulary		Sharing Resources	
	Clinical data (efficacy, safety etc)		Licence extension		Medicines optimisation collaborative initiative	
	Budget impact document		New formulation of existing medicine		Other collaborative initiative	
	Pre-licence advanced planning notification		Efficiency saving			
Outline what you wish to discuss and attach relevant pre-reading material						
What is the outcome you hope to achieve from the meeting?						
How long do you anticipate the meeting lasting?						

Office Use Only

Date of last appointment					
To be given an appointment	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Urgent <input type="checkbox"/>	Routine <input type="checkbox"/>	Time required

Reason if no appointment given	
Details of appointment if applicable	

Appendix 3b Request Proforma (ICB internal) for sponsorship of a meeting/ event by a pharmaceutical company

Date of sponsorship offer:		
ICB Lead or member of staff organising the meeting/ processing sponsorship offer:		
Title and details of Meeting/ Event:		
Target audience:		
Venue:	Proposed date of offer (e.g. date of event):	
Proposed Pharmaceutical Sponsor(s) details: Include name, address & nature of business		
Representative name(s) and contact details (please list all):		
Details of sponsorship requested. Please include details of whether invoices are to be raised for each sponsor – details to be confirmed with each sponsor.		
Approximate value of sponsorship	Overall Value £.....	Per Sponsor £.....
Details of direct marketing contact at meeting: e.g. whether representative will attend the meeting, have a marketing stand showing product information; which products and or services will be marketed.		
Please confirm that any products or services to be marketed are included on the C&M formulary and/or have been approved for use locally by NHS C&M. If unsure please seek advice from medicines management before proceeding.		Please Tick to confirm <input type="checkbox"/>
Reviewed & Approved by Assistant Director: Medicines Management Signed:		Date approved:
Please forward the completed form to Governance Team <i>prior</i> to the event taking place		

Appendix 11: Register of procurement decisions

Appendix 3c Quality Standards Checklist for Joint Working with a commercial company or the pharmaceutical industry

Quality Standards Checklist for considering Joint Working with a commercial company or the pharmaceutical industry		
	Yes	No
Does the scheme have clear aims and objectives?		
Does the sponsorship offer any benefits to the following aspects of health care?		
• Diagnostics and referral? Include details:		
• Investigations and measurements? Include details:		
• Informing and educating patients?		
○ Will the material be checked by NHS C&M before it is distributed to ensure it is non-promotional and culturally appropriate		
• Informing and educating health professionals?		
○ Will the material be checked by the NHS C&M before it is distributed to ensure it is valid, non-promotional and in line with national and local formulary and guidance?		
Is the sponsorship directly related to patient treatment?		
• Have alternative treatments been considered and evaluated?		
• Has an assessment of the costs and benefits of the package in relation to alternative options been investigated?		
• Has monitoring of the patients been considered as part of the treatment?		
• Has a criteria for success of the project been established?		
• Has patient perceptions been included as part of the criteria?		
• Has a health care professional been designated clinically responsible for the patient at each stage of the package?		
• Has an assessment been made as to how the package fits with existing systems of primary and secondary care?		
• Is the treatment on the current formulary or is approved by NHS C&M?		

Appendix 11: Register of procurement decisions

Information and Data considerations		
• Is the sponsorship related to the collection of data?		
• Who will own the data? Please state:		
• Will the sponsor have access to the data?		
• Have the provisions of the Data Protection Act & GDPR been taken into consideration?		
• Who will evaluate the data? Please state:		
Is the sponsorship related to any of the following?		
• Provision of clinical products?		
○ Will this encourage the use of a particular product in the future?		
○ Is the product included in the local formulary or is approved by NHS C&M?		
○ Will the use of the product limit patient choice?		
○ Is this project intended to increase the market share for a particular product or company?		
○ Will this limit clinical freedom of a prescriber to select the most appropriate product?		
○ Has evidence been provided to support use of this product and has this been independently reviewed?		
• Provision of equipment?		
○ Is the equipment linked to the use of one particular brand of consumables?		
○ Has an assessment been undertaken to establish that it is the best for purpose?		
○ Has the equipment been approved for use locally?		
○ Is there any guidance locally or nationally regarding use of this type of product?		
• Provision of free stationery?		
○ Does the stationery include commercial advertising?		
○ Does NHS C&M have control over the content of the advertising?		
Are there any recurring costs for the scheme?		
Who will be responsible for recurring costs? Please state:		
How does the use of a product impact on other providers in the future e.g. costs, supply, FP10 availability, very specialist etc.		
Further Information		