

NHS GREATER GLASGOW AND CLYDE

CODE OF CONDUCT FOR STAFF

This single Code of Conduct for staff incorporates the following:-

Part 1 The Standards of Business Conduct and detailed instructions to support these Standards and working with suppliers of clinical products

Part 2 The Fraud Policy

All staff, including permanent post-holders, Bank staff, Agency staff, Locums, other temporary staff and Honorary Consultants are required to adhere to the Code of Conduct – any advice on the application of this Code should be sought from your Line Manager/Head of Department/Director.

This Code of Conduct forms part of the NHS Board's standard contract of employment for all staff and will be formally reviewed again in April 2108.

Updated March 2016

NHS GREATER GLASGOW AND CLYDE

PART 1

STANDARDS OF BUSINESS CONDUCT FOR NHS STAFF

INTRODUCTION

The Corporate Governance documentation which governs the activities of the NHS Board and its employees is set out in a number of documents – see Annex 1. The range and complexity of the activities undertaken by the Board mean that the documents must contain a considerable level of detail and not all matters covered in them will be of obvious relevance to each member of staff.

This document provides instructions on those issues or matters which staff are most likely to encounter in carrying out their day to day duties. This Code is not exhaustive and is supplementary to (and therefore should be read in conjunction with) the Standards of Business Conduct for NHS Staff [NHS Circular MEL (1994) 48], A Common Understanding: Guidance on Joint Working between NHS Scotland and the Pharmaceutical Industry [NHS Circular HDL (2003) 62] and Bribery Act 2010.

RESPONSIBILITY OF STAFF

It is the responsibility of staff to ensure that they do not place themselves in a position which risks, or appears to risk, conflict between their private interests and their NHS duties. This primary responsibility applies to **all NHS staff**, but is of particular relevance to those who commit NHS resources directly (e.g. by the ordering of goods) or those who do so indirectly (e.g. by the prescribing of medicines). A further example would be staff who may have an interest in a private nursing home and who are involved with the discharge of patients to residential facilities.

- 1 The NHS must be impartial and honest in the conduct of its business and its employees should remain beyond suspicion. Under the Bribery Act 2010, it is an offence to request, agree to receive or accept a bribe in return for improperly performing a function or activity.

Staff need to be aware that a breach of the provisions of this Act renders them liable to prosecution and may also lead to potential disciplinary action and the loss of their employment and superannuation rights in the NHS.

This Code reflects the minimum Standards of Business Conduct expected from all NHS staff. Any breaches of the Code may lead to disciplinary action

If you are in any doubt at all as to what you can or cannot do, you should seek advice from your line manager/Head of Department/Director.

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KEY PRINCIPLES OF BUSINESS CONDUCT

The Standards of Business Conduct for NHS Staff [NHS Circular MEL (1994) 48] provide instructions to staff in maintaining strict ethical standards in the conduct of NHS business. All staff are therefore required to adhere to the Standards of Business Conduct for NHS Staff.

The key elements of the Standards of Business Conduct are that the employees of NHS Greater Glasgow and Clyde are expected to

- **ensure that the interest of patients remains paramount at all times;**
- **be impartial and honest in the conduct of their business;**
- **use the public funds entrusted to them to the best advantage of the service, always ensuring value for money.**

Employees should not

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

Public Service values must be at the heart of the NHS Board's activities. High standards of corporate and personal conduct, based on the recognition that patients come first, are mandatory. The NHS Board is a publicly funded body, accountable to the Scottish Ministers and through them to the Scottish Parliament for the services it provides and for the effective and economical use of taxpayers' money.

If staff follow these principles, the Board should be able to demonstrate that it adheres to the three essential public sector values.

Accountability:	Everything done by those who work in the organisation must be able to stand the tests of parliamentary scrutiny, public judgments on propriety, and meet professional codes of conduct.
Probity:	Absolute honesty and integrity should be exercised in dealing with NHS patients, staff, assets, suppliers and customers.
Openness:	The organisation's activities should be sufficiently public and transparent to promote confidence between the organisation and its patients, staff and the public.

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1. ACCEPTANCE OF GIFTS AND HOSPITALITY

The Standards of Business Conduct for NHS Staff include instructions on the acceptance of gifts and hospitality and these Standards are incorporated into the contract of employment of each member of staff. Practices which may be accepted in the private sector are not permitted under the Standards. The key points in the Standards are as follows.

1.1 Gifts

1.1.1 Anti- Bribery Policy

The Board will uphold all laws relevant to countering bribery and corruption, including the Bribery Act 2010 (the Act). This commitment applies to every aspect of the Board's activity, including dealings with public and private sector organisations and the delivery of care to patients.

The Act recognises a number of offences including the following:-

- The offering, promising or giving of a bribe (active bribery);
- The requesting, agreeing to receive or accepting of a bribe (passive bribery).

Any employee who commits active or passive bribery will be subject to disciplinary action. In addition, the matter will be referred to relevant authorities for criminal investigation. The maximum sentence for any individual convicted of bribery is 10 years.

The Act also recognises a further offence of corporate liability for failing to prevent bribery on behalf of a commercial organisation. (For the purposes of the Act, NHS Boards are considered commercial organisations.) The Board has put in place a range of measures intended to prevent bribery and these are subject to formal and regular review to ensure they remain fit for purpose.

1.1.2 Staff should therefore be very cautious if faced with the offer of a gift. Casual gifts offered by contractors or others (for example, at the festive season) may not be in any way connected with the performance of duties so as to constitute an offence under the Bribery Act 2010. Such gifts should nevertheless be declined. Articles of small intrinsic value such as calendars or diaries, may however be accepted, where this would not breach the Code of Conduct.

Small gifts from patients or their families, to express their gratitude to members of staff, can be accepted by members of staff without breaching the Code. The circumstances should allow sensible application of judgement. Refusal could cause offence. Such gifts will be of relatively low value, for example, biscuits, chocolates, flowers. These gifts do not need to be registered. .

Where an unsolicited, inappropriate or high value gift is received and the individual is unable to return it or the donor refuses to accept its return, he/she should report the circumstances to his/her line manager/Head of Department/Director who will ensure that the donor is advised of the course of action.

All unsolicited, inappropriate or high value gifts, whether accepted or declined, must be entered in the on-line Register of Interests, Gifts and Hospitality system.

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Under no circumstances must staff accept personal gifts of cash regardless of amount.

Financial donations to a department fund, which are to be used for the purposes of the Board (e.g. to support staff training) must be administered through the Board's Endowment Funds – see Section 17.

Gifts of equipment not for individual use may be accepted, provided that:-

- (i) they are in no way related to purchasing decisions and do not commit the Board to any obligations with the supplier;
- (ii) they are entered in the on-line Register of Interests, Gifts and Hospitality;
- (iii) a risk assessment is carried out before acceptance of the Board's potential liabilities of accepting the asset;
- (iv) the budget holder's approval to accepting the gift is sought – particularly if there are any costs - recurrent or non-recurrent – associated with accepting the gift;
- (v) they are recorded under the procedures for accepting donated assets and details notified to the Board's asset accountant.

1.2 Hospitality

1.2.1 The Ethical Standards in Public Life etc. (Scotland) Act 2000 states the following:

- As a general rule it is usually appropriate to refuse offers.
- You must not accept repeated hospitality from the same source.
- You must not accept any hospitality offer ... to show favour or disadvantage to any individual.

1.2.2 The Standards of Business Conduct state that modest hospitality may be acceptable provided it is normal and reasonable in the circumstances e.g. lunches in the course of a working visit. Any hospitality accepted should be similar in scale to that which the NHS as an employer would be likely to offer. **All other offers of hospitality should be declined.**

1.2.3 Hospitality in excess of what the NHS would be likely to provide should not normally be accepted. Such hospitality should be politely but firmly declined. Should an individual wish to accept hospitality, then approval of the appropriate line manger/Head of Department/Director is required. All hospitality exceeding what the NHS would be likely to provide, whether accepted or declined, must be entered in the on-line Register of Interests, Gifts and Hospitality system.

1.2.4 It may not always be clear whether an individual is being invited to an event involving the provision of hospitality (e.g. formal dinner) in a personal/private capacity or as a consequence of the position which he/she holds with the Board.

- (i) If the invitation is the result of the individual's position within the Board, only hospitality which is modest and normal and reasonable in the circumstances should be accepted. If the nature of the event dictates a level of hospitality which exceeds this, then the individual should ensure that his/her line manager/Head of Department/Director is fully aware of the circumstances and approves their attendance. An example of such an event might be an awards

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ceremony involving a formal dinner. If the line manager/Head of Department/Director grants approval to attend, the individual should declare his/her attendance for registration in the on-line Register of Interests, Gifts and Hospitality.

- (ii) If the individual is invited to an event in a private capacity (e.g. as result of his/her qualification or membership of a professional body), he/she is at liberty to accept or decline the invitation without referring to his/her line manager/Head of Department/Director. The following matters should however be considered before an invitation to an individual in a private capacity is accepted.
 - a. The individual should not do or say anything at the event that could be construed as representing the views and/or policies of the Board.
 - b. If the body issuing the invitation has (or is likely to have, or is seeking to have) commercial or other financial dealings with the Board, then it could be difficult for an individual to demonstrate that his/her attendance was in a private and not an official capacity. Attendance could create a perception that the individual's independence had been compromised, especially where the scale of hospitality is lavish. Individuals should therefore exercise caution before accepting invitations from such bodies and must inform their line manager/Head of Department/Director.
- (iii) Where suppliers of clinical products provide hospitality it should only be accepted in association with scientific meetings, clinical educational meetings or equivalent, which must be modest, normal and reasonable in the circumstances and in line with what the NHS would normally provide and held in appropriate venues conducive to the main purpose of the event, e.g. the sponsorship is clearly disclosed in any papers relating to the meeting; products discussed should be described in relation to the Scottish Medicines Consortium, Formulary or equivalent clinical product catalogue and the active promotion of clinical products is restricted to those in the Board's Formulary and equivalent clinical product catalogues.

1.3 Record of Hospitality and Gifts

It is the responsibility of the recipients of gifts and hospitality to declare all items of excessive value received, whether accepted or declined, via the on-line Register of Interests, Gifts and Hospitality system. For members of staff who do not have access to the on-line system, a hard copy form (see Annex 2) should be completed and returned to the appropriate line manager/Head of Department/Director for retention in their Staff Interests, Gifts and Hospitality Forms A4 ring binder (see Section 2.4).

1.4 Competitions/Prizes

Individuals should not enter competitions including free draws organised by bodies who have (or are seeking to have) financial dealings with the Board. Potential suppliers may use this as a means of giving money or gifts to individuals within the Board in an effort to influence the outcome of business decisions.

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2. REGISTER OF STAFF INTERESTS

2.1 To avoid conflicts of interest and to maintain openness and accountability, employees are required to register all interests that may have any relevance to their duties/responsibilities. These include any financial interest in a business or any other activity or pursuit that may compete for an NHS contract to supply either goods or services to the NHS or in any other way could be perceived to conflict with the interests of the Board. The test to be applied when considering appropriateness of registration of an interest is to ask whether a member of the public acting reasonably might consider the interest could potentially affect the individual's responsibilities to the organisation and/or influence their actions. If in doubt the individual should register the interest or seek further guidance from their line manager/Head of Department/Director.

2.2 Interests that it may be appropriate to register (see also Annex 4), include:

- (i) Other employments;
- (ii) Directorships including Non-Executive Directorships held in private companies or public limited companies (whether remunerated or not);
- (iii) Ownership of, or an interest in, private companies, partnerships, businesses or consultancies.
- (iv) Shareholdings in organisations likely or possibly seeking to do business with the NHS (the value of the shareholdings need not be declared);
- (v) Ownership of, or interest in land or buildings which may be significant to, of relevance to, or bear upon the work of the Board;
- (vi) Any position of authority held in another public body, trade union, charity or voluntary body;
- (vii) Any connection with a voluntary or other body contracting for NHS services.
- (viii) Any involvement in joint working arrangements with Clinical (or other) Suppliers

This list is not exhaustive and should not preclude the registration of other forms of interest where these may give rise to a potential conflict of interests upon the work of the Board. Any interests of spouses, partner or civil partner, close relative or associate, or persons living with the individual as part of a family unit, could also require registration if a potential conflict of interests exists.

2.3 All members of staff are responsible for entering their interests in the on-line Register of Interests, Gifts and Hospitality system. Where staff do not have access to the on-line system, Section 2.4 shall apply. Where a member of staff has no interests to declare, a Nil Return should be made on the on-line Register of Interests, Gifts and Hospitality.

2.4 In addition to the on-line registration arrangements, standard forms for registering interests in hard copy are attached at Annex 2. Completed forms should be passed to the staff member's line manager/Head of Department/Director for storage in their Staff Interests, Gifts and Hospitality Forms A4 ring binder. Either the on-line system or a hard copy should be completed at the commencement of employment or on the acquisition of the interest. Any changes to interests should be notified at the earliest opportunity, or

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within 4 weeks of the change occurring. A separate Register of Interests for NHS Board Members will be held by the Head of Board Administration.

- 2.5 The entries in the Register of Interests, Gifts and Hospitality will be retained in respect of any registration for a period of 5 years after the registration ceases or the member of staff leaves.
- 2.6 It is the responsibility of each individual to declare any relevant interest to the Chair of any Board Standing Committee/Professional Advisory Committee/decision making group that they sit on so that the Chair is aware of any conflict which may arise. These Declarations of Interest will be recorded in the Minutes of the meeting.

3. PURCHASE OF GOODS AND SERVICES

- 3.1 The Board has established a central Procurement Department under the direction of the Head of Procurement. Specialist teams have been set up within the Procurement Department to purchase the goods and services required for the functioning of NHS Greater Glasgow and Clyde. With the exception of certain staff within Estates, Pharmacy and Health Information and Technology, no other member of staff is authorised to make a commitment to a third party for the purchase of goods or services. The Procurement Department should be contacted for advice on all aspects of the purchase of goods and services.
- 3.2 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 adhere to professional procurement standards. They should also be aware of their responsibilities to comply with the Bribery Act 2010.
- 3.3 Fair and open competition between prospective contractors or suppliers for NHS contracts is a requirement of Standing Financial Instructions and of EC Directives on Public Purchasing for Works and Supplies. This means that:
- (i) no private or public company, firm or voluntary organisation which may bid for NHS business should be given any advantage over its competitors, such as advance notice of NHS requirements. This applies to all potential contractors, whether or not there is a relationship between them and the NHS employer, such as a long-running series of previous contracts.
 - (ii) each new contract should be awarded solely on merit in accordance with the NHS Board SFIs and relevant Board procedures.
- 3.4 No special favour should be shown to current or former employees or their close relatives or associates in awarding contracts to private or other businesses run by them or employing them in a senior or managerial capacity. Contracts must be won in fair competition against other tenders and scrupulous care must be taken to ensure that the selection process was conducted impartially, and that staff who are known to have a relevant interest play no part in the selection.
- 3.5 All invitations to potential contractors to tender for NHS business should include a notice warning tenderers of the consequences of engaging in any corrupt practices involving employees of the Board.

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- 3.6 Standing Financial Instructions (SFIs) describe the process to be followed to purchase goods and services. Key points to note are
- (i) SFIs define the limits above which competitive quotations and competitive tenders must be obtained and describe the process which should be followed to achieve fair and open competition.
 - (ii) No organisation should be given an unfair advantage in the competitive process e.g. by giving advance notice of the Board's requirements.

4. PURCHASE, SALE AND LEASE OF PROPERTY

- 4.1 The Scottish Government Health Directorate has issued a strict set of rules governing all types of property transactions and these rules require that, each year, all the Board's property transactions are subject to close scrutiny by Internal Audit and the Audit Committee. The results of this scrutiny are reported to the Scottish Government Health Directorate. Failure to comply with the rules governing property transactions could be viewed as a serious disciplinary matter.
- 4.2 Where it is necessary to acquire, dispose of or lease property (land and/or buildings), the proposed transaction should be referred to the Director of Finance who has responsibility for property matters, including the conduct of all property transactions.
- 4.3 Authority to sign off property transactions is limited to five officers to whom authority has been formally and specifically delegated by Scottish Ministers. These five officers are
- Chief Executive
 - Director of Finance – Corporate and Partnerships
 - Director of Corporate Planning and Policy
 - Chief Operating Officer – Acute Services Division
 - Director of Acute Service Strategy Implementation and Planning.
- 4.4 **No other member of staff is authorised to make any commitment in respect of the acquisition or disposal of property or interest in property, e.g. leases.**

5. BENEFITS ACCRUING FROM OFFICIAL EXPENDITURE

- 5.1 The underlying principle is that individuals should not derive private/personal benefit from public expenditure.
- 5.2 Employees as individuals must not derive personal benefit from public expenditure. Staff should not use their official position for personal gain or to benefit their family and friends.
- 5.3 Employees should not seek nor 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 Board. (This does not apply to concessionary agreements negotiated on behalf of NHS staff as a whole.)
- 5.4 Staff should not collect air miles arising from official travel unless these are to be applied to future business travel.

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- 5.5 A small number of staff might find their duties require them to make official purchases from retail outlets which promote loyalty schemes (e.g. loyalty cards). Staff should not make purchase decisions which allow them to benefit personally from such schemes when they are applied to official expenditure.

6. FREE SAMPLES

- 6.1 Occasionally, a supplier may provide items/goods to the Board free of charge. Care should be taken in deciding whether to accept such samples/gifts. As a rule, employees should consult with their line manager/Head of Department/Director on this matter. The factors to be considered include the following.

- (i) Will acceptance be seen as endorsing the product in question?
- (ii) Will acceptance create an obligation to buy from the supplier in question?
- (iii) If the items/goods are to be passed on to the public/patients for use, who will be liable if the items/goods are unfit for their intended purpose?

- 6.2 See also Section 18.7 on samples of pharmaceutical or any other clinical product.

7. CONTRACTS AND AGREEMENTS

- 7.1 Where it is proposed to enter into an agreement with a non-NHS body (for example, a service agreement or a collaborative agreement), the legal status of the agreement needs to be considered. It is very likely that, to safeguard the Board's interests, a formal, legally binding document will be required which among other matters will specify the service to be provided and the payment to be made by the Board. Input from the Board legal advisors (the Scottish Health Service Central Legal Office) will be required to prepare such a document.

- 7.2 Where the agreement is commercial in nature, the Procurement Department must be involved at the earliest stage to ensure that all contractual issues are fully addressed.

- 7.3 It is recognised that each agreement may be different and staff should therefore contact the Procurement Department for advice at an early stage.

- 7.4 In cases of doubt, individuals should contact their line manager/Head of Department/Director or Head of Procurement for advice.

- 7.5 Staff should not enter or sign binding contractual agreements unless they have the authority to do so under the Board's Scheme of delegation.

8. PROVISION OF HOSPITALITY

Where it is necessary to provide hospitality outwith an NHS catering facility, prior authorisation by the relevant Director is required. The hospitality provided should be on a modest scale. The Board should not provide alcohol or tobacco as part of the hospitality.

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9. SECONDARY EMPLOYMENT

- 9.1 Staff, other than medical and dental staff, employed by the Board may wish to follow their NHS employment or profession concurrently with another employer. Before staff other than medical and dental take up such other employment they should obtain the approval of the Board. Approval should be sought by approaching the individual's line manager/Head of Department/Director in the first instance. Any approval should be in writing and recorded on the individual's personal file.
- 9.2 The Board will require assurance that the secondary employment
- (i) will not create a conflict of interest;
 - (ii) will not interfere with or have a detrimental effect on the employee's duties with the Board;
 - (iii) will not contravene the European Union Working Time Directive;
 - (iv) will not damage the Board's reputation.
- 9.3 Consultant Grade, Hospital Medical and Dental Staff and Doctors and Dentists in Public Health Medicine and the Community Health Service may undertake private practice in accordance with their respective Terms and Conditions of Service.
- 9.4 All staff should note that it may also be appropriate to declare any secondary employment in the on-line Register of Interests, Gifts and Hospitality system (see Section 2).

10. ACCEPTANCE OF FEES

- 10.1 Where an employee, other than a member of Medical and Dental staff, is offered fees by outside agencies, including a clinical supplier, for undertaking work or engagements (e.g. radio or TV interviews, lectures, consultancy advice, membership of an advisory board etc.) which have a bearing on his/her official duties, or draw on his/her official experience, the employee's line manager must be informed and his/her written approval obtained before any commitment is given by the employee. Directors must obtain written approval from the Chief Executive and the Chief Executive must obtain written approval from the Chair of the Board before committing to such work.

An assurance will be required that

- (i) the individual concerned is not making use of his/her NHS employment to further his/her private interests;
- (ii) any outside work does not interfere with the performance of his/her NHS duties;
- (iii) any outside work will not damage the Board's reputation.

The position in respect of Medical and Dental staff is set out at paragraph 10.8.

- 10.2 If the work carried out is part of the employee's normal duties, or could reasonably be regarded as falling within the normal duties of the post and is carried out in the Board's time, then any fee due is the property of the Board and it should be the Board (and not the individual) that issues any invoice required to obtain payment. The individual must not

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- issue requests for payment in his/her own name and must pass the relevant details to the Directorate of Finance to allow the issue of an invoice and collection of the payment.
- 10.3 Employees should not commit themselves to any work which attracts a fee until they have obtained the required approval as described in paragraph 10.1. It is possible that an individual may undertake work and not expect a fee but then receive an unsolicited payment after the work in question has been completed. The fact that the fee is unsolicited is not relevant and the process set out at paragraph 10.2 applies.
- 10.4 It is also possible that an individual may be offered payment in kind e.g. book tokens. The principles set out in paragraph 10.2 will still apply. If it is not appropriate for the individual to retain the payment in kind, then the gifts or tokens should be handed over to the individual's line manager/Head of Department/Director to be used for the benefit of the organisation as a whole.
- 10.5 A record in the on-line Register of Interests, Gifts and Hospitality should be made when a gift or token is handed over to a line manager/Head of Department/Director and the record should show how the gift or token is used.
- 10.6 A gift offered in respect of work undertaken as part of the individual's **normal** duties should be declined unless it is of minor or trivial nature and of a low intrinsic value.. Examples of such minor or trivial gifts include diaries and calendars.
- 10.7 Certain other provisions apply specifically to the provision of lectures or interviews. A lecturer/interviewee should ensure that the audience is made aware of whether he/she is speaking on behalf of the Board or in a private capacity.
- (i) It may not always be clear whether an individual is acting in a private capacity or as a representative of the Board. An individual will be deemed to be acting in a private capacity where he/she is invited to speak because of his/her position within the Board but is expected to express his/her personal thoughts and opinions on a subject. It is acknowledged that this may be a grey area and, in cases of doubt, staff should consult their line manager/Head of Department/Director. (Directors should seek the endorsement of the Chief Executive).
- (ii) Where an individual gives a lecture in a private capacity on a matter unrelated to the NHS and the individual's job or profession (e.g. a hobby), he/she does not have to seek permission from his/her line manager/Head of Department/Director. In these circumstances, the individual should avoid referring to his/her official position with the Board.
- 10.8 Consultant Grade, Hospital Medical and Dental Staff and Doctors and Dentists in Public Health Medicine and the Community Health Service may undertake additional work and receive fees in accordance with their respective Grade Terms and Conditions of Service.
- 11. WORK UNDERTAKEN FOR PROFESSIONAL BODIES**
- 11.1 If an employee, other than a member of medical or dental staff, wishes to serve as an office bearer with a professional body of which he/she is a member, he/she should obtain written approval from his/her line manager/ Head of Department/Director before he/she takes up the duties with the professional body. Directors should obtain the written approval of the Chief Executive and if the Chief Executive wishes to fulfil such a role, he/she should obtain the written approval of the Chair of the Board. Consultant Grade,

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Hospital Medical and Dental Staff and Doctors and Dentists in Public Health Medicine and the Community Health Service should refer to their Terms and Conditions of Service for advice on additional work undertaken.

- 11.2 As part of the approval process, the Board will require assurance that the individual's duties as an office bearer with the professional body will not interfere with his/her duties with the Board, or damage the Board's reputation. The following matters will be agreed in writing before the individual takes up his/her duties with the professional body.
- (i) The time off to be granted to allow the individual to fulfil his duties with the professional body;
 - (ii) Whether this time off is to be paid or unpaid;
 - (iii) The extent to which expenses will be met by the Board in respect of travel and subsistence relating to the individual's work for the professional body;
 - (iv) The nature and extent of any support to be provided by the Board in terms of secretarial duties, access to email/internet, photocopying, printing and faxes etc;
 - (v) Whether the costs of this support are to be charged to the professional body or met by the Board.
- 11.3 In deciding whether to allow an individual to act as an office bearer for a professional body and the level of financial and administrative support to be provided, the following questions will be considered:-
- (i) Will the individual's activities as an office bearer of the professional organisation benefit the NHS in general and the Board in particular? (It would normally be expected that the activities to be undertaken and the nature of the professional organisation would be relevant to some aspect of the provision of healthcare services.)
 - (ii) Will the individual's activities interfere significantly with his/her NHS duties and/or the duties of any support staff that may be required to assist the individual?
- 11.4 Provided that the individual's activities in respect of the professional organisation will not interfere unreasonably with his/her duties and the duties of any relevant support staff, permission to act as an office bearer for a professional organisation will not be unreasonably withheld.
- 11.5 The Board will not pay or reimburse the costs of subscriptions to professional bodies. It is the responsibility of each individual to meet the cost of his/her membership of the relevant organisation(s).
- 11.6 If an individual wishes to apply for study leave to attend an event organised by a professional body of which he/she is a member or any other event as part of a programme of continuing professional development, he/she should submit a formal application for study leave to his/her line manager/Head of Department/Director. (The Human Resources Department can advise on the authorisation process.) If the application for study leave is granted, it may be granted with or without reimbursement of travel expenses in respect of his/her attendance at the event at the discretion of their line manager. Reimbursement of expenses associated with study leave taken by Consultant

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Grade, Hospital Medical and Dental Staff and Doctors and Dentists in Public Health Medicine and the Community Health Service will be in accordance with their respective Terms and Conditions of Service.

- 11.7 If an individual chooses to attend in his/her own time an event organised by a professional body of which he/she is a member, any travel expenses will fall to be met by the individual involved.

12. CONTACT WITH THE MEDIA

- 12.1 If a member of staff is contacted direct by the media he/she should not enter into any discussions or make any comment and instead refer the enquiry to the NHSGGC Press Office (0141-201-4429 – 24 hours). He/she should also inform the line manager/Director so they are aware of the approach.
- 12.2 Staff must not invite journalists, photographers or camera crews onto any NHSGGC premises without the prior agreement of the NHSGGC Press Office and the relevant Director/line manager.
- 12.3 Staff are also reminded that in dealings with the media they should not pass over copies of Board owned material, e.g. reports which are obtained as part of their normal employment within the Board.
- 12.4 Where an individual exercises the right in a private capacity to publish an article, give an interview or otherwise participate in a media event or debate in a public forum (including the internet), they should make it clear that they are acting in a private capacity and any opinions expressed are not necessarily those of the Board.
- 12.5 No employee should contact the media on NHS matters as it is Board Policy that all press or media enquiries must be referred to the NHSGGC Press Office which is part of the Board's Corporate Communications Directorate.

13. WHISTLEBLOWING

13.1 Introduction

- 13.1.1 This section deals with the disclosure internally or externally by staff who have concerns about patient safety, malpractice, as well as illegal acts or omissions at work, commonly known as "whistleblowing". NHS Greater Glasgow & Clyde (NHSGG&C) wishes to ensure that its employees have the opportunity and confidence to raise such concerns. Through a Whistleblowing Policy, employees are encouraged to be open and are guaranteed to have their concerns considered. NHSGG&C believes that a responsible attitude to Whistleblowing assists in promoting a healthy workplace culture built on openness and accountability. Integral to achieving this is to encourage staff to raise any serious concern they may have about patient safety, malpractice, misconduct, wrongdoing or serious risk as early as possible.
- 13.1.2 The Whistleblowing Policy should be used by any member of staff to raise a qualifying disclosure under the Public Interest Disclosure Act 1998. This Policy is available to all staff, including full-time, part-time, temporary, agency and bank workers and ex-staff of NHSGG&C (all referred to as staff within this Policy) who have concerns about patient safety, malpractice, misconduct, wrongdoing or serious risk. Staff have a responsibility to protect patients from risk of harm posed by another colleague's conduct, performance or health by taking immediate steps to ensure their concerns are dealt with or raised for

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appropriate investigation. NHSGG&C promotes a culture in which staff can raise concerns openly and safely.

- 13.1.3 Staff may have concerns about what is happening at work. Usually these are easily resolved at a local level. However, when the concern feels serious because it is about a possible patient safety issue, malpractice, misconduct, wrongdoing or serious risk that might affect patients, colleagues or the organisation itself, staff are encouraged to raise such issues in the first instance with their Line Manager.

13.2 Legal Framework

- 13.2.1 The Public Interest Disclosure Act 1998 (PIDA) is designed to protect the public by providing a remedy for individuals who suffer a detriment by any act or any deliberate failure to act by their employer for raising a genuine concern, whether it be a risk to patient safety, malpractice, misconduct, wrongdoing or serious risk. These are called “qualifying disclosures”. A qualifying disclosure is one made in good faith by a member of staff who had a reasonable belief that one of the following is being, has been, or is likely to be, committed:

- a criminal offence;
- a miscarriage of justice;
- an act creating risk to health and safety;
- an act causing damage to the environment;
- a breach of any other legal obligation; or
- concealment of any of the above.

- 13.2.2 The Public Interest Disclosure Act’s tiered disclosure regime promotes internal and regulatory disclosures, and encourages workplace accountability and self-regulation.

- 13.2.3 Under the Act, workers who act honestly and reasonably are given automatic protection for raising a matter internally. In NHSGG&C, an internal disclosure can go up to the highest level. Protection is also readily available to those who make disclosures to prescribed regulators – see Section 13.13.

- 13.2.4 The Whistleblowing Policy authorises all staff, not just health and medical professionals, to raise a concern. Legal protection is important if staff are to be encouraged to raise a concern about wrongdoing or malpractice. NHSGG&C wishes to promote an open culture that recognises the potential for staff to make a valuable contribution to the running of public services, and to the protection of the public interest.

- 13.2.5 Where an individual is subjected to a detriment by their employer for raising a concern or is dismissed in breach of PIDA, they can bring a claim for compensation under PIDA to an Employment Tribunal.

13.3 Policy Statement

- 13.3.1 NHSGG&C is committed to achieving the highest possible standards of service and the highest possible ethical standards in public life in all of its practices. To achieve these ends, it encourages staff to use internal mechanisms for reporting any malpractice or illegal acts or omissions by its staff. The Board wishes to create a working environment which encourages staff to contribute their views on all aspects of patient care and patient services. All staff have a duty to protect the reputation of the service they work within.

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13.3.2 The Board will not tolerate any harassment or victimisation of staff using this Policy, and may treat this as a serious disciplinary offence, which will be dealt with under the Board's Disciplinary Policy and Procedure.

13.3.3 The Director of Human Resources is responsible for ensuring implementation of the Whistleblowing Policy.

13.4 Key Principles and Values

13.4.1 When raising a concern the best way to raise it is to do so openly. Openness makes it easier for the organisation to assess the issue, work out how to investigate the matter, understand any motive and get more information.

13.4.2 A member of staff raises a concern confidentially if they give their name on the condition that it is not revealed without their consent. If NHSGG&C is asked not to disclose someone's identity, we will not do so without that person's consent unless otherwise required by law. Staff should however understand that there may be times when NHSGG&C will be unable to resolve a concern without revealing someone's identity, for example where personal evidence is essential. In such cases, it will discuss with the member of staff whether and how the matter can best proceed if staff do not disclose their identity. It will be much more difficult for NHSGG&C to look into the matter.

13.4.3 A member of staff raises a concern anonymously if they do not give their name at all. If this happens, NHSGG&C will assess the anonymous information as best it can, establish whether there is substance to the concern and whether it can be addressed. If no-one knows who provided the information, it will not be possible to reassure or protect them.

13.4.4 There may be occasions when a concern is raised either with an ulterior motive or maliciously. In such a case, the organisation cannot give the assurances and safeguards included in the policy to someone who is found to have maliciously raised a concern that they also know to be untrue. NHSGG&C will look at the concern and examine whether there is any substance to it. Every concern will be treated as made in good faith, unless it is subsequently found not to be. However, if it is found that the individual has maliciously raised a concern which they know is untrue, disciplinary proceedings may be commenced against that individual.

13.5 Other Policies and Procedures

13.5.1 Whistleblowing concerns generally relate to patient safety, malpractice, misconduct, wrongdoing or serious risk, and may be something which adversely affects patients, the public, other staff or the organisation itself. A grievance differs from a Whistleblowing concern as it is a personal complaint regarding an individual's own employment situation. A Whistleblowing concern is where an individual raises information as a witness whereas a grievance is where the individual is a complainant. Grievances are addressed using the Board's Grievance Policy and Procedure. It should be noted, however, that matters related to bullying and harassment are addressed by the Board's Dignity at Work Policy.

13.5.2 Examples of such matters that should be raised under this Whistleblowing Policy include:

- patient safety, malpractice or ill treatment of a patient by a member of staff;
- repeated ill treatment of a patient, despite a complaint being made;
- an unacceptable standard of patient/clinical care;
- a criminal offence is believed to have been committed, is being committed or is likely to have been committed;

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- suspected fraud;
- disregard for legislation, particularly in relation to health and safety at work;
- the environment has been, or is likely to be, damaged;
- breach of standing financial instructions;
- showing undue favour over a contractual matter or to a job applicant;
- a breach of a code of conduct;
- information on any of the above has been, is being, or is likely to be concealed.

13.6 Role of Trade Unions and Professional Organisations

13.6.1 NHSGG&C recognises staff may wish to seek advice on whether to use this Policy, require confidential advice at any stage and be represented by their trade union/professional organisation when using the provisions of this Policy, and acknowledges and endorses the role trade union/professional organisation representatives/officers play in this area.

13.7 Procedure to be Followed in Raising a Concern

13.7.1 If staff have concerns in relation to the issues of the kind referred to above in paragraph 13.5.2, then they should follow the procedure set out below.

13.7.2 STEP ONE - if a member of staff has a concern about patient safety, malpractice, misconduct, wrongdoing or serious risk at work, they are encouraged to raise these with their Line Manager in the first instance. This may be done verbally or in writing.

13.7.3 STEP TWO – if a member of staff feels unable to raise the matter with their Line Manager or does not think that this would effectively address the concern, or where this action has been tried but has not led to action that addresses the action or addresses it within a reasonable period of time for whatever reason, they should then raise the matter with:

- a designated list of Senior Managers who have been trained to deal with any issues from staff raised under the Whistleblowing arrangements – namely -
 - Mr David Loudon, Director of Property, Procurement and Facilities Management
Tel No 0141 211 0270
e-mail - David.Loudon@ggc.scot.nhs.uk
 - Dr Linda de Caestecker, Director of Public Health
Tel No 0141 201 4612
e-mail - Linda.deCaestecker@ggc.scot.nhs.uk
- Address for all Directors - J B Russell House, NHS Board Corporate Headquarters, Gartnavel Royal Hospital site, 1055 Great Western Road, Glasgow G12 0XH.

13.7.4 The designated Senior Managers have been given special responsibility for dealing with Whistleblowing concerns. If the matter is to be raised in confidence, then the staff member should advise the designated Senior Manager at the outset so that this can be taken into account when reviewing and investigating the concern raised.

13.7.5 STEP THREE - if Steps One and Two have been followed and the member of staff still has concerns, or if they feel that the matter is so serious that they cannot discuss it with any of the above, they should contact the nominated Non Executive Member of the NHS

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Board - Contact Details via – john.hamilton@ggc.scot.nhs.uk Tel No. 0141 201 4633. The nominated Non Executive Member of the NHS Board will receive appropriate professional support where relevant from the Medical Director, Nurse Director or any relevant Corporate Director.

13.8 Handling Concerns Raised – Steps One and Two

- 13.8.1 Once a concern has been raised at Step ONE or TWO, it will be acknowledged in writing within three working days. The Line Manager or designated Senior Manager will confirm with the individual concerned whether or not the matter is being raised in confidence, and they will give consideration as to how the concern may be actioned appropriately. This may involve:
- an informal review – for matters not viewed as serious and have the potential to be resolved with normal line management action; ;
 - an internal inquiry – for matters that require more serious consideration and there is a likely need to interview staff in order to gather facts and details of the case; or
 - a formal investigation – for matters where there is a serious concern that there may have been a breach affecting patient safety, malpractice or an illegal act or omission and formal statements require to be taken from staff.
- 13.8.2 The Line Manager or the designated Senior Manager will determine which of the three processes to be followed depending on the circumstances of the concern raised and let the member of staff know how it will be taken forward as quickly as possible (and within a week of receiving the concern).
- 13.8.3 The member of staff raising the concern will be advised who will be handling the matter, how they can contact them and what further assistance may be needed. The Line Manager or the designated Senior Manager will write to the member of staff giving a summary of the concern raised to ensure clarity on what issues are to be taken forward and advise the member of staff how they propose to handle it, and providing a timeframe for feedback. If the concern has been misunderstood, or there is any information missing, the member of staff has the opportunity at this stage to highlight this.
- 13.8.4 When raising a concern, it will be helpful to know how the member of staff thinks the matter might best be resolved. If the member of staff has any personal interest in the matter, they should confirm this at the outset. If it is felt that the concern falls more properly within the scope of one of the other of the Board's policies, this will also be explained to the member of staff.
- 13.8.5 The Line Manager or the designated Senior Manager will give feedback on the outcome of the informal review, internal inquiry or formal investigation. However, it should be noted that it may not be possible to give details of the precise actions taken, where this would infringe a duty of confidence owed to another person. While it cannot be guaranteed that all matters will be responded to in the way that the member of staff might wish, NHSGG&C will strive to handle the matter fairly and properly.
- 13.8.6 If at any time throughout the informal review, internal inquiry or formal investigation it becomes evident that formal disciplinary action may be a possible outcome, the informal review, internal inquiry or formal investigation will be conducted in accordance with the provisions of the Board's Disciplinary Policy and Procedure. Should it be thought necessary to suspend a member of staff during the course of any such informal review, internal inquiry or formal investigation, the procedure outlined in the Disciplinary Policy and Procedure will be followed.

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- 13.8.7 The informal review, internal inquiry or formal investigation will be concluded without unreasonable delay. The Board will endeavour to complete the process within 28 days. However, dependent on the complexity of the concerns raised there may be a requirement for flexibility with regard to timescales. The timescales for completion and issuing feedback should be reasonable and communicated to all parties and regular updates provided if the intended timescale is not adhered to.
- 13.8.8 Employees have a right throughout the procedure and processes of this policy to be represented by their Trade Union/Professional Organisation representative (including full-time Trade Union Officers) or accompanied by a fellow member of staff, friend or relative not acting in a legal capacity.

13.9 Handing Concerns Raised – Step Three

- 13.9.1 Once a concern has been raised at Step THREE, it will be acknowledged in writing within three working days. The nominated Non Executive Director (or Deputy) will confirm with the individual concerned whether or not the matter is being raised in confidence and they will give consideration as to how the concern may be actioned appropriately. This may also involve (definitions for each are given in paragraph 13.8.1):
- an informal review;
 - an internal inquiry or
 - a formal investigation.
- 13.9.2 The Non Executive Member of the NHS Board will determine which process should be followed in considering the matter(s) raised and let the member of staff know as quickly as possible (and within a week of receiving the concern). The process will follow that for Steps One and Two. However if the Non Executive Member decides that an initial interview is required to assess the concerns raised, then a date for that interview will be organised within a week of deciding such an interview is necessary. The interview should be held as soon as possible and every attempt should be made to hold it within one month of deciding to have the interview. The Non Executive Member of the NHS Board will be provided with administrative support for the interview in order that a brief summary of the interview is written up and this should be agreed by both parties. The Non Executive Member of the NHS Board will determine thereafter what further investigation is required and will ensure the Board's policies are adhered to. The Non Executive Member of the NHS Board shall secure appropriate professional/corporate advice from the Medical Director, Nurse Director or any relevant Corporate Directors.
- 13.9.3 The Non Executive Member of the NHS Board will arrange to write to the concerned member of staff to give feedback on any action taken. (This will not include details of any disciplinary action, which will remain confidential to the individual concerned). The feedback will be provided without unreasonable delay.
- 13.9.4 The informal review, internal inquiry or formal investigation will be concluded without unreasonable delay. The Board will endeavour to complete Step THREE of the process within 42 days. However, dependent on the complexity of the concerns raised there may be a requirement for flexibility with regard to the timescales. The timescales for completion and issuing feedback should be reasonable and communicated to all parties and regular updates provided if the intended timescale is not adhered to.
- 13.9.5 If the result of the investigation is that there is a case to be answered by any individual, the Board's Disciplinary Policy and Procedure will be used.

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- 13.9.6 Where there is no case to answer, but the member of staff held a genuine concern and was not acting maliciously this will be accepted and fully acknowledged. The staff member will suffer no reprisals.
- 13.9.7 Only where malicious allegations are made, will it be considered appropriate to act against the concerned member of staff under the terms of the Disciplinary Policy and Procedure.
- 13.9.8 There may be occasions due to the complexity of an inquiry or formal investigation where it will not be possible to report back promptly. In these circumstances, the concerned member of staff must be made aware in advance of any delays and kept regularly informed of progress. The outcome of the inquiry or formal investigation will however still be communicated in writing to the staff member.
- 13.9.9 Employees have a right throughout the procedure and processes of this policy to be represented by their Trade Union/Professional Organisation representative (including full-time Trade Union Officers) or accompanied by a fellow member of staff, friend or relative not acting in a legal capacity.

13.10 Complaints About Chief Executive

- 13.10.1 If the concern raised is about the Chief Executive, then it should be made to the Board Chair who can be contacted by email on jj.brown@ggc.scot.nhs.uk, who will decide on how the investigation will proceed, taking account of the processes described within this Policy.

13.11 External Contracts

- 13.11.1 While NHSGG&C believes that this Policy gives the reassurance needed to raise a concern internally, it is also recognised that there may be circumstances where a member of staff feels they need to properly report a concern to an outside body. NHSGG&C would rather staff raised a matter with the appropriate regulator than not at all. Trade unions/professional organisations will be able to advise on such a course of action.
- 13.11.2 A National Alert Line has been established to provide an additional level of support to staff who wish to raise a concern about practices within NHS Scotland. Public Concern At Work will receive staff's calls and will offer free, confidential advice on how best to take forward any concerns. Contact Public Concern At Work on Freephone – 0800 008 6112.

13.12 Equal Opportunities

- 13.12.1 NHSGG&C is committed to the promotion of Equal Opportunities and to this end this Policy applies to all its staff irrespective of age, race, colour, religion, disability, nationality, ethnic origin, gender, gender reassignment, sexual orientation or marital status, domestic circumstances, social and employment status, HIV status, political affiliation or trade union membership.
- 13.12.2 All staff will be treated in a fair and equitable manner. As requested and where appropriate in connection with this Policy, reasonable adjustments with regard to access to premises/facilities will be made. In addition to making all policy documents available in large print, Braille and in alternative formats/languages, this also extends to the provision of interpreters/translators including signers for the deaf and hard of hearing.

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13.13 Monitoring of Policy

13.13.1 The Board is responsible for this Policy and will arrange to have it reviewed and presented to the Audit Committee every two years. In addition, the operation of the Policy will be monitored by the Area Partnership Forum, and if members of staff have any comments or questions, these should be brought to the attention of trade union/professional organisation representatives.

13.14 Further Information

13.14.1 Further information may be available from:

- BSI Code of Practice on Whistleblowing Arrangements Organisations can download a free copy of the 2008 British Standards Institution's Code of Practice on Whistleblowing Arrangements from www.pcaw.co.uk/bsi
- Public Concern at Work For information about the Public Interest Disclosure Act 1998, please visit: www.pcaw.co.uk/law/uklegislation.htm
- NHSScotland Counter Fraud Service (CFS) Fraud Hotline on - 08000 15 16 28 cfs.scot.nhs.uk
- Health Improvement Scotland Elliott House 8-10 Hillside Crescent Edinburgh EH7 5EA Call 0131 623 4300 www.healthcareimprovementscotland.org
- Audit Scotland 110 George Street Edinburgh EH2 4LH Tel: 0845 146 1010 www.audit-scotland.gov.uk/
- General Chiropractic Council 44 Wicklow Street London WC1X 9HL www.gcc-uk.org Tel: 020 7713 5155
- General Dental Council 37 Wimpole Street London W1G 8DQ www.gdc-uk.org Tel: 020 7887 3800 19
- General Medical Council GMC Scotland 5th Floor The Tun 4 Jackson's Entry Edinburgh EH8 8PJ www.gmc-uk.org Tel: 0131 525 8700
- General Optical Council 41 Harley Street London W1G 8DJ www.optical.org Tel: 020 7580 3898
- General Osteopathic Council 176 Tower Bridge Road London SE1 3LU www.osteopathy.org.uk Tel: 020 7357 6655
- Health Professions Council 184 Kennington Park Road London SE11 4BU www.hpc-uk.org Tel: 0845 300 4472 or 020 7840 9802
- Nursing and Midwifery Council 23 Portland Place London W1B 1PZ www.nmc-uk.org
- Royal Pharmaceutical Society of Great Britain 1 Lambeth High Street London SE1 7JN www.rpsgb.org.uk Tel: 020 7735 9141

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- Scottish Government Health Directorate, St Andrew's House, Edinburgh, EH1 3DG
Tel: (0131) 556 8400

14. CONDUCT DURING ELECTION CAMPAIGNS

14.1 General Principles

The Scottish Government Health Directorates (SGHD) issues regular guidance to health bodies about their roles and conduct during election campaigns. The following general principles are set out.

i) there should be even-handedness in meeting requests for factual information from individual candidates and those from different political parties. Such requests and responses should be handled in accordance with the principles laid down in the Standards of Conduct, Accountability and Openness of NHSScotland and the Freedom of Information (Scotland) Act 2002;

ii) care should be taken over announcements of decisions made by NHS Bodies to avoid accusations of political controversy or partisanship;

iii) special care should be taken in respect of paid publicity campaigns which should not be open to criticism that they are being undertaken for party political purposes. Care should also be taken in relation to any publications planned by any NHS organisation during the pre-election period for example, pieces of research which may be open to political interpretation;

iv) in carrying out their day to day work NHS Bodies should ensure that they do nothing that could reasonably be construed as politically motivated;

v) it is vital that staff of NHS Bodies exercise care in their day to day corporate activities to ensure that they do nothing that could reasonably be regarded as taking a political stance; and

vi) public resources should not be used for party political purposes.

14.2 Freedom of Information (Scotland) Act 2002

14.2.1 The Freedom of Information (Scotland) Act 2002 remains in full force during the election period. NHS Bodies should continue to respond to FOI requests in accordance with the procedures established for such requests. As always, care is needed to ensure that FOI procedures have been followed appropriately.

15. DIRECTORSHIPS OF COMPANIES

15.1 As the Board becomes increasingly involved in partnership working with other agencies, a member of staff may be asked to hold a Directorship with a Company which has been established to progress a particular project. It is important that all staff are aware of the Board's legal position.

15.2 The Board has limited powers to become involved in the conduct of a Company as a subscriber to the Memorandum and Articles of Association or by being entitled to nominate Directors to the Board of Directors of a Company. While there is the power to form companies to provide facilities or services under the National Health Service (Scotland) Act 1978 as amended, such powers will only be exercised in very limited circumstances with the consent of Scottish Ministers. The Board can however

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participate in a Company providing that it does not nominate a Director or take any steps which could be construed as entering into the day to day control and direction of a Company. The Board could send a representative to Board meetings to act as an observer if this was acceptable to the Company and provided it is made explicit to the Company Secretary that the employee is not participating in the Company as a Director or Member of the Company.

- 15.3 Staff should be aware that as Members of a voluntary association there is a potential for unlimited liability on the part of individual employees and of the Board as their employer. While this risk could be addressed by the Association granting an indemnity to the individuals and the Board in respect of any claims arising, this indemnity would only be worthwhile if there was some significant financial backing to meet the claim, or related claims. If the voluntary association had little or no funds, such an indemnity could in fact be worthless. On balance, therefore, it is recommended that the Board and its officers normally take an advisory role in respect of a voluntary association rather than become a full member.
- 15.4 If an individual in a private capacity was appointed to the Board of a Company or becomes a member of a voluntary association, he/she must comply with the Board's requirements in respect of secondary employment and the declaration of interests. He/she should make it explicit to the body concerned that they are not representing the views of NHS Greater Glasgow and Clyde.
- 15.5 Individuals should seek advice and also the written approval of the Chief Executive before responding to an invitation to join a Company or the controlling body of a voluntary organisation.

16. INVOLVEMENT IN COMMERCIAL UNDERTAKINGS/TRADING ENTITIES

NHS Boards have limited powers to set up or acquire for trading purposes, Companies or other trading entities. Where the Board collaborates with another agency on a specific project which will result in the establishment of a separate company or trading entity, the considerations at Section 15 apply equally here.

17. ENDOWMENTS FUNDS

17.1 Application to Open a Specific Endowment Account

17.1.1 Any employee may apply to open a specific endowment fund where he/she wishes to use funds which have become available for the benefit of their Directorate/ department or the Board as a whole. The funds in question could be, for example, fees which are due to the individual personally but which he/she wishes to be used for the benefit of the whole department or organisation.

17.1.2 The Director of Finance (or authorised nominee) is authorised to approve the opening of funds. Where the Director of Finance wishes to open a fund, the approval of the Chief Executive will be required and where the Chief Executive wishes to open a fund, the approval of the Chair of the Board will be required.

17.2 Purpose of the Account

17.2.1 Where application is made to open a specific endowment fund, the purpose of the fund should be clearly stated and should be as specific as possible. For example, "training and

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development of departmental staff” would be acceptable as the stated purpose of a specific fund while “miscellaneous expenditure” would not.

- 17.2.2 Individuals should remember that, once they have decided to donate monies which may have been due to them personally, those monies are not available for personal use and can only be used for the purposes for which the fund was established.

17.3 Responsibility for Expenditure

- 17.3.1 The Trustees (i.e. all Board Members) retain ultimate responsibility for ensuring that endowment funds are used for the purpose intended.

- 17.3.2 The Fundholder has delegated responsibility for ensuring that on a day to day basis the fund is used for the purpose intended.

- 17.3.3 Where the Ledger Manager considers that proposed expenditure does not meet the intended purpose of the fund, he/she will bring this to the attention of the Fundholder. If agreement cannot be reached then either the Fundholder or the Endowments Accountant will report the matter to the Director of Finance and Chair of the Board who will consult with the Trustees if necessary.

17.4 Approval of Expenditure from Fund

- 17.4.1 Each fund requires two nominated signatories either of whom may authorise payments subject to any limits which may be specified by the Fundholder(s) when the fund is opened.

- 17.4.2 A signatory will not authorise payments to or in respect of himself/herself.

18. WORKING WITH SUPPLIERS OF CLINICAL PRODUCTS

- 18.1 The Scottish Government Health Directorate (SGHD) has published Circular HDL(2003)62 and associated guidance entitled ‘A Common Understanding: Guidance on Joint Working between NHS Scotland and the Pharmaceutical Industry’. This SGHD guidance promotes consistency of approach across the NHS in Scotland through a model framework to ensure responsibility, transparency and probity in the joint working process. The NHS Board is committed to providing high quality, innovative healthcare to the population it serves. In striving to achieve this aim, it acknowledges the considerable benefits and opportunities arising from collaboration between the NHS, the Pharmaceutical Industry and other Clinical Suppliers. However, all relationships between the NHS and suppliers, or potential suppliers, must be conducted in an appropriate, transparent and cost effective manner. To ensure this is the case, the NHS has strict Standards of Business Conduct (NHS MEL (1994) 48) and these are incorporated into this single Code of Conduct for Staff. This section provides additional guidance on matters that are specific to joint working with Clinical Suppliers. For all other issues in relation to clinical suppliers, including hospitality and acceptance of fees, the earlier sections of this Code apply.

- 18.2 This Code has been developed to provide direction to all employees regarding their conduct and activities when working with suppliers of clinical products. The overall requirement is to ensure all such interactions are conducted in accordance with the Standards of Business Conduct/ Code of Conduct for Staff.

18.3 Registration and Declaration of Interests

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- 18.3.1 The over-riding principles contained in Section 2 on the Registration of Staff Interests apply equally to staff who work jointly with clinical suppliers and should be read in conjunction with that section. However, the registration process requires additional detail to be provided and for registration for those who are neither employed by nor contracted with the Board, e.g. Honorary Consultants.
- 18.3.2 The requirement to register interests is applicable to holders of honorary contracts and research partnerships.
- 18.3.3 For staff and Honorary Consultants interests should be declared on appointment or when the interest is acquired. Any change in circumstances (either acquisition of an interest, amendment to an interest or termination of an interest) should be declared within 4 weeks of the change occurring (Annex 4 refers).
- 18.3.4 All interests should be declared in the on-line Register of Interests, Gifts and Hospitality, or, for those that do not have access to the on-line system (i.e. Honorary Consultants), the hard copy forms in Annex 2 should be used (see Section 2.4). All interests declared under these provisions will be open to public inspection and will be retained for a period of 5 years from when the individual ceased to have the declared interest.
- 18.3.5 Declarations should also be made at relevant meetings and this may affect the level of participation in some circumstances (Annex 5 refers).
- 18.3.6 If suppliers of clinical products approach NHS staff, including honorary contract holders for advice, this may be construed as a commercial interest, in potential conflict with public duties. Therefore, all individuals providing comparable advice to the Board, for example through their participation in advisory committees, must declare any relevant interests and must withdraw or modify their participation, as necessary, in meetings, consultation exercises etc. Advisory Committees include (this list is not exhaustive):
- (i) Prescribing Management Group
 - (ii) Area Drugs and Therapeutics Committee and Acute Operating Division and Partnership based equivalents
 - (iii) Area Dressings and Sundries Committee and Acute Operating Division and Partnership based equivalents.
 - (iv) Groups with a specialist interest in specific therapeutic topics
 - (v) Guideline development Committees/Groups
 - (vi) Managed Clinical Networks
 - (vii) Professional Advisory Committees of the Board
 - (viii) Any Sub-Groups/Committees of the above.
 - (ix) Research Ethics Committees
 - (x) CH(C)P Professional Advisory Committees
- 18.3.7 This requirement to declare an interest also applies to any individuals, including patient and lay representatives, who provide advice and/or influence decisions made by the above. These declarations will be recorded in the Minutes of the meeting.
- 18.3.8 Staff should be aware that the requirements for declaration at meetings are also applicable to independent primary care contractors directly involved with NHS decision-making on the procurement of medicines and other clinical products, those undertaking research and development and those participating in Board Committees, for example, on issues related to the General Pharmaceutical Services Regulations. Community pharmacists and other independent primary care contractors who have commercial

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relationships with a wide range of suppliers, will require to declare relevant interests if they are involved with Board committees where particular products are being considered for inclusion in local policies. These declarations will be recorded in the Minutes of the meeting.

18.4 Requirements of NHS staff when meeting with representatives of Clinical Suppliers

18.4.1 Meetings between NHS personnel and representatives of clinical suppliers can provide an opportunity for awareness raising and information sharing, such as advance notification of new clinical products, education/training and support for clinical research. The benefits of this exchange are recognised for both parties. However, interactions must follow the NHS values/principles outlined above and, where appropriate, the Association of British Pharmaceutical Industry (ABPI) Code, therefore:

- (i) Meetings should only involve those whose roles justify their participation
- (ii) Individuals should obtain approval from their line manager/ clinical director or equivalent before participation. It is acceptable to arrange prior approval up to an agreed level of interaction, as part of the annual job planning, performance review or appraisal process, as appropriate for different professions.
- (iii) Only senior staff should participate in one to one meetings with representatives (see definition in Annex 3).
- (iv) Staff taking part in such meetings should ensure there is a clear understanding of the purpose of the meeting, including the aims and the potential outcomes which benefit the NHS and patients.
- (v) No commercial commitments should be made during the course of such a meeting. Any appropriate recommendations should be referred to the Procurement Department.
- (vi) Any information provided at such meetings should be critically evaluated. In the case of pharmaceuticals, the ABPI Code governs the approval of promotional materials, directs that statements should be evidence based and restricts distribution to 'persons who can reasonably be assumed to have a need or interest in the information'. If staff are in any doubt or need any assistance, the following additional resources are available:
 - The Area Medicines Information Centre, GRI (Principal Pharmacist: Tel 0141 211 4707 or e-mail med.info@northglasgow.scot.nhs.uk) has access to independent sources of information and can be a useful conduit between Clinical Suppliers and NHS personnel.
 - Advice on prescribing policies within Primary Care and Partnerships can be obtained from the Prescribing Team (Tel 0141 201 5214 or e-mail prescribing@ggc.scot.nhs.uk).
 - Advice on prescribing policy in an NHS hospital can be obtained via the Lead Directorate or Clinical Pharmacist.

18.5 Requirements of representatives when meeting healthcare staff

18.5.1 Industry representatives are advised of the following requirements which relate to interactions with NHS Board staff; Board employees are also expected to ensure they adhere to these requirements:

- (i) Clinical areas (e.g. wards or outpatient clinics) should be visited only by pre-arranged appointment.
- (ii) Junior medical staff should be visited only when a senior staff member is present (specialist registrar, consultant or associate specialist for medical staff or equivalent for other professions).
- (iii) Nursing staff should be visited only with the approval of the relevant manager or professional head.
- (iv) For any product discussed within the Board, representatives should describe the status of the product (in relation to the Scottish Medicines Consortium, Board Formulary, Paediatric Formulary or equivalent clinical product catalogue), both when arranging the meeting and at the outset of the discussion. Cognisance should also be taken when products are restricted for use or initiation by specialist clinical staff.
- (v) Only products within the Board Formulary or comparable clinical product catalogues may be actively promoted.
- (vi) Distribution of promotional materials for Formulary medicines should be in accordance with the ABPI Code.
- (vii) No samples should be left, with the exception of the conditions in para **18.7.2**.

18.6 Printing of Guidelines

18.6.1 On occasion, the industry may offer to sponsor the printing of clinical guidelines, leaflets etc. This is acceptable provided the following criteria are met:

- (i) The funding should be restricted to printing costs only.
- (ii) More than one supplier should have the opportunity to give support through an unrestricted educational grant.
- (iii) Clinical and editorial matters must be under NHS control and developed by a local NHS group, involving relevant clinicians.
- (iv) Recommendations must be in line with local NHS Formulary or corresponding clinical product catalogues or policies.
- (v) Generic names for medicines should be used throughout, unless otherwise specified in the Formulary (or equivalent).
- (vi) Only NHS logos should appear on printed documents.

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- (vii) Acceptance of the sponsorship should be acknowledged on the printed document e.g. "Printing supported by an unrestricted educational grant from" The declaration of sponsorship should be sufficiently clear that readers are aware of it at the outset.
- (viii) Approval of such documents should proceed through the agreed NHS process e.g. clinical guidelines approval by the Area Drugs and Therapeutics Committee

18.7 Samples

18.7.1. This refers to pharmaceuticals or any other clinical product including dressings, sundries, products for wound care and stoma care, equipment and devices. Samples should not be accepted as the Board may be liable for the quality of items utilised in patient care. Exceptions are highlighted in para 18.7.2 below.

18.7.2. There are specific exemptions from the above restrictions:

- (i) Medicines provided as part of a clinical trial.
- (ii) Co-ordinated 'assessment' of certain products (e.g. equipment or devices) or supply of a single sample for demonstration purposes.
- (iii) Supply of clinical monitoring equipment (e.g. glucometers, glucose testing strips, insulin pen devices or insulin pumps for use by newly diagnosed diabetic patients) as part of an individual evaluation of patient acceptability.

18.7.3 While it is recognised there may be value in gaining pragmatic experience in this way, supplying samples for these purposes should be:

- (i) in response to a written request, dated and signed
- (ii) discussed and agreed with the local pharmacy or procurement teams
- (iii) approved by the Dressings and Sundries Committee
- (iv) subject to appropriate disclaimers to avoid liability on the part of the Board.

18.7.4 Devices and equipment should be inspected, approved and regulated via normal NHS procedures to include:

- (i) completion of a 'Form of indemnity for equipment on loan'
- (ii) completion of training in use of the equipment to the required standards

18.7.5 Any requirements for pre-packed medication, for example, to be used as starter packs in compliance with the Formulary, should normally be satisfied through NHS Manufacturing Units. Advice should be sought from local pharmacy departments.

18.8 Partnership working at corporate level

18.8.1. In developing a joint working agreement at corporate level, consideration should be given to the following:

- (i) The costs and benefits of any arrangement.

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- (ii) Likely impact on purchasing decisions across the NHS structure, with such decisions being based on best clinical practice and value for money.
 - (iii) Joint working linked to the purchase of particular products or services, or to supply from particular sources, is not permitted unless as a result of an open and transparent tendering process for a defined package of goods and services. In particular, no sponsorship, funding or resources should be accepted from a supplier who is actively engaged, or shortly to be engaged, in a potential supply to the Board unless it can clearly be demonstrated that the sponsorship has not influenced the procurement decision. It should be assumed that influence will be perceived unless it can be clearly demonstrated it was not.
 - (iv) A requirement that all participants observe Data Protection legislation and respect patient confidentiality.
 - (v) The employment or seconding of any person as a result of the agreement is covered by relevant NHS provisions e.g. MEL(1994)48.
 - (vi) Participants are made fully aware of the duration of the project with a clear definition of (1) the 'exit strategy' and (2) the implications for both patients and the service once the project comes to an end.
 - (vii) The need for 'registration of interest' with any such agreement (Annex 4).
- 18.8.2. Any possible partnerships should always be discussed with the relevant line manager, head of profession/clinical director or equivalent, and local pharmacy and procurement teams before proceeding beyond the initial stages.
- 18.8.3. Procurement teams (and in the case of medicines, pharmacy teams) will work with suppliers to establish the best arrangements for the supply of clinical products, in line with Business Standards, Code of Conduct, purchasing legislation and the Board's Standing Financial Instructions (SFIs).
- 18.8.4. No commercial relationships can be entered into other than by staff with formal delegated authority. Any discussion on commercial matters should be referred to the relevant Procurement or Pharmacy teams.

18.9 Industry sponsored research/clinical trials

- 18.9.1 The Board, in collaboration with its academic partners, wishes to enhance patient care through advancement in clinical practice. The Board recognises the support that industry provides to research, with the resultant benefits of interaction between NHS staff and their scientific counterparts representing companies who supply clinical products.
- 18.9.2 Research partnerships need to meet the rigorous requirements of clinical relevance and governance as set out in current guidelines and legislation. All projects must be formally approved by the relevant Research Ethics Committee(s) and the Research & Development management team.
- 18.9.3 All industry sponsored research/clinical trials should be registered as an interest by the Head of Department or the Principal Investigator. This requirement applies equally to

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Pharmacy Departments who are in receipt of 'fee for service' in support of clinical trials.

- 18.9.4 On conclusion of the sponsored research/clinical trial period, the clinical product may be proposed for extended commercial use. The appropriateness of this development should be ascertained by a Peer Review Group, with membership drawn from relevant senior clinical and management personnel who are independent of the trial participants. This Peer Review Group will determine, in liaison with the appropriate Board Committee (e.g. Dressings and Sundries), if the development supports the clinical/financial strategies of the Board in promoting cost effective patient care.
- 18.9.5 If a product is subject to transfer from a research setting to commercial use, this should be planned through a formal agreement for service development, with an agreed funding stream. Medicines are subject to separate process of 'managed introduction', given the role of (1) the regulatory authorities in marketing authorisation at a European or UK level; (2) the Scottish Medicines Consortium; and (3) the Area Drug and Therapeutics Committee.
- 18.9.6 Trial subjects/patients should be informed that the Board cannot guarantee that a new medicine will be available in clinical practice following clinical trial activity, compassionate use prescribing or 'expanded access' programme (or equivalent). Such availability is dependent on marketing authorisation and national guidance (e.g. Scottish Medicines Consortium and/or National Institute for Health and Clinical Excellence), in addition to individual patient circumstances.
- 18.9.7 Market research activities, post marketing surveillance studies, clinical assessments and the like must be conducted with a primarily scientific or educational purpose and must not be disguised promotion. In the event that this activity involves a non-Formulary medicine, NHS prescribing should be conducted in line with accepted prescribing policies in acute services or primary care.

18.10 Intellectual Property Rights (IP)

- 18.10.1 Anyone entering into a joint working or sponsorship agreement must ensure that any intellectual property rights arising are properly protected for the benefit of the Board, in accordance with NHS MEL (1998) 23 – Policy Framework for the Management of Intellectual Property within the NHS arising from Research & Development and NHS HDL (2004) 09 – Management of Intellectual Property in the NHS.

19. BREACHES

Any member of staff who fails to comply with the requirements of this Code of Conduct, or is found to have abused their official position, or knowledge, for the purpose of self-benefit, or that of family or friends, may be liable to disciplinary action under the Board's Disciplinary Policy and Procedure.

CORPORATE GOVERNANCE DOCUMENTS

Standing Orders for the Proceedings and Business of the Board

These set out the standards which determine how the meetings of the NHS Board will be conducted. These incorporate the Code of Conduct for NHS Boards issued under the Ethical Standards in Public Life Etc. Act 2000. The Code explains the values which must underpin the work of the NHS and define the responsibilities of the NHS Board and its Members.

Decisions Reserved for the Board and Remits of Committees

These documents define which matters must be referred to the Board and the delegation of decision making to Standing Committees.

Standing Financial Instructions (SFIs)

These set out the policies and procedures which apply to the financial activities and operations of the Board.

NHS Circular MEL (1994) 48 - Standards of Business Conduct for NHS Staff

This Circular sets out the Standards of Business Conduct expected of all NHS staff.

Fraud Policy

This sets out the Board's policy on fraud, corruption, embezzlement and theft and explains what staff should do if they suspect that any of these actions has occurred.

Register of Board Members' Interests

This lists all interests declared by Board Members. It is maintained by the Head of Board Administration and a copy is available to the public at the Reception Desk at J B Russell House or on the NHS Board's website – nhsggc.org.uk

Register of Staff Interests, Gifts and Hospitality

This lists all interests declared by staff and all offers of gifts and hospitality reported by staff regardless of whether accepted or declined.

Whistleblowing Policy

Sets out staff members' right to report concerns on any issues: including breaches of Standards of Business Conduct, fraud, etc.

NHS Circular HDL(2003)62 – A Common Understanding: Guidance on Joint Working between NHS Scotland and the Pharmaceutical Industry

Sets out a model joint working framework for relationships with clinical suppliers and potential clinical suppliers.

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ANNEX 2

DECLARATION OF STAFF INTERESTS AND GIFTS/HOSPITALITY (To be used when the on-line declaration on Staffnet cannot be accessed)

Title (Mr/Mrs/Miss/Ms/Dr)	
Name	
Job Title/Capacity	
Location	
Email	

I wish to declare the following (* - Please delete as appropriate)

Declared item	Details (please provide all relevant details that will allow assessment of whether or not the declared item could have a bearing on a specific matter)
Interest (e.g. Other employment, Directorships, Ownership of/Interest in a business, Shareholdings, Land/Buildings, Position of Authority, Voluntary organisation, Declaration on behalf of family member, Other)*	
Interest with Clinical Supplier (e.g. Employment, Shareholding,/ownership, Shareholding/Directorship, Advice, Gift/Donation, Fees, Hospitality, Sponsorship, research partnership, declaration on behalf of Family member, Other)*	This interest is Personal/Non Personal*
Offer of Gift/Hospitality* Date Offered Estimated Value £ I have accepted this offer Y/N* I have notified my line manager and been given approval Y/N*	(Details of gift/hospitality <u>and the donor</u>)

Please continue on a separate sheet where necessary or for multiple declarations.

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Signature	Date
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Note Any relevant interest held within the previous 12 months should also be registered (where the interest is no longer current, this should be indicated along with the date that it ceased).

TERMS RELATING TO THE GUIDANCE ON WORKING WITH CLINICAL SUPPLIERS

Association of the British Pharmaceutical Industry (ABPI)

The ABPI is the trade association representing the manufacturers of prescription medicines. Membership is voluntary.

It sets standards for the promotion of medicines to health professionals and includes guidance on interactions with NHS personnel. It is drawn up in consultation with the BMA, the Royal Pharmaceutical Society of Great Britain, the Medicines & Healthcare Products Regulatory Agency (MHRA) and the Royal College of Nursing. The code has been revised in 2006; a full copy can be found at:

<http://www.abpi.org.uk/links/assoc/PMCPA/code06use.pdf>

and an abbreviated guide is available at:

<http://www.abpi.org.uk/links/assoc/PMCPA/PMPCA.pdf>

The Code applies automatically to members and may be adopted by non-member companies. These guidelines are considered to be compliant with the principles of the code but in the event of any conflict, the NHS requirements will take precedence.

Clinical Products:

These are defined as any material, item, or equipment designed to prevent disease, diagnose or treat patients of the Board. This includes:

- Medicinal products (pharmaceuticals)
- Medical devices (e.g. dressings, appliances, sundries, prostheses)
- Equipment not classed as a Medical Device but used to diagnose or treat patients
- Consumables such as syringes, needles and filters used in the preparation or administration of products for treatment or diagnosis

Clinical product catalogue

Agreed Dressings and Sundries products that can be accessed by clinical teams across the Board. The range is controlled by clinical peer group review to provide the most appropriate products to deliver patient care. Discretion will be applied to a product range which is not covered by such a catalogue.

Clinical Supplier

The manufacturer / supplier of a clinical product as defined above.

Industry

This term covers the full range of clinical product suppliers or manufacturers, unless otherwise specified, including the Pharmaceutical Industry which covers ABPI and non-ABPI members.

Joint Working

Any partnership, across the range of section headings of this Code, between the NHS (or one or more of its employees) and suppliers of clinical products which:

- is for the benefit of patients
- should be in the mutual interest of both parties
- is conducted within the ethos of 'A Common Understanding' (SGHD Guidance 2003) which advocates a framework to ensure responsibility, transparency and probity in the process
- is compliant with the Data Protection Act 1998

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- should not conflict with advice issued by the Scottish Medicines Consortium (SMC) or NHS Quality Improvement Scotland, unless endorsed for local implementation by the Area Drugs and Therapeutics Committee (ADTC) / Prescribing Management Group (PMG).
- should promote equitable access and evidence based healthcare
- should not be seen as an endorsement of any product or technology
- should not undermine or conflict with the professional or ethical requirements of any healthcare professional

This should yield improvements in patient care, service provision, support or development of NHS employees /independent primary care contractors etc. Any report from such activity should not be published without the explicit permission of all partners.

Research partnerships between the NHS and Clinical Suppliers also fall within the scope of this Code, although the financial and commercial implications will be considered separately.

Post marketing surveillance

Such activity is subject to 'Guidelines for Company Sponsored Safety Assessment of Marketed Medicines' (SAMM) which have been produced jointly by the ABPI, the British Medical Association, the Committee on Safety of Medicines, the Medicines and Healthcare products Regulatory Agency and the Royal College of General Practitioners

Promotion (of clinical products)

Active detailing of product(s) to NHS staff (e.g. displays, AV presentations, issue of promotional materials) with the aim of changing current prescribing practice in NHSGG&C. Promotion is restricted to those products included in the Formulary (medicines) or other clinical product catalogues (e.g. dressings and sundries). This therefore excludes any medicine prior to its review by SMC and approval by the Greater Glasgow & Clyde Area Drug and Therapeutics Committee.

This should not impose any restriction on meetings between senior NHS personnel and representatives of clinical suppliers for awareness raising and exchange of factual information, irrespective of a product's Formulary status. Advance notification of new products or technologies is one example of NHS / Supplier interactions which are not deemed as promotion.

Research partnership

A partnership where one or more NHS employees and/or contractors have a formal partnership agreement in place with a clinical supplier to undertake ethically approved research studies.

Senior staff

- For hospital doctors, this includes Specialist Registrars/ST5s and above, Consultant and Associate Specialist and Staff Grades
- For NHS pharmacists (those employed in hospital and the managed service), this includes managers, specialists and clinical pharmacy leads at Grade E (Whitley Council, AfC review pending) or higher
- For hospital nurses, this includes Senior Managers, Nurse Consultants and Clinical Nurse Specialists

REGISTRATION OF INTERESTS RELATING TO CLINICAL SUPPLIERS

General

All relevant joint working with clinical suppliers should be declared.

All employees should register their interests on appointment or when the interest is acquired. Any change in circumstances (either acquisition of an interest or termination of an interest) should be declared within 4 weeks of the change occurring.

Publication

Information about interests declared by NHS staff, including membership of the relevant Committees and Sub-committees, will be open to scrutiny.

Additional Guidance in respect of clinical suppliers

Personal

Personal payment or benefit to an individual. The main examples are:

- a) Consultancies: any consultancy, directorship, position in or work for a clinical supplier which attracts regular or occasional payments in cash or in kind
- b) Fee-paid work: any work commissioned by a clinical supplier for which the employee is paid in cash or in kind
- c) Shareholdings: any shareholding in or other beneficial interest in the pharmaceutical industry or other clinical supplier

Non-Personal

Payment to a department, or organisation for which an individual is responsible, without personal gain. For example: any payment, other support or sponsorship by a clinical supplier which benefits the position of a department e.g.

- A grant to support the activities of a department for which the employee is responsible
- A grant, fellowship or other payment to sponsor a post or a member of staff in the unit / department for which the employee is responsible
- The commissioning of research or other work or advice from a unit/department for which the employee is responsible

Specific

Relating to a particular product

Non-Specific

Relating to a general interest in or involvement with a pharmaceutical company or clinical supplier, which is not product specific

Declarations of Interests at meetings relating to working with clinical suppliers***Impact on provision of advice and participation***

There are particular implications for members of, and advisors to, Board Committees or Sub Committees. Each is required to declare relevant interests prior to or during such meetings, and to state whether they are personal or non-personal interests and whether they are specific to the product under consideration. In the record of the meeting, a statement should be made of those declarations, including the nature of the interest and whether the member took part in the proceedings.

A member who is uncertain whether an interest should be declared should ask the Chair for guidance. The Chair may use discretion to determine how a member with a declared interest shall participate – e.g. ‘taking part in the proceedings’ includes both speaking and voting.

Personal, specific

A member must declare a ‘personal specific interest’ if he or she has *at any time* worked on the product under consideration and has personally received payment for that work, in any form, from the supplier (e.g. pharmaceutical industry). The member shall normally leave the room, and take no part in the proceedings as they relate to that product, except at the Chair’s discretion to answer questions from other members. There is a convention that personal, specific interests do not lapse.

Personal, non-specific

A member must declare a ‘personal non-specific interest’ if he or she has a *current* (within the previous 12 months) personal interest in the company concerned which does not relate to the product under discussion. The member shall take no part in the proceedings as they relate to the product, except, at the Chair’s discretion, to answer questions from other members.

If a member has a *current* personal interest in a competitor of a product under consideration, he or she should declare this interest in the company manufacturing/marketing/supplying the rival product. The member should seek the Chair’s guidance but, normally, he/she should not take part in the proceedings.

Non-personal, specific

A member must declare a ‘non-personal specific interest’ if the organisation/department/group for which he/she is responsible has *at any time* worked on the product. The member may take part in the proceedings, assuming he/she has not personally received payment and has no direct knowledge of the product through personal involvement or direct supervision of other people’s work.

Non-personal, non-specific

A member must declare a ‘non-personal, non-specific interest’ if the organisation/department/group for which he/she is responsible is *currently* (active within the previous 12 months) receiving payment from the relevant clinical supplier - unrelated to the product under discussion. The member may take part in the proceedings unless, exceptionally, the Chair rules otherwise.

PART 2

Fraud Policy

NHS GREATER GLASGOW AND CLYDE

INTRODUCTION

This document sets out NHS Greater Glasgow & Clyde's (NHSGGC) policy in respect of fraud and related criminal offences (which for the purposes of this policy will be referred to generically as fraud). This policy supports the Scottish Government's Strategy to Combat NHS Fraud in Scotland.

It is a fundamental principle that all who are employed in public service, or who hold public office, should act honestly and with integrity to safeguard the public resources for which they are responsible. The risk of fraud or theft poses an ever-present threat to these resources and therefore, ultimately, to the level of patient care that can be provided. The prevention and detection of fraud should be the concern of all members of staff.

DEFINITIONS

Fraud: *the use of deception with the intention of obtaining an advantage, avoiding an obligation or causing loss to another party.*

Bribery or Corruption: *is the offering, giving, soliciting or acceptance of an inducement or reward which may influence the action of any person.*

Embezzlement: *the felonious appropriation of property by a person to which it has been entrusted.*

Theft: *the dishonest appropriation of the property of another with the intention of permanently depriving them of it.*

For the purposes of this policy, these will be referred to generically as fraud.

NHS GREATER GLASGOW & CLYDE'S POLICY

NHSGGC is committed to the prevention, detection and, ultimately, elimination of any fraud and wishes to promote an awareness of fraud throughout the organisation. To achieve this aim, NHSGGC has put in place a range of measures to control its activities and minimise the risk of fraud. These measures are set out in a range of documents including Standing Orders for the Proceedings and Business of the NHS Board, Standing Financial Instructions, a Code of Conduct for Staff (which also incorporates a Whistleblowing Policy encouraging the reporting of any concerns of fraud), operational procedures and the Fraud Policy itself.

When anyone suspects that fraud may have occurred, they should report their concerns in accordance with the following paragraph. A key element of this Fraud Policy is that members of staff can be confident that they will not suffer in any way as a result of reporting suspicions held in good faith. (for this purpose, suspicions held in good faith are suspicions other than those which are raised maliciously.)

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REPORTING FRAUD

Any staff member with evidence or suspicions of fraud should report the matter immediately to their line manager who will then report the matter without delay to the Fraud Liaison Officer. Time may be of the utmost importance to ensure that NHSGGC does not suffer further loss.

Anyone who suspects their manager of involvement in fraud has a choice of:

- going to the next more senior person in the department or directorate;
- discussing the matter confidentially and/or anonymously with the Fraud Liaison Officer; or
- reporting the matter via the NHS Counter Fraud Services Hotline or Website.

Relevant contact details are:

Fraud Liaison Officer	0141 201 4879
NHS Counter Fraud Services	Hotline: 08000 15 16 28 Website: www.cfs.scot.nhs.uk

Staff should be assured that, in accordance with the NHSGGC Whistleblowing Policy, there will be no recriminations against staff who report suspicions held in good faith. Victimising or deterring staff from reporting concerns is a serious disciplinary matter. Any contravention of this policy should be reported to the Chief Executive. Equally, however, abuse of the process by raising malicious allegations could be regarded as a disciplinary matter.

Anyone concerned about speaking to another member of staff can obtain independent and confidential advice from the charity “Public Concern at Work” telephone 0207 404 6609 (www.pcaw.org.uk, email - helpline@pcaw.org.uk).

INVESTIGATION OF FRAUD

NHSGGC is committed to the rigorous and thorough investigation of all cases of fraud or suspected fraud. This policy has been designed to comply with and support

- NHS Circular HDL (2005) 5 “Tackling Fraud in NHS Scotland – Joint Action Programme/Financial Control: Procedure Where Criminal Offences Are Suspected”.
- The Scottish Government’s Strategy to Combat NHS Fraud in Scotland [CEL 3 (2008)]

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NHSGGC has entered into a formal Partnership Agreement with NHSScotland Counter Fraud Services (CFS), which provides a specialist investigation service to NHSScotland bodies. All instances of fraud, corruption or embezzlement will be referred to CFS for consideration/investigation.

Where CFS carry out an investigation and conclude that there is prima facie evidence of a criminal offence, then CFS will submit a Standard Prosecution Report to the Procurator Fiscal on behalf of NHSGGC. Any decision to take forward a prosecution will be at the sole discretion of the Procurator Fiscal.

Where it is decided that CFS will not carry out an investigation, the Fraud Liaison Officer will discuss and agree with the relevant Service Head and Human Resources manager the action to be taken.

NHSGGC will report instances of theft to the police in accordance with the Standing Financial Instructions.

NHSGGC will also take appropriate disciplinary action and/or refer the matter to the appropriate professional body in every case where an investigation provides grounds for such action (including instances where there is insufficient evidence to support a referral to the Procurator Fiscal, or no prosecution results after a referral). However, where there is a referral to the Procurator Fiscal, any internal investigation work or disciplinary action will be carried out in a manner that avoids prejudicing any potential criminal prosecution. All disciplinary action will be taken in accordance with established NHSGGC Policies.

Irrespective of the outcome of the criminal prosecution process, NHSGGC will seek restitution of any losses suffered.

ROLES AND RESPONSIBILITIES

NHSGGC through the Chief Executive, as Accountable Officer, is responsible for:

1. developing and maintaining effective controls to prevent fraud;
2. carrying out vigorous and prompt investigations where fraud occurs and is brought to its attention;
3. taking appropriate legal, disciplinary and management action in response to fraud.

Managers are responsible for:

1. identifying the risks to which systems and procedures are exposed;
2. developing and maintaining effective controls to prevent and detect fraud;
3. ensuring that controls are being complied with;
4. investigating, and reporting to the police, instances of theft; and
5. reporting all instances of fraud (including theft) to the Fraud Liaison Officer.

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Individual members of staff are responsible for:

1. acting in accordance with NHSGGC's Code of Conduct for Staff;
2. reporting details immediately if they suspect that a fraud has been committed or see any suspicious acts or events.

The Director of Finance is the NHSGGC designated Counter Fraud Champion and is responsible for:

1. promoting awareness of fraud and the measures taken to counter fraud;
2. issuing a Fraud Action Plan that is consistent with the Partnership Agreement with CFS and details the action to be taken by management when fraud is identified or suspected;
3. ensuring that all instances of fraud are investigated in accordance with the Fraud Action Plan and the Partnership Agreement with CFS;
4. keeping the Chief Executive advised of any significant fraud issues;
5. notifying the Appointed Auditor and Scottish Government Health Directorates of fraud issues when appropriate; and
6. nominating a Fraud Liaison Officer (FLO).

The Fraud Liaison Officer will:

1. act as a point of contact with CFS;
2. receive enquiries relating to fraud (confidentially and/or anonymously) on behalf of the Director of Finance;
3. co-ordinate any fraud investigation including liaison with the relevant Human Resources managers;
4. keep the Director of Finance apprised of all issues relating to fraud;
5. support the Counter Fraud Champion in discharging his responsibilities; and
6. maintain records of fraud and financial irregularities on behalf of the Director of Finance.

The Director of Human Resources will promote awareness of the NHSGGC's counter fraud measures among Human Resources managers and liaise with the Fraud Liaison Officer and CFS on the timing of any disciplinary action which is proposed.