

Standards of Business Conduct Policy

Version number and status	
First published:	April 2013
Date updated:	24/07/2023
Next review date:	01/01/2025
Policy prepared by:	Deputy Director Compliance and Assurance
Policy owner:	Director of Corporate Assurance
Policy approved by and date:	NHSE Board 07/12/2023
Brief summary of changes since previous version:	Redrafted and restructured as part of the 2023 policy harmonisation process.
Queries about the interpretation or application of this policy:	Contact the Corporate Governance team: nhsei.compliance@nhs.net

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1. Purpose

- 1.1 The highest standards of conduct and integrity are expected from Board members, NHS England's employees and all those who work for and with us, in keeping with the [NHS Constitution](#) and [Nolan Principles](#).
- 1.2 As a public body, NHS England must ensure the highest standards of rigour, value for money and propriety in the way that we deliver our objectives and support the wider NHS to improve patient outcomes.
- 1.3 This policy describes the standards and public service values which underpin our work and which all officers of NHS England must follow.

2. Scope

- 2.1 Without exception, all officers of NHS England are within scope of this policy.
- 2.2 'Officer' means an employee or any other person holding a paid or non-paid appointment or office within NHS England, including in its hosted bodies (including Commissioning Support Units; Strategic Clinical Networks; and Clinical Senates). This includes non-executive directors, interims, agency workers, specialist contractors (working for NHS England under a contract for services), consultants and secondees (both out of and into NHS England).
- 2.3 People who perform a function on behalf of NHS England, but are not employed directly by it, must comply with this policy. This includes members of advisory groups such as Clinical Reference Groups, Medical Advisors or patient representatives (Patient and Public Voice partners).
- 2.4 Employees of organisations contracted to provide services to NHS England may also be subject to this policy where it is a condition of the associated contract.
- 2.5 Throughout this policy, reference is made to NHS England's policies and management structures. Other organisations in scope of this policy are expected to apply it with reference to their respective corporate policy and governance structures.
- 2.6 As part of their role, some officers make decisions or exercise influence in how public money is used. In the context of this policy, decision making officers are those in the following categories:
 1. Board members
 2. National and Regional Directors
 3. All Executive and Senior Managers (ESM)
 4. Officers at Agenda for Change Band 8d and above and their equivalent, for example medical graded staff
 5. Level 4 Patient and Public Voice partners
 6. Officers who are 'authorised signatories' and their direct and indirect reports who enter into contracts, of any value including zero-value, on behalf of NHS England.

3. Failure to comply with this policy

- 3.1 Allegations of a failure to comply with this policy should, without exception, be explored in discussion with the individual by a responsible officer. In the first instance, in most cases, this will be the direct line manager of the subject of the allegation.
- 3.2 A failure by a responsible person to adequately investigate such allegations will in itself be a contravention of this policy.
- 3.3 Depending on the outcome of any investigation, failure to comply may result in disciplinary actions being considered, in accordance with the Disciplinary Policy, up to and including termination of employment.
- 3.4 Where the failure to comply relates to an officer who is not a direct employee of NHS England, this may result in action being taken in accordance with the relevant engagement procedures (for example termination of a secondment agreement).
- 3.5 Any financial or other irregularities or impropriety which involve evidence or suspicion of fraud, bribery, or corruption by any officer will be reported to NHS England's Counter Fraud Team for an appropriate investigation to be conducted and potential prosecution sought.

4. Raising concerns and reporting potential breaches

- 4.1 Officers should speak up if they have concerns about compliance with this policy or any associated policy or procedure.
- 4.2 Officers should raise concerns with their line manager, the Corporate Governance team (nhsei.compliance@nhs.net) or a [Freedom to Speak Up Guardian](#).
- 4.3 All reported concerns will be treated with the appropriate confidentiality and investigated in line with applicable NHS England policies and procedures.
- 4.4 The Corporate Governance team takes a report on breaches and responses to the Audit and Risk Assurance Committee at least annually. Anonymised information on breaches is published annually on NHS England's website.
- 4.5 Officers must report any suspicions of fraud, bribery and corruption to NHS England's Counter Fraud Team as soon as they become aware of them: england.counter-fraud@nhs.net (more information is on the [Counter Fraud intranet page](#)).

5. Publication of declarations

- 5.1 All decision making officers' declarations are published on NHS England's website at intervals set out in Appendix B. Registers of all declarations held by the Corporate

Governance team will, where there is a legal basis for doing so, be made available on request.

- 5.2 In exceptional circumstances, where the public disclosure of information could give rise to a risk of harm or is prohibited by law, an individual's name and/or other information may be redacted from the publicly available register(s).
- 5.3 For the declaration of directorships, see paragraph 1.9 of Appendix A, the Corporate Governance team will publish those where the declarant is a decision making officer and the organisation directly or indirectly provides services or products to the NHS or patients, or might be reasonably expected to seek to do so.

6. Equality and Health Inequalities Impact Assessment

As part of the development of this policy, its impact on equality has been analysed and no detriment identified.

7. Key references

- [Read the NHS Constitution on the Department of Health and Social Care's website](#)
- [Read the Nolan Principles on GOV.uk](#)
- [Read the UK Corporate Governance Code on the Financial Reporting Council's website](#)
- [Read the Code of conduct for board members of public bodies on GOV.uk](#)
- [Read the Fit and Proper Person Test Framework for board members on NHS England's website](#)
- [Read Managing Public Money on GOV.uk](#)

Appendix A

Section 1 – Declarations of interest

Minimum requirements

- All officers must declare any interests on [CoreStream](#) as soon as possible, and within 28 days after the interest arises.
- All external directorships, or equivalent positions with responsibility for governance and performance, must be declared regardless of whether they create a perceived conflict.
- Officers must review their status and submit a declaration at the points outlined in paragraph 1.12 below.
- Consult your line manager if you are in any doubt as to whether you have an interest or whether it is declarable. You can also contact the Corporate Governance team (nhsei.compliance@nhs.net).

1.1 Officers must always act with the utmost integrity and objectivity and in the best interests of the public, taxpayers and the organisation in performing their duties. They must avoid situations which may give rise to an actual or perceived conflict of interest.

1.2 Officers must not use their position for personal advantage or seek to gain preferential treatment. Officers must declare any actual or potential interests which may be perceived as conflicting with this overriding obligation.

1.3 Officers may hold interests for which they cannot see a potential conflict, however, others may see the matter differently. It is important to exercise judgement and you are encouraged to declare interests even where the likelihood of any actual or perceived conflict is low.

What are conflicts of interest?

1.4 A conflict of interest can occur when an officer's judgement could be impaired by a clash between personal interests and professional duties or responsibilities.

1.5 Even if the individual doesn't actually benefit, a conflict can still occur if it appears a decision may have been influenced. The perception of competing interests, impaired judgement or undue influence can also be a conflict of interest.

1.6 A material interest is one which a reasonable person would take into account when making a decision, because the interest is relevant to that decision.

1.7 A conflict of interest may be:

1. Actual – there is a relevant and material conflict now
2. Potential – there is the possibility of a material conflict in the future.

1.8 Conflicts can also occur because of interests held by a close family member, business partner, close friend or associate. If officers are aware of material interests, these must also be declared. A close family member is defined as:

1. Spouse or civil partner
2. Any other person with whom the individual cohabits
3. Children or stepchildren
4. Spouse/partners' children or stepchildren
5. Parents
6. Grandparents
7. Siblings

1.9 Interests arise in a number of different contexts and can generally be considered in the following categories:

1. Financial interests – where an individual could potentially obtain a direct financial benefit from the consequences of a decision, they are involved in making.

Examples include:

- A directorship, including non-executive directorship, held in any private company, public limited company, charity, or professional body. All external directorships, or equivalent positions with responsibility for governance and performance, must be declared regardless of whether they create a perceived conflict.
- A shareholder (or similar ownership interests), a partner or owner of any private or not-for-profit company, business, partnership or consultancy. (there is no need to declare shares or securities held in collective investment or pension funds or units of authorised unit trusts).

2. Non-financial professional interests – where an individual may be perceived as gaining a non-financial benefit, for example, to their professional reputation/status/career, from the consequences of a decision they are involved in making. Examples include:

- Holding a decision-making position or a position of influence in another NHS organisation (see Appendix A, Section 4 for restrictions), commercial, charity, voluntary, statutory or other body in the health and care sector.
- A position on an advisory group or other paid or unpaid decision-making forum that could influence how NHS England spends taxpayers' money.
- An advisor for the Care Quality Commission or the National Institute for Health and Care Excellence.

3. Non-financial personal interests – where an individual could be seen to benefit personally in ways that are not directly linked to their career and do not give rise to a direct financial benefit because of decisions they are involved in making. Examples include:
 - A position on an advisory group or voluntary sector organisation that could seek to influence how NHS England spends taxpayers' money.
 - A shareholder, director, owner or business partner of a lobby or pressure group with an interest in health and care.

4. Indirect interests – where an individual has a close association with an individual who has a financial interest, a professional interest, or a personal interest who would be viewed as standing to benefit from a decision the individual is involved in making. Examples include a spouse/partner, close family member or close friend/associate who:
 - holds a decision-making position or position of influence in another NHS organisation
 - is a shareholder, director, owner or business partner which directly or indirectly provides services or products to the NHS or patients or might be reasonably expected to seek to do so.

5. Loyalty interests – as part of their role, officers may build strong relationships with colleagues across the NHS and in other sectors. Officers should be mindful of any situation where relationships may give rise to a perception that a loyalty, credit or responsibility is owed to another person or body, which could conflict with the interests of NHS England or their responsibilities as an officer. Examples include:
 - A recent (five years or less) previous employment with an employer which directly or indirectly provides services or products to the NHS or patients or might be reasonably expected to seek to do so.
 - Line management, either directly or as part of a wider management function, of family members, relatives, close friends and associates, and business partners.

What officers are required to do

- 1.10 Where there is potential for an interest to be material, it must be declared and recorded on [CoreStream](#).

1.11 The Corporate Governance team will review external sources of information such as Companies House to ensure that appropriate internal declarations have been made and will take appropriate action where they have not.

1.12 Officers must review their status and submit a declaration at the following points:

Board members and National and Regional Directors	<p>On appointment.</p> <p>In advance of every meeting of the Board.</p> <p>At the commencement of any formal meeting (see paragraph 1.18).</p> <p>(Nil returns are to be made).</p>
Decision making officers	<p>On appointment.</p> <p>Through a six-monthly review.</p> <p>When moving to a new role or when responsibilities materially change.</p> <p>At the commencement of any formal meeting (see paragraph 1.18 below).</p> <p>(Nil returns are to be made).</p>
All other officers	<p>On appointment.</p> <p>Through an annual review.</p> <p>When moving to a new role or when responsibilities materially change.</p> <p>At the commencement of any formal meeting (see paragraph 1.18 below).</p>

Patents, Intellectual Property and other assets

1.13 A conflict of interest may also arise when an officer holds patents, intellectual property rights or commercial property. Officers should declare all such holdings (whether held individually, collectively or by virtue of their association with a commercial or other organisation) where any related goods or services might reasonably be expected to be procured or used by NHS England.

1.14 Any patents, designs, trademarks or copyright resulting from the work (for example research) of an officer carried out as part of their employment shall be the Intellectual Property of NHS England.

1.15 If the undertaking of external work or gaining patent or copyright benefits enhances the reputation of NHS England or results in its financial gain, consideration will be given to rewarding officers subject to any relevant guidance for

the management of Intellectual Property in the NHS issued by the Department of Health and Social Care.

Managing conflicts of interest – general

1.16 All declarations of interest must be reviewed by the officer's line manager. If the interest gives rise to a potential or actual conflict, the line manager must determine what action is required to mitigate the conflict, for example:

1. Agreeing with the officer that the interest will be relinquished
2. Restricting the officer's involvement in discussions and excluding them from decision making
3. Removing the officer from the whole decision-making process
4. Removing the officer's responsibility for an entire area of work
5. Removing the officer from their role altogether if the conflict is so significant that they are unable to operate in that role.

1.17 Line managers must maintain an audit trail of the actions agreed and taken in respect of individual conflicts and record this as notes in the relevant declaration records in [CoreStream](#).

Managing interests at formal meetings

1.18 All formal meetings, including the Board and its Committees, must have a standing agenda item at the beginning of each meeting to determine whether anyone has any conflict of interest to declare in relation to the business being transacted at the meeting. Any new interests declared at the meeting should be included in the relevant register of interest as soon as practicable after the meeting by the relevant officer and the meeting secretariat.

1.19 If the chair of the meeting has a conflict of interest, the deputy chair is responsible for deciding the appropriate course of action to manage it. If the deputy chair is also conflicted, then the remaining non-conflicted voting members of the meeting should unanimously agree how to manage the conflict(s).

1.20 If a member of the meeting (including the chair or deputy chair) has a conflict of interest in relation to one or more items of business to be transacted at the meeting, the chair (or deputy chair or remaining non-conflicted members as described above) must decide how to manage the conflict. The appropriate course of action will depend on the particular circumstances, but could include one or more of the following:

1. Where the chair has a conflict of interest, deciding that the deputy chair (or another non-conflicted member of the meeting if the deputy chair is also conflicted) should chair all or part of the meeting.

2. Asking the individual who has a conflict of interest (including the chair or deputy chair if necessary) not to attend the meeting.
3. Ensuring the individual does not receive the supporting papers or minutes of the meeting which relate to the matters which give rise to the conflict.
4. Asking the individual to leave the discussion while the relevant matters are being discussed and when any decisions are being taken in relation to those matters.
5. Allowing the individual to participate in some or all of the discussion when the relevant matters are being discussed but asking them to leave the meeting when any decisions are being taken in relation to those matters.
6. Noting the interest and ensuring that all attendees are aware of the nature and extent of the interest but allowing the individual to remain and participate in both the discussion and any decisions. This is only likely to be an appropriate course of action where it is decided that the declared interest is immaterial or not relevant to the matter(s) under discussion.

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

1.22 All decisions relating to a conflict of interest must be recorded by the meeting secretariat and reported in the minutes of the meeting. The minutes will include:

1. Who has the interest
2. The nature and extent of the conflict
3. An outline of the discussion
4. The actions taken to manage the conflict
5. Evidence that the conflict was managed as intended.

1.23 To support chairs in their role, the secretariat will provide access to details of any conflicts which have already been made by members of the group.

1.24 When hosting a formal meeting whose membership includes people who are not officers of NHS England, it is good practice to ensure the interests of such attendees are captured and maintained as part of the formal meeting record.

1.25 Conflicts of interest arising at the NHS England Board meeting must be managed in accordance with the requirements of the NHS England Standing Orders.

Procurement

1.26 Conflicts of interest need to be managed appropriately through the whole procurement process. At the outset of any procurement process, the relevant interests of individuals involved must be identified and clear arrangements put in place to mitigate any conflicts. This includes consideration as to whether the

individual should be involved in the process at all, or which stages of the process a conflicted individual should not participate in.

1.27 Further guidance is in the [Standing Financial Instructions](#) and the [Commercial and Procurement Policies](#).

Grants

1.28 Grants should be awarded and governed in accordance with NHS England's powers under the NHS Act 2006 (amended) and [Revenue Grants Policy and Guidance](#). Labelling a payment as a grant payment should not be seen as a way of avoiding the procurement processes in the [Standing Financial Instructions](#). The Subsidy Control Act applies to the awarding of grants, therefore the process to award a grant must be treated the same as any other procurement exercise, and should comply with all appropriate requirements of [Standing Financial Instructions](#). As with procurement in general, conflicts of interest need to be managed through the grant application process and must be declared on the grant application form.

Section 2 – Gifts and hospitality

Minimum requirements

All officers must submit a declaration on [CoreStream](#) as soon as they become aware of any offer of a gift or hospitality, and within 28 days after the interest arises.

2.1 All officers should ensure they are not placed in a position that risks compromising their role, the organisation's reputation or its public and statutory duties, and the reputation of the wider NHS.

2.2 The Bribery Act 2010 (the Act) makes it a criminal offence to give or offer a bribe, or to request, offer to receive or accept a bribe, and this applies to gifts and hospitality.

2.3 The Act reformed the criminal law of bribery and introduced a corporate offence which means that commercial organisations, including NHS bodies, will be exposed to criminal liability, punishable by an unlimited fine, for failing to prevent bribery.

Gifts in general

2.4 Under no circumstances can officers seek or accept:

- a) Gifts from suppliers or contractors doing business (or likely to do business) with NHS England (other than low-cost promotional items valued at under £6 in total).
- b) A personal gift of cash or cash equivalents (for example, tokens, vouchers, gift cards, lottery tickets or betting slips) regardless of value or source.

- c) Preferential rates or benefits in kind for private transactions carried out with companies with which they have had, or may have in future, official dealings on behalf of NHS England (this does not apply to concessionary agreements negotiated with companies by the NHS on behalf of all staff, for example, NHS staff benefits schemes).

Gifts from patients, families, service users and foreign dignitaries

2.5 It is never permissible to accept gifts of cash or cash equivalents.

2.6 A one-off gift of up to £50 in value may be accepted, if appropriate and with line manager approval, and it must be declared on [CoreStream](#). Any further gifts must be declined for the course of that financial year.

2.7 For gifts with a value of over £50, you should do one of the following:

- Decline or return the gift
- Share the gift with all staff
- Raffle the gift for charity
- Donate the gift to charity.

2.8 All gifts, whether accepted or declined, must be declared on [CoreStream](#). If the gift was accepted, the rationale must also be recorded, along with line manager approval for accepting the gift.

2.9 Value gifts using the actual cost if known, or a reasonable estimate of their value.

Hospitality in general

2.10 Hospitality is an offer made to officers of meals and refreshments, invitations to functions such as ceremonies, receptions, presentations, events and conferences, including cultural events. Some offers may include overnight accommodation and travel to and from a venue at which an event is being held.

2.11 Offers of hospitality must only be accepted if there is a legitimate business reason, and the hospitality is proportionate to the nature and purpose of the event.

2.12 Under no circumstances can officers accept:

- a) The offer of tickets or an invitation to a sporting event, festival or any other non-business-related event, unless representing NHS England in an official capacity and with the prior agreement of the relevant National Director. This includes being given privileged access to booking tickets even when paying for them.
- b) Hospitality from actual or potential suppliers or contractors to NHS England where it would appear to place them under any obligation and/or compromise their professional judgement and impartiality.

Meals and refreshments

- 2.13 Meals and refreshments under the value of £25 may be accepted and do not need to be reported. If in doubt, seek advice from your line manager or the Corporate Governance team (nhsei.compliance@nhs.net).
- 2.14 Meals and refreshments with a value between £25 and £75 may be accepted but must be declared on [CoreStream](#), indicating whether they have been accepted or declined.
- 2.15 Meals and refreshments over a value of £75 should not be accepted, unless in exceptional circumstances and with line manager approval and a clear reason recorded when declared as to why it was permissible to accept.
- 2.16 Value meals and refreshments using the actual amount if known, or a reasonable estimate of their value.

Travel and accommodation

- 2.17 Offers from third parties to meet the cost of travel and accommodation must be declared whether accepted or declined.
- 2.18 Offers which go beyond the type/level which would be funded by NHS England must have National Director approval in advance. The rationale should be recorded as to why it was permissible to accept travel and accommodation of this type.
- 2.19 Examples which would not normally be funded by NHS England include, but are not limited to, offers of:
- a) business or first-class travel, and accommodation which is above the standard set out in our business travel and expenses policy
 - b) domestic air travel
 - c) foreign travel and accommodation.

Gifts and hospitality provided by NHS England

- 2.20 Any proposal to offer a gift from NHS England requires the prior approval of the relevant National or Regional Director.
- 2.21 Hospitality, unless for approved meetings/events/conferences for non-NHS England staff, should not be provided from NHS England funds. Follow the Event and Venue booking policy to ensure that only approved meetings, conferences or events are committed to, and value for money for taxpayers is prioritised.

Section 3 – Sponsorship

This section covers offers to NHS England from a third party of any type of sponsorship, and where NHS England is considering sponsoring a third party activity of any kind (regardless of whether there is an associated cost).

Minimum requirements: Declarations must be made on [CoreStream](#) within 28 days of a decision being made to accept a third party's offer of sponsorship, or an offer of sponsorship from NHS England being accepted by a third party.

Third party offers of sponsorship for any element of NHS England's work

- 3.1 Third parties may offer to sponsor a programme, event, meeting, publication (or other type of content), training event/course or any other NHS England activity. Any request for, or offer of, sponsorship must first be directed to the Communications team for consideration and cannot be committed to without written approval (england.businesssupport.comms@nhs.net).
- 3.2 All officers must declare all offers of sponsorship from third parties, regardless of whether accepted, including the value of the sponsorship. A common-sense approach should be applied to valuing the sponsorship if there is not a contractual value specified, for example, a room and refreshments being provided for an event. In exceptional circumstances where there are multiple sponsorship offers or arrangements, the sponsorship may be declared within 28 days of the event taking place provided this is agreed in advance by the Director of Corporate Governance (nhsei.compliance@nhs.net).
- 3.3 Sponsorship must not in any way compromise any of our decisions or be dependent on the purchase or supply of goods or services by NHS England. Sponsors should not have any influence over NHS England's content/activities associated with an event, meeting, seminar, publication (or other type of content) or training event/course. However, sponsors may be able to run a sponsored session at an event where they would be able to deliver their own content. Sessions which are sponsored must be clearly marked as such.
- 3.4 Officers who are considering entering into an agreement regarding the external sponsorship of a post will require the prior approval in writing of the relevant National or Regional Director and other relevant bodies as appropriate and must consult with their HR&OD business partner.

Sponsorship by NHS England of a third party's work of any type

- 3.5 NHS England budgets should not be used to sponsor programmes, events, conferences, awards (individual, team or wider), publications or any other type of third-party activity.
- 3.6 Occasionally, and on a case-by-case basis, we may choose to sponsor an activity if there is no associated cost, but only if it meets NHS England's objectives, protects and enhances our reputation and that of the wider NHS, and complies with [NHS Identity guidelines](#).
- 3.7 All sponsorship proposals, including where there is no associated cost, must first be directed to the Communications team for consideration, and cannot be committed to without written approval (england.businesssupport.comms@nhs.net).

Section 4 – Outside employments and clinical private practice

Minimum requirements

All officers must declare on [CoreStream](#) any outside employment (including self-employment/freelance or consultancy work) or private practice on appointment, and when any new employment arises.

- As outlined in Appendix A, paragraph 1.9, Financial Interests, all directorships, including non-executive directorships, held in any private company, public limited company, charity or professional body must be declared.
- Officers must not accept a chair, non-executive or associate non-executive appointment in an NHS foundation trust or other NHS body, including any subsidiaries without first seeking approval (paragraph 4.9).

Outside employment in general

- 4.1 All officers must first seek advice from their HR&OD business partner and have approval from an ESM in their line management chain if they wish to engage in outside employment, including self-employment/freelance/consultancy work, or wish to retain existing outside employment when offered a position at NHS England. This approval should be sought even if the officer is yet to join NHS England or is temporarily absent, for example, through sickness, maternity leave, or secondment.
- 4.2 If additional employment or self-employment has been approved, staff must never carry out any related activities during their contractual hours at NHS England, including during periods of authorised sickness, or during paid statutory leave, such as during the 'maternity paid period'. Also, the work cannot take precedent over an officer's substantive post and the requirements of it, for example being part of on call rotas.

- 4.3 If an approving ESM is uncertain about the appropriateness of additional employment/self-employment or the potential for a conflict to arise, they must seek advice from the Corporate Governance team (nhsei.compliance@nhs.net).
- 4.4 Outside employment or private practice must neither conflict with nor be detrimental to the NHS work of the officer in question. Examples which may give rise to a conflict of interest include, but are not limited to:
1. Employment with another NHS body (see restrictions in paragraphs 4.8 and 4.9);
 2. Employment with another organisation which might be in a position to supply or potentially supply goods/services to NHS England; and
 3. Self-employment, including private practice, in a capacity which might conflict with the officer's NHS England work.
- 4.5 Where a risk of conflict of interest is identified, this should be managed in accordance with the guidance provided at Appendix A, paragraph 1.16. NHS England reserves the right to refuse permission to undertake outside employment where it reasonably believes a conflict will arise or that approval would be detrimental to the work of the officer in question.
- 4.6 In undertaking any outside employment, officers should have regard to Appendix A, paragraphs 6.30 and 6.31; Trading on official NHS England Premises.
- 4.7 NHS England may have legitimate reasons within employment law for knowing about outside employment of officers, even where this does not give rise to the risk of a conflict of interest. Nothing in this policy prevents such enquiries being made.

Chair and non-executive appointments in NHS trusts, foundation trusts and other NHS bodies

- 4.8 In accordance with Regulation 11 of The National Health Service Trusts (Membership and Procedure) Regulations 1990, employees of NHS England are not permitted to hold a position of chair or non-executive director of an NHS trust at the same time as their NHS England role.
- 4.9 Chair, non-executive and associate non-executive appointments of NHS foundation trusts and other NHS /health service bodies¹ raise a similar potential for conflicts of interests to arise. Therefore, as a general rule NHS England employees will not be permitted to hold such roles. This includes subsidiaries of those bodies. If there are

¹ Defined as the list of NHS employers set out in Annex 1 of the [NHS Terms and Conditions of Service Handbook | NHS Employers](#) and [The National Health Service Trusts \(Membership and Procedure\) Regulations 1990](#).

deemed to be exceptional reasons why holding such a role is in the overall best interests of NHS England, a case will need to be made to Executive HR Group and the NHS England Chair for approval, via the Corporate Governance team (nhsei.compliance@nhs.net). This approval must be secured before any commitment to take on a role is made.

Section 5 – Political activities

5.1 Officers are free to be a member of a political party and/or undertake political activity outside of work hours. However, any political activity should not identify an individual as an officer of NHS England, and officers must not use or share any information or resources they have access to in their role for political purposes.

Conferences or functions run by a party-political organisation, or by a third party at a party-political conference or function, must not be attended in an NHS England capacity.

5.2 This does not preclude officers from undertaking civic duties such as being a Councillor at a local authority. Officers must comply with the [Special Leave Policy](#) when undertaking such duties within their normal working hours. All officers must declare any engagement in civic duties on appointment, and when any new such role arises. Declarations should be made as Outside Employment on [CoreStream](#).

5.3 All officers must take additional care during the period running up to any national or local election, known as the pre-election period, and must comply with any instruction issued in this regard. Information concerning pre-election obligations and policy is on the [gov.uk website](#).

Section 6 – Personal conduct

Corporate responsibility

6.1 All officers must reflect the corporate decision or view of NHS England in the discharge of their role, even if this conflicts with their personal views. Officers may comment on such matters as they wish as individuals in non-work-related contexts but should avoid giving the impression that their personal view represents the view of NHS England where they differ. This also applies if NHS England is yet to decide or otherwise express a view on an issue.

6.2 Although officers may have different points of view to their colleagues, these cannot be expressed in a way which discriminates, victimises or harasses others. Any action which discriminates against someone because of who they are, including those with protected characteristics, should not be tolerated and will be dealt with.

This covers all forms of discrimination, racism, and hate-related incidents, such as antisemitism, Islamophobia, homophobia and transphobia, and any behaviours that are perceived as harmful or threatening towards colleagues.

Use of public funds

- 6.3 All officers must at all times ensure they are securing the best possible use of funding provided to the NHS for the purpose of delivering its statutory duties and objectives. This applies both to the use of funds directly by the organisation and funds used by the wider NHS as a result of NHS England activities or decisions.
- 6.4 The use of commercial services for meetings and conferences should be avoided wherever possible. Where it is not possible to accommodate a meeting within NHS England's estate, every effort should be made to secure a venue within the wider NHS or public sector estate.
- 6.5 Officers should take steps to avoid travel and overnight accommodation wherever possible. As set out in the [Business Travel and Expenses Policy](#), where travel and/or accommodation is essential, efforts should be made to secure the lowest possible cost, including by using public transport and booking as far in advance as possible.
- 6.6 Attendance at conferences related to the NHS, including those where NHS England is involved, particularly where this incurs travel, accommodation and/or entrance costs, must be limited to essential staff only. Officers should seek permission from their relevant National or Regional Director before committing to attend. NHS England funds should not be used to pay for any supplementary recreational events associated with conferences, such as dinners or drinks receptions.
- 6.7 Officers may not use NHS England funding, directly or indirectly, for the purposes of the recognition, reward or recreation of teams or individuals. This includes, but is not limited to, entry to awards programmes or attendance at awards ceremonies, team meals or other team activities, and paid promotional materials (other than agreed campaigns – contact the Communications team (england.businesssupport.comms@nhs.net)).

Representing the organisation

- 6.8 Officers must not provide comment or briefing on issues relating to their work for NHS England to the media, whether on an attributable basis or not, without having explicit approval in advance. Any approach to officers from journalists must be referred to the Media team (nhsengland.media@nhs.net), either directly or via their established communications contacts.

- 6.9 Officers (with the exception of our non-executive directors) must not commit to speak at third party (excepting other public bodies) conferences, forums or similar events on behalf of NHS England without explicit approval from the Stakeholder Engagement and Public Affairs team (via the Concept Approval Process). Where conditionality is attached to approval, or advice and guidance is provided related to it, this should be adhered to. Any fees/payments received must be made payable to NHS England and not to the individual speaker. Wherever feasible, any expenses incurred in attending third party events should be met directly and in full by the organisers.
- 6.10 Where officers are granted approval to speak on behalf of NHS England to the media or in a public forum, they must reflect the current policies and views of the organisation. This applies equally where officers use social media as part of their role (more information is included in the [Social Media guidance](#)), as well as in meetings or informal discussions with any third party.
- 6.11 All officers must ensure their comments are well considered, well judged, well informed, made in good faith, in the public interest, without malice and maintain the reputation of, and public confidence in, the NHS and NHS England.

Endorsement

- 6.12 As set out in the [NHS Identity guidelines](#), NHS England as an organisation and its staff, in a professional or personal capacity, cannot endorse or be seen to endorse third party goods or services, regardless of whether the third party has provided goods and services to the NHS. As part of this, testimonials, quotes and case studies cannot be provided to suppliers.

Respect and dignity at work

- 6.13 NHS England aims to provide a working environment where everyone is respected and can work effectively, confidently and competently, as set out in our [Respect at Work Policy](#).
- 6.14 That means every officer is responsible for their own standards of behaviour, and for challenging inappropriate behaviour by others where observed. The organisation will investigate vigorously any allegation of harassment, bullying, abuse or discrimination, whether it is raised formally or informally.
- 6.15 NHS England commits to taking and enforcing a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours within the workplace, in line with the NHS England [sexual safety in healthcare charter](#).

Drugs and alcohol

- 6.16 Any officer thought to be under the influence of drugs and/or alcohol at work and not able to carry out their duties in a proper, fit and safe way will be sent home, or if working from home required to take immediate leave. They will not be allowed to return to work until in a competent state to do so.
- 6.17 No officer can bring alcohol into or drink it on NHS England premises unless it is for an approved formal occasion, such as a colleague's retirement. Approval for these events should be sought and received in writing from your National or Regional Director. Officers should not drink alcohol at all during their contracted hours – on or off NHS England's premises – without getting permission first.
- 6.18 Help is available for any employee who has or thinks they may have an alcohol or drug problem. That could be by discussing the matter confidentially with your line manager or Occupational Health via your HR&OD business partner. [A range of health and wellbeing services are](#) available for employees of NHS England, in addition to support routinely available by NHS services in your area.

Insider dealing

- 6.19 As officers of NHS England, you may become privy to confidential commercial information which may relate to government departments, agencies and public bodies as well as to NHS England. You must take all necessary precautions to protect any information which may affect the value of shares or other securities of companies NHS England or other government organisations contract with.
- 6.20 Misuse of price-sensitive information, or "Insider Dealing", arises if:
1. You use inside information in relation to the purchase or dealing of shares; and
 2. The dealing takes place on a regulated market or via a broker.

Any suspicion of Insider Dealing will be investigated and could give rise to disciplinary action and referral to NHS England's Counter Fraud Team for potential criminal investigation.

Charitable collections

- 6.21 While we support officers who wish to undertake charitable collections among their immediate colleagues, no reference or implication should be drawn to suggest that NHS England is supporting the charity, and no undue pressure should be applied to any officers to make a donation.

Use of social media and websites

6.22 Social media and websites are public forums and entries are not private.

Therefore, officers must not:

1. Conduct themselves in a way that brings the NHS or NHS England into disrepute.
2. Disclose information that is confidential to NHS or NHS England business, staff or patients.
3. Give the impression that they are a spokesperson for NHS or NHS England without permission, for example by disclosing their job title on social media and commenting on the NHS or NHS England policy or performance.

6.23 Officers communicating via social media must comply with NHS England's [Social Media Guidance](#).

Confidentiality

6.24 All officers must at all times operate in accordance with the [UK General Data Protection Regulation \(GDPR\)](#), and maintain the confidentiality of information of any type, including but not limited to patient information; personal information relating to officers; and commercial information.

6.25 This duty of confidence remains after officers (however employed) leave NHS England.

6.26 This does not prevent the disclosure of information where there is a lawful basis for doing so (for example, consent or public interest). Staff should refer to the suite of NHS England [Information Governance and Corporate Information Technology policies](#) for detailed information.

Gambling

6.27 No officer may bet or gamble when on duty or on NHS England premises, with the exception of small lottery syndicates or sweepstakes related to common events, for example the Eurovision song contest, the FIFA Women's World Cup or the Grand National. This should be among immediate colleagues within the same offices where no profits are made by virtue of organising them, or the lottery is wholly for purposes that are not for private or commercial gain (for example, to raise funds to support a charity). Officers should seek advice from their line manager and HR&OD business partner if they are in doubt as to whether any small lottery syndicates or sweepstakes are permissible.

Lending and borrowing

6.28 The lending or borrowing of money or other goods (excluding low cost office materials such as pens etc) between officers is not permitted, whether informally or as a business, particularly where the amounts are significant. This is to avoid the creation of any obligation on the part of one officer to another which may influence their decision-making. Reasonable exceptions may be made to this rule, for example the short-term lending of small amounts of money for a specific purpose such as to buy a sandwich.

6.29 It is a particularly serious breach of discipline for any officer to use their position to place pressure on or otherwise convince any other individual to give or loan them money or other valuable goods.

Trading on official NHS England premises

6.30 Trading on official premises, by whatever means, is prohibited, whether for personal gain or on behalf of others. This includes placing flyers/catalogues for services/products anywhere in NHS England premises.

6.31 Canvassing within the office by, or on behalf of, outside bodies or firms (including non-NHS England interests of officers or their relatives) is also prohibited.

Individual Voluntary Arrangements, County Court Judgement (CCJ), Bankruptcy/Insolvency

6.32 Any officer who becomes bankrupt, insolvent, has active CCJ, or has made individual voluntary arrangements with creditors must inform their line manager and their HR&OD business partner as soon as possible. Officers who are bankrupt or insolvent cannot be employed, or otherwise engaged, in posts that involve duties which might provide opportunity for the misappropriation of public funds, or where they would be privy to information that could be exploited for personal financial gain.

Arrest or conviction

6.33 An officer who is arrested, subject to continuing criminal proceedings, convicted of any criminal offence, or commits a traffic offence that could see them go to prison, or is disqualified from driving where they are registered to drive for business purposes, must immediately inform their line manager and their HR&OD business partner.

Appendix B – Publication of the register of interests

To demonstrate compliance with this policy, [we publish information on our website](#) at the following intervals:

Staff group	Declaration	Ahead of the Board meeting	Quarterly	Six-monthly	Annually	Published
Board members and National and Regional Directors	Declarations of interest	Yes	N/A	N/A	N/A	Yes
	Gifts & Hospitality Meetings with non-NHS bodies Sponsorship	N/A	Yes	N/A	N/A	Yes
Decision making staff (including Role 4 PPV Partners)	Declarations of interest Gifts & Hospitality Sponsorship Outside employment	N/A	N/A	Yes	N/A	Yes
All other staff within the scope of this policy	Declarations of interest Gifts & Hospitality Outside employment	N/A	N/A	N/A	Yes	No
Organisational	Sponsorship of any third party work/ activity or acceptance of sponsorship for any NHS England work/activity.	N/A	N/A	Yes	N/A	Yes
	Organisational charitable collections	N/A	N/A	N/A	Yes	Yes

All officers in scope of this policy who do not have access to the NHS England network and are unable to access [CoreStream](#) must complete and submit an external staff declaration form (request a form from the Corporate Governance team: nhsei.compliance@nhs.net).