

POLICY ON BUSINESS CONDUCT

July 2014

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Vale of York Clinical Commissioning Group
BUSINESS CONDUCT POLICY

POLICY AMENDMENTS

Amendments to the Policy will be issued from time to time. A new amendment history will be issued with each change.

| New Version Number | Issued by | Nature of Amendment | Approved by & Date | Date on Intranet |
|---------------------------|------------------|---|-------------------------------|-------------------------|
| 1.1 | P Furneaux | Separate Business Conduct and Conflict of Interest policies. Addition of NHS England guidance, CCG specific links, responsibilities and arrangements Duty of Candour | Audit Committee 10/09/14 | |
| 1.2 | Audit Committee | Update to Nolan Principles, (Seven Principles of Conduct in Public Life) Reference to GP Code of Conduct | Audit Committee 10/09/14 | |
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1. INTRODUCTION

- 1.1. It is a long established principle that public sector bodies must be impartial and honest in the conduct of their business and that employees should remain beyond suspicion. The Vale of York Clinical Commissioning Group aspires to the highest standards of corporate behaviour and responsibility and has an obligation to ensure that strict ethical standards are maintained. The Vale of York Clinical Commissioning Group must also ensure that NHS resources are protected from fraud and corruption.
- 1.2. It is acknowledged that, in general, NHS staff have an outstanding sense of commitment to the ideals of the service and a very high sense of propriety in the way they conduct both their public duties and their private affairs.
- 1.3. Section 8 of the Vale of York Clinical Commissioning Group's Constitution sets out how conflicts of interest should be managed. These arrangements are reflected in a separate Policy on Conflicts of Interest.

2. POLICY STATEMENT

- 2.1. The Vale of York Clinical Commissioning Group aspires to the highest standards of corporate behaviour and responsibility. All Vale of York Clinical Commissioning Group staff are required to comply with this policy.

3. IMPACT ANALYSES

Equality

- 3.1. As a result of performing the screening analysis, the policy does not appear to have any adverse effects on people who share Protected Characteristics and no further actions are recommended at this stage. The results of the screening are attached.

Sustainability

- 3.2. A Sustainability Impact Assessment has been undertaken. No positive or negative impacts were identified against the twelve sustainability themes. The results of the assessment are attached.

4. SCOPE

- 4.1. This policy applies to all CCG employees, Council of Members, Members of the Governing Body, members of its committees and sub-committees, Lay Members, any staff seconded to the CCG and contract and agency staff. Any reference to staff or individuals applies to all the aforementioned.

5. POLICY PURPOSE/AIMS & FAILURE TO COMPLY

- 5.1. This policy seeks to describe the public service values which underpin the work of the NHS and to provide clarity and guidance to individuals on the standards of conduct expected of them when carrying out their duties for the CCG.
- 5.2. Alleged breaches of this policy will be promptly considered and fairly and reasonably investigated. If the individual under investigation is the Chief Officer or other Senior Officer, the investigation will be conducted by individuals not employed by the CCG.

Proven breaches of this policy will be treated as misconduct and will be dealt with under the CCG's disciplinary procedure. In serious cases, dismissal may result. Staff could also be the subject of a criminal investigation conducted by the Local Counter Fraud Specialist and/or under the Bribery Act, which could result in prosecution and/or civil recovery proceedings.

6. DEFINITIONS – THE LAW & OTHER GUIDANCE

The Code of Conduct and Code of Accountability in the NHS (second revision July 2004)

6.1. This Code sets out the general principles of business conduct and includes three public service values which are central to the work of the NHS:

- Accountability – everything done by those who work in the NHS must be able to stand the test of parliamentary scrutiny, public judgements on propriety and professional codes of conduct.
- Probity – there should be an absolute standard of honesty in dealing with the assets of the NHS: integrity should be the hallmark of all personal conduct in decisions affecting patients, officers and members and suppliers, and in the use of information acquired in the course of NHS duties.
- Openness – there should be sufficient transparency about NHS activities to promote confidence between the CCG and its staff, patients and the public.

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

6.2. This guidance sets out the general ethical standards which should be maintained by everyone (see summary at Appendix 1)

The Seven Principles of Public Life as revised by the Committee on Standards in Public Life 2013 (The Nolan Principles)

6.3. All individuals within the CCG must abide by these principles which are included as an Appendix to the Constitution. (See Appendix 2)

The Bribery Act 2010

6.4. The Bribery Act is particularly relevant to this policy. The CCG has a responsibility to ensure that all staff are made aware of their duties and responsibilities arising from the Bribery Act 2010 which came into force on 1 July 2011 and repeals, in their entirety, the Prevention of Corruption Acts 1906 to 1916 and the common law.

6.5. All individuals should be aware that in committing an act of bribery they may be subject to a penalty of up to 10 years imprisonment, an unlimited fine, or both. They may also expose the organisation to a conviction punishable with an unlimited fine because the organisation may be liable where a person associated with it commits an act of bribery.

6.6. The Act makes bribery a criminal offence and there are four offences:

- Bribing, or offering to bribe, another person (section 1);
- Requesting, agreeing to receive, or accepting a bribe (section 2);
- Bribing, or offering to bribe, a foreign public official (section 3);
- Failing to prevent bribery (section 7).

- 6.7. It should be noted that there need not be any actual giving and receiving for financial or other advantage to be gained, to commit an offence.
- 6.8. All individuals should be aware that in committing an act of bribery they may be subject to a penalty of up to 10 years imprisonment, an unlimited fine, or both. They may also expose the organisation to a conviction punishable with an unlimited fine because the organisation may be liable where a person associated with it commits an act of bribery.
- 6.9. All individuals should also be aware that a breach of this Act, or of this policy, renders them liable to disciplinary action by the CCG, whether or not the breach leads to prosecution. Where a material breach of this guidance is found to have occurred, the likely sanction will be loss of employment and superannuation rights.
- 6.10. It is therefore, extremely important that staff adhere to this and other related policies and documentation (as detailed on the CCG's intranet) when considering whether to offer or accept gifts and hospitality and/or other incentives.
- 6.11. Further information on the Bribery Act can be found at www.opsi.gov.uk/acts.

The NHS Constitution

- 6.12. The CCG is committed to achieving the principles, values, rights, pledges and responsibilities detailed in the NHS Constitution. The NHS Constitution outlines important legal duties for staff, including:
- A duty to accept professional accountability and maintain the standards of professional practice as set by the appropriate regulatory body applicable to your profession or role.
 - A duty to take reasonable care of health and safety at work for you, your team and others, and to co-operate with employers to ensure compliance with health and safety requirements.
 - A duty to act in accordance with the express and implied terms and conditions of your contract of employment.
 - A duty not to discriminate against patients or staff and to adhere to equal opportunities and equality and human rights legislation.
 - A duty to protect the confidentiality of personal information that you hold.
 - A duty to be honest and truthful in applying for a job and in carrying out that job.
- 6.13. The NHS Constitution also includes a number of expectations that reflect how staff should play their part in ensuring the success of the NHS and delivering high-quality care.

Freedom of Information Act 2000

- 6.14. This Act is part of the Government's commitment to greater openness in the public sector. It gives a right of access to anyone to recorded information that is held by public organisations, subject to certain exemptions.

Standing Orders, Reservation and Delegation of Powers and Prime Financial Policies

- 6.15. All individuals must carry out their duties in accordance with the CCG's Standing Orders, Reservation and Delegation of Powers and Prime Financial Policies (SOs), which set out the statutory and governance framework in which the CCG operates. There is some overlap between the contents of this policy, the Conflicts of Interest Policy and the

provisions of the SOs. In the event of any conflict arising between the details of policy and SOs, the provisions of the SOs shall prevail.

Anti-Fraud, Bribery & Corruption

- 6.16. The CCG is keen to prevent fraud and corruption and requires all individuals to always act honestly and with integrity to safeguard the public resources they are responsible for. The CCG will not tolerate any fraud perpetrated against it and will actively pursue recovery of any loss suffered.
- 6.17. The Local Anti-Fraud, Bribery & Corruption Policy outlines the roles and responsibilities for the prevention and detection of fraud, bribery and corruption within the CCG.
- 6.18. Any individual with concerns or reasonably held suspicions about potentially fraudulent activity or practice is encouraged to report these **immediately** to the Local Counter Fraud Specialist (LCFS) for North Yorkshire - Steven.moss@nhs.net) and the Chief Finance Officer. If the Chief Finance Officer is implicated, it should be reported to the Chief Officer and the LCFS.
- 6.19. Individuals should not ignore their suspicions, pursue an investigation themselves, or tell anyone else about their suspicions. Under no circumstances should suspicions be discussed with the suspect. The LCFS, Chief Finance Officer and a representative from the Workforce Team will liaise and decide how to proceed with the investigation.
- 6.20. If individuals prefer, they may call the NHS Fraud & Corruption Reporting Line on Freephone 0800 028 40 60 between 8am-6pm Monday-Friday or report online at www.reportnhsfraud.nhs.uk. This provides an easily accessible and confidential route for the reporting of genuine suspicions of fraud within or affecting the NHS. All calls are dealt with by experienced trained staff and any caller who wishes to remain anonymous may do so. This would be the suggested contact if there is a concern that the LCFS or the Chief Financial Officer themselves may be implicated in suspected fraud, bribery or corruption.
- 6.21. Staff may also report suspicions via the Whistleblowing Policy.
- 6.22. The Audit Committee will keep under review arrangements for countering fraud, approve the counter fraud work programme and review the outcomes of counter fraud work.

7. ROLES / RESPONSIBILITIES / DUTIES

Chief Officer Responsibilities

- 7.1. The Chief Officer of the CCG is responsible for ensuring that this policy is brought to the attention of all individuals and that processes are in place to ensure that it is effectively implemented and monitored. This will be achieved by:
 - Notifying all individuals within the scope of this policy when the policy is approved and how to access it.
 - Ensuring the policy and any supporting policies are placed on the CCG's website and included in any induction packs.
 - Instructing all senior managers to ensure their teams are adhering to the policy.
 - Ensuring all corporate registers are maintained and reported upon.

Senior Officers and Line Managers

- 7.2. Senior Officers and line managers at all levels are responsible for ensuring that their teams are aware of and fully understand this policy and associated documents and are in a position to deal with, or report, any breach of the policy standards and requirements.
- 7.3. It is the responsibility of Senior Officers and line managers to ensure that new employees are made aware of this policy and associated documents during induction.
- 7.4. Managers are expected to check compliance with all governance responsibilities during the PDR process.

All individuals

- 7.5. It is the responsibility of everyone covered by the scope of this policy to ensure they comply with this policy.
- 7.5.1. In most instances it is for the individual to use their judgement to avoid situations which compromise, or which could appear to compromise, their integrity. A guiding principle to what is acceptable is whether disclosure of the 'benefit' would cause embarrassment to the CCG or the individual.
- 7.6. If there is any doubt, advice should be sought from the line manager and line managers should seek advice from the Chief Officer, the Chief Finance Officer or the CSU Corporate Strategy and Policy Manager. The CCG does, however, have guidelines to apply in certain frequently occurring situations as detailed in this policy.

8. DECLARATIONS OF INTEREST

- 8.1. Arrangements for the management, recording and reporting of declarations of interest are set out in Section 8 of the Vale of York Clinical Commissioning Group's Constitution and are the subject of the Vale of York Clinical Commissioning Group's separate Conflicts of Interest Policy.

9. CASUAL GIFTS

- 9.1. A 'gift' is defined as any item of cash or goods, or any service, which is provided for personal benefit at less than its commercial value. Small tokens of thanks such as diaries, calendars, flowers, chocolates, with a value of less than £25, may be accepted and do not need to be reported.
- 9.2. Tokens of thanks from sources such as work undertaken for other organisations whilst on NHS duties e.g. facilitation, lecturing etc. may be accepted if the value is reasonable (up to £25) but must be declared using the form at Appendix 3
- 9.3. All other offers, including unreasonably generous gifts, should be politely but firmly declined and material/unreasonably generous offers should be recorded on the form in Appendix 3.

10. GIFTS OF MONEY

- 10.1. All offers of cash or cash equivalents (eg tokens) whatever the value **must be declined** and must be reported using the form at Appendix 3.

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- 10.2. If any inducements continue to be offered after disclosure of the CCG policy to decline acceptance, the Chief Finance Officer should be informed immediately.

11. HOSPITALITY

- 11.1. NHS funds for hospitality should be used sparingly and modestly and only after each case has been carefully considered. All expenditure on these items should be capable of justification as reasonable and authorised by the relevant budget holder. Petty cash should not be used to provide hospitality.
- 11.2. Whenever possible meetings should be arranged within CCG premises. If this is not possible, other NHS establishments should be the preferred choice. If this is not possible the meeting should be arranged at the most economic rate, taking into account room and refreshment charges.
- 11.3. Meetings during the lunch period should be avoided.

Hospitality - Acceptance

- 11.4. To be acceptable, hospitality must be secondary to the purpose of the meeting or event. The level of hospitality offered in these circumstances should be appropriate and not out of proportion to the occasion eg a meal during the course of an event or visit away from base. Hospitality cannot in these circumstances be extended to spouses/partners.
- 11.5. Utmost discretion should be exercised in accepting offers of hospitality from contractors or their representatives, other organisations or individuals concerned with the supply of goods or services. Individuals should be especially cautious of accepting small items of value, or hospitality over that afforded in a normal meeting environment (ie beverages) during a procurement process or from bidders/potential bidders. This avoids any potential claim of unfair influence, collusion or canvassing.
- 11.6. Individuals need to be aware that accepting hospitality may compromise their strict independence and impartiality. If in doubt, advice should be sought from the line manager. Further advice is available from the Chief Finance Officer, the Chief Officer or the CSU Corporate Strategy and Policy Manager.
- 11.7. Individuals should decline all other offers of hospitality or entertainment even if they would occur in their own time. All offers of hospitality **with a value of over £25** which have been accepted, must be reported on the relevant form (see Appendix 3).
- 11.8. Offers of funding from private companies for events (eg training events for clinicians), which may include the provision of hospitality, must be approved prior to acceptance. Such circumstances are covered by the separate Policy and Guidance Sponsorship (the principles of which apply to all private companies).

Register of Gifts and Hospitality

- 11.9. Details of all gifts and hospitality declared will be incorporated into a register maintained, on behalf of the Chief Officer, by the Policy and Assurance Manager
- 11.10. The register will be reviewed by the Audit Committee at least annually with an assurance report provided annually to the Governing Body. Details will be available on the CCG's website.

12. OTHER EMPLOYMENT AND PRIVATE PRACTICE

- 12.1. The CCG considers that any work with the CCG is an employee's principal employment with the exception of Lay Members, Independent Contractors, Secondary Care Doctor and Lead Nurse.
- 12.2. The CCG has statutory duties under the Working Time Regulations to ensure that the 48 hour Working Time Directive is not breached by its employees. To fulfil this duty the CCG must ensure that staff are not working in excess of 48 hours a week in their CCG job or in a combination of their CCG job and any other employment.
- 12.3. Individuals are required to inform the CCG if they are engaged in or wish to engage in outside employment and/or private practice in addition to their work with the CCG. Other employment should be declared on the CCG's Declaration of Interests and Secondary Employment/Private Practice form (the same form as for declaring conflicts of interest, found in the CCG's Conflict of Interest Policy). Completed forms should be sent to the Policy and Assurance Manager. Should there be a change in circumstances then an updated form must be completed by the individual as soon as practicable. Copies should be retained on personal files.
- 12.4. Should any concerns arise regarding other employment/private practice then these will be discussed with the individual. Whilst the CCG will not unreasonably raise a concern, it is acknowledged that there may be occasions where the other employment/private practice presents a conflict of interest that cannot be adequately managed. In these circumstances it will not be permissible for the situation causing the conflict to continue.
- 12.5. Staff must ensure that their manager is aware of any other employment even if the other employment hours are greater than those for the CCG. All proposed other employment should be discussed with the manager before commencement.
- 12.6. Staff are advised not to engage in outside employment which may conflict with their NHS work or be detrimental to it. Examples of work which might conflict with the business of the CCG include:
 - employment with another NHS body;
 - employment with another organisation which might be in a position to supply goods/services to the CCG;
 - self-employment, including private practice, in a capacity which might conflict with the work of the CCG or which might be in a position to supply goods/services to the CCG.
- 12.7. Any manager who feels that any other employment may be conflicting with their duties for the CCG, should discuss it immediately with their Director and/or the CSU Workforce Team.
- 12.8. Managers must review declarations around other employment within the PDR process and ensure that individuals make any relevant declarations to keep their information up to date. New staff will be asked about other employment during the induction process.

13. PREFERENTIAL TREATMENT IN PRIVATE PRACTICE

- 13.1. Individuals should not seek or accept preferential rates, or benefits in kind for private transactions carried out with companies or organisations with which they have had, or may have, official dealings on behalf of the CCG.

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13.2. This does not apply to concessionary agreements negotiated with companies by the local health family or recognised staff groups on behalf of all staff, or those offered to all NHS employee.

14. CONTACTS

14.1. The CCG may only enter into contracts, within the statutory framework set up by the 2006 Act, as amended by the 2012 Act. Such contracts shall comply with:

- a) the Group's Standing Orders;
- b) the Public Contracts Regulation 2006, any successor legislation and any other applicable law; and
- c) take into account as appropriate any applicable NHS England or the Independent Regulator of NHS Foundation Trusts (Monitor) guidance that does not conflict with (b) above.

14.2. The CCG has duties under European and UK procurement law and staff must comply with Prime Financial Policies in relation to all contract opportunities.

14.3. All individuals acting on behalf of the CCG who are in contact with suppliers and contractors, including external consultants and in particular those authorised to sign purchase orders or place contracts for goods, materials or services or are involved in decisions about where orders should be placed should adhere to the Code of Ethics from the Chartered Institute of Purchasing and Supplies (see Appendix 4).

14.4. Individuals involved in the awarding of contracts and tender processes must take no part in the selection process if a personal interest or a conflict of interest is known. Such an interest must be declared using the form at Appendix 4 (refer also to the Conflicts of Interest Policy).

Favouritism in Awarding Contracts

14.5. Fair and open competition between prospective contractors or suppliers is a requirement of the CCG's Prime Financial Policies. These should always be adhered to. This means that:

- No private, public or voluntary organisation or company, which may bid for NHS business, should be given any advantage over its competitors, such as advance notice of requirements. This applies to all potential contractors, whether or not there is a relationship between them and the CCG, such as a long-running series of previous contracts.
- Each new contract should be awarded solely on merit in accordance with evaluation criteria, taking into account the requirements of the CCG and the ability of the contractors to fulfil them.

14.6. The CCG must ensure that no special favour is 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 relevant managerial capacity. Contracts may be awarded to such businesses where they are won in fair competition against other tenders, but scrupulous care must be taken to ensure that the selection process is conducted impartially and that staff who are known to have a relevant interest play no part in the selection process.

14.7. Individuals invited to visit organisations to inspect equipment (eg software or training aids) for the purpose of advising on its purchase will be reimbursed in accordance with the travel

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expenses policy laid down by the CCG. Such expenses should not be claimed from other organisation to avoid compromising the purchasing decisions of the CCG.

Warning to Potential Contractors

- 14.8. All invitations to tender to prospective bidders for CCG business must require each bidder to give a written undertaking not to engage in collusive tendering or other restrictive practice and not to engage in canvassing the CCG, its employees or officers concerning the contract opportunity tendered. The consequence of offering inducements to staff will be termination of the contract, and recovery of any loss resulting from the contract termination. If contractors or potential contractors offer any member of staff inducements, staff should immediately inform the Chief Finance Officer.
- 14.9. Offers of pro bono work from prospective bidders for CCG business should be politely refused.

15. COMMERCIAL PARTNERSHIP

- 15.1. The CCG has a separate policy covering issues of probity around sponsorship, the contents of which must be observed prior to entering into any arrangement around sponsorship by, and/or joint working with, private companies.

16. INTELLECTUAL PROPERTY RIGHTS

- 16.1. As a general principle any financial gain resulting from external work where use of Vale of York Clinical Commissioning Group time or title is involved (e.g., speaking at training events/conferences, writing articles etc.) and/or which is connected with Vale of York Clinical Commissioning Group business will be forwarded to the Chief Financial Officer.
- 16.2. Any patents, designs, trademarks or copyright resulting from the work (e.g. research) of an employee of the Vale of York Clinical Commissioning Group carried out as part of their employment by the Vale of York Clinical Commissioning Group shall be the Intellectual Property of the Vale of York Clinical Commissioning Group.
- 16.3. Approval from the appropriate line manager should be sought prior to entering into an obligation to undertake external work connected with the business of the Vale of York Clinical Commissioning Group, e.g. writing articles for publication, speaking at conferences.
- 16.4. Where the undertaking of external work, gaining patent or copyright or the involvement in innovative work, benefits or enhances the Vale of York Clinical Commissioning Group's reputation or results in financial gain for the Vale of York Clinical Commissioning Group, consideration will be given to rewarding employees subject to any relevant guidance for the management of Intellectual Property in the NHS issued by the Department of Health.

17. POLITICAL ACTIVITIES

- 17.1. Any political activity should not identify an individual as an employee of the CCG. Conferences or functions run by a party political organisation should not be attended in an official capacity, except with prior written permission from the relevant Senior Officer.

18. PERSONAL CONDUCT

Lending or Borrowing

- 18.1. The lending or borrowing of money between staff should be avoided, whether informally or as a business, particularly where the amounts are significant.
- 18.2. It is a particularly serious breach of discipline for any member of staff to use their position to place pressure on someone in a lower pay band, a business contact or a member of the public to loan them money.

Gambling

- 18.3. No member of staff may bet or gamble when on duty or on CCG premises, with the exception of small lottery syndicates or sweepstakes among immediate colleagues related to national events e.g. Grand National.

Trading on Official Premises

- 18.4. Trading on official premises is prohibited, whether for personal gain or on behalf of others. Canvassing within the office by, or on behalf of, outside bodies or firms (including non-NHS CCG interests of staff or their relatives) is also prohibited. Trading does not include small tea or refreshment arrangements solely for staff.
- 18.5. The promotion of trade unions is permitted but approval must be sought from the CCG Chief Officer prior to each event taking place and/or prior to distribution of promotional information.

Collection of Money

- 18.6. Charitable collections must be authorised by the CCG Chief Officer. Other flag day appeals are not permitted and collection tins or boxes must not be placed in offices. With line management agreement, collections may be made among immediate colleagues and friends to support small fundraising initiatives, such as raffle tickets and sponsored events. Permission is not required for informal collections amongst immediate colleagues on an occasion like retirement, marriage or a new job.

Bankrupt or Insolvent Staff

- 18.7. Any member of staff who becomes bankrupt or subject of an individual involuntary arrangement or some other formal arrangement with their creditors must inform their line manager and the Workforce Team as soon as possible. Staff who are bankrupt or insolvent may need their role reviewing if they have duties which involve the handling of public funds.

Arrest or Conviction

- 18.8. A member of staff who is arrested or convicted of any criminal offence must inform their line manager at the earliest opportunity. Staff who are currently under investigation should also notify their line manager. Line managers may need to seek advice from the Workforce Team or a Senior Officer.

19. CONFIDENTIALITY

- 19.1. Information concerning the CCG which is not in the public domain must not at any time be divulged to any unauthorised person. Similarly, patient data or personal data concerning staff must not be divulged as defined by the Data Protection Act. This duty of confidence remains after termination of employment and applies to all individuals working in, or on behalf of, the CCG.
- 19.2. Note – the CCG recognises and confirms that nothing in, or referred to in, this policy (including in relation to the issue of any press release or other public statement or disclosure) will prevent or inhibit the making of any protected disclosure (as defined by the Employment Rights Act 1996, as amended by the Public Interest Disclosure Act 1998) by any member of the CCG, Governing Body, Committees or Sub-Committees or any employee, nor will it affect the rights of any worker (as defined in that Act) under that Act.
- 19.3. Staff should guard against providing information on the operations of the CCG which might provide a commercial advantage to any organisation (private or NHS) in a position to supply good or services to the CCG. For particularly sensitive procurements/contracts, staff may be asked to sign a Non-Disclosure Agreement, a copy of which can be found at Appendix 5.

20. DUTY OF CANDOUR

- 20.1. A new statutory Duty of Candour will become effective from 1st October 2014. This introduces a general duty of openness and transparency. The CCG is committed to implementing a culture of transparency and openness in all its dealings in line with statutory duties. The CCG as commissioners of healthcare services looks for assurance that all our provider organisations are open, honest and transparent in all dealings with patients.
- 20.2. All staff working for the CCG should make any disclosures they deem relevant, (using the Whistleblowing Policy, if appropriate). In case of doubt, the employee or member should seek advice from a senior manager, or if that is not considered possible to the Chair of the Audit Committee.

21. IMPLEMENTATION

- 21.1. Following approval by the Governing Body policy will be sent to:
 - The Communications Manager who will disseminate to all staff via the team newsletter process
 - The Chairs of the Governing Body, the Council of Members and all other committees and sub committees for dissemination to members and attendees.
 - The Practice Managers of all member practices for information.

22. TRAINING & AWARENESS

- 22.1. This policy will be published on the CCG's website and will be available to staff on the organisation's intranet.
- 22.2. The policy will be brought to the attention of all new employees as part of the induction process. Further advice and guidance is available from the Policy and Assurance Manager.

23. MONITORING & AUDIT

- 23.1. The Audit Committee is responsible for monitoring the effectiveness of this policy to provide assurance to the Governing Body that the business of the CCG is being conducted in line with this policy, the associated policy documents, relevant legislation and other statutory requirements. The Audit Committee will receive annual reports on all the corporate governance registers.
Monitoring of this policy may form part of the Internal Audit review of governance compliance.

24. POLICY REVIEW

- 24.1. This policy will be reviewed in two years. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation/guidance.

25. REFERENCES

- NHS Codes of Conduct and Accountability (NHS Appointments Commission and Department of Health – amended July 2004)
- Standards of Business Conduct for NHS Staff (DH HSG(93)5)
- Code of Conduct: Managing conflicts of interest where GP practices are potential providers of CCG-commissioned services <http://www.england.nhs.uk/wp-content/uploads/2012/09/c-of-c-conflicts-of-interest.pdf>
- the Code of Conduct for NHS Managers;
- *Seven Principles of Public Life*, Committee on Standards in Public Life (the Nolan Principles)
- Principles and Rules for Cooperation and Competition (NHS & DH July 2010)
- Procurement Guide for Commissioners of NHS Funded Services (NHS & DH July 2010)
- Bribery Act 2010
- Freedom of Information Act 2000

26. ASSOCIATED DOCUMENTATION

- Vale of York CCG's Constitution, incorporating Standing Orders and Prime Financial Policies
- Conflict Of Interest Policy
 - Procurement Strategy
 - Whistleblowing Policy
 - Induction Policy
 - Local Anti-Fraud, Bribery and Corruption Policy
 - Sponsorship Policy (*principles apply to working with all private companies*)

27. CONTACT DETAILS

Policy and Assurance Manager

Pennie Furneaux

Telephone: 01904 555778 Email: valeofyork.contactus@nhs.net

Address: NHS Vale of York Clinical Commissioning Group, West Offices, Station Rise, York. YO1 6GA

28. APPENDIX 1: EQUALITY IMPACT ANALYSIS FORM

| | |
|-----------|--|
| 1. | Title of policy/ programme/ service being analysed |
| | Business Conduct Policy |
| 2. | Please state the aims and objectives of this work. |
| | This Business Conduct policy describes the public service values which underpin the work of the NHS and to provide clarity and guidance to individuals on the standards of conduct expected of them when carrying out their duties for the CCG. |
| 3. | Who is likely to be affected? (e.g. staff, patients, service users) |
| | Staff need to comply with the principles and practices outlined I this policy. |
| 4. | What sources of equality information have you used to inform your piece of work? |
| | NHS England guidance |
| 5. | What steps have been taken ensure that the organisation has paid <u>due regard</u> to the need to eliminate discrimination, advance equal opportunities and foster good relations between people with protected characteristics |
| | The analysis of equalities is embedded within the CCG's Committee Terms of Reference and project management framework. |
| 6. | Who have you involved in the development of this piece of work? |
| | <p>Internal involvement: Senior Management team</p> <p>Stakeholder involvement: Consultation with Senior Managers</p> <p>Patient / carer / public involvement: This is an Internal policy aimed at staff employed by the CCG and contractors working for the CCG. The focus is on compliance with statutory duties and NHS mandated principles and practice. There are no particular equality implications.</p> |

| | |
|--|---|
| <p>7. What evidence do you have of any potential adverse or positive impact on groups with protected characteristics? Do you have any gaps in information? Include any supporting evidence e.g. research, data or feedback from engagement activities</p> <p>(Refer to Error! Reference source not found. if your piece of work relates to commissioning activity to gather the evidence during all stages of the commissioning cycle)</p> | |
| <p>Disability People who are learning disabled, physically disabled, people with mental illness, sensory loss and long term chronic conditions such as diabetes, HIV)</p> | <p>Consider building access, communication requirements, making reasonable adjustments for individuals etc</p> |
| <p>N/a</p> | |
| <p>Sex Men and Women</p> | <p>Consider gender preference in key worker, single sex accommodation etc</p> |
| <p>N/a</p> | |
| <p>Race or nationality People of different ethnic backgrounds, including Roma Gypsies and Travelers</p> | <p>Consider cultural traditions, food requirements, communication styles, language needs etc.</p> |
| <p>N/a</p> | |
| <p>Age This applies to all age groups. This can include safeguarding, consent and child welfare</p> | <p>Consider access to services or employment based on need/merit not age, effective communication strategies etc.</p> |
| <p>N/a</p> | |
| <p>Trans People who have undergone gender reassignment (sex change) and those who identify as trans</p> | <p>Consider privacy of data, harassment, access to unisex toilets & bathing areas etc.</p> |

| | |
|---|---|
| N/a | |
| <p>Sexual orientation This will include lesbian, gay and bi-sexual people as well as heterosexual people.</p> | Consider whether the service acknowledges same sex partners as next of kin, harassment, inclusive language etc. |
| N/a | |
| <p>Religion or belief Includes religions, beliefs or no religion or belief</p> | Consider holiday scheduling, appointment timing, dietary considerations, prayer space etc. |
| N/a | |
| <p>Marriage and Civil Partnership Refers to legally recognised partnerships (employment policies only)</p> | Consider whether civil partners are included in benefit and leave policies etc. |
| N/a | |
| <p>Pregnancy and maternity Refers to the pregnancy period and the first year after birth</p> | Consider impact on working arrangements, part-time working, infant caring responsibilities etc. |
| N/a | |
| <p>Carers This relates to general caring responsibilities for someone of any age.</p> | Consider impact on part-time working, shift-patterns, options for flexi working etc. |
| N/a | |
| <p>Other disadvantaged groups This relates to groups experiencing health inequalities such as people living in deprived areas, new migrants, people who are homeless, ex-offenders, people with HIV.</p> | Consider ease of access, location of service, historic take-up of service etc |
| N/a | |

| | |
|-----------|---|
| 8. | <p>Action planning for improvement</p> <p>Please outline what mitigating actions have been considered to eliminate any adverse impact?</p> <p>No adverse equality impact has been identified.</p> <p>Please state if there are any opportunities to advance equality of opportunity and/ foster good relationships between different groups of people?</p> <p>An Equality Action Plan template is appended to assist in meeting the requirements of the general duty</p> |
|-----------|---|

| |
|---|
| Sign off |
| Name and signature of person / team who carried out this analysis <i>Governance Team</i> |
| Date analysis completed <i>3rd September 2014</i> |
| Name and signature of responsible Director |
| Date analysis was approved by responsible Director |

29. APPENDIX 2: SUSTAINABILITY IMPACT ASSESSMENT

Staff preparing a policy, Governing Body (or Sub-Committee) report, service development plan or project are required to complete a Sustainability Impact Assessment (SIA). The purpose of this SIA is to record any positive or negative impacts that this is likely to have on sustainability.

| | |
|--|---|
| Title of the document | Business Conduct Policy |
| What is the main purpose of the document | This Business Conduct policy describes the public service values which underpin the work of the NHS and to provide clarity and guidance to individuals on the standards of conduct expected of them when carrying out their duties for the CCG. |
| Date completed | 2 nd September 2014 |
| Completed by | P Furneaux, Policy and Assurance Manager |

| Domain | Objectives | Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a | Brief description of impact | If negative, how can it be mitigated? If positive, how can it be enhanced? |
|--------|---|---|-----------------------------|---|
| Travel | Will it provide / improve / promote alternatives to car based transport? | 0 | | |
| | Will it support more efficient use of cars (car sharing, low emission vehicles, environmentally friendly fuels and technologies)? | 0 | | |
| | Will it reduce 'care miles' (telecare, care closer) to home? | 0 | | |
| | Will it promote active travel (cycling, walking)? | 0 | | |
| | Will it improve access to opportunities and facilities for all groups? | 0 | | |
| | Will it specify social, economic and environmental outcomes to be accounted for in procurement and delivery? | 0 | | |

| Domain | Objectives | Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a | Brief description of impact | If negative, how can it be mitigated? If positive, how can it be enhanced? |
|-----------------------|---|---|-----------------------------|---|
| Procurement | Will it stimulate innovation among providers of services related to the delivery of the organisations' social, economic and environmental objectives? | 0 | | |
| | Will it promote ethical purchasing of goods or services? | 0 | | |
| Procurement | Will it promote greater efficiency of resource use? | 0 | | |
| | Will it obtain maximum value from pharmaceuticals and technologies (medicines management, prescribing, and supply chain)? | 0 | | |
| | Will it support local or regional supply chains? | 0 | | |
| | Will it promote access to local services (care closer to home)? | 0 | | |
| | Will it make current activities more efficient or alter service delivery models | 0 | | |
| Facilities Management | Will it reduce the amount of waste produced or increase the amount of waste recycled? | 0 | | |
| | Will it reduce water consumption? | | | |
| Workforce | Will it provide employment opportunities for local people? | 0 | | |
| | Will it promote or support equal employment opportunities? | 0 | | |
| | Will it promote healthy working lives (including health and safety at work, work-life/home-life balance and family friendly policies)? | 0 | | |
| | Will it offer employment opportunities to disadvantaged groups? | 0 | | |

| Domain | Objectives | Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a | Brief description of impact | If negative, how can it be mitigated? If positive, how can it be enhanced? |
|------------------------------|---|---|-----------------------------|---|
| Community Engagement | Will it promote health and sustainable development? | 0 | | |
| | Have you sought the views of our communities in relation to the impact on sustainable development for this activity? | N/a | | |
| Buildings | Will it improve the resource efficiency of new or refurbished buildings (water, energy, density, use of existing buildings, designing for a longer lifespan)? | 0 | | |
| | Will it increase safety and security in new buildings and developments? | 0 | | |
| | Will it reduce greenhouse gas emissions from transport (choice of mode of transport, reducing need to travel)? | 0 | | |
| | Will it provide sympathetic and appropriate landscaping around new development? | 0 | | |
| | Will it improve access to the built environment? | 0 | | |
| Adaptation to Climate Change | Will it support the plan for the likely effects of climate change (e.g. identifying vulnerable groups; contingency planning for flood, heat wave and other weather extremes)? | 0 | | |
| Models of Care | Will it minimise 'care miles' making better use of new technologies such as telecare and telehealth, delivering care in settings closer to people's homes? | 0 | | |
| | Will it promote prevention and self-management? | 0 | | |

| Domain | Objectives | Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a | Brief description of impact | If negative, how can it be mitigated? If positive, how can it be enhanced? |
|--------|---|---|-----------------------------|---|
| | Will it provide evidence-based, personalised care that achieves the best possible outcomes with the resources available? | 0 | | |
| | Will it deliver integrated care, that co-ordinate different elements of care more effectively and remove duplication and redundancy from care pathways? | 0 | | |

30. LIST OF OTHER APPENDICES

1. Extract from HSG(93)4 – Standards of Business Conduct for NHS Staff
 2. The Seven Principles of Conduct in Public Life
 3. Form for declaring offers of gifts and hospitality
 4. Form for declaring interests, secondary employment and private practice
 5. CIPS Code of Ethics
 6. Non-Disclosure Agreement
-

Appendix 1: Extract From HSG(93)4 Standards Of Business Conduct For NHS Staff

References are to paragraphs in Part B of "Standards of business conduct for NHS staff" (Annex to HSG(93)5)

Do:

- Make sure you understand the guidelines on standards of business conduct, and consult your line manager if you are not sure.
- Make sure you are not in a position where your private interests and NHS duties may conflict (3).
- Declare to your employer any relevant interests (10 - 14). If in doubt, ask yourself:
 - am I, or might I be, in a position where I could gain from the connection between my private interests and my employment?
 - do I have access to information which could influence purchasing or procurement decisions?
 - could my outside interests be in any way detrimental to the PCT or to patients' interests?
 - do I have any other reason to think I may be risking a conflict of interest?

If still unsure - Declare it!

- Adhere to the ethical code of the Institute of Purchasing and Supply if you are involved in any way with the acquisition of goods and services (16);
- Seek your employer's permission before taking on outside work, if there is any question of it adversely affecting your NHS duties (special guidance applies to doctors);
- Obtain your employer's permission before accepting any commercial sponsorship (26).

Do not:

- Accept any gifts, inducements or inappropriate hospitality (see 7);
 - Abuse your past or present official position to obtain preferential rates for private deals;
 - Unfairly advantage one competitor over another or show favouritism in awarding contracts (18);
 - Misuse or make available official "commercial in confidence" information.
-

APPENDIX 2: The Seven Principles of Public Life (The Nolan Principles)

Extracted from: Standards Matter: A review of best practice in promoting good behaviour in public life.

The principles of public life apply to anyone who works as a public office-holder. This includes all those who are elected or appointed to public office, nationally and locally, and all people appointed to work in the civil service, local government, the police, courts and probation services, NDPBs, and in the health, education, social and care services.

All public office-holders are both servants of the public and stewards of public resources. The principles also have application to all those in other sectors delivering public services.

- **Selflessness** Holders of public office should act solely in terms of the public interest.
- **Integrity** Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.
- **Objectivity** Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.
- **Accountability** Holders of public office are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this.
- **Openness** Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.
- **Honesty** Holders of public office should be truthful.
- **Leadership** Holders of public office should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs.

APPENDIX 3: Register of Gifts and Hospitality

All offers of hospitality and gifts over £25 in value must be declared, if accepted. Small tokens of thanks e.g. flowers, chocolates, diaries may be accepted and do not need to be reported. Material/unreasonably generous offers which are declined should also be declared.

DECLARATION

I wish to declare the following hospitality/gift, which was offered to me which was accepted/refused (**delete as appropriate**) by me. I confirm I have referred to the relevant sections of the Business Conduct Policy which I have read.

| | |
|--|--|
| Date of Meeting/Event | |
| Purpose of the Meeting/Event (if appropriate) | |
| Details of gift/hospitality offered/ received | |
| Gift/Hospitality Provided By/To | |
| Accepted/Refused | |
| Value | |

I declare that the information I have given on this form is correct and complete. I understand that if I knowingly provide false or omit information, this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the CCG and NHS Protect for the purpose of verification, prevention, detection and prosecution of fraud.

Signature Date

Name (Please print)

Title

Department.....

Please return completed form to: The Policy and Assurance Manager

Use of Information and Data Protection

The information you have provided on this form will be included in a Register of Hospitality and Gifts that will be available to the public on request and details reported annually to the Audit Committee and the Governing Body. The information will not be used for any other purpose without permission being given by you.

REGISTER OF GIFTS AND HOSPITALITY

| Name | Position | Date | Details of Gift or Hospitality Received | Value where known, (or estimated value) £'s | Supplier/Company | Reason for Gift/Hospitality |
|------|----------|------|---|---|------------------|-----------------------------|
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Use of Information and Data Protection

The information documented in this Register of Hospitality and Gifts will be available to the public on request and details reported annually to the Audit Committee and the Governing Body. The information will not be used for any other purpose without permission of the individuals.

APPENDIX 4: The Chartered Institute of Purchasing and Supply (CIPS) Code of Ethics
(REPRODUCED BY KIND PERMISSION OF THE CIPS)

Introduction

All members sign up to the code of ethics when they join CIPS. The Code was approved by the CIPS Council on 11 March 2009.

Use of the Code

Members of CIPS are required to uphold this code and to seek commitment to it by all those with whom they engage in their professional practice.

Members are expected to encourage their organisation to adopt an ethical purchasing policy based on the principles of this code and to raise any matter of concern relating to business ethics at an appropriate level.

The Institute's Royal Charter sets out a disciplinary procedure which enables the CIPS Council to investigate complaints against any of our members and, if it is found that they have breached the Code of Ethics to take appropriate action. Advice on any aspect of the Code of Ethics is available from CIPS.

Code of Professional Ethics

Members agree they will:

- maintain the highest standard of integrity in all my business relationships
- reject any business practice which might reasonably be deemed improper
- never use my authority or position for my own personal gain
- enhance the proficiency and stature of the profession by acquiring and applying knowledge in the most appropriate way
- foster the highest standards of professional competence amongst those for whom I am responsible
- optimize the use of resources which I have influence over for the benefit of my organisation
- comply with both the letter and the intent of:
 - the law of countries in which I practice
 - agreed contractual obligations
 - CIPS guidance on professional practice

- declare any personal interest that might affect, or be seen by others to affect, my impartiality or decision making
- ensure that the information I give in the course of my work is accurate
- respect the confidentiality of information I receive and never use it for personal gain
- strive for genuine, fair and transparent competition
- not accept inducements or gifts, other than items of small value such as business diaries or calendars
- always to declare the offer or acceptance of hospitality and never allow hospitality to influence a business decision
- remain impartial in all business dealing and not be influenced by those with vested interests

APPENDIX 5: Non-disclosure Agreement

You have been requested to be involved in [INSERT DETAILS] (the ‘Project’).

Vale of York CCG or other parties participating in the Project may provide you with, as part of your role in respect of the Project, access to certain confidential information relating to the Project (whether before or after the date of this letter), in writing, by email, orally or by other means (including from or pursuant to discussions with any other party or which is obtained through attendance at meetings related to the Project) and trade secrets including, without limitation, technical data and know-how relating to the Project, including in particular (by way of illustration only and without limitation) [EXAMPLES] and including (but not limited to) information that you may create, develop, receive or obtain in connection with your engagement on the Project, whether or not such information (if anything other than oral form) is marked confidential (the “Confidential Information”).

Accordingly we draw to your attention that as part of your role for the CCG you are required to:

- 1.1 maintain the Confidential Information in the strictest confidence and not divulge any of the Confidential Information to any third party without the prior written permission of Vale of York CCG; and
- 1.2 not make use of, reproduce, copy, discuss, disclose or distribute the Confidential Information other than for use as part of your role in the Project.

The above obligations in respect of this Confidential Information are supplemental to any prior representation, understanding and commitment (whether oral or written) between us. The terms of this Letter can only be changed by a written document, agreed upon by both of us and signed by duly authorised persons. These provisions shall be governed and construed by English law.

Yours faithfully

For and on behalf of
Vale of York Clinical Commissioning Group

By signing this letter you agree to comply with these terms

| | |
|-------------|--|
| Signed: | |
| Date: | |
| Print Name: | |

Please return signed copy to the Policy and Assurance Manager.