

BUSINESS CONDUCT POLICY

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	6
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The on-line version is the only version that is maintained. Any printed copies should, therefore, be viewed as 'uncontrolled' and as such may not necessarily contain the latest updates and amendments.

Contents

Contents	2
1 POLICY AMENDMENTS	5
2 INTRODUCTION.....	6
3 ENGAGEMENT / POLICY DEVELOPMENT.....	6
3.1 IMPACT ANALYSES.....	6
3.1.1 Equality.....	6
3.1.2 Sustainability	6
4 SCOPE	7
5 POLICY PURPOSE / AIMS AND FAILURE TO COMPLY	7
6 DEFINITIONS – THE LAW AND OTHER GUIDANCE.....	7
6.1 The Code of Conduct and Code of Accountability in the NHS (second revision July 2004).....	7
6.2 HSG (93)5 Standards of Business Conduct for NHS Staff	8
6.3 The Seven Principles of Public Life as set out by the Committee on Standards in Public Life (The Nolan Principles).....	8
6.4 The Bribery Act 2010	8
6.5 Local Anti-Fraud, Bribery and Corruption	9
6.6 The NHS Constitution	9
6.7 Freedom of Information Act 2000.....	9
6.8 Standing Orders, Reservation and Delegation of Powers and Prime Financial Policies	10
7 ROLES / RESPONSIBILITIES / DUTIES	10
7.1 Chief Officer responsibilities.....	10
7.2 Senior Officers and line managers	10
7.3 All individuals	11
7.4 Declarations of Interest	11
7.5 Gifts and Hospitality	11
7.6 Hospitality – Provision	11
7.7 Secondary Employment	12
7.8 Preferential Treatment in Private Transactions	12
7.9 Contracts.....	12
7.10 Favouritism in Awarding Contracts	12
7.11 Warning to Potential Contractors	13

7.12	Commercial Sponsorship.....	13
7.13	Political Activities	14
7.14	Personal Conduct	14
7.14.1	Lending or Borrowing	14
7.14.2	Gambling.....	14
7.14.3	Trading on Official Premises	14
7.14.4	Collection of Money.....	14
7.14.5	Bankrupt or Insolvent Staff.....	14
7.14.6	Arrest or Conviction.....	15
7.14.7	Bringing the Organisation into Disrepute.....	15
7.14.8	Raising Concerns.....	15
7.14.9	Confidentiality.....	15
7.14.10	Dress Code	16
7.14.11	Jewellery	17
7.14.12	Tattoos	17
8	IMPLEMENTATION	17
9	TRAINING AND AWARENESS.....	17
10	MONITORING AND AUDIT	17
11	POLICY REVIEW	18
12	REFERENCES.....	18
13	ASSOCIATED DOCUMENTATION.....	18
14	APPENDICES	19
15	Appendix 1: Extract from HSG(93)4 – Standards of Business Conduct for NHS Staff	20
 Appendix 2:	
	21
16	The Seven Principles of Public Life / The Nolan Principles	21
17	Appendix 3: The Chartered Institute of Purchasing and Supply (CIPS) Code of Ethics	22
 APPENDIX 4:	
	24
18	Non-disclosure Agreement	24
19	Appendix 5: Code of Conduct for Governing Body Members	25
6	Appendix 6: Equality Impact Analysis	33
7	Appendix 7: Sustainability Impact Assessment.....	35

1 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 and Date	Date on Intranet
1	CSU	Initial draft of Policy	Governing Body	29.01.14
2	Sally Brown	Final policy	Council of Clinical Representatives	11.02.14
3	SRCCG	Addition of EIA & SIA	n/a – approved as separate docs	11.02.14
4	SRCCG		Council of Clinical Representatives	Jan 2015
5	SRCCG	Addition of Code of Conduct	Council of Clinical Representatives	13.10.15
6	SRCCG	Removal of Gifts and Hospitality and Secondary employment which is now included in the Conflicts of Interest Policy.	SMT	

2 INTRODUCTION

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 CCG aspires to the highest standards of corporate behaviour and responsibility and has an obligation to ensure that strict ethical standards are maintained. The CCG must also ensure that NHS resources are protected from fraud and corruption.

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.

Section 8 of the CCG's Constitution sets out how Conflicts of Interest should be managed. These arrangements are reflected in a separate Conflicts of Interest Policy.

3 ENGAGEMENT / POLICY DEVELOPMENT

NHS Scarborough and Ryedale CCG approved the revised Business Conduct Policy in February 2015 which strengthened the policies and procedures for conducting business, especially when commissioning Primary Care services. Issues from the NHS England Policy on Standards of Business Conduct have been incorporated into this policy.

3.1 IMPACT ANALYSES

3.1.1 *Equality*

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.

3.1.2 *Sustainability*

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

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.

Governing Body Members also need to comply with and sign up to the separate Code of Conduct at Appendix 9.

5 POLICY PURPOSE / AIMS AND FAILURE TO COMPLY

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.

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 AND OTHER GUIDANCE

6.1 [The Code of Conduct and Code of Accountability in the NHS \(second revision July 2004\)](#)

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.

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

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

6.3 The Seven Principles of Public Life as set out by the Committee on Standards in Public Life (The Nolan Principles)

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

6.4 The Bribery Act 2010

This policy is designed to contribute to the CCG's obligation to ensure adequate measures are in place to prevent acts of bribery within the meaning of the Bribery Act 2010.

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 offence of bribery.

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 6);
- failing to prevent bribery (section 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.

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.

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.

Further information on the Bribery Act can be found at www.opsi.gov.uk/acts.

6.5 Local Anti-Fraud, Bribery and Corruption

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.

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) – Steven Moss, Telephone 01904 725145 email: steven.moss@york.nhs.uk and the Chief Finance Officer. If the Chief Finance Officer is implicated, it should be reported to the Chief Officer and the LCFS.

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.

6.6 The NHS Constitution

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 standards of professional practice as set by the appropriate regulatory body applicable to your profession or role.
- to take reasonable care of health and safety at work for you, your team and others, and to co-operate with the employers to ensure compliance with health and safety requirements.
- to act in accordance with the express and implied terms of your contract of employment / appointment.
- not to discriminate against patients or staff and adhere to equal opportunities and equality and human rights legislation.
- to protect the confidentiality of personal information that you hold.
- to be honest and truthful in applying for a job and in carrying out that job.

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.

6.7 Freedom of Information Act 2000

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.

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

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.

Individuals can also call the NHS Fraud and Corruption Reporting Line on free phone 0800 028 4060 [or via the website: www.reportnhsfraud.nhs.uk](http://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.

Staff may also report suspicions via the Whistleblowing Policy.

The Audit and Governance Committee keep under review arrangements for countering fraud, approve the counter fraud work programme and review the outcomes of counter fraud work.

Further guidance can be found in the CCG's Local Anti-Fraud, Bribery and Corruption Policy.

7 ROLES / RESPONSIBILITIES / DUTIES

7.1 Chief Officer responsibilities

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.

7.2 Senior Officers and line managers

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.

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.

Managers are expected to check compliance with all governance responsibilities during the PDR process.

7.3 All individuals

It is the responsibility of everyone covered by the scope of this policy to ensure they comply with this policy.

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.

If there is any doubt, advice should be sought from the line manager and line managers should seek advice from the Chief Officer, 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.

7.4 Declarations of Interest

Arrangements for the management, recording and reporting of declarations of interest are set out in Section 8 of the CCG's Constitution and are the subject of the separate Conflicts of Interest Policy.

7.5 Gifts and Hospitality

Arrangements for the management, recording and reporting of gifts and hospitality are included in the separate Conflicts of Interest Policy.

7.6 Hospitality – Provision

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.

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. Hospitality will not usually be provided by the CCG and any additional provisions made in relation to this will be by exception only.

Meetings during the lunch period should be avoided. Where meetings are held during the lunch period, it is expected that attendees will make arrangements to

bring their own lunch except in exceptional circumstances, for example at specific public engagement events.

7.7 Secondary Employment

Arrangements for informing the CCG of secondary employment are included in the separate Conflicts of Interest Policy.

7.8 Preferential Treatment in Private Transactions

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.

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 employees.

7.9 Contracts

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 Commissioning Board or the Independent Regulator of NHS Foundation Trusts (Monitor) guidance that does not conflict with (b) above.

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

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 5).

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 Conflict of Interests Policy).

7.10 Favouritism in Awarding Contracts

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.

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.

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

7.11 Warning to Potential Contractors

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.

Offers of pro bono work from prospective bidders for CCG business should be politely refused.

7.12 Commercial Sponsorship

The CCG has a separate Policy and Guidance for Joint Working and Commercial Sponsorship with the Pharmaceutical Industry (guidelines on contacts between CCG members of staff and pharmaceutical company representatives). The principles in this guidance also apply to joint working with other private companies. The policy covers 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.

7.13 Political Activities

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.

7.14 Personal Conduct

7.14.1 Lending or Borrowing

The lending or borrowing of money between staff should be avoided, whether informally or as a business, particularly where the amounts are significant.

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.

7.14.2 Gambling

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.

7.14.3 Trading on Official Premises

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.

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.

7.14.4 Collection of Money

The Chief Officer or other Director needs to be made aware if there is money being collected on behalf of a charitable organisation and must approve collections. Other flag-day appeals will be permitted only with the approval of the Chief Officer or other Director. 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. As a public sector organisation, we need to be aware of the need to remain apolitical.

7.14.5 Bankrupt or Insolvent Staff

Any member of staff who is facing bankruptcy or is due to be the subject of an individual involuntary arrangement or some other formal arrangement with their creditors must inform the Chief Finance Officer and the Workforce Team

as soon as possible. The Chief Finance Officer may need to seek advice from the Workforce Team. Staff who are facing bankruptcy or insolvency may need their role reviewing if they have duties which involve the handling of public funds. If necessary in the circumstances, the employees' line manager may be informed.

7.14.6 Arrest or Conviction

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.

7.14.7 Bringing the Organisation into Disrepute

All employees should avoid engaging in any conduct or communications which are illegal, would breach any elements of this or any other organisational policy or might (by associating personal comments with the organisation) bring the CCG into disrepute.

Communications can take many forms and may include: conversations, use of email, social media / networking sites and interactions with the media.

7.14.8 Raising Concerns

The CCG undertakes to ensure that this policy and procedure is applied consistently and fairly. In the event, however, of a member of staff feeling that they have been treated unfairly or unreasonably, they can raise the issue with their line manager or raise a concern through the CCG's Grievance Procedure.

7.14.9 Confidentiality

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.

Everyone to whom this policy applies must familiarise themselves with, and comply with, the CCG's suite of Information Governance policies.

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.

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 6.

7.14.10 Dress Code

It is recognised that a considerable range of dress and appearance is appropriate and that this will vary, dependant on the working environment, the range of services provided to different client groups and the religion and beliefs of staff.

Clothing and appearance will not deliberately cause offence to people who come in to contact with, or use, the CCG services. It should be non-offensive and contain no provocative, sexist, or racist remarks. Clothing should not display slogans or logos relating to drugs, alcohol or tobacco, or demonstrate sponsorship of such products.

Appropriate clothing should be worn for the work being undertaken.

Clothing for particular purposes should be worn in accordance with Health and Safety and Control of Infection Policies and Procedures and guidance.

In the event of carrying out hazardous duties under Health & Safety Regulations appropriate protection clothing must be worn.

During periods of warm weather staff clothing must remain appropriate and suitable. Staff should be aware that certain items of clothing could be viewed as provocative e.g. short revealing/ tight garments, and therefore not acceptable for work.

It is not acceptable to wear clothing that over exposes a part, or parts, of the body, e.g. stomach, chest etc. or that is transparent/see through.

The CCG accepts that it is policy that the wearing of religious and cultural dress (including clerical collars, head scarves, skull caps and turbans) is allowable and must not be discouraged. The exception to this protocol is where health, safety and welfare will be compromised by the wearing of such dress and/or where this is likely to enhance the risk to other persons.

The following points should be borne in mind :

- some religions and cultures require a certain mode of dress; for example, the wearing of compulsory items, such as bangles (kara) as worn by Sikh men and women.
- where necessary, the Equality & Diversity Officer and / or Human Resources may be contacted to assist with disseminating appropriate information explaining cultural dress and customs.

- priority will be given to health and safety requirements, as laid down by national legislation.

7.14.11 Jewellery

It is good practice to avoid the wearing of jewellery, such as necklaces and earrings that can be hazardous, especially where these can get caught / pulled. The wearing of small studs / sleepers are more appropriate when working in areas where clients are, or can be, challenging in their behaviour. Injury arising from wearing inappropriate jewellery will invalidate any related claim against the CCG.

Visible body piercing should be; kept to a minimum, discreet, non-offensive and not present a safety hazard or infection risk control.

7.14.12 Tattoos

It is recognised that in today's society many individuals now have tattoos. Where a staff member has a tattoo in an area that remains exposed this must not be offensive, it is for managers to discuss with individual staff members the appropriateness for their tattoo to be on display where considered inappropriate or likely to cause upset to patients, carers, visitors or other staff the individual will be requested to cover the tattoo.

8 IMPLEMENTATION

The Governing Body is responsible for formal approval of, and monitoring compliance with, this policy. Following ratification the policy will be disseminated to staff via the organisation's intranet.

9 TRAINING AND AWARENESS

The Corporate Affairs Officer will ensure that this policy is available on the CCG's website and CCG staff notified accordingly. 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 CSU Strategy & Policy Manager.

10 MONITORING AND AUDIT

The Audit and Governance 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 and Governance 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.

11 POLICY REVIEW

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

12 REFERENCES

- NHS Codes of Conduct and Accountability (NHS Appointments Commission and Department of Health – amended July 2004)
- Governing the NHS: A Guide for NHS Boards
- Standards of Business Conduct for NHS Staff (DH HSG(93)5).
- *Seven Principles of Public Life*, Committee on Standards in Public Life (the Nolan Principles) including updated descriptions of the principles suggested in the report of the Committee on Public Standards, January 2013, 'Standards Matter'
- 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
- NHS Constitution

13 ASSOCIATED DOCUMENTATION

- SRCCG's Constitution, incorporating Standing Orders and Prime Financial Policies.
- The following SRCCG policies :
 - Conflict of Interests
 - Whistleblowing
 - Induction
 - Local Anti-Fraud, Bribery and Corruption
 - Policy and Guidance for Joint working and Commercial Sponsorship with the Pharmaceutical Industry (guidelines on contacts between CCG members of staff and pharmaceutical company representatives. and pharmaceutical company representatives)
- SRCCG's Procurement Strategy
- SRCCG's Procurement Policy

14 APPENDICES

- 1 Extract from HSG(93)4 – Standards of Business Conduct for NHS Staff
- 2 The Nolan Principles on Conduct in Public Life
- 3 CIPS Code of Ethics
- 4 Non-Disclosure Agreement
- 5 Code of Conduct for Governing Body Members
- 6 Equality Impact Assessment
- 7 Sustainability Impact Assessment

15 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.

16 Appendix 2: The Seven Principles of Public Life / The Nolan Principles

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 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 doing so.

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.

17 Appendix 3: 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
- optimise the use of resources which I have influence over for the benefit of my organisation
- comply with both the letter and the intent of :
 - the law of countries in which I practice
 - agreed contractual obligations
 - CIPS guidance on professional practice
- declare any personal interest that might affect, or be seen by others to affect, my impartiality or decision making
- ensure that the information I give in the course of my work is accurate
- respect the confidentiality of information I receive and never use it for personal gain
- strive for genuine, fair and transparent competition
- not accept inducements or gifts, other than items of small value such as business diaries or calendars

- always to declare the offer or acceptance of hospitality and never allow hospitality to influence a business decision
- remain impartial in all business dealing and not be influenced by those with vested interests.

18 APPENDIX 4: Non-disclosure Agreement

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

Scarborough and Ryedale 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 :

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 Scarborough and Ryedale CCG; and

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

Scarborough and Ryedale Clinical Commissioning Group

By signing this letter you agree to comply with these terms

Signed:	
Date:	
Print Name:	

19 Appendix 5: Code of Conduct for Governing Body Members

1 Introduction

- 1.1 The CCG is governed by the National Health Act 2006, The National Health Service (Clinical Commissioning Groups) Regulations 2012 and its Constitution (together, the "Regulatory Framework"). The Regulatory Framework gives the Governing Body various statutory roles and responsibilities; they are therefore mandatory. Members of the Governing Body ("Members"), its committees and sub-committees should therefore be familiar with the provisions of the Regulatory Framework to ensure they are aware of what it means to be a member of the Governing Body. Members are required to act at all times in accordance with the Regulatory Framework
- 1.2 This Code of Conduct (the "Code") expands upon and complements the roles and responsibilities of Members outlined in the CCG's Constitution. Members are strongly urged to familiarise themselves with its content and confirm their acceptance of the key commitments at Annex 1 by signing the form at Annex 2.
- 1.3 Members are also required to adhere to all the statutory and other guidance documents referred to in the CCG's Business Conduct Policy.

2 Qualification and Disqualification for Office

- 2.1 Members must continue to comply with the qualifications required to hold office throughout the period of their tenure. It is the responsibility of the Member to inform the Chair of the Governing Body of any change in personal circumstances that could impact on the qualifications required to hold office.
- 2.2 All Members are expected to understand, agree and promote the NHS Constitution, the CCGs public sector equality duty and its commitment to patient and public participation, in every aspect of their work. The CCG is committed to its Equality and Diversity Strategy and the promotion of social inclusion and, as such, the development and delivery of initiatives should not prejudice any part of the community on the grounds of age, gender, gender reassignment, disability, marital status (including civil partnership), sexual orientation, pregnancy or maternity, ethnic origin or religious belief. The promotion of any personal or political views that undermine this principle is grounds for dismissal from the Governing Body. The interests of the Governing Body, and therefore the CCG, as a whole should not be compromised by the interests of individual Members.

2.4 The following are examples of circumstances in which a person shall be ineligible to become or remain as a member of the Governing Body :

- people who have behaved in a manner or exhibited conduct which in the opinion of the Governing Body has or is likely to be detrimental to the honour or confidence in, or the interests of the Governing Body or the CCG as a whole and is likely to bring the Governing Body and/or the CCG into disrepute. This includes but is not limited to dishonesty, misrepresentation, defamation, abuse of position, non-declaration of a known conflict of interest, seeking to lead or manipulate a decision of the Governing Body in a manner that would ultimately be in favour of that member, and professional misconduct or incompetence; or
- people who are or become ineligible to be a member of the Governing Body due to exclusion or disqualification by virtue of the provisions of Schedules 4 and 5 of the National Health Service (Clinical Commissioning Groups) Regulations 2012.

In addition, a Governing Body member may be removed or suspended from that office pursuant to the process set out in this Code of Conduct.

3 General Obligations: Conduct of Members

- 3.1 This Code, within the CCG's Business Conduct Policy, outlines the appropriate conduct for Members. These documents address both the requirements of office and of personal behaviour.
- 3.2 Members are required to act with discretion and care in the performance of their role and to maintain confidentiality at all times with regard to any information gained through their involvement in the CCG and comply with the requirements of the CCG's Business Conduct Policy and all other CCG information governance policies.

4 Roles and Responsibilities : General Overview

- 4.1 The powers of the CCG shall be exercised by the Governing Body on behalf of the CCG.
- 4.2 In accordance with the Constitution (and the Scheme of Delegation incorporated into it) the Governing Body has delegated certain of its powers as set out in the CCG's Constitution and further detailed in the CCG's Scheme of Reservation and Delegation. In exercising the powers of the Governing Body, Members shall have regard to the values of the CCG as set out in the Constitution.
- 4.3 The Members shall exercise the functions of the Governing Body (including those social care functions of any local authority as specified by an agreement made under Section 75 of the 2006 National Health Act Act) effectively, efficiently and economically, and co-operate with other Health Service Bodies, including any local authorities referred to above.
- 4.4 In conducting CCG affairs, the Members shall respect the rights of the members of the communities they serve, CCG employees, members of the CCG and people dealing with the CCG, as set out in the Human Rights Act 1998.
- 4.5 Members shall be required to confirm their adherence to the key commitments set out in Annex 1.
- 4.6 The general duty of the Governing Body, and of each Member individually, is to act with a view to promoting the success of the CCG so as to maximise the benefits for the public and patients in the area of the CCG.
- 4.7 The duties which Members have by virtue of that office include in particular:
- 4.8 a duty to avoid a situation in which the individual has (or can have) a direct or indirect interest that conflicts (or possibly may conflict) with the interests of the CCG;

4.9 a duty not to accept a benefit from a third party by reason of being a Member or doing (or not doing) anything in that capacity

4.10 a duty to adhere to the Conflict of Interests Policy and its procedures.

5 Dealing with Information

5.1 Data Protection and Freedom of Information

5.2 Members shall comply with the principles and rules of the Data Protection Act 1998.

5.3 Members shall comply with the CCG's Publication Scheme and forward any Freedom of Information requests to the Freedom of Information Team as soon as practicable. Where a Member receives a Freedom of Information request they shall not reply to this request but shall forward it to the Freedom of Information Team.

5.4 Confidentiality

5.5 Members must familiarise themselves with, and follow the requirements of, the CCG's Information Governance Policies.

5.6 Conflicts of Interest

5.7 Members shall be provided with a copy of the CCG's Conflicts of Interest Policy (and any amendments to that policy from time to time) and must ensure that they are familiar with and comply with their obligations under the Constitution and that policy as amended from time to time.

5.8 Meetings of the Governing Body

5.9 Members are expected to attend for the duration of meetings.

5.10 Members are expected to attend meetings of those committees, sub-committees and joint committees of which they are members.

5.11 The Standing Orders for the Governing Body provide detailed information regarding meetings of the Governing Body. It is strongly recommended that Members familiarise themselves with their content.

5.12 Members of the CCG will be informed in writing or covering email seven (7) days before any meeting of the Governing Body.

5.13 Personal Conduct

5.14 Members are required to adhere to the highest standards of conduct in the performance of their duties, as outlined in this policy and attached appendices. In respect of their interaction with others, they are required to agree and adhere to the commitments set out in Annex 1 of this Appendix.

5.15 The Governing Body of the CCG shall follow the principles set out by the Nolan Committee as set out in Appendix 2 of the CCG's Business Conduct Policy.

5.16 Training and Development

5.17 Training and development are essential for Members in respect of effective performance of their current role, and Members shall attend any training session as is reasonably required by the CCG in order to assist their role and functions.

5.18 Non-compliance with the Code of Conduct

5.19 Ideally any penalties for non-compliance will never need to be applied, however, the CCG reserves the right to impose such penalties and regards non-compliance with the Code as a serious matter.

5.20 An alleged breach of the Code by a Member shall be promptly considered. Any alleged breach should be reported in the first instance to the Chair of the Governing Body (or in the event that the Chair is unavailable, or the individual in breach is the Chair, the Vice Chair of the Governing Body). Members shall be held to account for their own actions.

5.21 Where a Member is also an employee of the CCG, the conditions of the Member's employment shall be considered in relation to the non-compliance and any action taken should be considered in conjunction with the terms of the Member's employment.

5.22 Non-compliance with this Code may result in the following action:

- Any such appropriate action which may be required to be immediately taken by the Chair of the Governing Body;
- where non-compliance or any misconduct is alleged, the Member shall be notified in writing of the allegations, detailing the specific behaviour which is considered to be detrimental to the CCG, and inviting and considering a response within a defined timescale;
- the Member may be invited to address the Governing Body in person if the matter cannot be resolved satisfactorily through correspondence; and
- sanctions shall be imposed as deemed by the Governing Body to be appropriate. Such sanctions shall range from the issuing of a written warning as to the Member's future conduct, to suspension and/or removal of the Member from
- office. In the case of executive members of the Governing Body, where the member is an employee, any sanctions imposed shall be in accordance with CCG disciplinary procedures.

- 5.23 Any investigation into alleged misconduct on the part of a Member shall be reasonable, fair and impartial. Where possible, those undertaking the investigation should not be linked to the Member under investigation.
- 5.24 Where any investigation into alleged misconduct is carried out, those undertaking the investigation shall consider whether there are wider system failures within the CCG, or whether there are organisational issues which have contributed to the problem/alleged misconduct.
- 5.25 In order to aid participation of all parties, it is imperative that all Members observe the points of view of others, and conduct likely to cause offence will not be permitted. The Chair of the Governing Body shall reserve the right to require any Member who fails to observe the Code to leave any meetings of the Governing Body.
- 5.26 Amendment**
- 5.27 Amendments by the CCG to this Appendix are only to be made with the approval of three-quarters of the Members present and voting at a meeting of the Governing Body.

Key Commitments

As a member of the Governing Body of the CCG, I agree to adhere to the following commitments :

1. I acknowledge that the CCG is an apolitical organisation.
2. I am not an active member of any body or organisation with policies or objectives such that my membership would be likely to cause the CCG to be in breach of its statutory obligations or bring it into disrepute.
3. I understand that my role as a member of the Governing Body is to represent the interests and needs of the CCG and the community which it serves. I shall not be influenced by my membership of other bodies or areas of personal interest and I shall not act as a representative for any such body or interest in my work with the CCG.
4. I shall be honest and act with integrity and probity at all times.
5. I shall respect and treat with dignity and fairness, the public, patients, relatives, carers, NHS staff and partners in other agencies.
6. I shall seek to ensure that my fellow member of the Governing Body and the representatives of the CCG are valued as colleagues and that judgements about colleagues are consistent, fair and unbiased and are properly founded.
7. I shall accept responsibility for my actions and if I am ever the subject of an investigation by a professional or regulatory body, or the police, I shall inform the Chair of the Governing Body (or in the event of that the Chair is unavailable or the individual making the disclosure is the Chair, the Vice Chair of the Governing Body) and stand down from Governing Body duties until the matter is determined.
8. I shall show my commitment to working as a team member by working with my colleagues in the NHS and wider community.
9. I shall seek to ensure that no one is discriminated against because of their religion, belief, race, colour, gender, gender reassignment, marital status, disability, sexual orientation, age, social or economic status or national origin.
10. I shall, at all times, comply with the Constitution, standing Orders of the Governing Body and the Prime Financial Policies of the CCG.
11. I shall respect the confidentiality of the individual patients and comply with the CCG's suite of Information Governance Policies whilst also taking account of the provisions of the Whistleblowing Policy, if applicable.
12. I shall not make, permit or knowingly allow to be made any untrue or misleading statement relating to my own duties or the functions of the CCG.
13. I shall seek to ensure that the best interests of the public, patients, carers and staff are upheld in decision making and the decisions are not improperly influenced by gifts or inducements.
14. I shall support and assist the Chief Officer of the CCG in their responsibilities to answer to NHS England, commissioners and the public in terms of fully and faithfully declaring and explaining the use of resources and the performance of the total NHS in putting national policy into practice and delivering targets.
15. I shall at all times uphold the principles of the NHS and values of the CCG as set out in the Constitution.
16. I shall uphold the seven principles of public life as detailed by the Nolan Committee, set out in the CCG's Business Conduct Policy.

Code of Conduct for Governing Body Member

**Confirmation of acknowledgement and acceptance of compliance
with the Code of Conduct**

Name of Member of the Governing Body (please print)

Address :

Declaration

I agree to abide by the values and behaviours as detailed in Appendix 9 of the NHS Scarborough and Ryedale Commissioning Group Business Conduct Policy.

Signature :

.....

Date :

Please return signed declaration to the CCG's Corporate Affairs Officer.

6 Appendix 6: Equality Impact Analysis

1. Equality Impact Analysis									
Policy / Project / Function:	Business Conduct Policy								
Date of Analysis:	22 September 2016								
This Equality Impact Analysis was completed by: (Name and Department)	Corporate Services Manager								
What are the aims and intended effects of this policy, project or function ?									
Please list any other policies that are related to or referred to as part of this analysis?									
Who does the policy, project or function affect ? Please Tick ✓	<table> <tr> <td>Employees</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Service Users</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Members of the Public</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other (List Below)</td> <td><input type="checkbox"/></td> </tr> </table>	Employees	<input checked="" type="checkbox"/>	Service Users	<input type="checkbox"/>	Members of the Public	<input type="checkbox"/>	Other (List Below)	<input type="checkbox"/>
Employees	<input checked="" type="checkbox"/>								
Service Users	<input type="checkbox"/>								
Members of the Public	<input type="checkbox"/>								
Other (List Below)	<input type="checkbox"/>								

2. Equality Impact Analysis: Screening

	Could this policy have a positive impact on...		Could this policy have a negative impact on...		Is there any evidence which already exists from previous (e.g. from previous engagement) to evidence this impact
	Yes	No	Yes	No	
Race	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	
Age	<input type="checkbox"/>	X	<input type="checkbox"/>	X	
Sexual Orientation	<input type="checkbox"/>	X	<input type="checkbox"/>	X	
Disabled People	<input type="checkbox"/>	X	<input type="checkbox"/>	X	
Gender	<input type="checkbox"/>	X	<input type="checkbox"/>	X	
Transgender People	<input type="checkbox"/>	X	<input type="checkbox"/>	X	
Pregnancy and Maternity	<input type="checkbox"/>	X	<input type="checkbox"/>	X	
Marital Status	<input type="checkbox"/>	X	<input type="checkbox"/>	X	
Religion and Belief	X	<input type="checkbox"/>	<input type="checkbox"/>	X	
Reasoning	The policy acknowledges that dress wearing of religious and cultural dress (including clerical collars, head scarves, skull caps and turbans) is allowable and must not be discouraged.				

If there is no negative impact on any of the Nine Protected Characteristics go to Section 7

7 Appendix 7: Sustainability Impact Assessment

Staff preparing a Policy/ Board Report / Committee Report / Service Plan / Project are required to complete a Sustainability Impact Assessment. Sustainability is one of the CCG's key priorities and the CCG has made a corporate commitment to address the environmental effects of activities across CCG services. The purpose of this Sustainability Impact Assessment is to record any positive or negative impacts that this activity is likely to have on each of the CCG's Sustainability Themes. For assistance with completing the Sustainability Impact Assessment, please refer to the instructions below.

Policy / Report / Service Plan / Project Title:				
Theme (Potential impacts of the activity)	Positive Impact	Negative Impact	No specific impact	What will the impact be? If the impact is negative, how can it be mitigated? (action)
Reduce Carbon Emission from buildings by 12.5% by 2010-11 then 30% by 2020			X	
New builds and refurbishments over £2million (capital costs) comply with BREEAM Healthcare requirements.			X	
Reduce the risk of pollution and avoid any breaches in legislation.			X	
Goods and services are procured more sustainability.			X	
Reduce carbon emissions from road vehicles.			X	
Reduce water consumption by 25% by 2020.			X	
Ensure legal compliance with waste legislation.			X	
Reduce the amount of waste produced by 5% by 2010 and by 25% by 2020			X	
Increase the amount of waste being recycled to 40%.			X	
Sustainability training and communications for employees.			X	
Partnership working with local groups and organisations to support sustainable development.			X	
Financial aspects of sustainable development are considered in line with policy requirements and commitments.			X	