

# **Standards of Business Conduct Policy**

**Version 4**

**November 2018**

<b>Standard Operating Procedure</b>	<b>St Helens CCG Standards of Business Conduct Policy</b>
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July 2015	Throughout	Review & Update	FGR committee
October 2017	Throughout	Section 5 – Updates to Conflicts of Interest in line with revised NHSE Guidance issued in June 2017. Section 6 – Gifts, Hospitality & Sponsorship – updated in line with revised NHSE Guidance issued in June 2017. Section 12 – Fraud, Bribery & Corruption	FGR committee
May 2018	Section 5	Section 5 – Financial Interests: Explicit reference to payments from Pharmaceutical Industry.	N/A – Minor update following MIAA Audit
Oct 2018	Throughout	Updated Job Titles Removed Appendix 2 – Col Form and Appendix 3 – GAH Form, as these can be found in alternative policy. Fraud Sections reviewed by MIAA	ELT

<b>POLICY OBSOLETE</b>		
<b>Date</b>	<b>Reason</b>	<b>Approved By</b>

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## 1. INTRODUCTION

The Governing Body is determined to ensure that the CCG inspires public confidence and achieves the highest possible standards of corporate behaviour. The Code of Conduct and Code of Accountability in the NHS (2004) sets out three public service values which are central to the on-going work and sustainability of the CCG:

**Accountability** – everything done by those who work in the NHS must be able to stand the test of parliamentary scrutiny, public judgements on propriety and professional codes of conduct;

**Probity** – there should be an absolute standard of honesty in dealing with the assets of the NHS. Integrity should be the hallmark of all personal conduct in decisions affecting patients, officers, members and suppliers and in the use of information acquired during the course of their NHS duties, and;

**Openness** – there should be sufficient transparency about NHS activities to promote confidence between each CCG, its staff, patients and public.

In addition to the above public service values, all individuals within the CCG must abide by the Seven Principles of Public Life set out by the Nolan Committee, which can be found in Appendix 1 of this policy.

## 2. SCOPE

This policy applies to all CCG employees regardless of whether they are directly employed, in a seconded post or whether their remit is clinical or corporate. This includes:

- Member practices
- Employees of member practices who are employed by the CCG
- Committees and sub-committees of the CCG Governing Body Members
- Third parties acting on behalf of the CCG (including Commissioning Support and shared services)
- Agency, locum and other temporary staff engaged by the CCG
- Students (including those on work experience), trainees and apprentices

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

## 3. POLICY STATEMENT

This policy details the expectations of NHS St Helens Clinical Commissioning Group (hereafter referred to as 'the CCG') concerning standards of business conduct for all individuals. It also seeks to describe the public service values which underpin the CCG's Constitution (and the NHS as a whole); reflecting current guidance and best practice to which all individuals within the CCG must have regard to in their duties.

#### 4. POLICY PRINCIPLES

CCG staff are expected at all times to:

- **Comply** with the requirements of the CCG's Constitution and be aware of the responsibilities outlined within it. The Constitution can be accessed electronically via the CCG's intranet and internet site <http://www.sthelensccg.nhs.uk/>
- **Act in good faith** and in the interests of the CCG; following the 'Seven Principles of Public Life (the Nolan Principles), and;
- **Adhere** to the NHS Code of Conduct and Code of Accountability (2004), maintaining strict ethical standards.

#### 5. STANDING ORDERS (SOS), PRIME FINANCIAL POLICIES (PFPS) AND SCHEME OF RESERVATION & DELEGATION (SD)

All CCG staff must carry out their duties in accordance with SOs, PFPs and SD as these set out the statutory and governance framework in which the CCG operates. There is considerable overlap with this policy and the provisions set out in NHS St Helens CCG's SOs, PFPs and SD so staff must ensure that they refer to and act in accordance with them to ensure that the most current CCG process is followed. In the event of doubt, CCG staff should seek advice from their line manager. The provisions of the SOs, PFPs and SD will always take primacy in the event of any conflicts arising with the content of this policy.

#### 6. CONFLICTS OF INTEREST

A conflict of interest occurs where an individual's ability to exercise judgement or act in one role is, or could be impaired or otherwise influenced, by his or her involvement in another role or relationship. The individual does not need to exploit his or her position or obtain an actual benefit, financial or otherwise. A potential for competing interests and/or a perception of impaired judgement or undue influence can also be a conflict of interest.

A conflict can arise from an indirect financial interest (e.g. a payment to a spouse) or a non-financial interest such as kudos or reputation. Conflicts can also arise from personal or professional relationships with others; particularly where the role or interest of a family member, friend or acquaintance may influence an individual's judgement or actions or could be perceived to do so. CCG staff should not allow their judgement or integrity to be compromised and should always be, and seen to be honest and objective in the exercise of their duties in line with their terms of employment, duties and responsibilities.

The CCG has clear principles and robust processes for minimising, managing and registering real or perceived conflicts of interest which could be deemed or assumed to affect the integrity of decisions made by CCG staff in awarding contracts, procurement, policy development, employment and other commissioning decisions. This section provides a summary description of **NHS St Helens CCG's Managing Conflicts of Interest and Gifts and Hospitality** policy in relation to the identification and management of conflicts of interest for all CCG staff. Adherence to these provisions is mandatory in order to identify and manage

actual or potential conflicts which may arise. Further guidance and policy statements can be found in the Managing Conflicts of Interest and Gifts and Hospitality Policy

CCG staff should be, and should always be seen to be honest and objective in the exercise of their duties. All CCG staff must declare any interests outside of their role, either on appointment or when the interest is acquired (which may directly or indirectly give rise to an actual or potential conflict of interest or duty). These may be defined as:

**Financial Interests** - This is where an individual may get direct financial benefits from the consequences of a commissioning decision. This could, for example, include being:

- A director, including a non-executive director, or senior employee in a private company or public limited company or other organisation which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations. This includes involvement with a potential provider of a new care model
- A shareholder (or similar owner interests), a partner or owner of a private or not-for-profit company, business, partnership or consultancy which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations.
- In a directorship/ board member of a GP Federation
- A management consultant for a provider
- A provider of clinical private practice
- In secondary employment (In receipt of secondary income or pension from a provider)
- In receipt of a grant from a provider;
- In receipt of any payments (for example honoraria, one off payments, day allowances or travel or subsistence) from a provider
- In receipt of any payments from the pharmaceutical industry
- In receipt of research funding, including grants that may be received by the individual or any organisation in which they have an interest or role; and

**Non-Financial Professional Interests** - This is where an individual may obtain a non-financial professional benefit from the consequences of a commissioning decision, such as increasing their professional reputation or status or promoting their professional career. This may, for example, include situations where the individual is:

- An advocate for a particular group of patients;
- A GP with special interests e.g., in dermatology, acupuncture etc.
- An active member of a particular specialist professional body (although routine GP membership of the RCGP, BMA or a medical defence organisation would not usually by itself amount to an interest which needed to be declared);
- An advisor for Care Quality Commission (CQC) or National Institute for Health and Care Excellence (NICE);
- A medical researcher.
- The development and holding of patents and other intellectual property rights

**Non-Financial Personal Interests** - This is where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit. This could include, for example, where the individual is:

- A voluntary sector champion for a provider;

- A volunteer for a provider;
- A member of a voluntary sector board or has any other position of authority in or connection with a voluntary sector organisation;
- Suffering from a particular condition requiring individually funded treatment;
- A member of a lobby or pressure groups with an interest in health.

**Indirect Interests** - This is where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest in a commissioning decision (as those categories are described above). For example, this should include:

- Spouse / partner;
- Close relative e.g., parent, grandparent, child, grandchild or sibling;
- Close friend;
- Business partner.

Where a situation falls outside of the above categories, for any avoidance of doubt as to whether it represents a conflict of interest CCG staff should always seek advice from [Angela.Delea2@sthelensccg.nhs.uk](mailto:Angela.Delea2@sthelensccg.nhs.uk), Associate Director – Corporate Governance; or [Tony.Foy@sthelensccg.nhs.uk](mailto:Tony.Foy@sthelensccg.nhs.uk), Conflicts of Interest Guardian.

## 6.1 Potential Conflicts of Interest

Conflicts of interest are inevitable, but in most circumstances it is possible to manage them appropriately by adopting a balanced and proportionate approach which does not constrain decision making. The CCG needs to be aware of all situations where an individual's ability to exercise decision making may be conflicted by interests outside of their role, or where that interest has potential to result in a conflict of interests between the individual's private interests and their CCG duties.

## 6.2 Declarations of Interests

The CCG will proactively manage conflicts of interest by:

- Maintaining and reviewing a Declarations of Interest Register (held by the Associate Director – Corporate Governance, and published on the CCG website);
- Managing membership of all formal committees and decision making bodies supporting the CCG;
- Working within the CCG Constitution, Standing Orders (SO) and Scheme of Reservations and Delegations, and;
- Ensuring robust mechanisms are in place for committee members to declare interests and withdraw from decision making where appropriate.

All CCG members will be required to complete a Declaration of Interests pro-forma (see Managing Col, Gifts & Hospitality Policy) upon appointment to their position/role, and whenever there is a change to their role or circumstances. Where there are no interests to declare a 'nil return' will be recorded. Any subsequent interests acquired will be declared as

and when they arise on the appropriate pro-forma. CCG staff will be asked to review and update the Declarations of Interest Register no less than annually. Changes throughout the year should be conveyed on an updated Declaration Form no later than 28 days from being identified.

All CCG committee meetings will include a standing agenda item at the beginning of each meeting for members to declare any interests relating specifically to business being considered. In cases where an interest previously undeclared is identified during the course of a meeting, the declaration will be noted in the minutes, which will detail all declarations made. Declarations will be treated as relevant for both decision making and any on-going monitoring. The Committee Chair will review the declaration and assign a suitable mitigation e.g. the Individuals declaring potential/actual conflicts of interests may not be allowed to take part in any discussion/ vote on the item in question.

Where permitted, under the CCG's constitution or the conditions of its establishment, the Governing Body has the power to waive restrictions on any clinical professional governing body member participating in its business: where to authorise such a waiver would be in the interests of the CCG. The application of a waiver can, therefore, be used in the following situations;

- a) the governing body member is a clinical professional providing healthcare services to the CCG that do not exceed the average for other practices and NHS entities commissioned to provide services by the CCG
- b) or where the governing body member has a pecuniary interest arising out of the delivery of some professional service on behalf of the CCG, and the conflict has been adjudged by the chair and the lay member (audit and governance) not to bestow any greater pecuniary benefit to other professionals in a similar relationship with the CCG.

The Lay Chair and the Lay Member (Audit and Governance), in consultation with the Clinical Accountable Officer, may approve the use of a waiver before the meeting. In such circumstances where the waiver is used, the governing body member must disclose his/her interest as soon as practicable at the start of the meeting and may participate in the discussion of the matter under consideration, but must not vote on the subject under discussion.

Failure to adhere to provisions relating to the declaration of interests may constitute a criminal offence including fraud or bribery, as individuals could be gaining unfair advantages or financial rewards for themselves or a family member, friend or associate.

Any suspicion that a relevant personal interest may not have been declared should be reported to the Associate Director – Corporate Governance immediately.

### **6.3 Outside Employment and Private Practice**

Employees are required to inform their Line Manager if they are engaged in, or wish to engage in outside employment which is in addition to their role with the CCG (depending on the details of individual contracts as regards outside employment and private practice). The purpose of this is to ensure that the CCG is aware of any potential conflicts with the employment. 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, and;
- Self-employment (including private practice) in a capacity which might conflict with the business of the CCG or which might be in a position to supply goods/services to the CCG
- Depending on details of individual employment contracts, permission to engage in outside employment/private practice will be required and NHS St Helens CCG reserves the right to refuse permission where it is believed a conflict may arise. Approval should be endorsed by the Clinical Chief Executive.

## **7. GIFTS AND HOSPITALITY**

For the purpose of this policy, a gift is defined as 'any item of goods and/or cash or any service which is provided for personal benefit at less than its commercial value'. All hospitality or gifts will be recorded by Governance Team. Modest hospitality which could be expected in reasonable circumstances during the course of visits may be acceptable, although this should be considered and compared against what the CCG might offer in similar circumstances where hospitality is provided at meetings, events and seminars.

The CCG's Managing Conflicts of Interest and Gifts & Hospitality Policy provides detailed guidance for CCG staff for the receipt of both gifts and hospitality (including an entry form for adding items to the register) and the following points are intended to provide general guidance only:

- All gifts of any nature offered to CCG staff, governing body and committee members and individuals within GP member practices by suppliers or contractors linked (currently or prospectively) to the CCG's business should be declined and recorded on the Gifts and Hospitality Register. However gifts of below £6 in value (e.g. promotional items) may be accepted and do not need to be declared. All offers declined must be recorded on the register.
- Gifts offered from other sources should also be declined if accepting them might give rise to perceptions of bias or favouritism, and a common sense approach should be adopted as to whether or not this is the case.
- The only exceptions to decline gifts from other sources relates to items of little financial value (less than £50) such as diaries, calendars, stationery and other gifts acquired from meetings, events or conferences, and items such as flowers and small tokens of appreciation from members of the public to staff for work well done. Gifts of this nature do not need to be declared on the register. Gifts over £50 may be accepted on behalf of the organisation, but not in a personal capacity, and must be authorised by a member of the Executive Leadership Team. These must be recorded on the register.
- Any personal gift of cash or cash equivalents (e.g. vouchers, tokens, offers of remuneration to attend meetings whilst in a capacity working for or representing the

CCG) must always be declined, whatever their value and whatever their source, and the offer which has been declined must be declared on the register.

- CCG staff should immediately report any offers of unreasonably generous gifts or hospitality to the Associate Director – Corporate Governance;
- A blanket ban on accepting or providing hospitality is neither practical nor desirable from a business point of view. However, individuals should be able to demonstrate that the acceptance or provision of hospitality would benefit the NHS or CCG. Modest hospitality provided in normal and reasonable circumstances may be acceptable, although it should be on a similar scale to that which the CCG might offer in similar circumstances (e.g., tea, coffee, light refreshments at meetings). A common sense approach should be adopted as to whether hospitality offered is modest or not. NHSE guidance states that hospitality under £25 can be accepted and does not need to be declared on the register, unless it is offered by suppliers or contractors linked (currently or prospectively) to the CCG's business in which case all such offers (whether or not accepted) should be declared on the CCGs "Gifts and Hospitality" form and recorded (see 10.4 above). Hospitality between £25 - £75 can be accepted, but must be declared on the register.

## **8. COMMERCIAL SPONSORSHIP**

CCG staff may accept commercial sponsorship for courses, conferences, project funding and publications if they are reasonably justifiable and in accordance with the principles set out in the CCG's Conflicts of Interest and Gifts & Hospitality policy and Working with the Pharmaceutical Industry policy. Where there is doubt as to what constitutes 'reasonably justifiable' advice should be sought from the Associate Director – Corporate Governance. Written permission must first be obtained using a Sponsorship Request Form (see Working with the Pharmaceutical Industry Policy). A copy will be retained centrally by the CCG for audit purposes.

Acceptance of commercial sponsorship should not in any way compromise or influence commissioning decisions of the CCG and sponsors should not have any influence over the content of an event, meeting seminar, training event or publication. It should be made clear from the outset that the fact of sponsorship does not in any way act as an endorsement by the CCG of the company's products or services.

When dealing with sponsors there must be no breach of patient or individual confidentiality or data protection legislation. No information should be supplied to a company for their commercial gain unless there is a clear benefit to the NHS. As a general rule, information which is not in the public domain should not normally be supplied.

## **9. PERSONAL CONDUCT**

The CCG places the utmost importance upon the honesty, integrity and moral behaviour of its staff. It is the responsibility of all staff, irrespective of position or pay band to ensure they are not placed in a position which risks, or appears to risk the reputation of the CCG through actions which may be considered as an abuse of official position or by placing personal interests

ahead of those of the CCG during the course of their duties. The following principles for personal conduct should be applied consistently by CCG staff.

### **9.1 Lending and borrowing of money**

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

### **9.2 Charitable collections**

Charitable collections must be authorised by the Associate Director – Corporate Governance and under no circumstances will staff place collection tins or boxes in CCG offices. With agreement from the Associate Director – Corporate Governance, collections may be conducted amongst immediate colleagues and friends to support fundraising initiatives such as raffles, appeals and sponsored events. Permission will not be required for informal collections amongst immediate colleagues for occasions such as retirement, marriage, new job, new births or birthdays.

### **9.3 Bankruptcy and insolvency**

CCG staff who are declared bankrupt or insolvent must inform the Clinical Accountable Officer as soon as possible. Staff who are bankrupt or insolvent cannot be employed in posts that may give opportunity for the misappropriation of public monies or involve the handling/processing of finances or money.

### **9.4 Gambling**

No member of staff may bet or gamble whilst on duty or on CCG premises. The only exceptions to this are small lottery syndicates or sweepstakes relating to national/world sporting events such as the Grand National or FIFA World Cup, which are confined to immediate colleagues.

### **9.5 Trading on CCG premises**

Trading on CCG premises is strictly prohibited, whether for personal gain or on behalf of others. This also applies to canvassing within CCG offices by on behalf of external bodies or companies (including non-CCG interests of staff or their relatives). This provision excludes refreshment arrangements conducted solely by staff (e.g. tea and coffee funds).

### **9.6 Social Media**

CCG staff should ensure that their personal use of social media does not include disclosure of confidential information in relation to the CCG, display material or express views or opinions which could be linked with the CCG and harmful to its reputation.

## **10. POLITICAL ACTIVITIES**

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

## **11. CONTRACTORS AND SUPPLIERS OF SERVICES**

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

CCG staff involved in the awarding of contracts and tender processes must take no part in a selection process if a personal interest or conflict of interest is known. Such an interest must be declared to the Associate Director – Corporate Governance using the pro-forma in the CCG's Management of Conflicts of Interest, Gifts & Hospitality Policy as soon as it becomes apparent.

Where the potential provider of a service is a GP member, procurement may be through competitive tender or Any Qualified Provider (AQP) approach or on a single tender basis (where the GP is the only capable provider or where the service is of minimal financial value). The CCG will ensure that services are procured in a manner that is open, transparent, non-discriminatory and fair to all potential providers and the CCG Procurement Policy should be consulted with this regard.

Details of all contracts, including the value of the contract will be published on the public-facing website <http://www.sthelensccg.nhs.uk/> as soon as contracts are agreed. Where the CCG decides to commission services via AQP, the type of service and agreed price for each service commissioned will be published on the website and will also be included in the Annual Report.

## **12. INITIATIVES**

As a general principle any financial gain resulting from external work where the use of the CCG's time or title is involved (e.g. speaking at events/conferences, writing articles) and/or which is connected with CCG business must be passed to the CCG's Chief Finance Officer.

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

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

Where the undertaking of external work (including gaining patent, copyright or the involvement of innovative work) benefits or enhances the CCG's reputation or results in a financial gain for the CCG, 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.

### 13. PREVENTION OF FRAUD, BRIBERY & CORRUPTION

Staff must be aware of and act in accordance with this policy, and understand that in certain circumstances breach of this policy could potentially result in criminal proceedings being brought against individuals, the CCG, and linked organisations. Policy breach could also result in civil legal challenge.

The CCG does not tolerate acts of fraud, bribery or corruption committed against it or in the wider NHS.

The **Fraud Act 2006** created a criminal offence of fraud and defines three ways of committing it:

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

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

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

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

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

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

**Internal channels:**

Anti-Fraud Specialist (AFS), Virginia Martin, tel: 0151 285 4552, email: [virginia.martin@nhs.net](mailto:virginia.martin@nhs.net) or [virginia.martin@miaa.nhs.uk](mailto:virginia.martin@miaa.nhs.uk) address: MIAA, ground floor, Regatta Place, Summers Road, Brunswick Business Park, Liverpool, L3 4BL.

Chief Finance Officer, Iain Stoddart ([iain.stoddart2@sthelensccg.nhs.uk](mailto:iain.stoddart2@sthelensccg.nhs.uk)).

Whistleblowing Policy (NB this includes options to raise concerns externally in certain situations)

**External channels:**

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

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

For further guidance and information refer to the CCG's Whistleblowing 'Freedom to Speak Up' Policy, and the Fraud, Bribery and Corruption Policy, located on the CCG intranet.

## 14. CONFIDENTIALITY

During the course of their work for or with the CCG, individuals will be exposed to or will handle information which is deemed personal, sensitive or confidential. Information concerning NHS St Helens CCG which is not in the public domain must not, at any time be divulged to any unauthorised person. This particularly applies to patient data or personal data concerning staff (in line with the GDPR/ Data Protection Act 2018).

Care should be taken at all times to ensure confidentiality is not breached inadvertently by discussing confidential subjects in public places or by leaving portable IT/communications equipment containing confidential information where it might easily be stolen. Confidential data should only be stored and distributed with an appropriate level of security and encryption.

Information identified as sensitive (either commercially sensitive or relevant to on- going business discussions and developments) must not be disclosed or otherwise discussed where disclosure may inadvertently occur. CCG staff should not provide information on the operations of the CCG which might provide a commercial advantage to any organisation (private or NHS) in a position to supply goods or services to the CCG.

The use of recording or surveillance devices in the CCG workplace or at CCG events is not permitted unless it is in connection with authorised promotional activity and the consent of subjects has been obtained and recorded on CCG consent form.

## **15. IMPLEMENTATION**

This policy will be available to all staff, via the CCG staff Intranet, for use in the circumstances described on the title page. All managers are responsible for ensuring that relevant staff within the CCG have read and understood this document and are competent to carry out their duties in accordance with the procedures described.

Detailed guidance on implementing the policy and assistance with writing policies may be obtained from the Governance Team.

## **16. TRAINING IMPLICATIONS**

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

## **17. RELATED DOCUMENTS**

### **Legislation and statutory requirements**

Fraud Act 2006

Bribery Act 2010

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

### **Other related policy documents**

CCG Management of Conflicts of Interest, Gifts & Hospitality Policy

Working with the Pharmaceutical Industry Policy

Whistleblowing Freedom to Speak Up Policy

### **Best practice recommendations**

NHS Code of Conduct and Code of Accountability (2004)

Records Management: NHS Code of Practice 2016

## **18. MONITORING, REVIEW & ARCHIVING**

### **Monitoring**

CCG staff should be aware that a breach of this policy could render them liable to prosecution as well as leading to the termination of their employment or position within the CCG. Hard copies of this policy will be made available on request by the Associate Director – Corporate Governance.

Individuals who fail to disclose relevant interests, outside employment or receipts of gifts, hospitality and sponsorship as required by this policy or the CCG's Standing Orders (SO) and financial policies may be subject to disciplinary action which could ultimately result in the termination of their employment or position with the CCG.

The Associate Director – Corporate Governance will be responsible for maintaining the Register of Interests, holding the Hospitality, Gifts and Sponsorship Register and reviewing the implementation of this policy (including any awareness raising sessions or training).

CCG staff who wish to report suspected or known breaches of this policy should inform the Associate Director – Corporate Governance, who will deal with notifications in strict confidence and provide a full explanation of any decisions taken as a result of any investigation.

### **Review**

This policy will be reviewed on an annual basis or earlier if there are changes in legislation, relevant case law decisions, significant incidents and/or changes to the CCG's organisational infrastructure.

Staff who become aware of any change which may affect a policy should advise their line manager as soon as possible. The Governance Team will then consider the need to review the policy or procedure outside of the agreed timescale for revision.

For ease of reference for reviewers or approval bodies, changes should be noted in the 'Revision' table on the summary page at the front of this document.

### **Archiving**

The Governance Team will ensure that archived copies of superseded policy documents are retained in accordance with Records Management: NHS Code of Practice 2016.

## **Appendix 1**

### **The Seven Principles of Public Life (the Nolan Principles)**

#### **Selflessness**

Holders of public office should take decisions solely in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves, their family, or their friends.

#### **Integrity**

Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might influence them in the performance of their official duties.

#### **Objectivity**

In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

#### **Accountability**

Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

#### **Openness**

Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

#### **Honesty**

Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

#### **Leadership**

Holders of public office should promote and support these principles by leadership and example.

## Appendix 2

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

#### Use of the code

Members of CIPS are required to uphold this code and to seek commitment to it by all those with whom they engage in their professional practice. Members are expected to encourage their organisation to adopt an ethical purchasing policy based on the principles of this code and to raise any matter of concern relating to business ethics at an appropriate level. The Institute's Royal Charter sets out a disciplinary procedure which enables the CIPS Board of Trustees to investigate complaints against any of our members and, if it is found that they have breached the code to take appropriate action. Advice on any aspect of the code is available from CIPS. This code was approved by the CIPS Council on 11 March 2009.

As a member of The Chartered Institute of Purchasing & Supply, I will:

- Maintain the highest standard of integrity in all my business relationships
- Reject any business practice which might reasonably be deemed improper
- Never use my authority or position for my own personal gain
- Enhance the proficiency and stature of the profession by acquiring and applying knowledge in the most appropriate way
- Foster the highest standards of professional competence amongst those for whom I am responsible
- Optimise the use of resources which I have influence over for the benefit of my organisation
- Comply with both the letter and the intent of:
  - The law of countries in which I practise
  - Agreed contractual obligations
  - CIPS guidance on professional practice
- Declare any personal interest that might affect, or be seen by others to affect, my impartiality or decision making
- Ensure that the information I give in the course of my work is accurate
- Respect the confidentiality of information I receive and never use it for personal gain
- Strive for genuine, fair and transparent competition
- Not accept inducements or gifts, other than items of small value such as business diaries or calendars
- Always to declare the offer or acceptance of hospitality and never allow hospitality to influence a business decision
- Remain impartial in all business dealing and not be influenced by those with vested interests

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

## APPENDIX 3

### EQUALITY IMPACT ASSESSMENT

Under the Equality Act 2010, Section 149: The Public Sector Equality Duty (2011), as a Public Body NHS St Helens CCG (Clinical Commissioning Group) has a duty to consider all Individuals when carrying out its day to day duties, including delivering its function and Services.

An Equality Impact Assessment (EIA) is the on-going process by which St Helens CCG can assess potential risk of Discrimination/Breach of the Equality Act 2010 when proposing any changes to its Function and Services it commissions. The Process ensures that when taking decisions, the decision makers do so in the full knowledge of their Statutory Public Sector Equality Duty under the Equality Act 2010.

The primary function of this assessment is to assist the CCG to identify at stages in the Project Management Approach any equality implications that may need further review, consultation, and specific actions to be implemented and to help make the process open and transparent.

In order to meet Equality Legislation we have to consider the issues of:-

1. Eliminating discrimination, harassment and victimization.
2. Advancing equality of opportunity.
3. Fostering good relations between different groups and people.

<b>PSED</b>	<b>Lay Definition</b>
Eliminate Discrimination	Identifying areas which may treat one group less favorably than another group when providing a Service,  Typically comes from 'complaints', 'grievances', anecdotal evidence', statistical analysis.
Advance Equality of Opportunity	Remove or minimise disadvantages suffered by people due to their protected characteristics; Meet the needs of people with protected characteristics; and Encourage people with protected characteristics to participate in public life or in other activities where their participation is low. How do we ensure a level playing field is provided.
Fostering good relations between different people	Working with different people and communities to increase inclusivity and mutual understanding.

NOTE: Any Reports/ Documents that are linked to an Equality Impact Assessment are legal documents as they represent the thinking and position of the CCG and can be used as evidence in court as part of a judicial review. In addition, it is a requirement that such documents are made public and will be available to the General Public via the CCG Website.

<b>Project Title:</b> Standards of Business Conduct	<b>PMO No:</b> N/A
<b>Project Manager/Lead:</b> Governance & Corporate Services Manager	
<b>Executive Sponsor/Lead:</b> Associate Director Corporate Governance	
<b>Clinical Lead:</b> Clinical Accountable Officer	
<b>Date:</b> November 2018	
<b>Version:</b> 4.0	

### Stage 1: Initial Scoping:

An EIA is required if the proposed idea is going to result in either:

- Transformation of a Service.
- Cessation/Decommissioning of a Service.
- Procurement of a Service.

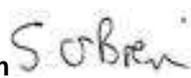
<b>What are the proposed key Changes or Initiatives?</b>			
<p><i>This policy details the expectations of NHS St Helens Clinical Commissioning Group (hereafter referred to as 'the CCG') concerning standards of business conduct for all individuals. It also seeks to describe the public service values which underpin the CCG's Constitution (and the NHS as a whole); reflecting current guidance and best practice to which all individuals within the CCG must have regard to in their duties. The policy will be reviewed annually as part of the CCG Policy Management Schedule.</i></p> <p><i>This policy applies to all CCG employees regardless of whether they are directly employed, in a seconded post or whether their remit is clinical or corporate. This includes Member practices, committees and sub-committees of the CCG, Governing Body Members, Third parties acting on behalf of the CCG (including Commissioning Support and shared services), Agency, locum and other temporary staff engaged by the CCG; and Students (including those on work experience), trainees and apprentices.</i></p>			
<b>What is the rationality for the proposed Changes - What is the 'Legitimate Aim'?</b>			
<input checked="" type="checkbox"/> Best Practice <input type="checkbox"/> NICE Guidance <input checked="" type="checkbox"/> National Driver (NHSE Mandate) <input type="checkbox"/> Local Driver (STP/LCS) <input type="checkbox"/> Financial/ Austerity measures <input type="checkbox"/> Other: (Please describe)			
<b>Details:</b> <i>The Code of Conduct and Code of Accountability in the NHS (2004)</i>			
<b>What are the expected Outcomes/Benefits to the Local Population?</b>			
<p><i>(Linked to the legitimate aims identified above)</i></p> <p><i>To support the Governing Body in ensuring that the CCG inspires public confidence and achieves the highest possible standards of corporate behaviour. The Code of Conduct and Code of Accountability in the NHS (2004) sets out three public service values which are central to the on-going work and sustainability of the CCG: Accountability; Probity; Openness.</i></p>			
<b>What is the potential impact on the Equality/Protected Characteristics Groups:</b>			
<p><i>Does the Proposal have the potential to have a positive impact - benefit? Could it have a negative impact in terms of excluding, discriminating against any person or group? Is the impact neutral? When considering each protected group, think about barriers, access, effects-both intentional and unintentional? What actions can be taken to rectify/eliminate any potential negative impact- and ensure these are reflected in the project plan?</i></p>			
<b>Protected Group/ Equality Group</b>	<b>Potential Impact (Describe)</b>	<b>Evidence Source</b>	<b>Proposed Mitigating Actions</b>
Age (Children, Young People, Adults, Elderly)	Accessibility	-	<b>X</b>
<b>If training is required for this Policy venues will need to be easily accessible for an older workforce. Appropriate methods of communication of the Policy have also been carefully considered to ensure they reach all ages of the workforce. Email can be accessed by all users.</b>			
Disability	Accessibility	-	<b>X</b>
<b>As the Policy relates to CCG staff developing corporate Policies, relevant tools could be made available to staff with a disability who may require support such as partnership working/buddying or a process to access interpretation services such as BSL or video relay if required. If training is being carried out to promote the Policy, ensure a venue has disabled parking and is wheelchair friendly.</b>			

Gender Reassignment	N/A	N/A	N/A
<b>The content of this policy does not include vocabulary that should cause offense or discriminate against any staff members that identify as Transgender.</b>			
Pregnancy and Maternity	Accessibility	-	<b>X</b>
<b>The policy does not discriminate against staff that are currently pregnant or on maternity leave. Part-time staff can access the policy whilst at work via the intranet. Processes should be in place for managers to share the Policy with any staff returning from Maternity leave. Any scheduling of training for the policy should take into consideration part time working arrangements for staff as well as any caring responsibilities. Training should be scheduled at appropriate times with wash-up sessions available for staff that may not be able to attend scheduled training.</b>			
Race	Accessibility	-	<b>X</b>
<b>A process should be in place for translation services to be made available where required.</b>			
Religion or Belief	Accessibility	-	<b>X</b>
<b>Training should be delivered either am or pm and not over a lunchtime which may be used for prayer. Extra sessions should be arranged for staff unavailable due to religious or other reasons.</b>			
Sex (Gender)	N/A	N/A	N/A
<b>The Policy does not discriminate between sex.</b>			
Sexual Orientation	N/A	N/A	N/A
<b>The content of this policy and vocabulary used does not discriminate against staff based on their sexual orientation.</b>			
Carers	Accessibility	-	<b>X</b>
Any scheduling of training for the policy should take into consideration part time working arrangements for staff as well as any caring responsibilities. Training should be scheduled at appropriate times with wash-up sessions available for staff that may not be able to attend scheduled training.			
Marriage & Civil Partnership <i>(only a protected characteristic in terms of work related activities and NOT service provision)</i>	N/A	N/A	N/A
<b>The content of this policy does not include vocabulary that discriminates against staff that may be married or part of a civil partnership.</b>			
Deprived Communities	N/A	N/A	N/A
N/A			
Vulnerable Groups <i>(e.g. Homeless, Military Vets, Travelling Community)</i>	N/A	N/A	N/A
N/A			
<b>The content of this policy does not include vocabulary that discriminates against staff that may be from deprived communities or vulnerable groups.</b>			

<b>As a result of the Stage 1 Equality Impact Assessment what Consultation, Involvement and Engagement Activities are required? (Provide a brief overview and then attach a completed Communication Involvement and Engagement Plan)</b>
N/A – No Consultation, Involvement and Engagement activities required.
<b>Identify Key Stakeholders</b>
All CCG staff.
<b>Is a Privacy Impact Assessment Required?</b>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, attach a completed PIA Template N/A
<b>Quality Impact Assessment</b>
Please ensure that a Quality Impact Assessment has also been completed

**Stage 2: Decision making and implementation: For completion post- consultation**

Date:

<b>Has the Consultation involvement and Engagement Activity identified any further specific issues? Provide details of Issues and proposed Mitigating Actions</b>		
<b>Protected /Equality Group</b>	<b>Issues Raised</b>	<b>Proposed Mitigating Actions</b>
N/A	N/A	N/A
<b>Have Providers, Key Partners and Stakeholders been informed of the Issues and Proposed Actions? Identify Who and When</b>		
N/A		
<b>If the Proposed Actions will affect Procurement and/or Contracts identify who is responsible for implementing and the timescales</b>		
N/A		
<b>Communication and Engagement Plan</b>		
N/A		
Conclusion: Recommendations for decision making: <i>(Brief summary paragraph to identify any implications, risks and required actions along with the recommendation on how to proceed and assurance that PSED are met)</i>		
Accessibility of Policy – alternative formats can be available on request (font size, language, braille). Training to be held, where needed, in accessible locations and at different times to accommodate part time staff/ those with caring responsibilities.		
<b>Submission for Approval:</b>		
Committee Name: Executive Leadership Team		
Date: November 2018		
<p>Outcome/Decision:                  Has the Equality Impact Assessment and its recommendations been reviewed, understood and accepted  <input checked="" type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>If no and if any warnings of discrimination or recommendations for mitigating actions have been discarded please indicate the reasoning for this:</p> <p>N/A</p> <p>Executive Lead Name and Signature: <b>Sarah O'Brien, Chair Executive Leadership Team</b> </p>		

**For further advice if required please Contact:-**

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