

Title of Meeting:	Governing Body	Agenda Item: 8.2	
Date of Meeting:	25 June 2020	Session (Tick)	
Paper Title:	Standards of Business Conduct Policy	Public	X
		Private	
		Development Session	
Responsible Governing Body Member Lead Julie Warren, Director of Corporate Services, Governance and Performance		Report Author and Job Title Sasha Sencier, Senior Governance Manager and Board Secretary to the Governing Body	
Purpose (this paper if for)	Decision	Discussion	Assurance
	X		
Has the report (or variation of it) been presented to another Committee / Meeting? If yes, state the Committee / Meeting: Yes. The Audit Committee members have reviewed this policy and are making a recommendation for the Governing Body to approve.			
Executive Summary It is a long and well-established principle that public sector organisations must be impartial and honest in their business and that their officers must act with integrity. This policy aims to protect NHS North Yorkshire CCG and its officers from any suggestion of corruption, partiality or dishonesty by providing a clear framework through which the organisation can provide guidance and assurance that its officers conduct themselves with honesty, integrity and probity.			
Recommendations The Governing Body is being asking to: Approve the Standards of Business Conduct Policy.			
Monitoring The policy This policy will be reviewed in four years. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation / guidance, as instructed by the senior manager responsible for this policy.			
Any statutory / regulatory / legal / NHS Constitution implications	Compliance with the national Code of Conduct and Code of Accountability in the NHS (revised 2004) is integral to the work of NY CCG and underpins the Standards of Business Conduct Policy.		
Management of Conflicts of Interest	No conflicts of interest have been identified prior to the meeting.		
Communication / Public & Patient Engagement	The policy will be circulated to the target audience identified within the policy.		
Financial / resource implications	No resource implications have been identified.		
Significant Risks to Consider	No significant risks to consider.		
Outcome of Impact Assessments completed	As a result of performing an Equality Impact Assessment, 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.		

Sasha Sencier, Senior Governance Manager / Board Secretary to the Governing Body

STANDARDS OF BUSINESS CONDUCT POLICY

June 2020

Authorship:	Senior Governance Manager
Approved By:	Governing Body
Approved Date:	June 2020 (TBC)
Review Date:	June 2024 (Four Years After Approval)
Equality Impact Assessment:	Completed – See attached
Target Audience:	Council of Members, Governing Body and its Committees and Sub-Committees, CCG Staff, agency and temporary staff & third parties under contract
Policy Number:	NY-102
Version Number:	1.0

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

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 Of Publication
0.1	Senior Governance Manager	New Policy Development	Reviewed by Audit Committee Members by Email – May 2020	
1.0	Senior Governance Manager	New Policy	Approved by Governing Body – June 2020	

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1.0 INTRODUCTION AND POLICY AIMS

- 1.1 It is a long and well-established principle that public sector organisations must be impartial and honest in their business and that their officers must act with integrity.
- 1.2 This policy aims to protect NHS North Yorkshire CCG and its officers from any suggestion of corruption, partiality or dishonesty by providing a clear framework through which the organisation can provide guidance and assurance that its officers conduct themselves with honesty, integrity and probity.
- 1.3 The Code of Conduct and Code of Accountability in the NHS (second revision July 2004) sets out the following 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 NHS and its staff, patients and the public.
- 1.4 In addition to the public service values described above, all individuals within the CCG should follow the Seven Principles of Public Life: the 'Nolan Principles' (Appendix A).
- 1.5 All individuals within the CCG are responsible for ensuring that they are not placed in a position which risks conflict between their private interests and their NHS duties. Every individual is responsible for ensuring that they comply with this policy. Some individuals may additionally be required to adhere to a code of conduct of their own professional body.

2.0 IMPACT ANALYSES

2.1 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 to complete a full assessment are recommended at this stage. The results of the screening are attached at Appendix F.

3.0 SCOPE

- 3.1 This policy applies to all CCG employees, Council of Members, Members of the Governing Body, members of its committees and sub-committees, Lay Members, any staff seconded to the CCG and contract and agency staff. Any reference to staff or individuals applies to all the aforementioned.
- 3.2 In the context of this policy, the term 'officers' include all those detailed in 3.1.
- 3.3 Employees also have a responsibility to comply with the requirements of their own professional body's codes of professional conduct and codes of practice.
- 3.4 It is the responsibility of managers, in line with the Code of Conduct for NHS Managers and Standards of Business Conduct for NHS staff, to ensure that this policy is followed by all employees.
- 3.5 'Decision Making Officers'

Some officers are more likely than others to have a decision making role or influence on the use of public money because of the requirements of their role. In the context of this policy, the officers listed below are referred to as 'decision making officers':

- All Governing Body Members;
- Members of advisory groups which contribute to direct or delegated decision making on the commissioning or provision of taxpayer funded services such as working groups involved in service redesign or stakeholder engagement that will affect future provision of services;
- Members of statutory committees, including the Primary Care Commissioning Committee, Audit Committee and Remuneration Committee;
- Members of other committees and sub-committees of the Governing Body / Council of Members;
- Members of joint committees / commissioner groups;
- Members of procurement committees, sub-committees and sub-groups;
- Those at Agenda for Change band 8b and above as this includes Heads of Service;
- Management, administrative and clinical staff who have the power to enter into contracts on behalf of the CCG; and
- Management, administrative and clinical staff involved in decision making concerning the commissioning of services, purchasing of good, medicines, medical devices or equipment, and formulary decisions.

- 3.6 Declarations made by decision making officers will be published in accordance with section 7.0.

4.0 FAILURE TO COMPLY WITH STANDARD OF BUSINESS CONDUCT POLICY

- 4.1 Failure by an officer to comply with the requirements set out in this policy may result in action being taken in accordance with the NHS North Yorkshire CCG disciplinary procedures. Such disciplinary action may include termination of employment (where applicable).
- 4.2 Where the failure to comply relates to an officer that is not a direct employee of the CCG, this may result in action being taken in accordance with the relevant engagement procedures (eg termination of a secondment agreement).
- 4.3 Any financial or other irregularities or impropriety which involve evidence or suspicion of fraud, bribery or corruption by any officer, will be reported with a view to an appropriate investigation being conducted and potential prosecution being sought.

5.0 RAISING CONCERNS AND BREACHES

- 5.1 There may be occasions when interests have not been identified, declared or managed appropriately and effectively. This may happen innocently, accidentally, or because of deliberate actions. Members of the Council of Members, Governing Body, Committees and officers should speak up about any genuine concerns in relation to compliance with this policy. Officers can raise these concerns directly with their own line manager or alternatively the Director of Corporate Services, Governance and Performance.
- 5.2 All reported concerns will be treated with the appropriate confidentiality and investigated in line with CCG's policies and procedures.
- 5.3 Officers must report any suspicions of fraud, bribery and corruption as soon as they become aware of them to NHS Protect to ensure that they are investigated appropriately and to maximise the chances of financial recovery, via:
- The NHS Fraud and Corruption Reporting Line – 0800 028 40 60
 - Filing in an online form at www.reportnhsfraud.nhs.uk
 - Email at nhsfraud@nhsprotect.gsi.gov.uk
 - By post to the Central Intelligence Unit, NHS Protect, Skipton House, 80 London Road, London SE1 6LH

Officers may wish to report concerns using the internal whistleblowing policy.

The Bribery Act 2010

- 5.4 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.

5.5 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;
- requesting, agreeing to receive, or accepting a bribe;
- bribing, or offering to bribe, a foreign public official;
- failing to prevent bribery.

5.6 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.

5.7 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.

5.8 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.

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

Local Anti-Fraud, Bribery and Corruption

5.10 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.

5.11 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) and the Chief Finance Officer. If the Chief Finance Officer is implicated, it should be reported to the Accountable Officer and the LCFS. If both the Accountable Officer and Chief Finance Officer is implicated it should be reported to the Audit Chair and the LCFS.

5.12 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.

The NHS Constitution

5.13 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.

5.14 The NHS Constitution also includes a number of expectations that reflect how staff should play their part in ensuring the success of the NHS and delivering high-quality care.

Freedom of Information Act 2000

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

Standing Orders, Scheme of Reservation and Delegation, Operational Scheme of Delegation (OSD) and Prime Financial Policies

5.16 All individuals must carry out their duties in accordance with the CCG's Standing Orders (SOs), Scheme of Reservation and Delegation (SoRD), Operational Scheme of Delegation (OSD) and Prime Financial Policies (PFPs) 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.

5.18 Staff may also report suspicions via the Whistleblowing Policy.

- 5.19 The Audit Committee keep under review arrangements for countering fraud, approve the counter fraud work programme and review the outcomes of counter fraud work.
- 5.20 Further guidance can be found in the CCG's Local Anti-Fraud, Bribery and Corruption Policy.

6.0 ACCOUNTABILITY

- 6.1 Standards of Business Conduct state that all employees and officers of the NHS must be impartial and honest in the conduct of their business and do not place themselves in a position which risks or appears to risk conflict between their private interest and NHS duties. High standards of corporate and personal conduct are a requirement throughout the NHS and, since it is publicly funded, it must be accountable to Parliament for the services it provides and for the effective and economical use of taxpayers' money.

6.2 Accountable Officer

The Accountable Officer has overall responsibility for ensuring the CCG operates efficiently, economically and with probity. The Accountable Officer (alongside other members of the Governing Body) has a duty to ensure that the CCG provides a secure environment in which to work, and one in which people are confident to raise concerns which will be listened to and addressed.

6.3 Chief Finance Officer

Chief Finance Officer is responsible for ensuring this policy is in place. The Chief Finance Officer, in conjunction with the Chief Officer, monitors and ensures compliance with the Secretary of State's Directions regarding fraud and corruption. In addition in consultation with the Local Counter Fraud Specialist (LCFS), the Chief Finance Officer will decide whether there is sufficient cause to conduct an investigation in relation to bribery, and whether the Police and external audit need to be informed.

6.4 Governing Body Members

All members of the Governing Body must act in accordance with this policy and lead by example in acting with the utmost integrity and ensuring adherence to all relevant regulations, policies and procedures. Governing Body members must abide by the Professional Standards Authority Standards for Members of NHS Boards and Clinical Commissioning Group Governing Bodies in England.

6.5 Conflict of Interest Guardian

The Audit Committee Chair will act as the Conflict of Interest Guardian. Their role involves ensuring that the Governing Body and the wider CCG behaves with the utmost probity at all times.

6.6 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.

6.7 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 Accountable Officer or Chief Finance Officer. The CCG does, however, have guidelines to apply in certain frequently occurring situations as detailed in this policy.

7.0 PUBLICATION OF REGISTERS

7.1 All officers should declare interests and offers/receipt of gifts and hospitality, but it is recognised that some staff are more likely than others to have a decision making influence on the use of taxpayers' money, because of the requirements of their role. For the purposes of this guidance these people are referred to as 'decision making staff'.

7.2 The CCG publishes register(s) of interests and gifts and hospitality of decision making staff at least annually on its website and makes the registers available at their headquarters upon request.

7.3 The CCG defines decision making staff according to its own context, and this is justifiable and captures those groups of staff that have a material influence on how taxpayers' money is spent.

7.4 The following non-exhaustive list describes who these individuals are likely to be:

- All Governing Body Members;
- Members of advisory groups which contribute to direct or delegated decision making on the commissioning or provision of taxpayer funded services such

as working groups involved in service redesign or stakeholder engagement that will affect future provision of services;

- Members of statutory committees, including the Primary Care Commissioning Committee, Audit Committee and Remuneration Committee;
- Members of other committees and sub-committees of the Governing Body / Council of Members;
- Members of joint committees / commissioner groups;
- Members of procurement committees, sub-committees and sub-groups;
- Those at Agenda for Change band 8b and above as this includes Heads of Service;
- Management, administrative and clinical staff who have the power to enter into contracts on behalf of the CCG; and
- Management, administrative and clinical staff involved in decision making concerning the commissioning of services, purchasing of good, medicines, medical devices or equipment, and formulary decisions.

7.5 In exceptional circumstances, where the public disclosure of information could give rise to a real risk of harm or is prohibited by law, an individual's name and/or other information may be redacted from the publicly available register(s).

Where an individual believes that substantial damage or distress may be caused, to him/herself or somebody else by the publication of information about them, they are entitled to request that the information is not published. Such requests must be made in writing. Decisions not to publish information must be made by the Conflicts of Interest Guardian for the CCG, who should seek appropriate legal advice where required, and the CCG should retain a confidential un-redacted version of the register(s).

7.6 All decision making staff should be made aware, in advance of publication, that the register(s) will be kept, how the information on the register(s) may be used or shared and that the register(s) will be published. This should be done by the provision of a fair processing notice that details the identity of the data controller, the purposes for which the registers are held and published, how the information on the register(s) may be used or shared and contact details for the data protection officer. This information should additionally be provided to individuals identified in the register(s) because they are in a relationship with the person making the declaration.

7.7 All staff who are not decision making staff but who are still required to make a declaration of interest(s) or a declaration of gifts or hospitality should be made aware that the register(s) will be kept and how the information on the register(s) may be used or shared. This should be done by the provision of a separate fair processing notice that details the identity of the data controller, the purposes for which the register(s) are held, how the information on the register(s) may be used or shared and contact details for the data protection officer. This information should additionally be provided to individuals identified in the register(s) because they are in a relationship with the person making the declaration.

7.8 The register(s) of interests and gifts and hospitality must be published as part of the CCG's Annual Report and Annual Governance Statement. A web link to the CCG's registers is acceptable.

8.0 CONFLICTS AND DECLARATIONS OF INTEREST

8.1 All officers are expected to act at all times with the utmost integrity and objectivity and in the best interests of the organisation in performing their duties, and to avoid situations where there may be a potential conflict of interest. Officers must not use their position for personal advantage or seek to again preferential treatment.

What are Conflicts of Interest?

8.2 A conflict of interest is a set of circumstances by which a reasonable person would consider that an individual's ability to apply judgement or act, in the context of delivering, commissioning, or assuring taxpayer funded health and care services is, or could be, impaired by another interest they hold.

8.3 A conflict may be:

- Actual – there is a relevant and material conflict between one or more interests now; or
- Potential – there is the possibility of a material conflict between one or more interests in the future.

8.4 Officers may hold interests for which they cannot see potential conflict. However, caution is always advisable because others may see it differently. It is important to exercise judgement and to declare such interests where there is otherwise a risk of suggestion of improper conduct.

8.5 Interests can be captured in four different categories:

- 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 ownership 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.
 - A management consultant for a provider.
 - A provider of clinical private practice.

This could also include an individual being:

- In secondary employment outside of the CCG (see Section 8.2);
 - In receipt of secondary income 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 research funding, including grants that may be received by the individual or any organisation in which they have an interest or role; and
 - Having a pension that is funded by a provider (where the value of this might be affected by the success or failure of the provider).
- 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 Royal College of General Practitioners (RCGP), British Medical Association (BMA) or a medical defence organisation would not usually by itself amount to an interest which needed to be declared);
 - An advisor for the Care Quality Commission (CQC) or the National Institute for Health and Care Excellence (NICE);
 - A medical researcher.
 - Engaged in a research role.
 - The development and holding of patents and other intellectual property rights which allow staff to protect something that they create, preventing unauthorised use of products or the copying of protected ideas;
 - GPs and practice managers, who are members of the governing body or committees of the CCG, should declare details of their roles and responsibilities held within their GP practices.
- 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 group 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, a:

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

8.6 Where there is potential for interests to be relevant and material to the organisation, the interest should be declared and recorded in the register held and maintained by the Corporate Governance Manager.

Declaring Interests

8.7 All officers must declare any relevant and material interests. Declarations should be made as soon as is reasonably practicable, and within 28 days after the interest arises, using the current form attached at Appendix B.

If officers are in any doubt as to whether they have an interest or whether it is declarable, they should consult their line manager or the Senior Governance Manager. In addition, officers are required to review and declare interests at the following points:

On appointment

Applicants for any appointment to the CCG or its governing body or any committees should be asked to declare any relevant interests. When an appointment is made, a formal declaration of interests should again be made and recorded.

At meetings

All attendees are required to declare their interests as a standing agenda item for every governing body, committee, sub-committee or working group meeting, before the item is discussed. Even if an interest has been recorded in the register of interests, it should still be declared in meetings where matters relating to that interest are discussed. Declarations of interest should be recorded in minutes of meetings.

When prompted by their organisation

Because of their role in spending taxpayers' money, CCGs should ensure that, at least annually, staff are prompted to update their declarations of interest, or make a nil return where there are no interests or changes to declare.

On changing role, responsibility or circumstances

Whenever an individual's role, responsibility or circumstances change in a way that affects the individual's interests (e.g. where an individual takes on a new role

outside the CCG, enters into a new business or relationship, starts a new project/piece of work or may be affected by a procurement decision e.g. if their role may transfer to a proposed new provider), a further declaration should be made to reflect the change in circumstances as soon as possible, and in any event *within 28 days*. This could involve a conflict of interest ceasing to exist or a new one materialising. It should be made clear to all individuals who are required to make a declaration of interest that if their circumstances change, it is their responsibility to make a further declaration as soon as possible and in any event within 28 days, rather than waiting to be asked.

Register of Declared Interests

8.8 The register of interests is maintained by the Corporate Business Manager who will formally record the declared interests of all officers. They will retain a record of historic interests for a minimum of six years after the date on which the interest expired. There may be occasions when an officer declares an interest which the governance team later decides is not material. In such an instance the declaration will be recorded but not published.

Managing Conflicts of Interest – General

8.9 All declarations of interest must be reviewed by the appropriate line manager, with consideration given to any actions required to mitigate the conflict in the individual circumstances. There may be occasions where the conflict of interest is profound and acute. In such cases it may be necessary to consider a range of possible actions which may include:

- deciding that no action is warranted;
- restricting the officer's involvement in discussions and excluding them from decision making;
- removing the officer from the whole decision making process;
- removing the officer's responsibility for an entire area of work;
- removing the officer from their role altogether if the conflict is so significant that they are unable to operate effectively in the role.

8.10 An audit trail of the actions taken must be maintained.

Managing Conflicts of Interest at Meetings

8.11 All NHS North Yorkshire CCG formal meetings, including the Governing Body, its Committees and sub-committees, must have a standing agenda item at the beginning of each meeting to determine whether anyone has any conflict of interest to declare in relation to the business to be transacted at the meeting.

8.12 Any new interests declared at the meeting should be included in the relevant register of interest as soon as practicable after the meeting.

- 8.13 In the event that the chair of the meeting has a conflict of interests, the vice chair is responsible for deciding the appropriate course of action to manage conflicts of interests. If the vice chair is also conflicted, then the remaining non-conflicted voting members of the meeting should agree how to manage the conflict(s).
- 8.14 When a member of the meeting (including the chair or vice chair) has a conflict of interest in relation to one or more items of business to be transacted at the meeting, the chair (or vice chair or remaining non-conflicted members where relevant as described above) must decide how to manage the conflict. The appropriate course of action will depend on the particular circumstances, but could include one or more of the following:
- Where the chair has a conflict of interest, deciding that the vice chair (or another non-conflicted member of the meeting if the vice chair is also conflicted) should chair all or part of the meeting;
 - Requiring the individual who has a conflict of interest (including the chair or vice chair if necessary) not to attend the meeting;
 - Requiring the individual to leave the discussion while the relevant matter(s) are being discussed and when any decisions are being taken in relation to those matter(s);
 - Allowing the individual to participate in some or all of the discussion when the relevant matter(s) are being discussed but requiring them to leave the meeting when any decisions are being taken in relation to those matter(s);
 - Noting the interest and ensuring that all attendees are aware of the nature and extent of the interest, but allowing the individual to remain and participate in both the discussion and in any decisions. This is only likely to be an appropriate course of action where it is decided that the declared interest is either immaterial or not relevant to the matter(s) under discussion;
 - Conflicts of interest arising at the Governing Body meeting must be managed in accordance with the requirements of the Standing Orders.
- 8.15 In all cases however, a quorum must be present for the discussion and decision; and interested parties cannot be counted in determining whether the meeting is quorate for that item.
- 8.16 All decisions under a conflict of interest must be recorded by the meeting secretariat and clearly reported in the minutes of the meeting. The minutes will include:
- Who has the interest
 - The nature and extent of the conflict
 - An outline of the discussion
 - The actions taken to manage the conflict and
 - Evidence that the conflict was managed as intended.
- 8.17 To support chairs in their role, the secretariat will provide access to details of any conflicts which have already been made by members of the group.

Procurement

- 8.18 Conflicts of interest need to be managed appropriately through the whole procurement process. At the outset of any process, the relevant interests of individuals involved should be identified and clear arrangements put in place to manage any conflicts. This includes consideration as to which stages of the process a conflicted individual should not participate in, and in some circumstances, whether the individual should be involved in the process at all.
- 8.19 Further guidance is provided in the Conflict of Interest Policy, Standing Financial Instructions and the Procurement Policy.
- 8.20 The CCG will publish its updated Register of Procurement Decisions on the CCGs website following each procurement decision and make arrangements to ensure the register is available for inspection at the CCG's headquarters.

9.0 GIFTS, HOSPITALITY AND SPONSORSHIP

- 9.1 All officers must declare any gifts and hospitality in accordance with the guidance and as soon as is practicable. Declarations should be made using the form attached at Appendix C.
- 9.2 The Register of Gifts and Hospitality is maintained by the Corporate Business Manager and will publish the register of 'Decision Making Staff' on the CCG website yearly.
- 9.3 The register will be reviewed by the Audit Committee annually for assurance.

Hospitality

- 9.4 Delivery of services across the NHS relies on working with a wide range of partners (including industry and academia) in different places and, sometimes, outside of 'traditional' working hours. As a result, CCG staff will sometimes appropriately receive hospitality. Staff receiving hospitality should always be prepared to justify why it has been accepted, and be mindful that even hospitality of a small value may give rise to perceptions of impropriety and might influence behaviour.
- 9.5 Hospitality means offers of meals, refreshments, travel, accommodation, and other expenses in relation to attendance at meetings, conferences, education and training events etc.
- 9.6 Overarching principles
- CCG staff should not ask for or accept hospitality that may affect, or be seen to affect, their professional judgement;
 - Hospitality must only be accepted when there is a legitimate business reason and it is proportionate to the nature and purpose of the event;

- Particular caution should be exercised when hospitality is offered by actual or potential suppliers or contractors, these can be accepted if modest and reasonable, but individuals should always obtain senior approval and declare these.

9.7 Meals and Refreshments

- Under a value of £25 may be accepted and need not be declared;
- Of a value between £25 and £75 may be accepted and must be declared;
- Over a value of £75 should be refused unless (in exceptional circumstances) senior approval is given. A clear reason should be recorded on an organisation's register(s) of interest as to why it was permissible to accept;
- A common sense approach should be applied to the valuing of meals and refreshments (using an actual amount, if known, or an estimate that a reasonable person would make as to its value).

9.8 Travel and Accommodation

- Modest offers to pay some or all of the travel and accommodation costs related to attendance at events may be accepted and must be declared;
- Offers which go beyond modest, or are of a type that the CCG itself might not usually offer, need approval by senior staff (e.g. the CCG governance lead or equivalent), should only be accepted in exceptional circumstances, and must be declared. A clear reason should be recorded on an organisation's register(s) of interest as to why it was permissible to accept travel and accommodation of this type;
- A non-exhaustive list of examples includes:
- Offers of business class or first class travel and accommodation (including domestic travel); and Offers of foreign travel and accommodation.

Gifts

9.9 Staff in the NHS offer support during significant events in people's lives. For this work they may sometimes receive gifts as a legitimate expression of gratitude. We should be proud that our services are so valued. But situations where the acceptance of gifts could give rise to conflicts of interest should be avoided. CCG staff and members should be mindful that even gifts of a small value may give rise to perceptions of impropriety and might influence behaviour if not handled in an appropriate way.

9.10 A 'gift' is defined as any item of cash or goods, or any service, which is provided for personal benefit, free of charge or at less than its commercial value.

9.11 Overarching principles

CCG staff should not accept gifts that may affect, or be seen to affect, their professional judgement. This overarching principle should apply in all circumstances;

- 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 to the team or individual who has designated responsibility for maintaining the register of gifts and hospitality and recorded on the register.

9.12 Gifts from suppliers or contractors

- Gifts from suppliers or contractors doing business (or likely to do business) with the CCG may be accepted where they are under the value of a common industry standard of £6 (these gifts do not need to be declared but staff should notify their line managers when a gift is accepted). All gifts over the value of £6 should be declined and declared by completing a gifts and hospitality declaration form and recorded on the gifts and hospitality register.

9.13 Gifts from other sources (e.g. patients, families, service users):

- CCG staff should not ask for any gifts;
- Modest gifts under a value of £50 may be accepted and do not need to be declared;
- Gifts valued at over £50 should be treated with caution and only be accepted on behalf of an organisation (i.e. to an organisation's charitable funds), not in a personal capacity. These should be declared by staff;
- A common sense approach should be applied to the valuing of gifts (using an actual amount, if known, or an estimate that a reasonable person would make as to its value);
- Multiple gifts from the same source over a 12 month period should be treated in the same way as single gifts over £50 where the cumulative value exceeds £50.

Sponsored Events

9.14 Sponsorship of NHS events by external parties is valued. Offers to meet some or part of the costs of running an event secures their ability to take place, benefiting NHS staff and patients. Without this funding there may be fewer opportunities for learning, development and partnership working. However, there is potential for conflicts of interest between the organiser and the sponsor, particularly regarding the ability to market commercial products or services. As a result there should be proper safeguards in place to prevent conflicts occurring.

9.15 When sponsorships are offered, the following principles must be adhered to:

- Sponsorship of CCG events by appropriate external bodies should only be approved if a reasonable person would conclude that the event will result in clear benefit for the CCG and the NHS;
- During dealings with sponsors there must be no breach of patient or individual confidentiality or data protection rules and legislation;
- No information should be supplied to the sponsor from which they could gain a commercial advantage, and information which is not in the public domain should not normally be supplied;
- At the CCG's discretion, sponsors or their representatives may attend or take part in the event but they should not have a dominant influence over the content or the main purpose of the event;
- The involvement of a sponsor in an event should always be clearly identified in the interest of transparency;
- CCGs should make it clear that sponsorship does not equate to endorsement of a company or its products and this should be made visibly clear on any promotional or other materials relating to the event;
- Staff should declare involvement with arranging sponsored events to their CCG.

Other Forms of Sponsorship

9.16 Organisations external to the CCG or NHS may also sponsor posts or research. However, there is potential for conflicts of interest to occur, particularly when research funding by external bodies does or could lead to a real or perceived commercial advantage, or if sponsored posts cause a conflict of interest between the aims of the sponsor and the aims of the organisation, particularly in relation to procurement and competition. There needs to be transparency and any conflicts of interest should be well managed. For further information, please see *Managing Conflicts of Interest in the NHS: Guidance for staff and organisations*.

Commercial Sponsorship

9.17 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.

10.0 OUTSIDE EMPLOYMENT

Outside Employment

10.1 Outside employment means employment and other engagements, outside of formal employment arrangements.

- 10.2 Individuals covered by this policy are required to obtain prior permission from the CCG before engaging in any secondary employment. Individuals should inform the CCG (by notifying their line manager) if they are employed or engaged in, or wish to be employed or engage in, any employment or consultancy work in addition to their work with the CCG. The purpose of this is to ensure that the CCG is aware of any potential conflict of interest. The CCG reserves the right to refuse permission where it believes a conflict will arise that it cannot effectively manage.
- 10.3 Examples of work which might conflict with the business of the CCG, including part-time, temporary and fixed term contract work, include:
- Employment with another NHS body;
 - Employment with another organisation which might be in a position to supply goods/services to the CCG including paid advisory positions and paid honorariums which relate to bodies likely to do business with the CCG;
 - Directorships e.g. of a GP federation or non-executive roles;
 - Self-employment, including private practice, charitable trustee roles, political roles and consultancy work, in a capacity which might conflict with the work of the CCG or which might be in a position to supply goods/services to the CCG.

The following principles and rules should be adhered to:

- CCGs should require that individuals obtain prior permission to engage in outside employment, and reserve the right to refuse permission where it believes a conflict will arise which cannot be effectively managed;
 - Staff should declare any existing outside employment on appointment, and any new outside employment when it arises;
 - CCGs may also have legitimate reasons within employment law for knowing about outside employment of staff; even if this does not give rise to risk of a conflict. Nothing in this guidance prevents such enquiries being made.
- 10.4 Any existing or proposed outside employment should be declared using the form at Appendix E.

11.0 CHARITABLE COLLECTIONS

Individual

- 11.1 NHS North Yorkshire CCG supports officers who wish to undertake charitable collections amongst immediate colleagues. In doing so no reference or implication should be drawn to suggest that the CCG is supporting the charity. Permission is not required for informal collections amongst immediate colleagues on an occasion like retirement, marriage, birthday or a new job.

Organisational

11.2 Charitable collections which reference NHS North Yorkshire CCG must be authorised by the appropriate Director in advance.

12.0 POLITICAL ACTIVITIES

12.1 Any political activity should not identify an individual as an officer of NHS North Yorkshire CCG. Conferences or functions run by a party political organisation should not be attended in an official capacity, except with prior written permission from a Director.

13.0 PERSONAL CONDUCT

Corporate Responsibility

13.1 All officers have a responsibility to respect and promote the corporate or collective decision of NHS North Yorkshire CCG, even though this may conflict with their personal views. This applies particularly if the CCG has yet to decide on an issue or has decided in a way with which they personally disagree. Directors and officers may comment as they wish as individuals however, if they decide to do so, they should make it clear that they are expressing their personal view and not the view of NHS North Yorkshire CCG.

13.2 When speaking as a member of NHS North Yorkshire CCG, whether to the media, in a public forum or in a private or informal discussion, officers should ensure that they reflect the current policies or view of the organisation. For any public forum or media interview, approval should be sought in advance:

- in the case of the Governing Body, from the Chairman and/or Chief Executive or their nominated deputies, and Communications Team;

13.3 When this is not practicable, they should report their action to the Clinical Chair or Accountable Officer, or their nominated deputies, as soon as possible.

13.4 All officers must ensure their comments are well considered, sensible, well informed, made in good faith, in the public interest and without malice and that they enhance the reputation and status of NHS North Yorkshire CCG.

13.5 Officers must follow the guidance for communication with the media; disciplinary action may be taken if this is not followed.

Use of Social Media

13.6 Officers should be aware that social networking websites are public forums and should not assume that their entries will remain private. Officers must not:

- conduct themselves in a way that brings NHS North Yorkshire CCG into disrepute;
- disclose information that is confidential to NHS North Yorkshire CCG business, staff or patients.

Confidentiality

- 13.7 Officers must, at all times, operate in accordance with the General Data Protection Regulations and maintain the confidentiality of information of any type, including but not restricted to patient information; personal information relating to officers; commercial information. This duty of confidence remains after officers (however employed) leave the NHS.
- 13.8 For the avoidance of doubt, this does not prevent the disclosure or information where there is a lawful basis for doing so (e.g. consent). Staff should refer to the suite of NHS England Information Governance and Corporate Information Technology policies for detailed information.
- 13.9 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. All staff are required to sign the Non-Disclosure of Confidential Information Form, a copy of which can be found at Appendix D.

Gambling

- 13.10 No officer may bet or gamble when on duty or on NHS North Yorkshire CCG premises, with the exception of small lottery syndicates or sweepstakes related to national events such as the World Cup or Grand National among immediate colleagues within the same offices where no profits are made or the lottery is wholly for purposes that are not for private or commercial gain (e.g. to raise funds to support a charity see section 11).

Lending and Borrowing

- 13.11 The lending or borrowing of money between officers should be avoided, whether informally or as a business, particularly where the amounts are significant.
- 13.12 It is a particularly serious breach of discipline for any officer 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.

Trading on NHS North Yorkshire CCG Premises

- 13.13 Trading on official premises is prohibited, whether for personal gain or on behalf of others. This includes, but is not limited to:

- Flyers advertising services/products in common areas; and
- Catalogues in common areas

13.14 Canvassing within the office by, or on behalf of, outside bodies or firms (including non-CCG interests of officers or their relatives) is also prohibited. Trading does not include small tea or refreshment arrangements solely for officers.

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

13.15 Any officer who becomes bankrupt, insolvent, has active CCJ, or made individual voluntary arrangements with organisations must inform their line manager and the Workforce team as soon as possible. Officers who are bankrupt or insolvent cannot be employed, or otherwise engaged, in posts that involve duties which might permit the misappropriation of public funds or involve the approval of orders or handling of money.

Arrest or Conviction

13.16 An officer who is arrested, subject to continuing criminal proceedings, or convicted of any criminal offence must inform their line manager and the Workforce Team as soon as is practicably possible.

Dress Code

13.17 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.

13.18 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.

13.19 Appropriate clothing should be worn for the work being undertaken.

13.20 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.

13.21 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.

13.22 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 Human Resources team 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.

Jewellery

13.22 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.

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

Tattoos

13.24 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.

14.0 IMPLEMENTATION

14.1 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.

15.0 TRAINING AND AWARENESS

15.1 The Corporate Services and EPRR Manager will ensure that this policy is available on the CCG's website and CCG staff notified accordingly.

15.2 The policy will be brought to the attention of all new employees by their line manager as part of the induction process.

15.3 The CCG will ensure that NHSE Mandatory Training for the management of Conflicts of Interest is completed in line with latest NHSE Guidance. Please see the Conflicts of Interest Policy for further detail.

16.0 MONITORING AND AUDIT

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

16.2 Monitoring of this policy may form part of the Internal Audit review of governance compliance.

17.0 POLICY REVIEW

17.1 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.

18.0 REFERENCES

- Standards of Business Conduct Policy, NHS England, July 2017
- 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'
- Procurement Guide for Commissioners of NHS Funded Services (NHS & DH July 2010)
- Bribery Act 2010
- Freedom of Information Act 2000
- NHS Constitution

19.0 ASSOCIATED DOCUMENTATION

- NY CCG's Constitution, incorporating Standing Orders;
- Prime Financial Policies;
- The following NY CCG policies :
 - Conflict of Interests
 - Whistleblowing
 - Local Anti-Fraud, Bribery and Corruption
 - NY CCG's Procurement Strategy
 - Induction

20.0 APPENDICES

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Appendix A – 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.

Appendix B – Template Declaration of Interest for Members and Employees

Declaration of Interests for CCG Members and Employees						
Please complete the form after referring to the guidance notes (on the guidance tab)						
Name:					 North Yorkshire Clinical Commissioning Group	
Position within, or relationship with, the CCG/are you part of a member practice, if so please state which practice. <small>(or NHS England in the event of joint committees)</small>		Are you part of a Primary Care Network (PCN)? <small>(Please use drop down menu)</small>		If Yes, please state name of PCN <small>(Please use drop down menu)</small>		
Committees/member of: Statutory and Non-Statutory Committees of the CCG: (Please tick all that apply)	<input type="checkbox"/> Governing Body <input type="checkbox"/> Council of Members <input type="checkbox"/> Audit Committee	<input type="checkbox"/> Remuneration Committee <input type="checkbox"/> Remuneration Panel <input type="checkbox"/> North Yorkshire Executive Directors	<input type="checkbox"/> Quality & Clinical Governance Committee <input type="checkbox"/> Finance, Performance, Contracting & Commissioning Committee <input type="checkbox"/> Primary Care Commissioning Committee			
Declaration: <small>(please choose from drop down menu)</small>					<small>If you have no interests to declare, please enter 'Nil' on line 1 and sign and date at the bottom of the form.</small>	
Nature of Interest <small>(See guidance tab and please choose from the drop down menu)</small>	Description of Interest <small>(Please describe your particular interest)</small>	Type <small>(Please choose from the drop down menu)</small>	Self or Other <small>(Please choose from the drop down menu)</small>	Date Interest Relates		Actions to be taken to mitigate risk <small>(to be agreed with line manager or a senior CCG manager)</small>
				From	To	
<small>Example</small> Material shareholdings in private or public companies in the field of health and social care	Please insert as much detail as you need to here, the cell will resize when you tab across...	Indirect	Spouse/Partner	Mar-15	Ongoing	To be managed in accordance with the COI Policy
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
The information submitted will be held by the CCG for personnel or other reasons specified on this form and to comply with the organisation's policies. This information may be held in both manual and electronic form in accordance with the Data Protection Act 1998. Information may be disclosed to third parties in accordance with the Freedom of Information Act 2000 and, in the case of 'decision making staff' (as defined in the statutory guidance on managing conflicts of interest for CCGs) may be published in registers that the CCG holds.						
I confirm that the information provided above is complete and correct. I acknowledge that any changes in these declarations must be notified to the CCG as soon as practicable and no later than 28 days after the interest arises. I am aware that if I do not make full, accurate and timely declarations then civil, criminal, or internal disciplinary action may result.						
Decision making staff should be aware that the information provided in this form will be added to the CCG's registers which are held in hard copy for inspection by the public and published on the CCG's website. Decision making staff must make any third party whose personal data they are providing in this form aware that the personal data will be held in hard copy for inspection by the public and published on the CCG's website and must inform the third party that the CCG's privacy policy is available on the CCG's website. If you are not sure about whether you are a 'decision-making' member of staff, please speak to your line manager before completing this form.						
Signature*:					Date:	
Signature:					Date:	
Position: <small>(of Line Manager or Senior CCG Manager)</small>						
* We will accept this form with either your electronic signature inserted or if your name is typed and the form sent to us from your nhs email account.						
Please return to the Corporate Project Officer by email at: nyccg.corporate@nhs.net						
The Senior Governance Manager is the nominated Lead to provide advice, support and guidance in the management of Conflicts of Interest, supporting the Conflict of Interest Guardian (the Audit Chair).						
The Governing Body Lay Member for Audit, Ken Readshaw is the nominated Conflict of Interest Guardian.						

Appendix C – Template Declaration of Interest for Gifts and Hospitality



North Yorkshire
Clinical Commissioning Group

Recipient Name	Position	Date of Offer	Date of Receipt (if applicable)	Details of Gift / Hospitality	Estimated Value	Supplier / Offeror Name and Nature of Business	Details of Previous Offers or Acceptance by this Offeror / Supplier	Name & title of officer reviewing and approving the declaration made and date	Declined or Accepted	Reason for Accepting or Declining	Other Comments

The information submitted will be held by the CCG for personnel or other reasons specified on this form and to comply with the organisation’s policies. This information may be held in both manual and electronic form in accordance with the GDPR 2018. Information may be disclosed to third parties in accordance with the Freedom of Information Act 2000 and, in the case of ‘decision making staff’ (as defined in the statutory guidance on managing conflicts of interest for CCGs) may be published in registers that the CCG holds.

I confirm that the information provided above is complete and correct. I acknowledge that any changes in these declarations must be notified to the CCG as soon as practicable and no later than 28 days after the interest arises. I am aware that if I do not make full, accurate and timely declarations then civil, criminal, or internal disciplinary action may result.

Decision making staff should be aware that the information provided in this form will be added to the CCG’s registers which are held in hard copy for inspection by the public and published on the CCG’s website. Decision making staff must make any third party whose personal data they are providing in this form aware that the personal data will be held in hard copy for inspection by the public and published on the CCG’s website and must inform the third party that the CCG’s privacy policy is available on the CCG’s website. If you are not sure about whether you are a ‘decision-making’ member of staff, please speak to your line manager before completing this form.

Signature:*		Date:	
Signature:	Position:	Date:	

(Line manager or Senior CCG Manager)

* We will accept this form with either your electronic signature inserted or if your name is typed and the form sent to us from your nhs email address. **Please send completed form to via email to [the Corporate Project Officer at nyccg.corporate@nhs.net](mailto:nyccg.corporate@nhs.net)**

Ken Readshaw, Audit Chair is the nominated Conflict of Interest Guardian.

Sasha Sencier, Senior Governance Manager is the nominated day-to-day individual to provide advice, support and guidance and can be contacted by email: Sasha.Sencier@nhs.net

Appendix D – Non-Disclosure of Confidential Information

The NHS has a legally binding obligation not to disclose information on a confidential nature concerning patients' illnesses, their affairs or organisational and staff business and likewise, they have a duty to draw attention to their staff to this obligation.

Staff must not disclose, either during or after the termination of their employment, any information of a confidential nature relating to the organisation, its patients or any third party without first obtaining the written permission of the organisation or the party concerned, or where such disclosure is required in accordance with a Court Order or by operation of law.

Disclosure of confidential information can occur either directly or indirectly and staff have a duty to ensure that indirect disclosure does not occur due to unauthorised access to, or misuse of information.

Any unauthorised disclosure of such information will be regarded as a serious breach of discipline and, therefore, appropriate disciplinary action will be taken. If the member of staff has left the organisation, legal action may be considered by the organisation. An unauthorised disclosure is an offence under the Data Protection Act 1988 and as such the Information Commissioner or Director of Public Prosecution could commence proceedings against the individual.

I have read and understood the above:

(Signature)

Name (Block Captials):

Department Base:

Date:

Appendix E – Secondary Employment Form

DECLARATION OF SECONDARY EMPLOYMENT

- 1. I do / do not (delete) have secondary employment / private practice (delete).**
- 2. I undertake to notify any changes to my manager who will inform the Human Resources Team without delay.**

To be completed by the employee

Signed	
Name (print)	
Job Title	
Department	
Work Location	
Number of contracted hours per week for the organisation	
Date	

To be completed by the manager

Name of Line Manager (print)	
Job Title of Line Manager	
Date	
Signature of Line Manager	

Employee: please complete the secondary / practice employment proforma overleaf before returning to the Human Resources Team.

DETAILS OF SECONDARY EMPLOYMENT

(Strike through if not applicable)

Name of Employer	
Nature of Employment	
Average hours per week (average based on a 17 week period)	
Date commenced	

DETAILS OF PRIVATE PRACTICE

(Strike through if not applicable)

Name of Business	
Nature of Business	
Estimated average hours per week (average based on a 17 week period)	
Date Commenced	

Please return your complete form to:

Human Resources at nyccq.nyccghrl-d@nhs.net

Appendix F – Equality Impact Assessment

1. Equality Impact Assessment									
Policy / Project / Function:	Standards of Business Conduct Policy								
Date of Analysis:	June 2020								
This Equality Impact Assessment was completed by: (Name and Department)	Sasha Sencier, Senior Governance Manager, Corporate Services								
What are the aims and intended effects of this policy, project or function?	This Policy sets out how NHS North Yorkshire Clinical Commissioning Group will provide a clear framework through which the organisation can provide guidance and assurance that its officers conduct themselves with honesty, integrity and probity according to the Code of Conduct and Code of Accountability in the NHS (second revision July 2004).								
Please list any other policies that are related to or referred to as part of this analysis?	<ul style="list-style-type: none"> • CCG Constitution • Conflict of Interests • Whistleblowing • Local Anti-Fraud, Bribery and Corruption • NY CCG's Procurement Strategy • Induction 								
Who does the policy, project or function affect?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Employees</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Service Users</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Members of the Public</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Other (List Below)</td> <td style="text-align: center;"><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"/>								
Please Tick ✓									

2. Equality Impact Assessment: 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 (eg from previous engagement) to evidence this impact
	Yes	No	Yes	No	
Race	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Considered – Neutral Impact
Age	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Considered – Neutral Impact
Sexual Orientation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Considered – Neutral Impact
Disabled People	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Considered – Neutral Impact
Gender	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Considered – Neutral Impact
Transgender People	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Considered – Neutral Impact
Pregnancy and Maternity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Considered – Neutral Impact
Marital Status	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Considered – Neutral Impact
Religion and Belief	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Considered – Neutral Impact
Reasoning					

If there is no positive or negative impact on any of the Nine Protected Characteristics go to Section 7 Equality Impact Analysis Findings

3. Equality Impact Analysis: Local Profile Data

Local Profile/Demography of the Groups affected as at June 2020													
General	Total number of employees in the CCG is 167												
Age	<table> <tr> <td>Staff are under 30</td> <td>7.8%</td> </tr> <tr> <td>Staff aged 30 – 55</td> <td>62.9%</td> </tr> <tr> <td>Staff are over 55</td> <td>29.3%</td> </tr> </table>	Staff are under 30	7.8%	Staff aged 30 – 55	62.9%	Staff are over 55	29.3%						
Staff are under 30	7.8%												
Staff aged 30 – 55	62.9%												
Staff are over 55	29.3%												
Race	<table> <tr> <td colspan="2">% of staff employed in the CCG declared themselves as:</td> </tr> <tr> <td>White</td> <td>87.4%</td> </tr> <tr> <td>Black</td> <td>0.6%</td> </tr> <tr> <td>Asian</td> <td>0.6%</td> </tr> <tr> <td>Mixed Race</td> <td>1.2%</td> </tr> <tr> <td>Not stated/undefined</td> <td>10.2%</td> </tr> </table>	% of staff employed in the CCG declared themselves as:		White	87.4%	Black	0.6%	Asian	0.6%	Mixed Race	1.2%	Not stated/undefined	10.2%
% of staff employed in the CCG declared themselves as:													
White	87.4%												
Black	0.6%												
Asian	0.6%												
Mixed Race	1.2%												
Not stated/undefined	10.2%												
Sex	<table> <tr> <td colspan="2">% of staff employed in the CCG declared themselves as:</td> </tr> <tr> <td>Female</td> <td>63.5%</td> </tr> <tr> <td>Male</td> <td>36.5%</td> </tr> </table>	% of staff employed in the CCG declared themselves as:		Female	63.5%	Male	36.5%						
% of staff employed in the CCG declared themselves as:													
Female	63.5%												
Male	36.5%												
Gender reassignment	No information available												
Disability	<table> <tr> <td colspan="2">% of staff employed in the CCG declared themselves as:</td> </tr> <tr> <td>Having no disability</td> <td>78.4%</td> </tr> <tr> <td>Having a disability</td> <td>1.2%</td> </tr> <tr> <td>Not stated/undefined</td> <td>20.4%</td> </tr> </table>	% of staff employed in the CCG declared themselves as:		Having no disability	78.4%	Having a disability	1.2%	Not stated/undefined	20.4%				
% of staff employed in the CCG declared themselves as:													
Having no disability	78.4%												
Having a disability	1.2%												
Not stated/undefined	20.4%												
Sexual Orientation	<table> <tr> <td colspan="2">% of staff employed in the CCG declared themselves as:</td> </tr> <tr> <td>Heterosexual</td> <td>66.5%</td> </tr> <tr> <td>LGBTQ+</td> <td>0.6%</td> </tr> <tr> <td>Not stated/undefined</td> <td>32.9%</td> </tr> </table>	% of staff employed in the CCG declared themselves as:		Heterosexual	66.5%	LGBTQ+	0.6%	Not stated/undefined	32.9%				
% of staff employed in the CCG declared themselves as:													
Heterosexual	66.5%												
LGBTQ+	0.6%												
Not stated/undefined	32.9%												
Religion, faith and belief	<table> <tr> <td colspan="2">% of staff employed in the CCG declared themselves as:</td> </tr> <tr> <td>Christian</td> <td>43.7%</td> </tr> <tr> <td>Other faith or beliefs</td> <td>27.6%</td> </tr> <tr> <td>Not stated/undefined</td> <td>28.7%</td> </tr> </table>	% of staff employed in the CCG declared themselves as:		Christian	43.7%	Other faith or beliefs	27.6%	Not stated/undefined	28.7%				
% of staff employed in the CCG declared themselves as:													
Christian	43.7%												
Other faith or beliefs	27.6%												
Not stated/undefined	28.7%												
Marriage and civil partnership	<table> <tr> <td colspan="2">% of staff employed in the CCG declared themselves as:</td> </tr> <tr> <td>Married/Civil Partnership</td> <td>67.1%</td> </tr> <tr> <td>Single/Divorced/Widowed</td> <td>27.5%</td> </tr> <tr> <td>Not stated/undefined</td> <td>5.4%</td> </tr> </table>	% of staff employed in the CCG declared themselves as:		Married/Civil Partnership	67.1%	Single/Divorced/Widowed	27.5%	Not stated/undefined	5.4%				
% of staff employed in the CCG declared themselves as:													
Married/Civil Partnership	67.1%												
Single/Divorced/Widowed	27.5%												
Not stated/undefined	5.4%												
Pregnancy and maternity	No information yet as the CCG has not been established long enough to build meaningful data												

4. Equality Impact Analysis: Equality Data Available

<p>Is any Equality Data available relating to the use or implementation of this policy, project or function? Equality data is internal or external information that may indicate how the activity being analysed can affect different groups of people who share the nine <i>Protected Characteristics</i> – referred to hereafter as ‘<i>Equality Groups</i>’.</p> <p>Examples of <i>Equality Data</i> include: (this list is not definitive)</p> <ol style="list-style-type: none"> 1. Application success rates <i>Equality Groups</i> 2. Complaints by <i>Equality Groups</i> 3. Service usage and withdrawal of services by <i>Equality Groups</i> 4. Grievances or decisions upheld and dismissed by <i>Equality Groups</i> 5. <i>Previous EIAs</i> 	<p>Yes <input checked="" type="checkbox"/> Staff Profile Data</p> <p>No <input type="checkbox"/></p> <p>Where you have answered yes, please incorporate this data when performing the <i>Equality Impact Assessment Test</i> (the next section of this document).</p>
<p>List any Consultation e.g. with employees, service users, Unions or members of the public that has taken place in the development or implementation of this policy, project or function</p>	<p>Members of the Audit Committee have considered this policy before approval from the Governing Body.</p>
<p>Promoting Inclusivity How does the project, service or function contribute towards our aims of eliminating discrimination and promoting equality and diversity within our organisation</p>	<p>This Policy does not directly promote inclusivity but is designed to assist all employees in conducting themselves with honesty, integrity and probity.</p>

5. Equality Impact Analysis: Assessment Test

What impact will the implementation of this policy, project or function have on employees, service users or other people who share characteristics protected by *The Equality Act 2010* ?

Protected Characteristic	No Impact	Positive Impact	Negative Impact	Evidence of impact and if applicable, justification where a <i>Genuine Determining Reason</i> exists
Gender (Men and Women)	X			Considered – No Impact
Race (All Racial Groups)	X			Considered – No Impact
Disability (Mental and Physical)	X			Considered – No Impact
Religion or Belief	X			Considered – No Impact
Sexual Orientation (Heterosexual, Homosexual and Bisexual)	X			Considered – No Impact
Pregnancy and Maternity	X			Considered – No Impact
Transgender	X			Considered – No Impact
Marital Status	X			Considered – No Impact
Age	X			Considered – No Impact

6. Action Planning

As a result of performing this analysis, what actions are proposed to remove or reduce any risks of adverse outcomes identified on employees, service users or other people who share characteristics protected by *The Equality Act 2010*?

Identified Risk	Recommended Actions	Responsible Lead	Completion Date	Review Date
NONE IDENTIFIED				

7. Equality Impact Analysis Findings

Analysis Rating: Green

		Actions	Wording for Policy / Project / Function
Green No major change	As a result of performing the analysis, the policy, project or function does not appear to have any adverse effects on people who share <i>Protected Characteristics</i> and no further actions are recommended at this stage.	The policy / project / function can be published with the EIA Another EIA must be completed if the policy is changed, reviewed or if any discrimination is identified at a later date	As a result of performing the analysis, the policy, project or function does not appear to have any adverse effects on people who share <i>Protected Characteristics</i> and no further actions are recommended at this stage.