



**Thurrock  
Clinical Commissioning Group**

## **Standards of Business Conduct Policy**

December 2015

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## 1 INTRODUCTION

- 1.1 As a public body, NHS Thurrock CCG has a duty to ensure high standards of corporate and personal conduct. In particular that, as a public body, the CCG must be accountable to Parliament for the services it provides and for delivering the statutory duty for the effective, economic and efficient use of taxpayers' money. All Board members, employees and others acting on behalf of the CCG must therefore uphold the highest standards of business conduct within their role, in relationships with stakeholders, partners and suppliers, and also outside of their role where such a relationship may be open to public scrutiny.
- 1.2 Officers and members of public bodies including NHS clinical commissioning groups are subject to the provision of special legislation, guidelines and codes of conduct designed to protect the public interest and public confidence, which has been set out within the Health and Social Care Act 2012, CCG Regulations 2012 and other NHS guidance such as:
- NHS Code of Conduct and Code of Accountability (2004, revised 2013)
  - Department of Health circular HSG (93) 5 'Standards of Business Conduct for NHS Staff' (amended in part by the Bribery Act 2010)
  - The Code of Conduct for NHS managers (Department of Health – October 2002)
  - Professional Standards Authority: Standards for members of NHS Boards and CCG Governing bodies in England (2012);
  - Companies Act 2006 – Directors Duties (The duty not to accept benefits from third parties: Section 176)
  - The ABPI Code of Professional Conduct relating to hospitality / gifts from pharmaceutical / external industries.
  - Business Services Authority: Standards of Business Conduct Procedure, 2010.
- Further guidance has also been included in section 10, references.
- 1.3 The CCG Conflicts of Interest Policy should be read in conjunction with this policy as a guide to dealing with perceived, actual or potential conflicts of interest, whereas this policy sets out the guiding principles of conduct across the CCG that should underpin staff conduct thus reducing the risks relating to conflicts.

## 2 PURPOSE / POLICY STATEMENT

- 2.1 This is the policy of NHS Thurrock Clinical Commissioning Group (hereafter referred to as "the CCG") for upholding public service values of accountability, probity and openness.
- 2.2 The purpose of this policy is to provide a central reference guide to staff setting out the principles of conduct that should be followed when working on behalf of the CCG that will enable them to meet the duties set out in legislation and guidance referred to above. The policy also sets out the framework for dealing with gifts, hospitality and commercial sponsorship, which often present 'grey' areas where staff can fall foul of the principles set out within this policy.
- 2.3 Staff who are in doubt as to any aspects set out within this policy should first seek the advice of their line manager (this is the CCG Chair with respect to Board members). Further clarification can be obtained from the Head of Corporate Governance.

### 3 DEFINITIONS

<b>Accountability</b>	Everything done by those who work in the NHS must be able to stand the test of parliament scrutiny, public judgements on propriety and professional codes of conduct.
<b>Corruption</b>	In the context of the policy this can be described as an impairment of integrity, virtue, or moral principle; inducement to wrong by improper or unlawful means (as bribery) or a departure from the original or from what is pure or correct.
<b>Fraud</b>	Fraud involves dishonestly making a false representation, failing to disclose information or abusing a position held, with the intention of making a financial gain or causing a financial loss. The Fraud Act 2006 has no specific definition of fraud, but instead describes ways fraud can be committed outlined in section 3.3 below.
<b>Gift</b>	A Gift is defined as the voluntary transfer of something without the expectation of receiving anything in return. This could be any item of cash or goods, or any service, which is provided for personal benefit at less than its commercial value.
<b>Gifts and Hospitality Register</b>	This document is a record of any declarations made by staff in relation to gifts and/or hospitality whether this is accepted or declined.
<b>Honesty</b>	To act honestly in all actions, transactions communications, behaviours and decision-making, and resolving conflicts arising from personal, professional or financial interests that could influence or thought to influence decisions.
<b>Hospitality</b>	Hospitality is defined as the relationship between guest and host, or the act or practice of being hospitable. Specifically, this includes the reception and entertainment of guests.
<b>Integrity</b>	To act consistently and fairly by applying the values set out within the code of conduct to all actions, transactions, communications, behaviours and decision making and to always raise concerns if harmful behaviour or misconduct of others is identified.
<b>Leadership</b>	To lead by example in upholding and promoting good standards of conduct and using standards to create a culture in which the values set out within the code can be adopted by all.
<b>Openness</b>	To be open and transparent about the reasoning, reasons and processes underpinning actions, transactions, communications, behaviours and decision-making and about any conflicts of interest.
<b>Probity</b>	There should be an absolute standard of honest in dealing with the assets of the NHS: integrity should be an absolute hallmark of all personal conduct in decisions affecting patients, staff and suppliers and in the use of information acquired in the course of NHS duties.
<b>Professionalism</b>	To take responsibility for ensuring that one has the relevant knowledge and skills to perform appropriately within their role and to reflect, identify and take steps to address any gaps in knowledge and skills by participating in appraisal. Further, to be bound by and act in accordance the codes of conduct of your profession.
<b>Responsibility</b>	To be fully accountable for one's behaviour, work and the decisions made on behalf of the CCG including delegated responsibilities and responsibilities for staff and services.
<b>Sponsorship</b>	Events such as meetings and educational events for which sponsorship is received from any non-NHS source or events

	organised by other parties which are sponsored by NHS Thurrock CCG.
<b>Staff</b>	For the purpose of this policy, staff means an individual employed by NHS Thurrock CCG, Board Members any anyone acting on behalf of the CCG either in a permanent, temporary, contracting or advocacy capacity. The policy therefore applies equally to all individuals working on behalf of the CCG.
<b>Transparency</b>	There should be sufficient openness about NHS activities to promote confidence between the CCG Governing Body, its staff, patients and the public.

- 3.1 The Code of Conduct and Code of Accountability for NHS Boards ensures that public service values are at the heart of the NHS. The general principles of the code set out the duty of those who work within the NHS to conduct business with probity, to respond to staff, patients and suppliers impartially, to achieve value for money from the public funds with which they are entrusted and to demonstrate high ethical standards of personal conduct.
- 3.2 In defining the code, there are a number of areas that establish the principles of the code as follows:
- **Openness and public responsibilities** – business should be conducted in a way that is socially responsible and transparent. As patterns of provision of healthcare change patients, the public, stakeholders and staff there should be open and transparent consultation on major changes before decisions are reached. NHS organisations should forge open and positive relationships with the local community and should work with staff and partners to set out a vision for the organisation.
  - **Public service values in management** – public service values must not be ignored. The Board must ensure that public funds are properly safeguarded upholding the principles of efficiency and effectiveness in the stewardship of public monies achieving value for money.
  - **Public business and private gain** – impartiality should ensure that that decisions are not influenced by social or business relationships.
  - **Hospitality and other expenditure** – to demonstrate the best use of public funds the Board should ensure that good value is achieved when incurring public expenditure, so the use of public funds including hospital at conferences or seminars should be carefully considered.
  - **Relations with suppliers** – the Board should be aware of the risks in incurring obligations to suppliers at any stage of a contracting relationship and so clear procedures (set out within this Code of Conduct) should be followed explicitly.
  - **Staff** – the Board should ensure that staff have a proper and widely publicised procedure for voicing complaints or concerns about maladministration, malpractice, breaches of this code and other concerns of an ethical nature.
  - **Compliance** – the Board are responsible for ensuring that the values set out within this and the NHS Code are upheld and that any concerns raised by staff or others are fully investigated and acted upon.
- 3.2.1 This policy also sets out principles for fraud prevention. There is no specific definition within the Fraud Act 2006 for this term. The Act instead gives a series of

separate offences which set out three possible ways in which fraud can be committed:

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

3.2.2 In all three classes of fraud, there is the requirement that for an offence to have occurred, the person must have acted dishonestly and they had acted with the intent of making a gain for themselves, or anyone else, or inflicting a loss (or a risk of loss) on another.

- Other offences of fraud found within the Fraud Act 2006 are:
- Possession of articles for use in fraud
- Making or supplying of articles for use in fraud
- Obtaining services dishonestly

## **4 ROLES AND RESPONSIBILITIES**

### **4.1 CCG Board**

4.1.1 NHS Thurrock CCG Board Members are responsible for ensuring that they comply with this policy by making declarations on an annual basis. They should also highlight any further declarations as they may arise outside of this process.

4.1.2 Furthermore the success of both this and the NHS Code of Conduct depends on a vigorous and visible example from Boards and the consequential influence of the behaviour of all those who work within the organisation. Boards have a clear responsibility for corporate standards of conduct and acceptance of the Code should inform and govern the decisions and conduct of all Board Directors.

4.1.3 The role of an NHS Board in relation to business conduct is to:

- Be collectively responsible for adding value to the organisation, for promoting the success of the organisation by directing and supervising the organisation's affairs.
- Provide active leadership of the organisation within a framework of prudent and effective controls which enable risk to be assessed and managed.
- Set the organisation's strategic aims, ensure that the necessary financial and human resources are in place for the organisation to meet its objectives, and review management performance.
- Set the organisation's values and standards and ensure that its obligations to patients, the local community and the Secretary of State are understood and met.

### **4.2 Accountable Officer**

4.2.1 The Accountable Officer and Chief Operating Officer have joint overall responsibility for ensuring that all CCG staff comply with this policy by making annually and as and when changes to their profile of interests arise.

4.2.2 The Accountable Officer and Chief Operating Officer are directly accountable to the CCG Chair and the Board for the performance of the CCG and the delivery of strategic objectives.

#### **4.3 CCG Chair**

4.3.1 The overarching role of the Chair is one of enabling and leading, so that the attributes and specific roles of the Executive Team and the Lay Members are brought together in a constructive partnership to take forward the business of the CCG.

4.3.2 The key responsibilities of the Chair are:

- Leadership of the Board, ensuring its effectiveness on all aspects of its role and setting its agenda.
- Ensuring the provision of accurate, timely and clear information to Directors.
- Ensuring effective communication with staff, patients and the public.
- Arranging the regular evaluation of the performance of the Board, its committees and individual Directors and,
- Facilitating the effective contribution of Lay Members and ensuring constructive relations between Executive and Lay Members.

#### **4.4 Lay Members**

4.4.1 The role of Lay Members is to bring an independent judgement to bear on issues of strategy, performance, key appointments and accountability.

4.4.2 The duties of Lay Members are to:

- Constructively challenge and contribute to the developing strategy.
- Scrutinise the performance of management in meeting agreed goals and objectives and monitor the reporting of performance.
- Satisfy themselves that quality and financial information is accurate and that controls and systems of risk management are robust and defensible.
- Determine appropriate levels of remuneration and Executive Directors and have a prime role in appointing, and where necessary, removing senior management and in succession planning, and
- Ensuring that Board acts in the best interests of the public and is fully accountable to the public for the services provided by the organisation and the public funds it uses.

#### **4.5 Head of Corporate Governance**

4.5.1 The Head of Corporate Governance is responsible for implementing and monitoring the process for declarations of gifts, hospitality and any declarations of interest and for providing guidance and advice to staff and the senior management team in how this code operates.

4.5.2 In addition, the Head of Corporate Governance will work with the Senior Management Team to ensure that there is adequate, appropriate and transparent reporting to the Board, stakeholders and the public as required by the Health and Social Care Act 2012 and CCG Regulations 2012.

#### **4.6 All Staff**

4.6.1 All staff are responsible for ensuring that they comply with this policy and code by following the principles set out within the code and completing the relevant documentation as circulated by the Head of Corporate Governance on an annual

basis.

- 4.6.2 “All staff” includes anyone working on behalf of or in connection with the CCG as described in section 3 above.

#### 4.7 Local Counter Fraud Specialist (LCFS)

- 4.7.1 The LCFS providers are responsible for providing a point of referral for any allegations of suspected fraudulent behaviour, including but not limited to suspected failure to declare conflicts of interest leading to financial gain or a contravention of the Bribery Act 2010. Contact details for the current LCFS providers can be found in Appendix A.

#### 4.8 Member Practices

- 4.8.1 Member Practices are required to act in accordance with the Standards of Business Conduct Policy where they act on behalf of the CCG, as set out for all staff and individuals working on behalf of the CCG.
- 4.8.2 Member Practices are encouraged to apply the principles of this policy generally as a reflection of NHS Policy. It is acknowledged however that the primary guidance for GPs lies with the General Medical Council, who may have separate guidance.

## 5 POLICY DETAIL

### 5.1 Hospitality

Hospitality offered or received by NHS Thurrock CCG, its employees, Board members or others acting on its behalf

- 5.1.1 When accepting or offering hospitality to individuals or organisations outside the CCG, Board members and staff need to be aware of, and guard against, the dangers of misrepresentation or perception of favouritism in business dealings. Hospitality should be justifiable to the CCG’s auditors and other stakeholders as reasonable in the light of accepted practice in the public sector and the CCG’s objectives. The following table is intended to provide general guidance on the forms of hospitality which would and would not be acceptable (although this is not intended as an exhaustive list).

Acceptable Hospitality	Unacceptable Hospitality
Modest lunch during a meeting (e.g., sandwiches, biscuits and fruit juice) up to an estimated value of £10.00 per head or lower, although the provision of lunch should be the exception rather than the rule	A two-course lunch in a restaurant
Free invitation / ticket to an annual conference / AGM of a voluntary sector organisation which includes modest catering	Ticket to a sporting event or a weekend break
A free parking space to enable attendance at a meeting or conference	Hospitality of any kind, and of any value, where a contract is under negotiation or a procurement process in progress. This includes attendance at seasonal events

	hosted by suppliers/potential suppliers or contractors.
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### Declaration of Hospitality

- 5.1.2 All offers of hospitality which are, or appear to be, of a value in excess of £25.00 must be declared, whether accepted or declined.
- 5.1.3 Declarations should be made via the form attached at Appendix D and forwarded within 5 working days to the Head of Corporate Governance. This declaration will be used to make an entry in the Register of Gifts & Hospitality (Example shown at Appendix E).

## **5.2 Gifts**

### General guidance

- 5.2.1 In principle, with the exception of items of little value (less than £25, outlined below), and in circumstances beyond the control of the intended recipient (paragraph 5.2.3 refers) all offers of gifts should be declined.
- 5.2.2 Low value items such as diaries, pens, calendars and mugs or small tokens of gratitude from patients or their relatives (such as flowers or seasonal gifts), which appear to have a value of £25.00 or less may be accepted and do not need to be recorded. If in doubt, Board members and staff should seek clarification from the Head of Corporate Governance.
- 5.2.3 There may be circumstances where a gift is offered that clearly has a value in excess of £25.00, which should normally be declined. However, occasions may arise when you are either unable to decline the gift, as it has been delivered to your place of work, or it would be discourteous to do so and cause embarrassment to the person making the offer. Sensitivity should always be shown to all cultural norms where there may be the potential to cause offence if an offer of a gift or hospitality is refused.
- 5.2.4 In these circumstances, your line manager should be advised as soon as possible and a decision be taken regarding what to do with the gift. For example, if a tin of sweets, a box of chocolates or flowers are received, these could be shared amongst a team or department for the benefit of all. Alternatively, the item could be given to a charitable organisation or put aside for a staff raffle prize as appropriate.
- 5.2.5 Otherwise, the gift should be returned to the person/organisation/ company with a note thanking them but explaining that NHS staff are not allowed to accept gifts of this nature.
- 5.2.6 In any of the circumstances above, the incident should be reported to the Head of Corporate Governance via the declaration form at Appendix D.

### Declaration of Gifts

- 5.2.7 All offers of gifts with an estimated value of £25.00 or more must be declared, whether accepted or declined. Declarations should be made via the form attached at Appendix D. This declaration will be used to make an entry in the Register of Gifts and Hospitality.
- 5.2.8 In addition a declaration should be made if several small items worth a total of over £100 are received from the same or closely related sources in a 12 month period.
- 5.2.9 **Staff must NOT accept gifts of money under any circumstances.**

Gifts & Payments for other Activities

- 5.2.10 During the course of their work, CCG staff and office holders, for example members of the Board, may receive gifts and / or payment for interviews, broadcasts, talks, lectures, undertaking surveys and written work including articles and books.
- 5.2.11 Whilst involvement in interviews, broadcasts and so on is often considered as career development, all staff need to be cognisant that the acceptance of gifts and payments has the potential for bringing adverse scrutiny by the public and /or media.
- 5.2.12 Staff/office holders are therefore required to declare such gifts/payments. If the work was carried out on behalf of NHS Thurrock CCG, gifts will be used for an identified purpose and payments will be paid into the relevant CCG's revenue account.
- 5.2.13 If a person works for another organisation in addition to the CCG, it will first of all need to be determined whether or not NHS Thurrock CCG's policy is applicable to that work.
- 5.2.14 The gift/payment may be kept by the person concerned if:
- The contribution was made in a personal capacity and this was made explicit in the interview/presentation/survey and so on.
  - The contribution was made in a professional capacity and was not carried out in normal working hours.
  - The subject was unconnected with normal duties.
  - Preparation, etc. was not carried out in normal working hours.
  - No NHS Thurrock CCG resources were used to prepare and deliver the interview, broadcast, survey and so on.
  - Membership of the CCG was not an integral part of the interview, broadcast, survey and so on.
  - The appropriate line manager had given prior approval for the interview/presentation, where required.
- 5.2.15 If the line manager is not satisfied that the above conditions applied, then the gift/payment should be retained by the CCG.
- 5.2.16 In respect of written material such as books and articles, where payments are made and/or royalties received, the Head of Corporate Governance must be contacted.
- 5.2.17 Advice will then be sought to determine whether the retention of payments is permissible, depending on the extent to which the intellectual property which the member of staff has invested in the writing of the book/article has stemmed from their status as a member of staff or member of the CCG.
- 5.2.18 It is acknowledged that some members of staff may be required to write articles for professional and career development purposes. Whilst this is acceptable to the CCG, public concerns may be raised where payment is received and staff are therefore required to declare any payments accordingly.

Procedure for Refusing / Returning a Gift or Hospitality

- 5.2.19 If there is any doubt about whether a gift or hospitality may be accepted, the offer should be politely and tactfully refused. In all cases a record should be kept of all gifts or hospitality offered and whether they were accepted or not. In the case of a refused gift, a letter should be written accompanying the gift thanking the individual or company for the offer and stating that NHS Thurrock CCG does have a relevant policy in place and the reason(s) why it must be returned.
- 5.2.20 In those cases where it is judged that refusal may cause offence, the individual

should discuss with a director on how to take the matter forward e.g. forwarding the gift to an appropriate charity or deserving cause.

#### Financial Irregularities

- 5.2.21 If, under any circumstances, financial irregularities are suspected, The CCG's Local Counter Fraud Specialist (LCFS) should be contacted either via the Chief Finance Officer or directly on [Brendan.harper@mazars.co.uk](mailto:Brendan.harper@mazars.co.uk).

### 5.3 Registers of Gifts and Hospitality

- 5.3.1 A Register of Gifts and Hospitality will be maintained by the Head of Corporate Governance. The register shall be made available for inspection by the auditors or regulatory bodies and a summary of the register may be published on the CCG website.

#### Sunshine Rule

- 5.3.2 New rules will be introduced in 2016 that will create a compulsory system for GPs and other clinicians to declare gifts or hospitality received from pharmaceutical and medical device manufacturer companies. The Department of Health has announced that it intends to introduce a 'sunshine rule' to shine light on dealings between NHS staff and drug and medical device manufacturers. Under the new rule, GPs and NHS staff found to be abusing their position by taking extravagant gifts or hospitality and lobbying for unneeded or overly expensive medicines or procedures could be punished.

### 5.4 Sponsorship

- 5.4.1 Collaboration with pharmaceutical or other commercial organisations can be beneficial to achieving the aims of the NHS in terms of encouraging innovation and developing education and training opportunities for healthcare professionals.
- 5.4.2 However this is only the case where such relationships are managed in a way that is transparent and open to public scrutiny and challenge.
- 5.4.3 Recent incidents involving collusion / fraudulent behavior (e.g. NHS Isle of Wight CCG) has highlighted the potential consequences of the mismanagement of commercial relationships. As a Commissioning organisation the benefits referred to above are very limited and are better realised within a Provider environment (if adequately managed).
- 5.4.4 For the protection of all parties any form of commercial sponsorship of any aspect of CCG business must be agreed **in advance** by any two of the Executive Officers (i.e. the Chief Nurse, Accountable Officer and Chief Finance Officer).
- 5.4.5 If any staff are approached regarding commercial sponsorship, this must be referred to the Head of Corporate Governance, Head of Business Support or the Accountable Officer to ensure that the correct procedure is followed, as set out below.

#### Approval process for commercial sponsorship

- 5.4.6 Staff Board Members requesting commercial sponsorship should complete the relevant application form at Appendix C and submit 15 working days prior to the event to the Head of Business Support.
- 5.4.7 The proposal for sponsorship will be considered (as set out within the form), following good practice principles set out in 5.4.14 below.

- 5.4.8 Where necessary a meeting will be arranged between the staff / Board member, potential sponsor, and the Head of Business Support to discuss the sponsorship opportunity and ensure that the sponsor understands the terms under which they will be providing sponsorship.
- 5.4.9 The outcome of the meeting will be reported on the form in Appendix C and considered by two Executive Officers. If approved, the sponsor and nominee will be notified and appropriate controls established to ensure that good practice principles are followed.
- 5.4.10 The details of the sponsorship will be recorded within the Register of Gifts and Hospitality to ensure transparency.
- 5.4.11 The Head of Corporate Governance will oversee this process and will report sponsorship (along with gifts and hospitality) to the Audit Committee.

#### Sponsorship within Member Practices

- 5.4.12 It is understood that the CCG is a Membership organisation and that Member Practices (although part of a commissioning organisation) do 'provide' services as GP Practices and could therefore benefit from commercial sponsorship.
- 5.4.13 Some examples of where commercial sponsorship may be used by the GP Practices is evident in 'Time to Learn' (T2L) sessions where commercial organisations may fund the venue or hospitality for those attending. In these cases, responsibility for such events rests solely with the GP Practices. It is the responsibility of Member Practices to ensure that engaging with commercial sponsorship is carefully considered and controlled.
- 5.4.14 The CCG and Member Practices should therefore adhere to the following principles:
- Sponsorship should be fair and transparent (i.e. open to all organisations, not closed to one specific sponsor)
  - Acceptance of sponsorship should not in any way compromised any commissioning or purchasing decisions or be dependent on the purchase of goods or services.
  - The sponsor should not have any influence over the content of the event.
  - During dealings with sponsors there must be no breach of patient or individual confidentiality or data protection legislation.
  - Practices should not 'endorse' individual companies or their products, it should be made clear that practices are not making such endorsements.
  - No information should be supplied to a company for their commercial gain (i.e. information not already in the public domain).
  - A register of sponsorship should be maintained as an audit trail.

- 5.4.15 In supporting GP Practices, the CCG may provide administrative support in setting up and arranging meetings such as T2L, which could be perceived as involvement in commercial sponsorship where GP Practices have accepted sponsorship. In these instances the CCG will require Member Practices to formally notify the CCG of the sponsorship to be received (in advance) and provide assurances that adequate controls (principles outlined in 5.4.15) have been observed. This will require a notification form (included in Appendix C) to be completed and submitted to the CCG Head of Business Support prior to the event taking place, as outlined below.

#### Notification process for commercial sponsorship

- 5.4.16 The notification form set out in Appendix C must be completed for any event on behalf of Member Practices that is sponsored by a commercial / profit making

organisation where the CCG provides administrative support to organise the event.

- 5.4.17 Once the form has been completed, it should be submitted to the Head of Corporate Governance, Head of Business Support or CCG Accountable Officer at least 5 working days prior to the event taking place.
- 5.4.18 The member responsible for completing the form should ensure that an acknowledgement of the notification is received.
- 5.4.19 The event and details of the commercial sponsorship will be recorded in a register as evidence of compliance with good practice for managing commercial relationships.
- 5.4.20 The Head of Corporate Governance will oversee the above process.

## **5.5 Conflicts and Declarations of Interest**

- 5.5.1 The CCG Conflicts of Interest Policy must be followed at all times for the declaration and management of conflicts of interest.
- 5.5.2 All interests must be declared annually by staff as well as during meetings or as part of CCG decision making where conflicts could arise.
- 5.5.3 A Register of Interest is maintained by the Head of Corporate Governance to record all interest and potential and real conflicts, including how they have been managed.

## **5.6 Personal and Professional Conduct**

- 5.6.1 All staff must conduct themselves in a manner befitting their role within the CCG. Matters of personal conduct are governed by Human Resource Policies listed below (this is not an exhaustive list; please refer to the CCG Policy Register):
- Absence Management Policy
  - Dignity at Work Policy
  - Disciplinary Policy
  - Flexible Working Policy
  - Grievance Policy
  - Managing Performance
  - Maternity Policy
  - Managing Investigations Guidelines

### Behavior, attendance and personal appearance

- 5.6.2 All staff should ensure that they behave in an appropriate manner when dealing with other staff, stakeholders and members of the public. Inappropriate or unwanted behavior (whether aggressive or discriminatory) will not be tolerated by the CCG and will be dealt with in accordance with the appropriate HR Policy / Procedure.
- 5.6.3 The CCG operates flexible working to accommodate individual needs / circumstances and to ensure an appropriate work / life balance. However, staff are required to fulfill their contractual terms and conditions, which should set out the arrangements in place for flexible working. If in doubt, staff should discuss with their line manager. In all circumstances however, line managers should be fully apprised of the whereabouts and working arrangements of their staff. Anyone abusing flexible working arrangements will be subject to HR proceedings in accordance with CCG Policy.
- 5.6.4 In addition to flexible working, the CCG also operates a number of joint appointments

(with other CCGs / Local Authority Partners). Where staff work across more than one organisation, they should ensure that their line managers are aware of the working they are undertaken and at which location.

- 5.6.5 All staff should ensure their appearance and attire is befitting their role within the CCG. Although the CCG is not 'public facing' staff should assume that a member of the public, stakeholder or partner could attend the CCG premises at any time. On occasions the CCG may operate 'dress down' days whereby staff may work in casual attire. These days will be formally notified to staff via team meetings to ensure that casual wear is only in operation on those authorized days.

#### Code of Ethics

- 5.6.6 Many staff members will be a member of an institute or professional body. A key part of any professional members is abiding by the profession 'code of ethics'. Staff should ensure that they adhere to their professional obligations.
- 5.6.7 All staff (including those who are and are not members of professional bodies) are required to act in an ethical way observing the seven principles of public life, produced by the Committee on Standards in Public Life (restated in Appendix B) and referred to as 'the Nolan Principles'.

#### Lending or borrowing

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

#### Gambling

- 5.6.9 No member of staff may bet or gamble when on duty or on CCG premises, with the exception of a small lottery syndicate or sweepstakes related to national events such as the World Cup or Grand National among immediate colleagues

#### Trading

- 5.6.10 Trading on official premises is prohibited, whether for personal gain or on behalf of others. Canvassing within the officer by, or on behalf of, outside bodies or firms (including non-CCG interests of staff or their relatives) is also prohibited. Trading does not include small tea or refreshment arrangement solely for staff or fundraising activities.

#### Collection of money

- 5.6.11 Charitable collections must be authorized by the Head of Business Support and overseen by a Finance Officer. Other Flag Day appeals are not permitted, and collection tins or boxes must not be placed in offices. With line management agreement, collections may be made among immediate colleagues and friends to support small fundraising initiatives such as raffle tickets and sponsored events. Permission is not required for informal collections amongst immediate colleagues on an occasion such as retirement, marriage, birthdays or a new job.

#### Bankrupt or insolvent staff

- 5.6.12 Any member of staff who becomes bankrupt or insolvent must inform their line manager and human resources as soon as possible. Staff who are bankrupt or insolvent cannot be employed in posts that involve duties which might permit the misappropriation of public funds or involve the handling of money.

#### Arrest or Conviction

- 5.6.13 A member of staff who is arrested and refused bail or convicted of any criminal offence must inform their line manager and human resources.

Compliance with Legislation

- 5.6.14 All staff must ensure that they follow CCG Policies and procedures, which are in place to facilitate staff compliance with legislation. Non-compliance with legislation is a matter that will be dealt with under HR disciplinary rules.

Information Security and Social Media

- 5.6.15 All staff are required to adhere to information governance rules in keeping CCG and personal information secure (section 5.14 refers). This is set out within Information Governance Procedures (the Resource Guide) and includes rules in relation to social media.
- 5.6.16 Our staff are our best ambassadors. Many already use social media, interactive and collaborative websites and tools, both in a personal and professional capacity. The CCG wishes to embrace this activity acknowledging that developing technology is a tool for engagement with patients, the public and other key stakeholders. Staff are encouraged to undertake 'corporate social networking' where this is appropriate and to undertake 'personal social networking' outside of working hours.
- 5.6.17 The lines between corporate and personal social networking are increasing blurred, particularly where staff may use only one network account to undertake both activities. Staff should therefore be careful to ensure that they do not breach CCG policy or act in a way that could bring the CCG into disrepute. Posts made by staff should therefore be considered and appropriate in the knowledge that they could be identified as a CCG employee (or if they are acting on behalf of the CCG). Misconduct in this area could be considered a matter for disciplinary action in accordance with HR policies.

Training

- 5.6.18 All staff are required to complete their mandatory training within the specified timescales.

Staff required to attend meetings

- 5.6.19 Appendix G sets out the NHS Thurrock CCG etiquette protocols for staff conduct during meetings. Staff should aspire to the principles wherever possible.

DBS

- 5.6.20 Some posts within the CCG will require vetting via the Disclosure and Barring Service (DBS). These requirements are set out within the relevant staff members job description.
- 5.6.21 DBS checks will be undertaken where appropriate and in accordance with the CCG policy.

## **5.7 Counter Fraud, Corruption & the Bribery Act**

- 5.7.1 The CCG has a responsibility to ensure that all staff are made aware of their duties and responsibilities arising from the Bribery Act 2010. Under this Act there are four offenses:
- Bribing, or offering to bribe another person (section 1)
  - Requesting, agreeing to receive, or accepting a bribe (section 2)

- Bribing, or offering to bribe a foreign public official (section 6)
- Failing to prevent bribery (section 7)

5.7.2 All CCG staff are required to be aware of the Bribery Act 2010 and should also refer to the CCG Conflicts of Interest Policy in relation to this.

5.7.3 The CCG is committed to prevent fraud and encourage staff with concerns or reasonably held suspicion about potentially fraudulent activity or practice, to report these to the Chief Finance Officer (CFO) (immediately) or to the Chair or Accountable Officer, where it would not be appropriate to report to the CFO.

5.7.4 Staff can also refer matters directly and confidentially to the CCG Local Counter Fraud Specialist [Brendan.harper@mazars.co.uk](mailto:Brendan.harper@mazars.co.uk) or to the NHS Fraud and Corruption Reporting Line on 0800 028 40 60.

5.7.5 CCG staff should not ignore their suspicions, investigate themselves or tell any colleagues or others about their suspicions.

5.7.6 Any cases of malicious reporting will be dealt with in accordance with the CCG HR Policies.

## **5.8 Raising Concerns – Whistleblowing and Complaints**

5.8.1 The CCG operates a Whistleblowing Policy that should be followed where staff feel that inappropriate behavior could breach legislation or bring the CCG into disrepute in the public interest.

5.8.2 The CCG also operates a Complaints Policy that, although aimed at members of the public making a complaint to the CCG, can also be applied to internal complaints. Any such complaints should be made in the first instance to the Head of Corporate Governance.

## **5.9 Standing Orders (SOs), Standing Financial Instructions (SFIs) and Scheme of Reservation and Delegation (SoD).**

5.9.1 The CCG Constitution, SO's, SFI's and SoD sets out the statutory and governance framework within which staff must carry out their duties. All staff are required to comply with the SOs, SFIs and SoD at all times. If in doubt, guidance should be sought from line managers or the Head of Corporate Governance.

## **5.10 Outside Employment and Private Practice**

5.10.1 Employees of the CCG (depending on the details of their contract as regards outside employment and private practice) are required to inform the CCG if they are engaged in or wish to engage in outside employment in addition to their work with the CCG. The purpose of this is to ensure that the CCG are fully aware of any potential conflicts of interest. The Head of Corporate Governance / Head of Business Support will send quarterly and annual reminders to staff to declare their interests. Any outside employment must be included when making the relevant declaration.

5.10.2 Permission to engage in outside employment / private practice will be required and the CCG reserves the right to refuse permission where it believes a conflict will arise.

## **5.11 Political Activities**

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

## **5.12 Suppliers and Contractors**

5.12.1 All staff (including third party contracts who undertake purchasing on behalf of the CCG) who are in contact with suppliers and contractors (including external consultants), and in particular 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 Code of Ethics of the Chartered Institute of Purchasing and Supply (Appendix F).

5.12.2 All staff must treat prospective contractors or suppliers of services to the CCG equally and in a non-discriminatory way and act in a transparent manner.

5.12.3 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 Head of Corporate Governance as set out in the CCG Conflicts of Interest Policy as soon as it becomes apparent. Staff should not at any time seek to give undue advantage to any private business or other interests in the course of their duties.

5.12.4 The CCG has duties under European and UK procurement law and so staff must comply with SFIs, SO and SoD of the CCG in relation to all contract opportunities with the CCG.

5.12.5 Staff must not seek, or accept, preferential rates or benefits in kind for private transactions carried out with companies with which they have had, or may have, official dealings on behalf of the CCG. This does not apply to officers' and members' benefit schemes offered by the NHS or trade unions.

5.12.6 Staff invited to visit organisations to inspect equipment (e.g. software or training aids) for the purpose of advising on its purchase will be reimbursed for their travelling expenses in accordance with the travel expenses policy laid down by the CCG. Such expenses should not be claimed from other organisations to avoid compromising the purchasing decisions of the CCG.

5.12.7 Every invitation to tender to a prospective bidder must require each bidder to give a written undertaking, not to engage in collusive tendering or other restrictive practice and not to engage in canvassing the CCG, its employees or officers concerning the contract opportunity tendered.

5.12.8 Offers of pro bono work from prospective bidders should be politely refused.

## **5.13 Personal Development**

5.13.1 The CCG will ensure it is appropriately resourced at all times, with people who have the competence and experience to enable the CCG to achieve its purpose and meet future needs.

5.13.2 The CCG encourages the training and development of all employees in the knowledge and skills required to competently perform in their role, particularly when they take up a new post. This will be achieved by annual appraisal and line management.

5.13.3 Staff should discuss with their line manager any concerns or requirements they may have.

## **5.14 Confidentiality**

- 5.14.1 Information concerning the CCG which is not in the public domain must not at any time be divulged to any unauthorised person. Similarly, patient data or personal data concerning staff must not be divulged, in line with the Data Protection Act, 1998. This duty of confidence remains after termination of employment and applies to all individuals working within the CCG.
- 5.14.2 Care should be taken that confidentiality is not breached inadvertently by, for instance discussing confidential matters in public places, such as whilst travelling by train, or by leaving portable IT equipment containing confidential information where it might easily be stolen, such as on full view in a parked car. Data should only be distributed using mechanisms with an appropriate level of security, as advised by the IG Team and set out in the IG Resource Manual.
- 5.14.3 Staff must maintain confidentiality of information at all times, both commercial data and personal data, as defined by the Data Protection Act.
- 5.14.4 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 goods or services to the CCG.

## **6 MONITORING COMPLIANCE**

- 6.1 This policy will be implemented by a combination of written and verbal briefings to staff and Board members, who are required to sign the declaration at Appendix H, confirming their acceptance of this policy and that the policy will be followed.
- 6.2 Staff found to operate outside of this policy may be subject to disciplinary proceedings in accordance with CCG HR Policies.
- 6.3 The monitoring of compliance with this policy will be undertaken as part of the routine monitoring undertaken by the Head of Corporate Governance. This will be formally reported to the Integrated Governance Group and Audit Committee.

## **7 STAFF TRAINING**

- 7.1 All staff and Board members will receive training on the Standards of Business Conduct Policy and the Conflicts of Interest Policy. In addition, further e-learning training (linked to Counter Fraud) will be included for staff.
- 7.2 Staff with professional qualifications will be required to abide by the code of ethics of their professional body / institute which are emulated within this policy.

## **8 ARRANGEMENTS FOR REVIEW**

- 8.1 This policy will be reviewed no less frequently than every two years. An earlier review will be carried out in the event of any relevant changes in legislation, national or local policy/guidance.
- 8.2 If only minor changes are required, the sponsoring Committee has authority to make these changes without referral to the CCG Board. If more significant or substantial changes are required, the policy will need to be ratified by the relevant committee before final approval by the CCG Board.

## 9 ASSOCIATED DOCUMENTATION

- Standing Financial Instructions, Standing Orders and Scheme of Reservation and Delegation

### Associated Policies

- Conflicts of Interest Policy
- Whistleblowing Policy
- Risk Management Policy & Strategy
- Absence Management Policy
- Dignity at Work Policy
- Disciplinary Policy
- Flexible Working Policy
- Grievance Policy
- Managing Performance
- Maternity Policy
- Managing Investigations Guidelines

## 10 REFERENCES

- The Code of Conduct for NHS managers (Department of Health – October 2002)
- Department of Health circular HSG (93) 5 ‘Standards of Business Conduct for NHS Staff’
- Companies Act 2006 – Directors Duties (The duty not to accept benefits from third parties: Section 176 of CA 2006)
- The ABPI Code of Professional Conduct relating to hospitality/gifts from pharmaceutical/external industry
- The Healthy NHS Board : Principles for Good Governance (NHS Leadership Council – February 2010)
- Managing Conflicts of Interest – Technical Appendix 1 (NHS Commissioning Board – February 2012)
- Model Conflicts of Interest Policy for Clinical Commissioning Group Board Members (Institute of Chartered Secretaries & Administrators – February 2012)
- Bribery Act 2010

## 11 LIST OF STAKEHOLDERS CONSULTED

Date Policy Circulated	Name of Individual or Group	Were Comments Received?	Were Comments incorporated into Policy?	If no, why not?
04/11/15	Dr A Deshpande, CCG Chair	Yes	Yes	
04/11/15	Mandy Ansell,	Yes	Yes	

	(Acting) Interim Accountable Officer			
04/11/15	Ade Olarinde, Chief Finance Officer	No	N/A	
04/11/15	Jane Foster-Taylor, Chief Nurse	Yes	Yes	
04/11/15	Integrated Governance Group	Yes	Yes	
06/11/15	Audit Committee Members			
04/11/15	Lucy Moss (HR)	Yes	Yes	

## 12 Results of Equality Impact Assessment

12.1 The EIA has identified no equality issues with this policy.

12.2 The EIA has been included as Appendix A.

## 13 Change History:

Date	Version	Author	Description
04/11/15	0.1	Nicola Meeks, Head of Corporate Governance	1 <sup>st</sup> Draft for consultation.
10/11/15	0.2	Nicola Meeks, Head of Corporate Governance	Updated sections 6, 7, 8 and 9.

## APPENDIX A

### Equality Impact Assessment

To be completed and attached to any policy/procedural document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	▪ Race	No	
	▪ Ethnic origins (including gypsies and travellers)	No	
	▪ Nationality	No	
	▪ Gender	No	
	▪ Culture	No	
	▪ Religion or belief	No	
	▪ Sexual orientation including lesbian, gay and bisexual people	No	
	▪ Age	No	
	▪ Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	N/A	
4.	Is the impact of the policy/guidance likely to be negative?	No	
5.	If so can the impact be avoided?	N/A	
6.	What alternatives are there to achieving the policy/guidance without the impact?	N/A	
7.	Can we reduce the impact by taking different action?	N/A	

## Nolan Principles: The Seven Principles of Public Life (Committee on standards in public life)

### **SELFLESSNESS**

Holders of public office should act 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 seek to 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 C**

**Application for Commercial Sponsorship**

Where a CCG event is to receive sponsorship or a member of staff has been approached by an organisation wishing to provide sponsorship the following form should be completed and handed to the Head of Corporate Governance for the matter to be considered by and where appropriate approved by two CCG Executive Officers, who have not potential or real conflict of interest regarding the proposed sponsor.

Application From:		Event to be Sponsored:	
Date:			
Proposed Sponsor/s:			
Details of sponsorship:	[e.g. providing / paying for venue / lunch for above event]		
Benefits to sponsor:	[e.g. Having stand to promote business prior to event]		

Assurance over the Governance of a sponsored event			
Is the event open to all organisations (i.e. not closed to one sponsor)?	Yes / No	If not, explain why	
How has/will the event been notified to potential sponsors?	[explain process] [list sponsors who have been consulted]		
Confirm that the decision to allow sponsorship will not affect any purchasing decisions:	Yes / No	State products supplied by sponsor that the Practice has purchased:	
Confirm that the sponsor has no influence over the content of the event:	Yes / No	Explain how the sponsor has been involved:	e.g. sponsor held information session prior to meeting and left building as meeting started.
Explain how patient confidentiality will be protected:	e.g. has the sponsor been given access to any patient records or been in a position where they could see patient details?		
Confirm that the sponsor will not be endorsed (i.e. promoting the sponsor during the event)?	Yes / No	If yes, state how:	
Has or will any information be provided to the sponsor that could be used for commercial gain?	Yes / No	If yes, explain what information was provided:	
If a recurring event state the period to which this application is covered:		State how on-going work will ensure other sponsors are made	

		aware of sponsorship opportunities for this event:	
<b>Executive Assessment</b>			
How are you assured that due process has been followed.			
Are you satisfied that sponsorship is open and transparent:	Yes / No	Are all appropriate safeguards in place regarding confidentiality:	Yes / No
Are there any entries on the register of interest in relation to the sponsor/s:	Yes / No	If yes, please state them:	
Are you satisfied that any potential conflict of interest is adequately managed:	Yes / No	What safeguards are in place to manage the conflict:	
Approval 1:	Approved / Rejected	Signed:	
If rejected state reason:		Print Name:	
Date:		Position:	
Approval 2:	Approved / Rejected	Signed:	
If rejected state reason:		Print Name:	
Date:		Position:	
Has the notice to Commercial Sponsor been agreed / signed?	Yes / No	Date:	
Has the sponsored event been entered in the sponsorship register?	Yes / No	Initial / Date and state ref entered in register:	

**Advance Notification of Commercial Sponsorship**

Where a GP Practice or group of Practices hosts an event which is being sponsored by an external company (and the CCG either administers the event or funds out of hours cover to facilitate the GP Practice representatives attending the event), the CCG must be notified and assured that best practice has been followed in preventing any fraud or conflicts of interest. The following form must be completed and signed by the GP leading the event.

GP Lead:		Event to be Sponsored:	
Date:			
Proposed Sponsor/s:			
Details of sponsorship:	[e.g. providing / paying for venue / lunch for above event]		
Benefits to sponsor:	[e.g. Having stand to promote business prior to event]		

Assurance over the Governance of a sponsored event			
Is the event open to all organisations (i.e. not closed to one sponsor)?	Yes / No	If not, explain why	
How has the event been notified to potential sponsors?	[explain process] [list sponsors who have been consulted]		
Has the notice to Commercial Sponsor been agreed / signed?	Yes / No	If not, explain why	
Confirm that the decision to allow sponsorship has and will not affect any purchasing decisions:	Yes / No	State products supplied by sponsor that the Practice has purchased:	
Confirm that the sponsor has no influence over the content of the event:	Yes / No	Explain how the sponsor has been involved:	e.g. sponsor held information session prior to meeting and left building as meeting started.
Explain how patient confidentiality has been protected:	e.g. has the sponsor been given access to any patient records or been in a position where they could see patient details?		
Has the sponsor been endorsed (i.e. anyone promoted the sponsor during the event)?	Yes / No	If yes, state how:	
Has any information been provided to the sponsor that could be used for commercial gain?	Yes / No	If yes, explain what information was provided:	
Has the sponsored event been captured in a register	Yes / No	CCG Confirm entry in Sponsorship register	

of such events		(provide initials and date):	
Signed:		Date:	

### Notice to Commercial Sponsor

It has been agreed that **[name of sponsor]** will provide commercial sponsorship to the following event: **[state event and date of event]**.

In providing sponsorship (as described above) the following points should be noted and agreed. To confirm this, you are asked to sign the declaration at the bottom of the page.

**Note:**

- Sponsoring events must be fair and transparent and consequently this will be 'Open' to other sponsors.
- Any sponsorship provided will NOT be in any way influential to purchasing / commissioning decisions.
- Sponsors are NOT permitted to influence events or the content of events.
- Patient confidentiality must be maintained at all times. Under no circumstances will patient details be provided to a sponsor.
- Corporate confidentiality must also be maintained at all times. Under no circumstances will corporate information (other than that already in the public domain) be provided to a sponsor.
- No member of the CCG or GP Practices is permitted to provide any endorsement of the sponsor either by corporate identity or specific products.
- Details of the sponsorship provided will be recorded in register of sponsored events.

**Declaration:**

On behalf of **[enter Practice / CCG name]**, I **[state name]** have authorised commercial sponsorship from **[name of sponsor]**.

I declare that I have followed the good practice principles set out within the notification form in arranging such sponsorship.

---

**[sign above and state name and title here]**

On behalf of [insert name of sponsor], I note the terms of the sponsorship and agree to abide by the principles set out above.

---

**[sign above and state name and title here]**

**APPENDIX D**

**Declaring Gifts and Hospitality (other than Commercial Sponsorship) Form**

Employee Name:		Date (reported):	
Name of company / person offering gift / hospitality:			
Details Gift / Hospitality:			
Date of Offer:			
Offer Accepted / Declined:	[Accepted / Declined]		
Value (estimate if unknown):			
How the gift / hospitality was treated (i.e. shared / entered for raffle?):			
Employee Signature:			

Manager Review			
Manager Name:		Date:	
Policy followed:		Approved:	
Signature:			

Head of Corporate Governance Review			
Entered on Register:		Date:	
Signature:			
Name:			

*This form must be completed and returned to Nicola Meeks, Head of Corporate Governance, within five working days of offer / receipt of the hospitality or gift.*

## APPENDIX E

## Example Gifts, Hospitality and Commercial Sponsorship Register

Ref:	Date:	Employee Name:	Gift / Hospitality:	Value:	Company / Person Offering Gift:	How gift was treated:
001	01/01/01	Mr Smith (Directorate 1)	Four boxes of Chocolates.	£20	Patient X	Shared among the team
002	02/02/02	Mrs Jones	Three course meal.	£40	ABC Consulting Ltd	Accepted meal as part of weekend conference.

## APPENDIX F

**Chartered Institute of Purchasing and Supply Code of Ethics**

Corporate ethics are a set of principles that guide the way your organisation conducts itself in its dealings with customers, suppliers, employees and regulators. By creating a set of established principles, an organisation is publicly declaring its intent to behave ethically and responsibly in its practices. The CIPS Corporate Code of Ethics is an established guide which, when adopted, will demonstrate impartiality, transparency, professionalism and accountability. Organisations adopting the Code will need to commit to the following:

**Understanding and commitment**

- ensure consistent understanding of business ethics across the organisation at all levels
- continually enhance knowledge of all relevant laws and regulations in the countries in which the organisation operates, either directly or indirectly
- commit to eradicating unethical business practices including bribery, fraud, corruption and human rights abuses, such as modern slavery and child labour

**Ethical practice**

- conduct all business relationships with respect, honesty and integrity, and avoid causing harm to others as a result of business decisions
- treat all stakeholders fairly and impartially, without discrimination or favour
- actively support and promote corporate social responsibility (CSR)
- avoid any business practices which might bring the procurement profession into disrepute.

**Professionalism**

- use procurement strategies to drive unethical practices from the supply chain
- ensure procurement decisions minimise any negative impact on human rights and the environment whilst endeavouring to maximise value and service levels
- put ethical policies and procedures in place, regularly monitored and updated, and ensure compliance
- mandate the education and training of all staff involved in sourcing, supplier selection and supplier management to professional standards
- practise due diligence in all business undertakings.

**Accountability**

- accept accountability and take ownership of business ethics
- foster a culture of leadership by example
- take steps to prevent, report and remedy unethical practices
- provide a safe environment for the reporting of unethical practices.

### NHS Thurrock CCG Etiquette Protocols

- Prepare well for the meeting as your contribution is integral to the proceedings. If you are contributing a report, please send it in good time to meet the secretary's deadline to ensure that the papers are sent to all Members a week before the Committee meeting, and gives the Chair the opportunity to scrutinise what is to be included.
- You will also be expected to have read the papers so that the meeting discussion can focus on key elements in order to make decisions. If you are presenting a paper, please assume that the Committee members have read it so your introduction should be concise and limited to the key points.
- Always remember to switch off your mobile phone and any other devices. Mobile phones, Blackberries etc should not be placed on the table because of the distraction to you and others.
- Acknowledge any introductions or opening remarks with a brief recognition of the chair and other participants.
- Always address the chair when making your points and talk through the chair to the Committee members.
- Never interrupt anyone or talk over someone else – even if you disagree strongly. Note what has been said and return to it later with the chair's permission.
- Do not hold side conversations when someone else is talking.
- When speaking, be brief and ensure what you say is relevant.
- It is a serious breach of business etiquette to divulge information to others about a meeting. What has been discussed should be considered as confidential.
- Decisions by the Governing Body are final and can only be revisited in exceptional circumstance.
- The Governing Body is the Final arbiter on all issues, once the decision is reached it is critical for good governance that all members assist in its implementation.
- It is the responsibility of the Chair to maintain order, keep to allotted times, allow everyone to have their say, provide to focus to deliver successful outcomes, and to ensure the agenda meets the needs of good governance.
- It is the membership's responsibility to respect the role of Chair and to assist them in the delivery of the above. The underlying principles of the all the above business meeting etiquette pointers are good manners, courtesy and consideration. If these are adhered to, the changes of offence and misunderstanding are greatly reduced.

## Code of Conduct Declaration Form<sup>1</sup>

All Governing Body members, Member Practices and staff working on behalf of the CCG should understand and be committed to the practice of good governance and to the legal and regulatory frameworks in which they operate. As individuals they must understand both the extent and limitations of their personal responsibilities.

To justify the trust placed in me by patients, service users, and the public, I will abide by these Standards at all times (as they apply to me) when at the service of the NHS.

I understand that care, compassion and respect for others are central to quality in healthcare; and that the purpose of the NHS is to improve the health and well-being of patients and service users, supporting them to keep mentally and physically well, to get better when they are ill and, when they cannot fully recover, to stay as well as they can to the end of their lives.

I understand that I must act in the interests of patients, service users and the community I serve, and that I must uphold the law and be fair and honest in all my dealings.

**Personal behaviour:** In working on behalf of the CCG (or as a member) I commit to the values of the NHS Constitution, to promote equality, confidentiality and to promote human rights. In my work and in relationships with others I will apply the values of responsibility, honesty, openness, respect, professionalism, leadership and integrity.

**Personal Development (employees only):** In working on behalf of the CCG I will seek excellence in the work that I do, in making (or being part of a team that makes) sound decisions and in the long term financial stability of the CCG and achieving best value for patients for whom we commission services. I will do this by demonstrating the skills, competencies and judgement to fulfil my role, engaging in appraisals, training, learning and continuing professional development as well as having a clear understanding of my role, the CCG, stakeholder / patient needs and acting professionally in ensuring that those needs are met as far as is reasonable within my role.

**Business Practices:** In working on behalf of the CCG (or as a member) I will seek to ensure that the CCG is fit to serve its patients service users and the community and act in a fair, transparent, measured and thorough way in making decisions and in the management of public money. I will do this by abiding by the principles set out within this code of conduct and that of the CCG Conflicts of Interest Policy, taking responsibility for my actions and taking appropriate action in response to the inappropriate actions of others and in promoting transparency and openness.

**Declaration:** *I agree to abide by the NHS Thurrock CCG Standards of Business Conduct and Conflicts of Interest Policy as they apply to me within my role working for or on behalf of the CCG.*

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Signed

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Print Name

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Title

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Date

<sup>1</sup> Adapted from the Professional Standards Authority: Standards for members of NHS Boards and CCG Governing Bodies in England and the Department of Health: Code of Conduct for NHS Managers (2002) - for all staff, Governing Body Members and Member Practices.