Standards of Business Conduct Policy

# Document Control:

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| Policy Name | Standards of Business Conduct Policy |
| Policy Number | MSEICB 019 |
| Version | V1.2 |
| Status | Final ICB Policy |
| Author / Lead | Head of Corporate Governance, Mid Essex CCG |
| Responsible Executive Director | The Chief Executive has delegated responsibility to the Chief of Staff for Standards of Business Conduct |
| Responsible Committee | Audit Committee |
| Date Ratified by Responsible Committee | 1 February 2022 |
| Date Approved by Board/Effective Date | 1 July 2022 |
| Next Review Date | By 30 April 2024 (review date extended by Audit Committee, 16 January 2024) |
| Target Audience | * Mid and South Essex (MSE) Integrated Care Board (ICB) members and staff (including temporary/bank/agency/work experience staff).
* Contractors engaged by the ICB.
* Staff from other MSE Integrated Care Partnership (ICP) organisations who are members of ICB Committees/Sub-Committees and other groups.
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| Stakeholders engaged in development of Policy (internal and external)  | * Mid and South Essex CCG Governance Leads.
* Human Resources.
* Information Governance Lead.
* Associate Director, Attain (independent Procurement Specialists).
* MSE CCGs Audit Committees meeting in common
 |
| Impact Assessments Undertaken *(Delete if non-applicable)* | * Equality and Health Inequalities Impact Assessment
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# Version History

| Version | Date | Author (Name and Title) | Summary of amendments made |
| --- | --- | --- | --- |
| 0.1 | 17/12/2021 | Sara O’ConnorHead of Corporate Governance, Mid Essex CCG | First draft of new Policy for Integrated Care Board |
| 0.2 | 14/01/22 | As above | Updated following comments from other Governance Leads |
| 0.3 | 17/01/22 | As above | Section 5.15 updated following review by Information Governance Lead. |
| 0.4 | 20/01/22 | As above | Section 5.2 amended to reflect feedback from internal audit and LCFS |
| 0.5 | 01/02/22 | Above | Minor amendments at request of Audit Committees in common.  |
| 0.5 | 26/05/22 | Sara O’Connor  | Updated to confirm policy is based on current NHS guidance but will be revised in the event of updated guidance.  |
| 0.6 | 27/05/22 | Viv Barnes | Updated reference to Fit and Proper Person and minor amendments to V.05.  |
| 0.7  | 21/06/22 | Sara O’Connor | Policy Reference No. added, references to associated policies updated. |
| 1.0 | 10/07/22 | Viv Barnes | Final formatting review following adoption |
| 1.1 | 20/06/23 | Helen Chasney | Review date amended to 31 December 2023 as agreed by Audit Committee (20 June 2023) |
| 1.2  | 16/01/24 | Helen Chasney | Review date extended to 30 April 2024 as agreed by Audit Committee, 16 January 2024. |

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## Introduction

As a public body, the Mid and South Essex Integrated Care Board (the ICB) has a duty to ensure high standards of corporate and personal conduct. The ICB is accountable to Parliament for the services it provides and for delivering effective, economic and efficient use of taxpayers’ money. All Board members, employees and others acting on behalf of the ICB must therefore uphold the highest standards of business conduct when performing their role in relationships with stakeholders, partners and suppliers, and outside of their role where such a relationship might be open to public scrutiny.

Officers and members of public bodies, including the ICB, 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, Health and Care Act 2022 and other legislation or NHS guidance including:

* + [The Seven Principles of Public Life](https://www.gov.uk/government/publications/the-7-principles-of-public-life)
	+ [Managing Conflicts of Interest in the NHS](https://www.england.nhs.uk/wp-content/uploads/2017/02/guidance-managing-conflicts-of-interest-nhs.pdf).

* + [NHS Code of Conduct and Code of Accountability](https://www.nhsbsa.nhs.uk/sites/default/files/2017-02/Sect_1_-_D_-_Codes_of_Conduct_Acc.pdf) (2004, revised 2013).
	+ [The Fit and Proper Persons requirement of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014](https://www.legislation.gov.uk/ukdsi/2014/9780111117613/regulation/5)
	+ [Professional Standards Authority: Standards for members of NHS Boards and CCG Governing bodies in England (2012)](https://www.professionalstandards.org.uk/publications/detail/standards-for-members-of-nhs-boards-and-ccg-governing-bodies-in-england-2012).
	+ [The Association of the British Pharmaceutical Industry (APBI) Code of Professional Conduct](https://www.abpi.org.uk/publications/code-of-practice-for-the-pharmaceutical-industry-2021/)  relating to hospitality / gifts from the pharmaceutical industry.
	+ The Bribery Act 2010.
	+ Companies Act 2006 – Directors Duties (The duty not to accept benefits from third parties: Section 176) which is relevant to Community Interest Companies.
	+ Local Authority local Codes of Conduct.

This policy reflects current NHS guidance and it is recognised that the ICB’s partner members may have slightly differing codes of conduct, however all organisations are bound by their common duty to comply with the Seven Principles of Public Life.

All individuals within the scope of this policy must act with probity when dealing with the assets of the ICB and the NHS in the use of information acquired in the course of their duties and must abide by the Seven Principles of Public Life (the ‘Nolan Principles) as set out by the Committee on Standards in Public Life – see **Appendix B**.

## Purpose

This is the ICB’s policy for upholding high standards of business conduct and public service and values. The policy provides a central reference guide setting out the principles of conduct that should be followed when working on behalf of the ICB that will enable individuals to meet the duties set out in relevant legislation and guidance.

The ICB’s Conflicts of Interest Policy and other associated policies referred to throughout should be read in conjunction with this policy.

Staff who are in doubt as to any aspects of this policy should first seek the advice of their line manager and/or the ICB Governance Lead.

## Scope

This policy applies to:

* Mid and South Essex (MSE) Integrated Care Board (ICB) members and staff (including temporary/bank/agency/work experience staff).
* Contractors engaged by the ICB.
* Staff from other MSE Integrated Care Partnership (ICP) organisations who are members of ICB Committees/Sub-Committees and other groups.

## Definitions

* **Accountability** – honest and ethical conduct and being willing for judgements to be made about one's progress, with tasks to be evaluated by others to respond positively to those judgements to better help secure the outcomes the ICB is seeking
* **Corruption** - an impairment of integrity, virtue, or moral principle, bribery or a departure from correct behaviour.
* **Fraud** - includes 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 as outlined in section 6.2 below.
* **Gift** - 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.
* **Gifts and Hospitality Register** – a record of any declarations made by staff in relation to gifts and/or hospitality whether accepted or declined.
* **Honesty** – to act truthfully
* **Hospitality –** the relationship between guest and host, or the act or practice of being hospitable. Specifically, this includes the reception and entertainment of guests including the provision of food and drink.
* **Integrity:** to not act or take decisions in order to gain financial or other material benefits for oneself, family, or friends. This includes declaring and resolving any interests and relationships.
* **Leadership -** the ability of an individual or a group of individuals to influence and guide other members of an organisation. It is expected that leaders should actively promote and robustly support the principles set out in this policy and be willing to challenge poor behaviour wherever it occurs.
* **Openness** – the quality of being honest and willing to talk, including taking decisions in a transparent manner.
* **Probity** – adherence to the highest principles and standards.
* **Professionalism** - to take responsibility for ensuring that one has the relevant knowledge and skills to perform one’s role and to be bound by and act in accordance with any professional codes of conduct.
* **Responsibility -** to be fully accountable for one’s behaviour, work and decisions, including delegated responsibilities and responsibilities for staff and services.
* **Sponsorship** - 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 the ICB.
* **Staff -** an individual employed by the ICB, Board Members and anyone acting on behalf of the ICB either in a permanent, temporary, contracting or advocacy capacity.
* **Transparency** - the open sharing of information between an organisation and its stakeholders, including staff and members of the public.
* **Values** - the principles set out by the ICB to which the organisation aspires and which inform staff behaviour and organisational culture.

## Roles and Responsibilities

### ICB Board members

* + 1. ICB Board members should set a vigorous and visible example of high standards of business conduct which will have a consequential influence on the behaviour of all those who work within, or on behalf of, the organisation
		2. The role of the ICB Board and its members in relation to business conduct is to lead by example in upholding and promoting the standards set out in the [Standards for NHS Boards](https://www.professionalstandards.org.uk/docs/default-source/publications/standards/standards-for-members-of-nhs-boards-and-ccgs-2013.pdf?sfvrsn=2) and use them to create a culture in which their values can be adopted by all.

### Audit Committee

* + 1. The Audit Committee and its Chair will have responsibility for monitoring the ICB’s compliance with this policy.

### Chief Executive

* + 1. The Chief Executive Officer of the ICB has delegated responsibility for Standards of Business Conduct to the Chief of Staff.

### Chief of Staff

* + 1. The Chief of Staff is responsible for the oversight and management of Standards of Business Conduct.

### Policy Author

* + 1. The policy author will have responsibility for reviewing and updating the policy on an annual basis or should legislation, guidance, organisational change or other circumstances necessitate an earlier review.

### ICB Governance Lead

* + 1. The ICB Governance Lead is responsible for:
* Providing staff and other relevant individuals with advice, support, and guidance to enable them to uphold high standards of business conduct.
* Ensuring that appropriate arrangements are in place to effectively manage and record/report any issues relating to breaches of this or associated policies.
* Supporting the Conflicts of Interest Guardian to enable them to effectively carry out their responsibilities.
* Ensuring that senior managers provide adequate, appropriate and transparent reporting to the ICB Board, its committees, stakeholders and the public as required by the Health and Social Care Act 2012 and Health and Care Act 2022.

### Line Managers

* + 1. Line managers are responsible for upholding and promoting high standards of business conduct and ensuring staff reporting to them adhere to the requirements of this policy and for providing adequate, appropriate and transparent reporting to the ICB Board and its committees, stakeholders and the public.

### All Staff

* + 1. All staff and other individuals covered by the scope of this policy, and other policies referred to throughout, are personally responsible for ensuring that:
			- * They do not place themselves in a position that risks or appears to risk conflict between their private interests and their ICB duties.
				* They are familiar with and adhere to the principals and values set out within this policy and any other related documents which many be issued.
				* They seek clarification from their line manager on any points which they are not clear.
				* They report any known or suspected deviations from policy to their manager or to the ICB Governance Lead.

## Policy Detail

### Standing Orders (SOs), Standing Financial Instructions (SFIs) and Scheme of Reservation and Delegation (SoRD)

* + 1. All ICB staff must carry out their duties in accordance with the ICB’s SOs, SFIs and SoRD. These documents set out the statutory and governance framework in which the ICB operates and there is considerable overlap between the contents of this policy and the provisions of the SOs, SFIs and SoRD.
		2. ICB staff must refer to and act in accordance with the SOs, SFIs and SoRD to ensure the current ICB process is followed. In the event of doubt, ICB staff should seek advice from their line manager and/or the ICB Governance Lead.
		3. In the event of any conflict arising between the details of this policy and the SOs, SFIs and SoRD, the provisions of the SOs, SFIs and SoRD shall prevail.

### Prevention of Fraud and Bribery

* + 1. The ICB’s arrangements for the prevention of fraud and bribery are detailed within the Counter-Fraud, Bribery and Corruption Policy and the Management of Conflicts of Interest Policy.
		2. Bribery is defined as giving or offering someone a financial or other advantage to encourage that person to perform their functions or activities improperly or to reward that person for having already done so, or requesting, agreeing to receive or accepting the advantage offered.
		3. The Bribery Act 2010 reformed the criminal law of bribery, making it easier to tackle this offence proactively in both the public and private sectors. It introduced a corporate offence which means that commercial organisations, including NHS bodies, will be exposed to criminal liability, punishable by an unlimited fine, for failing to prevent bribery.
		4. The ICB is committed to preventing fraud and encourages staff with concerns or reasonably held suspicion about potentially fraudulent activity or practice to report these immediately to the ICB Local Counter Fraud Specialist eleni.gill@wmas.nhs.uk or 07827 308906 or the Director of Resources (DoR) or to the Chair or Chief Executive Officer where it would not be appropriate to report to the DoR.
		5. Staff can also refer matters directly and confidentially to the NHS Fraud and Corruption Reporting Line on 0800 028 4060 or by filling in an online form at <https://cfa.nhs.uk/reportfraud>

### Conflicts of Interest

* + 1. The ICB’s arrangements for managing conflicts of interest are detailed within the Conflicts of Interest Policy. Failure to adhere to the policy relating to the declaration of interests may constitute the criminal offence of fraud if an individual could be gaining unfair advantages or financial rewards for themselves or a family member/friend or associate.
		2. Individuals must declare interests upon their appointment or when the interest is acquired. If an individual’s circumstances change, it is their responsibility to update their declaration of interest as soon as possible and in any event within 28 days, rather than waiting to be asked.
		3. Individuals must also declare any relevant interests during meetings, procurement processes or other business transactions/dealings to ensure that appropriate arrangements to manage the conflict can be implemented.
		4. Any concern that a relevant personal interest may not have been declared should be reported to the ICB Governance Lead or the ICB Local Counter Fraud Specialist.

### Gifts and Hospitality: Refusal and Acceptance

* + 1. The ICB’s arrangements regarding the acceptance/refusal of Gifts and Hospitality are detailed within the Conflicts of Interest Policy, which sets out how to respond to offers of case or cash equivalents, gifts and hospitality from suppliers, non-suppliers, patients and their relatives, and the criteria for declaring these.

### Personal Conduct

* + 1. **Appropriate Behaviour:** All staff should ensure that they behave in an appropriate manner in accordance with the ICB’s policies and values when dealing with other staff, stakeholders and members of the public. They should respect fellow staff members and the role they play, acting with courtesy at all times. Inappropriate or unwanted behaviour (whether aggressive/abusive or discriminatory) will not be tolerated by the ICB and will be dealt with in accordance with the appropriate Human Resources policy or procedure.
		2. **Ethical Codes of Conduct:** Many staff members will be a member of an institute or professional body. A key part of any professional membership is abiding by the profession’s ‘code of ethics’. Staff should ensure that they adhere to their professional obligations.
		3. **Dress Code:** All staff should ensure their appearance, attire and personal hygiene is befitting their role within the ICB.
		4. **Lending or Borrowing:** Lending or borrowing of money between staff should be avoided, particularly where the amounts are significant. It is a particularly serious breach of discipline for any member of staff to use their position to place pressure on someone in a lower pay band, a business contact, or a member of the public to loan them money.
		5. **Betting or Gambling:** No member of staff may bet or gamble when on duty or on ICB premises, except small lottery syndicates or sweepstakes related to national events such as the World Cup or Grand National among immediate colleagues.
		6. **Trading and Canvassing/Advertising:** Trading on official premises is prohibited, whether for personal gain or on behalf of others. Canvassing/advertising within the office by, or on behalf of, outside bodies or firms (including non-ICB interests of staff or their relatives) is also prohibited. Official email accounts and official documentation such as letter headed paper should not be used for private enterprise and may constitute an offence of fraud.
		7. **Charitable Collections:** Charitable collections must be authorised by the ICB Governance Lead. 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.
		8. **Informal Collections:** Permission is not required for informal collections amongst immediate colleagues on an occasion like retirement, marriage/civil partnership or a new job.
		9. **Bankruptcy or Insolvency:** Any member of staff who becomes bankrupt or insolvent must inform their line management and Human Resources as soon as possible. Staff who are bankrupt or insolvent may not be eligible to work in posts that involve duties which might permit the misappropriation of public funds or involve the handling of money.
		10. **Criminal Proceedings:** A member of staff who is the subject of any criminal proceedings, including, but not restricted to:
		- driving offences,
		- being interviewed under caution by any investigative agency including (but not limited to) the Police, National Crime Agency, Department of Work and Pensions, HMRC, UK Border Agency, Health and Safety Executive and Local Authorities.
		- receiving a caution/conditional caution,
		- being fined,
		- being issued with a fixed penalty notice,
		- being reprimanded,
		- being issued with a cannabis warning,
		- being issued with a Community Resolution Order,
		- being arrested,
		- being convicted of any criminal offence, and
		- receiving a summons to appear at any Court\*

must inform their line management and Human Resources as soon as the member of staff is made aware of the proceedings.

\*This list is not exhaustive.

### Disclosure and Barring Service

* + 1. Some posts within the ICB will require vetting via the [Disclosure and Barring Service](https://www.gov.uk/government/organisations/disclosure-and-barring-service) (DBS). These requirements are set out within the relevant job description. DBS checks will be undertaken where appropriate and in accordance with the ICB Recruitment Policy and Disclosure and Barring Policy.

### Personal Development and Training

* + 1. Staff are expected to participate in regular work reviews with their line manager, including annual appraisal, and to undertake any training and development identified as necessary from such reviews. This includes completing mandatory training modules within the required timescales.

### Staff Expenses

* + 1. Staff expenses (such as mileage or actual travel and parking costs) shall be claimed in accordance with the ICB’s Reimbursement of Staff Expenses and Travel Policy. Such claims for expenses shall be reasonable and only over and above what staff members would normally incur in their normal journey to work.
		2. In some cases (when required to stay away from home) it may be necessary for staff to claim reimbursement for the cost of accommodation and meals. This shall be only ‘reasonable’ costs and must be in line with ICB policy and approved by the staff member’s line manager prior to the costs being incurred.

### Outside Employment and Private Practice

* + 1. Employees of the ICB are required to inform the ICB if they are engaged in or wish to engage in outside employment/private practice in addition to their work with the ICB. The purpose of this is to ensure that the ICB is aware of any potential conflict of interest with the employee’s ICB role.
		2. The process for declaring outside employment and private practice is detailed within the ICB’s Conflicts of Interest, Gifts and Hospitality and Commercial Sponsorship Policy.
		3. The ICB reserves the right to refuse permission where it believes an unresolvable conflict will arise.

### Political Activities

* + 1. Any political activity should not identify an individual as an employee of the ICB. Conferences or functions run by a political organisation should not be attended in an official capacity, except with prior written permission from the ICB Governance Lead.

### Commercial Sponsorship

* + 1. The ICB’s arrangements regarding commercial sponsorship are set out within the ICB’s Conflicts of Interest, Gifts and Hospitality and Commercial Sponsorship Policy.

### Suppliers and Contractors

* + 1. All ICB staff 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 Procurement and Supply](https://www.cips.org/about-us/cips-code-of-conduct).
		2. All ICB staff must treat prospective contractors or suppliers of services to the ICB equally and in a non-discriminatory way, act in a transparent manner and follow the ICB’s Procurement Policy and Conflicts of Interest Policy regarding the managing of conflicts of interest during procurement processes.

### Raising Concerns – Whistleblowing and Complaints

* + 1. It is the duty of every member of staff to speak up about genuine concerns in relation to patient safety, criminal activity, breach of a legal obligation (including negligence, breach of contract or breach of administrative law), miscarriage of justice, danger to health and safety or the environment, and the covering up of any of these in the workplace. The ICB’s Raising Concerns Policy sets out the arrangements for raising and handling staff concerns.

### Other Initiatives

* + 1. As a general principle, any financial gain resulting from external work where use of ICB time or title is involved (e.g. speaking at training events/conferences, writing articles etc, even when done in own time) and/or which is connected with ICB business will be paid to the ICB.
		2. As a general rule, any patents, designs, trademarks or copyright resulting from the work (e.g. research) of an employee of the ICB carried out as part of their employment by the ICB shall be the Intellectual Property of the ICB, unless agreed otherwise.
		3. Approval from both the employee’s line manager and the ICB Governance Lead should be sought prior to entering into an obligation to undertake external work connected with the business of the ICB, e.g. writing articles for publication, speaking at conferences.
		4. Where the undertaking of external work, gaining patent or copyright or the involvement in innovative work benefits or enhances the ICB’s reputation or results in financial gain for the ICB, consideration will be given to rewarding employees subject to any relevant guidance for the management of Intellectual Property in the NHS issued by the Department of Health.

### Confidentiality, Information Security, Social Media and Mobile Phones

* + 1. Information concerning the ICB 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 ICB.
		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.
		3. ICB staff must maintain confidentiality of personal information and commercially sensitive data at all times, as per the ICB’s Information Governance policies..
		4. ICB staff must guard against providing information on the operations of the ICB which might provide a commercial advantage to any organisation (private or NHS) in a position to supply goods or services to the ICB. For particularly sensitive procurements/contracts ICB staff might be asked to sign a nondisclosure agreement.
		5. Staff must be careful to ensure that they do not breach the ICB’s Social Media Policy or Information Governance policies by acting in a way that could bring the ICB into disrepute. Posts made by staff should therefore be considered and appropriate, in the knowledge that they could be identified as an ICB employee (or appear as if they are acting on behalf of the ICB). Misconduct in this area could result in disciplinary action in accordance with human resources policies.
		6. Staff should restrict personal use of mobile phones or other electronic devices to a minimum during working hours, although the ICB understands that some personal use (i.e. to deal with urgent issues or emergencies) might be necessary.
		7. Staff should follow the ICB business meeting etiquette protocol set out at **Appendix C.**

## Monitoring Compliance

Compliance with this policy will be monitored as part of the routine monitoring undertaken by the ICB Governance Lead, with any persistent or significant breaches being reported to the Audit Committee.

Staff operating outside of this policy may be subject to disciplinary proceedings in accordance with ICB Human Resources policies, which could lead to the termination of their employment/contract or position with the ICB and possible prosecution.

## Staff Training

All new staff will be inducted regarding the ICB’s policies and procedures and expected standards of business conduct.

The ICB will ensure that mandatory training, and role-appropriate training, on the management of conflicts of interest, acceptance/refusal of gifts and hospitality and commercial sponsorship, is offered to all employees, governing body members, members of ICB committees and sub-committees and other individuals with involvement in ICB decision-making to ensure they understand what conflicts are and how to manage them effectively. Completion rates of mandatory training modules will be monitored by the ICB Governance Lead with the support of the Human Resources Department.

## Arrangements for Review

This policy will be reviewed every three years. An earlier review will be carried out in the event of any relevant changes in legislation, national or local policy/guidance, organisational change or other circumstances which mean the policy needs to be reviewed.

If only minor changes are required, the sponsoring Committee has authority to make these changes without referral to the Integrated Care 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 Integrated Care Board.

## Associated Policies, Guidance and Documents

* ICB Constitution (particularly Standing Orders and Standing Financial Instructions)

#### Associated Policies

* Conflicts of Interest, Gifts and Hospitality and Commercial Sponsorship Policy
* Counter-Fraud, Bribery and Corruption Policy
* Disclosure and Barring Policy
* Procurement and Contracting Policy
* Information Governance Management and Framework Policy
* IG Resource Guide
* Reimbursement of Staff Expenses and Travel Policy
* Raising Concerns Policy
* Defining the Boundaries between NHS and Private Healthcare
* Recruitment Policy
* Social Media Policy

## References

* + The Bribery Act 2010
	+ Companies Act 2006 – Directors Duties (The duty not to accept benefits from third parties: Section 176) which is relevant to Community Interest Companies.
	+ The Patents Act 1977
	+ The Copyright, Designs and Patents Act 1988
	+ [Managing Conflicts of Interest in the NHS](https://www.england.nhs.uk/wp-content/uploads/2017/02/guidance-managing-conflicts-of-interest-nhs.pdf)
	+ [NHS Code of Conduct and Code of Accountability](https://www.nhsbsa.nhs.uk/sites/default/files/2017-02/Sect_1_-_D_-_Codes_of_Conduct_Acc.pdf) (2004, revised 2013)
	+ [Professional Standards Authority: Standards for members of NHS Boards and CCG Governing bodies in England (2012);](https://www.professionalstandards.org.uk/publications/detail/standards-for-members-of-nhs-boards-and-ccg-governing-bodies-in-england-2012)
	+ [The Association of the British Pharmaceutical Industry (APBI) Code of Professional Conduct](https://www.abpi.org.uk/publications/code-of-practice-for-the-pharmaceutical-industry-2021/)  relating to hospitality / gifts from pharmaceutical / external industries.
	+ [Code of Ethics of the Chartered Institute of Procurement and Supply](https://www.cips.org/cips-for-business/performance/ethics/corporate-code-of-ethics/).

## Equality Impact Assessment

The EIA has identified a positive impact and is included at **Appendix A.**

## Appendix A - Equality Impact Assessment

**INITIAL INFORMATION**

|  |  |
| --- | --- |
| **Name of policy:** Standards of Business Conduct Policy **Version number (if relevant):** 1.0 | **Directorate/Service**: Corporate / Chief Executive’s Office |
| **Assessor’s Name and Job Title:** Head of Corporate Governance, Mid Essex CCG | **Date:** February 2022 |

|  |
| --- |
| **OUTCOMES** |
| *Briefly describe the aim of the policy and state the intended outcomes for staff*  |
| The Standards of Business Conduct Policy will support the organisation and staff to uphold high standards of business conduct and public service values including accountability, probity and openness. The policy provides a central reference guide setting out the principles of conduct that should be followed when working on behalf of the ICB that will enable individuals to meet the duties set out in relevant legislation and guidance. |
| **EVIDENCE** |
| *What data / information have you used to assess how this policy might impact on protected groups?* |
| The CCGs regularly monitor the make-up of their workforce, including protected groups.  |
| *Who have you consulted with to assess possible impact on protected groups? If you have not consulted other people, please explain why?*  |
| The policy has been shared with the Staff Engagement Group for feedback and comment. |

**ANALYSIS OF IMPACT ON EQUALITY**

The Public Sector Equality Duty requires us to **eliminate** discrimination, **advance** equality of opportunity and **foster** good relations with protected groups. Consider how this policy / service will achieve these aims.

N.B. In some cases it is legal to treat people differently (objective justification).

* ***Positive outcome*** *– the policy/service eliminates discrimination, advances equality of opportunity and fosters good relations with protected groups*
* ***Negative outcome*** *–**protected group(s) could be disadvantaged or discriminated against*
* ***Neutral outcome***  *–**there is no effect currently on protected groups*

Please tick to show if outcome is likely to be positive, negative or neutral. Consider direct and indirect discrimination, harassment and victimisation.

| ProtectedGroup | Positiveoutcome | Negativeoutcome | Neutraloutcome | Reason(s) for outcome |
| --- | --- | --- | --- | --- |
| Age | X |  |  | Section 5.5.1 makes it clear that aggressive/abusive or discriminatory behaviour will not be tolerated and will be dealt with in accordance with the relevant HR procedure. It is anticipated that any concerns that members of protected groups may have regarding raising concerns will be alleviated by the assurances provided within the Raising Concerns (Whistleblowing) Policy. |
| Disability(Physical and Mental/Learning) | X |  |  | As above |
| Religion or belief | X |  |  | As above |
| Sex (Gender) | X |  |  | As above |
| Sexual Orientation | X |  |  | As above |
| Transgender/Gender Reassignment | X |  |  | As above |
| Race and ethnicity | X |  |  | As above |
| Pregnancy and maternity (including breastfeeding mothers) | X |  |  | As above |
| Marriage or Civil Partnership | X |  |  | As above |

|  |
| --- |
| **MONITORING OUTCOMES** |
| Monitoring is an ongoing process to check outcomes. It is different from a formal review which takes place at pre-agreed intervals. |
| *What methods will you use to monitor outcomes on protected groups?* |
| Any breaches of this policy will be reported to the Audit Committee and triangulated with other information held by the ICB in relation to incidents, complaints or disciplinary action involving individuals who believe they have been mis-treated due to their protected groups status. |

|  |
| --- |
| **REVIEW** |
| *How often will you review this policy / service?*  |
| Annually |
| *If a review process is not in place, what plans do you have to establish one?* |
| N/A |

## Appendix B – The Nolan Principles

**The seven principles of public life set out by the Committee on standards in public life (the Nolan principles)**

1. **Selflessness**

Holders of public office should act solely in terms of the public interest.

1. **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.

1. **Objectivity**

Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.

1. **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.

1. **Openness**

Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.

1. **Honesty**

Holders of public office should be truthful.

1. **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 C – Business Meeting Etiquette

* Prepare well for the meeting as your contribution is integral to the proceedings.
* Send any reports you are producing in the correct format, with a completed cover sheet, in good time to meet the secretary’s deadline.
* You will 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.
* Switch off your mobile phone and any other devices and keep them out of sight to avoid distraction to 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.
* With the exception of meetings held in public, it is a serious breach of business etiquette to divulge information to others not entitled to receive information about matters discussed during a meeting. What has been discussed should be considered as confidential.
* Decisions by the Board are final and can only be revisited in exceptional circumstance.
* The Board 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, manage conflicts of interest, allow everyone to have their say, provide 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 the Chair and to assist them in the delivery of the above.
* The underlying principles of the meeting etiquette pointers are good manners, courtesy and consideration, which if adhered to will reduce the chance of offence and misunderstanding.