**Code of Conduct and**

**Behaviours Policy**

**July 2024**

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The on-line version is the only version that is maintained. Any printed copies should,

therefore, be viewed as ‘uncontrolled’ and as such may not necessarily contain the latest updates and amendments.

**POLICY AMENDMENTS**

Amendments to the Policy will be issued from time to time. A new amendment history will be issued with each change.

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# INTRODUCTION

* 1. As a public sector body, Humber and North Yorkshire Integrated Care Board hereafter referred to as “the ICB” must be impartial and honest in the conduct of their business and that employees should remain beyond suspicion. The ICB aspires to the highest standards of corporate behaviour and integrity from Members of the ICB, members of the ICB’s Committees and Sub-Committees, officers, staff, Clinical Leads, and others providing a service to the ICB and has an obligation to ensure that strict ethical standards are maintained. The ICB also ensures that NHS resources are protected from fraud and corruption.
  2. It is acknowledged that, in general, NHS staff have an outstanding sense of commitment to the ideals of the service and a very high sense of propriety in the way they conduct both their public duties and their private affairs.
  3. Section 6 of the ICB Constitution sets out the arrangement for code of conduct and behaviours and conflicts of interest management and that all relevant parties are aware of their own responsibilities and act in good faith in the interests of the ICB, follow the Seven Principles of Public Life (Nolan Principles) and comply with the ICB’s policies on standards of business conduct and conflict of interest.

# POLICY STATEMENT

* 1. The ICB aspires to the highest standards of corporate behaviour and responsibility. All NHS Humber and North Yorkshire ICB staff are required to comply with this policy.

# IMPACT ANALYSES

**Equality**

* 1. As a result of performing the screening analysis, the policy does not appear to have any adverse effects on people who share Protected Characteristics, and no further actions are recommended at this stage.

**The Bribery Act 2010**

3.2 Due consideration has been given to the Bribery Act 2010 in the review,of this policy document, further details can be found in appendix 1**.**

**Sustainability**

* 1. A Sustainability Impact Assessment has not been required for this policy.

**General Data Protection Regulations (GDPR)**

3.4 The UK General Data Protection Regulation (GDPR)/ Data Protection Act 2018 includes the requirement to complete a Data Protection Impact Assessment for any processing that is likely to result in a high risk to individuals.

3.5 Consideration should be given to any impact the policy may have on individual privacy; please consult NHS Humber and North Yorkshire ICB Data Protection Impact Assessment Policy. If you are commissioning a project or undertaking work that requires the processing of personal data, you must complete a Data Protection Impact Assessment.

3.6 The ICB is committed to ensuring that all personal information is managed in accordance with current data protection legislation, professional codes of practice and records management and confidentiality guidance. More detailed information can be found in the Data Protection & Confidentiality Policy and related policies and procedures.

# SCOPE

* 1. This policy applies to all ICB employees, Members of the ICB, members of its committees and sub-committees, any staff seconded to the ICB, and contract and agency staff. Any reference to staff or individuals applies to all the aforementioned.
  2. It is recognised that some members of the ICB Board and its committees and sub-committees may also be subject to policies within their employing organisation. This policy relates to their work for the ICB.

# POLICY PURPOSE

* 1. This policy seeks to describe the public service values which underpin the work of the NHS and to provide clarity and guidance to individuals on the standards of conduct expected of them when carrying out their duties for the ICB.
  2. The policy also aims to promote our values and behaviours framework which sets out how we should bring our values to life every day. It should be used to give practical guidance for aligning our values with our day-to-day ways of working.
  3. Our values
* **We Care.**
* **We Connect.**
* **We Innovate.**

[**Click here to find the values and behaviours page on our intranet.**](https://nhs.sharepoint.com/:u:/r/sites/02Y_HNYICBIntranet/SitePages/Our-values-and-behaviours.aspx?csf=1&web=1&e=iXJ2xP&xsdata=MDV8MDJ8Y2xhaXJlLnN0b2Nrc0BuaHMubmV0fGY1ZTBlZjQ2ZDVjNzRhMmM1ODM3MDhkY2E3MGZkMmI1fDM3YzM1NGIyODViMDQ3ZjViMjIyMDdiNDhkNzc0ZWUzfDB8MHw2Mzg1Njg5MzM2OTY2NDg0NzZ8VW5rbm93bnxUV0ZwYkdac2IzZDhleUpXSWpvaU1DNHdMakF3TURBaUxDSlFJam9pVjJsdU16SWlMQ0pCVGlJNklrMWhhV3dpTENKWFZDSTZNbjA9fDB8fHw%3d&sdata=TVNCNE5sQ1kwK2lUc2w5R1lsbmpBMjhNd2Qva1BQWWFJV0FXZkhGNzQ2MD0%3d)

* 1. The Policy also aims to protect the ICB, its decision-making, investments and

stewardship of public funds from any impropriety.

# DEFINITIONS – THE LAW AND OTHER GUIDANCE

**The Policy supports compliance with: -**

* **T**he Code of Conduct and Code of Accountability in the NHS
* [**The ‘Seven Principles of Public Life’ (the ‘Nolan Principles’)**](https://www.gov.uk/government/publications/the-7-principles-of-public-life)
* Standards for members of NHS Boards. **(**[NHS England » NHS managers and leaders](https://www.england.nhs.uk/leaders/)**)**
* Code of Conduct for NHS Managers.
* Good Governance Standards of Public Services principles
* [The Seven Key Principles of the NHS constitution,](https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england)
* TheEquality Act 2010
* [Fit & Proper Person Test](https://www.england.nhs.uk/publication/nhs-england-fit-and-proper-person-test-framework-for-board-members/)

**Constitution, Standing Orders, Standing Financial Instructions (SFIs), Scheme ofReservation and Delegation (SORD), Operating Scheme of Delegation (OSD)**

* 1. All individuals must carry out their duties in accordance with the NHS Constitution, the ICB Constitution, ICB’s Standing Orders, Scheme of Reservation and Delegation (SoRD) and Operating Scheme of Delegation (OSD) which set out the statutory and governance framework in which the ICB operates.

6.2 There is some overlap between the contents of this policy the Conflicts of Interest Policy and the provisions of the SoRD. In the event of any conflict arising between the details of policy and SoRD, the provisions of the SoRD shall prevail.

6.3 In addition, a number of individuals are obliged to adhere to high professional standards set by their respective professional statutory bodies’ Code of Conduct, or

equivalent regimes.

**Freedom of Information Act 2000**

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

**Anti-Fraud, Bribery & Corruption**

* 1. The ICB upholds the highest standards in order to prevent fraud and corruption and requires all individuals to always act honestly and with integrity to safeguard the public resources they are responsible for. The ICB will not tolerate any fraud perpetrated against it and will actively pursue recovery of any loss suffered.
  2. The Local Anti-Fraud, Bribery & Corruption Policy outlines the roles and responsibilities for the prevention and detection of fraud, bribery and corruption within the ICB.
  3. Any individual with concerns or reasonably held suspicions about potentially fraudulent activity or practice is encouraged to report these immediately to the Local Counter Fraud Specialist (LCFS) (contact details) and the Executive Director of Finance and Investment. If the matter concerns the Executive Director of Finance and Investment, it should be reported to the Chief Executive, Audit Chair and the LCFS.
  4. Individuals should not ignore their suspicions, pursue an investigation themselves, or tell anyone else about their suspicions. Under no circumstances should suspicions be discussed with anyone suspected of wrongdoing. The LCFS, Executive Director of Finance and Investment and an HR representative will liaise and decide how to proceed with the investigation.
  5. If individuals prefer, they may call the NHS Fraud & Corruption Reporting Line on Freephone 0800 028 40 60 between 08:00–18:00, Monday – Friday or report online at [www.reportnhsfraud.nhs.uk](http://www.reportnhsfraud.nhs.uk/). This provides an easily accessible and confidential route for the reporting of genuine suspicions of fraud within or affecting the NHS. All calls are dealt with by experienced trained staff and any caller who wishes to remain anonymous may do so.
  6. The Audit Committee will keep under review arrangements for countering fraud, approve the counter fraud work programme and review the outcomes of counter fraud work.

**Fit and Proper Persons Test**

* 1. NHS England has developed a Fit and Proper Person Test (FPPT) Framework. The framework introduces a means of retaining information relating to testing the requirements of the FPPT for individual directors, a set of standard competencies for all board directors, a new way of completing references with additional content whenever an individual leaves an NHS board, and extension of the applicability to some other organisations, including NHS England and the CQC. The aim is to prevent unsuitable staff from being redeployed or re-employed in the NHS, independent healthcare, and adult social care sectors and to prioritise patient safety and good leadership in NHS organisations.
  2. The ICB requires that all Board members comply with the ‘Fit and Proper Persons’ requirements. A check will be completed prior to appointment. This includes the requirement that such individuals complete the pre-employment DBS declaration form. Individual will need to confirm on an annual basis that they continue to comply with the ‘Fit and Proper Persons’ requirements as set out in the DBS declaration form.
  3. The ICB Chair is accountable for taking all reasonable steps to ensure the FPPT process is effective and that the desired culture of the organisation is maintained to support an effective FPPT regime.
  4. To ensure that the FPPT is being adequately embedded within NHS organisations there will be quality assurance checks conducted by the CQC, NHS England and an external/independent review.

# ROLES / RESPONSIBILITIES / DUTIES

**Chief Executive Responsibilities**

* 1. The Chief Executive of the ICB has overall accountability for the management of standards of business conduct.

**Executive Director of Corporate Affairs**

7.2 The Executive Director of Corporate Affairs (supported by the ICB Governance Team) is responsible for administering this policy and ensuring reporting to the ICB Board.

* Notifying all individuals within the scope of this policy when the policy is approved and how to access it.
* Ensuring the policy and any supporting policies are placed on the ICB’s website and included in any induction packs.
* Instructing all senior managers to ensure their teams are adhering to the policy.
* Ensuring all corporate registers are maintained and reported upon.

**Senior Officers and Line Managers**

* 1. Senior Officers and line managers at all levels are responsible for ensuring that their teams are aware of and fully understand this policy and associated documents and are in a position to deal with, or report, any breach of the policy standards and requirements.
  2. It is the responsibility of Senior Officers and line managers to ensure that new employees are made aware of this policy and associated documents during induction.
  3. Managers are expected to check compliance with all governance responsibilities during the PDR process.

**All individuals**

* 1. It is the responsibility of everyone covered by the scope of this policy to ensure they comply with this policy.
  2. In most instances, it is for the individual to use their judgement to avoid situations which compromise, or which could appear to compromise, their integrity. A guiding principle to what is acceptable is whether disclosure of the ‘benefit’ would cause embarrassment to the ICB or the individual.
  3. If there is any doubt, advice should be sought from the line manager and line managers should seek advice from the Chief Executive or the Executive Director of Finance and Investment. The ICB does, however, have guidelines to apply in certain frequently occurring situations as detailed in this policy.

**Audit Committee**

7.9 The committee is responsible for overseeing and assuring the board that the ICB has appropriate governance arrangements in place, and in ensuring standards of business conduct are maintained.

# DECLARATIONS OF CONFLICT OF INTEREST

* 1. Arrangements for the management, recording and reporting of declarations of interest are set out in Section 6 of the ICB’s Constitution and are the subject of the ICB’s separate Conflicts of Interest Policy. Individuals will familiarise themselves, and act in accordance, with the ICB’s Conflict of Interest policy.

# DECLARATIONS OF GIFTS, HOSPITALITY AND SPONSORSHIP

9.1 Arrangements for the acceptance, declaration, and publication of Gifts, Hospitality, Donations, and Sponsorship are detailed in the ICB’s Conflict of Interest policy. Individuals will familiarise themselves, and act in accordance, with the ICB’s Conflict of Interest policy. Those working (or proposing to work) with the pharmaceutical industry must also act in accordance with the Policy for the Sponsorship of activities and joint working with the Pharmaceutical Industry.

# OTHER EMPLOYMENT AND PRIVATE PRACTICE

* 1. The ICB has statutory duties under the Working Time Regulations to ensure that the 48 hour Working Time Directive is not breached by its employees. To fulfil this duty the ICB must ensure that staff are not working in excess of 48 hours a week in their ICB job or in a combination of their ICB job and any other employment. In respect of the working time regulations, if the employee is going to work more than 48 hours on an average reference period of 17 weeks each employer should discuss the option of opting out. The employee does not have to opt out of the 48-hour weekly limit and the ICB must not cause them detriment if they do opt out. The ICB must also carry out a health and safety risk assessment to check the effects of the employee working more than 48 hours per week.

10.2 Individuals are required to inform the ICB if they are engaged in or wish to engage in outside employment and/or private practice in addition to their work with the ICB. Other employment should be declared on the ICB’s Declaration of Interests found in the ICB’s Conflict of Interest Policy). Completed forms should be sent to the Corporate Affairs Team ([hnyicb.declarationsofinterest@nhs.net](mailto:hnyicb.declarationsofinterest@nhs.net)). Should there be a change in circumstances then an updated form must be completed by the individual as soon as practicable and within 28 days of the change. Copies should be retained on personal files.

* 1. All employees must inform their Line Managers about any current employment outside of the ICB (even if the other employment hours are greater than those for the ICB) or other roles within the ICB and ensure details are appropriately recorded on their declaration of interest form.

10.4 Employees must have permission from their manager agreed prior to accepting any additional employment. New appointees to the ICB must disclose any existing jobs which will continue after commencing employment with the ICB and complete the declaration of interest form. On receipt of notification of Secondary Employment, line managers must meet with the employee to discuss this before granting permission to undertake secondary employment and before the employee accepts any additional employment. The Manager should consider the following: -

* Potential conflicts of interest.
* The working time regulations.
* Employee current performance.
* Employees’ attendance and capability in their role with the ICB and the potential impact secondary employment may have on attendance and performance.
  1. Should any concerns arise regarding other employment/private practice then these will be discussed with the individual. Whilst the ICB will not unreasonably raise a concern, it is acknowledged that there may be occasions where the other employment/private practice presents a conflict of interest that cannot be adequately managed. In these circumstances it will not be permissible for the situation causing the conflict to continue.
  2. Examples of work which might conflict with the business of the ICB include:
* employment with another NHS body
* employment with another organisation which might be in a position to supply goods/services to the ICB.
* self-employment, including private practice, in a capacity which might conflict with the work of the ICB, or which might be in a position to supply goods/services to the ICB.
  1. Any manager who feels that any other employment may be conflicting with their duties for the ICB, should discuss it immediately with their director and/or an HR representative.
  2. Managers must review declarations around other employment and ensure that individuals make any relevant declarations to keep their information up to date. New staff will be asked about other employment during the induction process.

# PREFERENTIAL TREATMENT IN PRIVATE PRACTICE

* 1. Individuals should not seek or accept preferential rates, or benefits in kind for private transactions carried out with companies or organisations with which they have had, or may have, official dealings on behalf of the ICB.
  2. This does not apply to concessionary agreements negotiated with companies by the local health family or recognised staff groups on behalf of all staff, or those offered to all NHS employees.

# CONTRACTS

* 1. The ICB may only enter into contracts within the statutory framework set up by the

2006 Act, as amended by the 2012 Act and the 2022 Act. Such contracts shall comply with:

* the ICB’s Standing Orders.
* the Public Contracts Regulation 2006, the Health Care Services (Provider Selection Regime) Regulations 2023 any successor legislation and any other applicable law; and
* take into account as appropriate any applicable NHS England or the Independent Regulator of NHS Foundation Trusts (Monitor) guidance that does not conflict with (b) above.
  1. The ICB has duties under UK procurement law and staff must comply with the ICB’s Standing Financial Instructions, Operational Scheme of Delegation and Procurement Policy in relation to all contract opportunities which all individuals acting on behalf of the ICB are required to adhere to.
  2. Individuals involved in the awarding of contracts and tender processes must take no part in the selection process if a personal interest or a conflict of interest is known. Such an interest must be declared (refer also to the Conflicts of Interest Policy).

**Favouritism in Awarding Contracts**

12.4 Fair and open competition between prospective contractors or suppliers is a requirement of the ICB’s Standing Financial Instructions and Procurement Policy. These should always be adhered to. This means that:

* + - No private, public, or voluntary organisation or company, which may be awarded a contract for NHS business, should be given any advantage over its competitors, such as advance notice of requirements. This applies to all potential contractors.
    - Each new contract should be awarded solely on merit in accordance with evaluation criteria, taking into account the requirements of the ICB and the ability of the contractors to fulfil them.

12.5 The ICB must ensure that no special favour is shown to current or former employees or their close relatives or associates in awarding contracts to private or other businesses run by them or employing them in a senior or relevant managerial capacity. Contracts may be awarded to such businesses where they are won in fair competition against other tenders, but scrupulous care must be taken to ensure that the selection process is conducted impartially and that staff who are known to have a relevant interest play no part in the selection process.

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

**Warning to Potential Contractors**

* 1. All invitations to tender to prospective bidders for ICB business must require each bidder to give a written undertaking not to engage in collusive tendering or other restrictive practice and not to engage in canvassing the ICB, its employees or officers concerning the contract opportunity tendered. The consequence of offering inducements to staff will be termination of the contract, and recovery of any loss resulting from the contract termination. If contractors or potential contractors offer any member of staff inducements, staff should immediately inform the Executive Director of Finance and Investment.
  2. Offers of pro bono work from prospective bidders for ICB business should be politely refused.

# COMMERCIAL PARTNERSHIP

* 1. The ICB has a separate policy for the Sponsorship of activities and joint working with the pharmaceutical, medical appliance and health technology industries covering issues of probity around sponsorship, the contents of which must be observed prior to entering into any arrangement around sponsorship by, and/or joint working with, private companies.

# INTELLECTUAL PROPERTY RIGHTS

* 1. As a general principle any financial gain resulting from external work where use of NHS Humber and North Yorkshire ICB time or title is involved (e.g. speaking at training events/conferences, writing articles etc.) and/or which is connected with NHS Humber and North Yorkshire ICB business will be forwarded to the Director of Finance and Investment.
  2. Any patents, designs, trademarks, or copyright resulting from the work (e.g., research) of an employee of the NHS Humber and North Yorkshire ICB carried out as part of their employment by the NHS Humber and North Yorkshire ICB shall be the Intellectual Property of the NHS Humber and North Yorkshire ICB.
  3. Approval from the appropriate line manager should be sought prior to entering into an obligation to undertake external work connected with the business of the NHS Humber and North Yorkshire 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 NHS Humber and North Yorkshire 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.

# POLITICAL ACTIVITIES

* 1. Any political activity should not identify an individual as an employee of the ICB. Conferences or functions run by a party-political organisation should not be attended in an official capacity, except with prior written permission from the relevant Senior Officer. This does not include involvement in activities organised by a recognised trade union.

# PERSONAL CONDUCT

**Lending or Borrowing**

* 1. 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.

**Gambling**

* 1. No member of staff may bet or gamble when on duty or on ICB premises, with the exception of small lottery syndicates or sweepstakes among immediate colleagues related to national events e.g. The Grand National.

**Trading on Official Premises**

* 1. Trading on official premises is prohibited, whether for personal gain or on behalf of others. Canvassing within the office by, or on behalf of, outside bodies or firms (including non-NHS ICB interests of staff or their relatives) is also prohibited. Trading does not include small tea or refreshment arrangements solely for staff.
  2. The promotion of trade unions is permitted but approval must be sought from the ICB Chief Operating Officer prior to each event taking place and/or prior to distribution of promotional information.

**Collection of Money**

* 1. Charitable collections must be authorised by the ICB Executive Director of Corporate Affairs. 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 or a new job.

**Bankrupt or Insolvent Staff**

* 1. Any member of staff who becomes bankrupt or subject of an individual involuntary arrangement or some other formal arrangement with their creditors must inform their line manager and an HR representative as soon as possible. Staff who become the subject of an order for the attachment of earnings must, in addition to informing their line manager and the HR representative, also inform the Executive Director of Finance and Investment. Staff who are bankrupt or insolvent may need their role reviewing if they have duties which involve the handling of public funds.

**Arrest or Conviction**

* 1. A member of staff who is arrested or convicted of any criminal offence must inform their line manager at the earliest opportunity. Staff who are currently under investigation should also notify their line manager. Line managers should seek advice from an HR representative and a Senior Officer.

# CONFIDENTIALITY

* 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 as defined by the Data Protection Act. This duty of confidence remains after termination of employment and applies to all individuals working in, or on behalf of, the ICB.
  2. Note – the ICB recognises and confirms that nothing in, or referred to in, this policy (including in relation to the issue of any press release or other public statement or disclosure) will prevent or inhibit the making of any protected disclosure (as defined by the Employment Rights Act 1996, as amended by the Public Interest Disclosure Act 1998) by any member of the ICB, Board, Committees or Sub-Committees or any employee, nor will it affect the rights of any worker (as defined in that Act) under that Act.
  3. Staff should 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.

**Duty of Candour**

* 1. This introduces a general duty of openness and transparency. The ICB is committed to implementing a culture of transparency and openness in all its dealings in line with statutory duties. The ICB looks for assurance that all organisations we work with or provide services are open, honest, and transparent in all dealings.
  2. All staff working for the ICB should make any disclosures they deem relevant, (using the [Freedom to Speak Up policy](https://humberandnorthyorkshire.icb.nhs.uk/governance-publications/) arrangements, if appropriate). In case of doubt, the employee or member should seek advice from a senior manager, or if that is not considered possible to the Executive Director of Clinical & Professional.

1. **Raising Concerns & Breaches** 
   1. It is the duty of every ICB employee, ICB member and committee / sub-committee member to report genuine concerns in relation to code of conduct.
   2. In the first instance, suspected or actual breaches of this policy should be raised with the Executive Director of Corporate Affairs and/or Freedom to Speak-up Guardian (Executive Director of Clinical & Professional).
   3. Alleged breaches of this policy will be promptly considered and fairly and reasonably investigated by a senior officer designated to do so by the Executive Director of Corporate Affairs and/or Freedom to Speak-up Guardian (Executive Director of Clinical & Professional). If the individual under investigation is the Chief Executive, other Senior Officer (VSM) or board member, the investigation will be conducted by individuals not employed by the ICB.
   4. Proven breaches of this policy will be treated as misconduct and will be dealt with under the ICB’s disciplinary procedure. In serious cases, dismissal may result. Staff could also be the subject of a criminal investigation conducted by the Local Counter Fraud Specialist and/or under the Bribery Act, which could result in prosecution and/or civil recovery proceedings.
   5. All such notifications will be treated in the strictest confidence.

# IMPLEMENTATION

19.1 Following approval by the ICB Board the policy will be distributed by the Communications Team to staff, the ICB Board its committee and sub-committee Members.

* 1. The policy will be published on the ICB’s website.

# TRAINING AND AWARENESS

* 1. This policy will be published on the ICB’s website and will be included in ICB briefing processes.
  2. The policy will be brought to the attention of all new employees as part of the induction process. Further advice and guidance is available from the senior governance lead.

# MONITORING AND AUDIT

* 1. The Audit Committee is responsible for monitoring the effectiveness of this policy to provide assurance to the Board that the business of the ICB is being conducted in line with this policy, the associated policy documents, relevant legislation, and other statutory requirements. The Audit Committee will receive annual reports on all the corporate governance registers.
  2. Monitoring of this policy may form part of the Internal Audit review of governance compliance.

# POLICY REVIEW

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

# REFERENCES

* Humber and North Yorkshire ICB’s Constitution, incorporating Standing Orders and Prime Financial Policies
* Professional Standards Authority document <https://www.professionalstandards.org.uk/publications/detail/standards-for-> [members-of-nhs-boards-and-clinical-commissioning-group-governing-bodies-in-](https://www.professionalstandards.org.uk/publications/detail/standards-for-members-of-nhs-boards-and-clinical-commissioning-group-governing-bodies-in-england) [england](https://www.professionalstandards.org.uk/publications/detail/standards-for-members-of-nhs-boards-and-clinical-commissioning-group-governing-bodies-in-england)
* Principles and Rules for Cooperation and Competition (NHS & DH July 2010)
* Procurement Guide for Commissioners of NHS Funded Services (NHS & DH July 2010)
* Bribery Act 2010
* Freedom of Information Act 2000

# ASSOCIATED DOCUMENTATION

* Humber and North Yorkshire ICB’s Constitution, incorporating Standing Orders
* Conflicts Of Interest Policy
* Procurement Policy
* Freedom to Speak up Policy
* Induction Policy
* Local Anti-Fraud, Bribery and Corruption Policy
* Disciplinary Policy
* Behaviours framework

# CONTACT DETAILS

All queries can also be directed via [hnyicb.corporateaffairs@nhs.net](mailto:hnyicb.corporateaffairs@nhs.net)

# Appendix 1 - Anti-Fraud, Bribery and Corruption

The ICB has a responsibility to ensure that all staff are made aware of their duties and responsibilities arising from the Bribery Act 2010.  Under the Bribery Act 2010 there are four criminal offences:

•           Bribing or offering to bribe another person (Section 1)

•           Requesting, agreeing to receive or accepting a bribe (Section 2);

•           Bribing, or offering to bribe, a foreign public official (Section 6);

•           Failing to prevent bribery (Section 7).

These offences can be committed directly or by and through a third person and, in many cases, it does not matter whether the person knows or believes that the performance of the function or activity is improper.

It should be noted that there need not be any actual giving and receiving for financial or other advantage to be gained, to commit an offence.

All individuals should be aware that in committing an act of bribery they may be subject to a penalty of up to 10 years imprisonment, an unlimited fine, or both.  They may also expose the organisation to a conviction punishable with an unlimited fine because the organisation may be liable where a person associated with it commits an act of bribery.

Individuals should also be aware that a breach of this Act renders them liable to disciplinary action by the ICB, whether or not the breach leads to prosecution.  Where a material breach is found to have occurred, the likely sanction will be loss of employment and pension rights.

To raise any suspicions of bribery and/or corruption please contact the Executive Director of Finance and Investment.  Staff may also contact the Local Counter Fraud Specialist (LCFS) at – Audit Yorkshire, email:  [nikki.cooper1@nhs.net](mailto:nikki.cooper1@nhs.net)  or mobile 07872 988939.

The LCFS or Executive Director of Finance and Investment should be the contact for any suspicions of fraud. The LCFS will inform the Executive Director of Finance and Investment if the suspicion seems well founded and will conduct a thorough investigation.  Concerns may also be discussed with the Executive Director of Finance and Investment or the Audit Committee Chair.

If staff prefer, they may call the NHS Counter Fraud reporting line on 0800 028 40 60 between 8am-6pm Monday-Friday or report online at [www.reportnhsfraud.nhs.uk](http://www.reportnhsfraud.nhs.uk).  This would be the suggested contact if there is a concern that the LCFS or the Executive Director of Finance and Investment themselves may be implicated in suspected fraud, bribery, or corruption.