

## Managing Conflicts of Interest in the NHS

### Frimley Integrated Care Board Conflicts of Interest Policy

Policy Reference Information	
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Related Policies and Strategies	
Institution	Policy
	Freedom of Information Act 2000
ABPI	The Code of Practice for the Pharmaceutical Industry <a href="https://www.abpi.org.uk/our-ethics/abpi-code-of-practice/">https://www.abpi.org.uk/our-ethics/abpi-code-of-practice/</a>
ABHI	Code of Business Practice <a href="https://www.abhi.org.uk/membership/code-of-business-practice/">https://www.abhi.org.uk/membership/code-of-business-practice/</a>
NHS	Code of Conduct and Accountability <a href="https://www.england.nhs.uk/contact-us/pub-scheme/pol-proc/">https://www.england.nhs.uk/contact-us/pub-scheme/pol-proc/</a>
Frimley ICB	Counter Fraud and Corruption Policy
Frimley ICB	Business Conduct Policy
	Procurement Policy
Frimley ICB	Freedom to Speak up
Frimley ICB	Standing financial instructions

Version History and Control			
Date	Version	Author	Summary of Changes
01/07/22	1		Approved at ICB Board.
18/11/22	1.1		Changed reference to “Local Counter Fraud Specialist” to “Anti Crime Specialist”
10/09/24	1.2	Governance Manager	Updated in line with Provider Selection Regime requirements. Added link to updated NHSE guidance <a href="#">NHS England » Managing conflicts of interest in the NHS</a>

24/10/24	1.3	Head of Governance	<p>Section B 1.0 - inclusion of an Equality Act Statement.</p> <p>Section D 1.1 – “disciplinary action” wording added and zero tolerance statement.</p> <p>Section A.10 - amendment of wording relating to sanctions, and to explicitly confirm those absent from the workplace will be able to be compliant on their return.</p> <p>EHIA completed.</p>
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Agreement by committee / meeting group	date
Senior Leadership Team	10/09/24
HR Policy Group	24/10/2024
Trade Union Partnership Forum	18/12/24
Senior Leadership Team	28/01/25
Audit Committee	11/03/25

## Equality Statement

Frimley Integrated Care Board (ICB) aims to design and deliver services, policies and measures that meet the diverse needs of our workforce, the people we work with, and our population.

We assess the impacts of our work through Equality and Health Inequalities Assessments. These ensure that groups are not placed at more disadvantage than others. The policies and processes in this document have followed due regard. This means we have carefully considered how we:

- Eliminate discrimination, harassment and victimisation, advance equality of opportunity and foster good relations between people who have a protected characteristic (defined in the Equality Act 2010) and those who do not;
- Reduce inequalities for different protected characteristic groups. This includes how people we work with are able to access health and social care services. It also includes the outcomes they achieve. We do this by providing services in an integrated way.

Any person reading this document may request assistance if they have particular needs.

We embrace the four staff pledges in the NHS Constitution. This policy is consistent with these pledges.

## Contents

SUMMARY .....	5
<b>SECTION A - MANAGING CONFLICTS OF INTERESTS .....</b>	<b>8</b>
1. INTRODUCTION .....	8
2. PURPOSE .....	9
3. ROLES AND RESPONSIBILITIES .....	10
<b>SECTION B - DECISION-MAKING WHEN A CONFLICT OF INTEREST ARISES .....</b>	<b>15</b>
1. GENERAL APPROACHES .....	15
2. PROCUREMENT AND CONTRACTS .....	18
3. SERVICE DESIGN .....	18
4. CONTRACTORS AND PEOPLE WHO PROVIDE SERVICES TO THE ICB19 .....	19
5. OTHER AREAS TO BE CONSIDERED .....	19
6. REGISTER OF INTERESTS .....	20
<b>SECTION C - GIFTS AND HOSPITALITY .....</b>	<b>22</b>
1. GIFTS .....	22
2. HOSPITALITY .....	23
3. GIFTS AND HOSPITALITY REGISTER .....	25
<b>SECTION D - MANAGEMENT ARRANGEMENTS .....</b>	<b>26</b>
1. BREACHES .....	26
2. MONITORING .....	27
3. TRAINING AND RAISING AWARENESS .....	27
4. REVIEW .....	27
ANNEXES .....	27
<b>EQUALITY IMPACT ASSESSMENT .....</b>	<b>Error! Bookmark not defined.</b>

## SUMMARY

Frimley Integrated Care Board (the ICB) will work collaboratively with other organisations across the Frimley ICS to deliver high quality care for our patients.

These partnerships have many benefits and should help ensure that public money is spent efficiently and wisely, however, there is a risk that conflicts of interest may arise.

Providing best value for taxpayers and ensuring that decisions are taken transparently and clearly, are both key principles in the NHS Constitution. The ICB is committed to maximising resources for the benefit of the whole community. As an organisation and as individuals, we have a duty to ensure that all our business is conducted to the highest standards of integrity and that NHS monies are used wisely so that our finite resources are used in the best interests of patients.

Adhering to this policy will help to ensure that the ICB uses NHS money wisely, providing best value for taxpayers and accountability to patients.

As a member of staff you should...	As an organisation we will...
<ul style="list-style-type: none"> <li>• Familiarise yourself with this policy and follow it. Refer to the guidance for the rationale behind this policy <a href="https://www.england.nhs.uk/wp-content/uploads/2017/02/guidance-managing-conflicts-of-interest-nhs.pdf">https://www.england.nhs.uk/wp-content/uploads/2017/02/guidance-managing-conflicts-of-interest-nhs.pdf</a></li> <li>• Use your common sense and judgement to consider whether the interests you have could affect the way taxpayers' money is spent.</li> <li>• Regularly consider what interests you have and declare these as they arise. If in doubt, declare.</li> <li>• <b>NOT</b> misuse your position to further your own interests or those close to you.</li> <li>• <b>NOT</b> be influenced, or give the impression that you have been influenced, by outside interests.</li> <li>• <b>NOT</b> allow outside interests you have to inappropriately affect the decisions you make when using taxpayers' money.</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure that this policy and supporting processes are clear and help staff understand what they need to do.</li> <li>• Identify a team or individual with responsibility for:               <ul style="list-style-type: none"> <li>○ Keeping this policy under review to ensure they are in line with the guidance.</li> <li>○ Providing advice, training and support for staff on how interests should be managed.</li> <li>○ Maintaining register(s) of interests.</li> <li>○ Auditing this policy and its associated processes and procedures at least once every three years.</li> </ul> </li> <li>• <b>NOT</b> avoid managing conflicts of interest.</li> <li>• <b>NOT</b> interpret this policy in a way which stifles collaboration and innovation with our partners</li> </ul>

This policy links to other organisational policies and procedures such as the Constitution, Standing Orders, Governance Handbook and Standing Financial Instructions.

This policy will help our staff manage conflicts of interest risks effectively. It will:

- Introduce consistent principles and rules;
- provide simple advice about what to do in common situations; and
- supports good judgement about how to approach and manage interests.

### **Key terms**

A 'conflict of interest' is:

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

A conflict of interest may be:

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

Staff may hold interests for which they cannot see potential conflict. However, caution is always advisable because others may see it differently and perceived conflicts of interest can be damaging. All interests should be declared where there is a risk of perceived improper conduct.

Interests fall into the following categories:

- **Financial interests:**  
Where an individual may get direct financial benefit<sup>\*</sup> from the consequences of a decision they are involved in making.
- **Non-financial professional interests:**  
Where an individual may obtain a non-financial professional benefit from the consequences of a decision they are involved in making, such as increasing their professional reputation or promoting their professional career.
- **Non-financial personal interests:**  
Where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit, because of decisions they are involved in making in their professional career.
- **Indirect interests:**  
Where an individual has a close association<sup>†</sup> with another individual who has a financial interest, a non-financial professional interest or a non-financial personal interest and could stand to benefit from a decision they are involved in making.

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<sup>\*</sup> This may be a financial gain, or avoidance of a loss.

<sup>†</sup> A common sense approach should be applied to the term 'close association'. Such an association might arise, depending on the circumstances, through relationships with close family members and relatives, close friends and associates, and business partners.

## **Staff**

NHS England has published some frequently asked questions for specific staff groups on the issues posed and how the guidance applies to them. These resources are available at [www.england.nhs.uk/ourwork/coi](http://www.england.nhs.uk/ourwork/coi)

The ICB use the skills of many different people, all of whom are vital to our work. This includes people on differing employment terms, who for the purposes of this policy are referred to as 'staff' and are listed below:

- All salaried employees
- All prospective employees – who are part-way through recruitment
- Contractors and sub-contractors
- Agency staff; and
- Committee, sub-committee and advisory group members (who may not be directly employed or engaged by the organisation)

## **Decision Making Staff**

Some staff are more likely than others to have a decision making influence on the use of taxpayers' money, because of the requirements of their role. For the purposes of this guidance these people are referred to as 'decision making staff.'

Decision making staff in this organisation are:

- All members of the ICB board who have decision making roles which involve the spending of taxpayers' money;
- Members of advisory groups which contribute to direct or delegated decision making on the commissioning or provision of taxpayer funded services;
- Those at Agenda for Change band 8d and above;
- Administrative and clinical staff who have the power to enter into contracts on behalf of their organisation;
- Administrative and clinical staff involved in decision making concerning the commissioning of services, purchasing of goods, medicines, medical devices or equipment, and formulary decisions.

# SECTION A - MANAGING CONFLICTS OF INTERESTS

## 1. INTRODUCTION

- 1.0. This policy provides the ICB with the requirements for managing actual and potential conflicts of interest, to ensure they do not affect, or appear to affect the integrity of the ICB's decision making processes. This policy has been drafted in accordance with requirements outlined in the most recent NHS England Guidance on Managing Conflicts of Interest.
- 1.1. This policy underpins the ICB's Constitution and sets out further details of the expected conduct of all those who work within it. All individuals must carry out their duties in accordance with the ICB's Constitution, Standing Orders, Scheme of Reservation and Delegation and Prime Financial Policies. These are set out in the Statutory and Governance Framework in which the ICB operates and there is considerable overlap between the contents of this policy and provision made within these. Individuals must at all times refer to and act in accordance with the Constitution, Standing Orders, Scheme of Reservation and Delegation and Prime Financial Policies to ensure ICB processes are followed.
- 1.2. This policy should be read in conjunction with the ICB Procurement Policy and the Standards of Business Conduct Policy. The ICB will comply with the requirements of the Health Care Services (Provider Selection Regime) Regulations 2023, The ICB will act in accordance with Provider Selection Regime statutory guidance to deliver the intent of the Health and Social Care Act 2022 to achieve increased collaboration in the NHS and with local government.
- 1.3. This Policy draws on a range of guidance relating to Conflicts of Interests which includes the Nolan Principles, the Equality Act 2010, the UK Corporate Governance Code and the following:

**Bribery Act 2010** – the ICB has a responsibility to ensure that all staff are made aware of their duties and responsibilities arising from The Bribery Act 2010. The Bribery Act 2010 makes it a criminal offence to bribe or be bribed by another person by offering or requesting a financial or other advantage as a reward or incentive to perform a relevant function or activity improperly performed. The penalties for any breaches of the Act are potentially severe. There is no upper limit on the level of fines that can be imposed and an individual convicted of an offence can face a prison sentence of up to 10 years.

For further information, see <https://www.gov.uk/government/publications/bribery-act-2010-guidance>

### **Counter Fraud measures**

Fraud can be defined as 'dishonestly making a false representation with the intention of gaining, or causing a loss to another'. It can also be where somebody fails to report something where there is a legal duty for them to do so, or where an individual abuses a position of trust to the financial detriment of another. Fraud is a criminal offence.

Individuals must not use their position to gain advantage. The ICB works to prevent fraud and encourages individuals with concerns or reasonably held suspicions about potentially fraudulent activity or practice to report these promptly to either the Anti-

Crime Specialist or via the NHS Fraud and Corruption Reporting Website or the NHS Fraud and Corruption Reporting Line.

Further detail is set out within the ICB's Counter Fraud and Corruption Policy.

### **Internal audit**

The ICB will undertake an audit of conflicts of interest management as part of their internal audit on an annual basis. The results of the audit will be included in the ICB's annual governance statement.

1.4. With regard to Medicines Management this policy should be read in conjunction with the Policy for the Sponsorship of Activities and Joint Working with the Pharmaceutical Industry.

### **1.5. Management of conflicts of interest**

The manner in which the ICB will manage conflicts in decision-making include:

- Maintaining and publishing a register of interest.
- Maintaining and publishing a register of procurement decisions; and
- Meeting and decision making management.

1.6. The ICB will maintain registers of interests of members of the board and members of the committees and sub-committees of the board and employees. The ICB will publish the register of interests, gifts and hospitality for senior staff (Agenda for Change band 8d and above) and Board members at least annually in a prominent place on its website and make them available to the public at the headquarters upon request.

1.7. The registers will form part of the ICB's annual accounts and as such will be signed off by the ICB's external auditors. The Audit Committee will provide scrutiny over the management of conflicts of interest, registers and associate audits at least annually.

## **2. PURPOSE**

2.0. The aim of this policy is to protect both the ICB and the individuals involved with the work of the ICB from actual or any appearance of impropriety. Specifically, the aims are to:

- Enable staff and our clinicians in commissioning roles to demonstrate that they are acting fairly and transparently and in the best interest of our patients and local population;
- Ensure that the ICB operates within the legal framework, but without being bound by over-prescriptive rules that stifle innovation;
- Safeguard clinically led commissioning, whilst ensuring objective investment decisions;
- Provide the public, providers, parliament and regulators with confidence in the probity, integrity and fairness of our decisions; and
- Uphold the confidence and trust between patients and GP, in their recognition that individual commissioners want to behave ethically but may need support and training to understand when conflicts (actual or potential) may arise and how to manage them if they do.

- 2.1. This policy applies to **all ICB employees**, including:
  - All full and part time staff;
  - Any staff on sessional or short term contracts;
  - Any students and trainees (including apprentices);
  - Agency staff; and
  - Seconded staff
- 2.2. In addition, any self-employed consultant or other individuals working for the ICB under a contract for services should make a declaration of interest in accordance with this guidance, as if they were ICB employees.
- 2.3. All members of the ICB's committees, sub-committees/sub-groups, including:
  - Co-opted members;
  - Appointed deputies; and
  - Any members of committees/groups from other organisations.
- 2.4. Where the ICB is participating in a joint committee or committees in common alongside other ICBs, any interests which are declared by the committee members should be recorded on the register(s) of interest of each participating ICB.
- 2.5. Practice Membership of the ICB. This includes each provider of primary medical services. Declarations should be made by any individual directly involved with the business or decision making of the ICB.
- 2.6. The ICB will ensure that all Contractors are aware of the contents of this policy if applicable.

### **3. ROLES AND RESPONSIBILITIES**

- 3.0. **The role of the ICB Chair**

The ICB Chair has a key role in overseeing governance and particularly in ensuring that the board and the wider ICB behaves with the utmost transparency and responsiveness at all times and in line with national guidance and professional codes of conduct.

The ICB Chair is able to give an unbiased view on possible internal conflicts of interest. The Chair takes the lead, particularly at meetings, in ensuring that board members and staff follow the policy. If the Chair is conflicted, she/he will leave the meeting for the particular agenda item and the Deputy Chair of the board will conduct proceedings.

- 3.1. **The role of the Chair or Convenor of committee meetings**

The Chair or Convenor takes the lead at meetings, to ensure that committee members and staff follow the policy. If the Chair is conflicted, she/he will leave the meeting for the particular agenda item and will nominate another member to conduct proceedings (or deputy as stated in the committee's terms of reference).

In advance of committee meetings, the Chair or Convenor of the meeting will review the agenda for any conflicts of interests. The Chair or Convenor of the meeting will decide on the course of action regarding how to manage conflicts of interest arise within the meeting.

All decisions shall be recorded in the minutes of the meeting.

### 3.2. **Conflicts of Interest Guardian**

To further strengthen scrutiny and transparency of ICB's decision making processes, the ICB will have a Conflicts of Interest Guardian. The Conflicts of Interest Guardian is normally the non-executive member who has qualifications, expertise or experience to enable them to lead on finance and audit matters.

The Conflicts of Interest Guardian will, in collaboration with the ICB's Governance Team:

- Act as a conduit for GP practice staff, members of the public and healthcare professionals who have any concerns with regards to conflicts of interest;
- Be a safe point of contact for employees or workers of the ICB to raise any concerns in relation to this policy;
- Support the rigorous application of conflict of interest principles and policies;
- Provide independent advice and judgement where there is any doubt about how to apply conflicts of interest policies and principles in an individual situation;
- Provide advice on minimizing the risks of conflicts of interest.

3.3. Whilst the Conflicts of Interest Guardian has an important role within the management of conflicts of interest, executive members of the ICB's board have an on-going responsibility for ensuring the robust management of conflicts of interest, and all ICB employees, board and committee members and member practices will continue to have an individual responsibility in following due process on an ongoing and daily basis.

### 3.4. **PRINCIPLES**

3.5. The ICB requires clear and robust mechanisms for managing real and perceived conflicts of interest. If they are not managed effectively, confidence in the probity of commissioning decisions and the integrity of those involved could be seriously undermined, however, with good planning and governance the ICB should be able to avoid or manage these risks.

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

3.7. The ICB adheres to the guidance set out in NHS England's Statutory Guidance on Managing Conflicts of Interest <https://www.england.nhs.uk/ourwork/coi/> and the principles set out by the NHS Confederation and Royal College of General Practitioners (RCGP). This advocates that conflicts of interest can be managed by:

- **Doing business properly** – ensuring the rationale for decision making is transparent and clear and will withstand scrutiny.
- **Being proactive not reactive** – set out in advance what is acceptable and what is not and upon induction be clear with members about their obligations to declare conflicts of interests and handling should they occur.
- **Assume that individuals will seek to act ethically and professionally, but may not always be sensitive to all conflicts of interest** - ensure there are prompts and checks to identify when conflicts occur and individuals exclude themselves appropriately from decision making.

- **Being balanced and proportionate** – identify and manage conflicts but do not expect to eliminate them or become a constraint to undertaking the business and making decisions.
- **Openness** - ensuring early engagement with patients, the public, clinicians and other stakeholders, including local Healthwatch and Health and Wellbeing Boards, in relation to proposed commissioning plans.
- **Responsiveness and best practice** - ensuring that commissioning intentions are based on local health needs and reflect evidence of best practice – securing ‘buy in’ from local stakeholders to the clinical case for change.
- **Transparency** - documenting clearly the approach taken at every stage in the commissioning cycle so that a clear audit trail is evident.
- **Securing expert advice** - ensuring that plans take into account advice from appropriate health and social care professionals, e.g., through clinical senates and networks, and draw on commissioning support, for instance around formal consultations and for procurement processes;
- **Engaging with providers** - early engagement with both incumbent and potential new providers over potential changes to the services commissioned for a local population;
- Creating clear and transparent commissioning specifications - that reflect the depth of engagement and set out the basis on which any contract will be awarded;
- Following proper procurement processes and legal arrangements - including even-handed approaches to providers;
- Ensuring sound record-keeping, including up to date registers of interests.
- A clear, recognised **and easily enacted system for dispute resolution.**

### 3.8. **Potential conflicts of interest**

A conflict can occur when an individual’s ability to exercise judgment or act is impaired or influenced by their interests. This will affect the decisions that an individual may make. The decisions could involve awarding contracts, procurement, policy, employment and other decisions.

Conflicts can arise in a number of ways; such as direct financial gain or commercial advantage, an indirect financial interest (e.g. payment to a spouse) or a non-financial interest (e.g. kudos or reputation). Conflicts of loyalty may arise (e.g., in respect of an organisation of which the individual is a member or has an affiliation).

Conflicts can arise from personal or professional relationships with others e.g., where the role or interest of a family member, friend or acquaintance may influence an individual’s judgement or actions, or could be perceived to do so.

As part of their jobs staff need to build strong relationships with colleagues across the NHS and in other sectors. These relationships can be hard to define as they may often fall in the category of indirect interests (see below). They are unlikely to be directed by any formal process or managed via any contractual means – it can be as simple as having informal access to people in senior positions.

These loyalty interests can influence decision-making and should be declared by staff involved in decision-making where they hold a position of authority in another NHS organisation or commercial, charity, voluntary, professional, statutory or other body which could be seen to influence decisions they take in their NHS role.

For a commissioner, a conflict of interest may therefore arise when their judgment as a commissioner could be, or is perceived to be, influenced and impaired by their own

concerns and obligations as a provider. In the case of a GP involved in commissioning, an obvious example is the award of a new contract to a provider, in which the individual GP has a financial stake, however the same considerations, as laid out in this policy, will apply when deciding whether to extend a contract.

A potential conflict of interest will include:

<p><b>Financial Interests</b></p> <p>This is where an individual may get direct financial benefits from the consequences of a commissioning decision. This could, for example, include being:</p>	<ul style="list-style-type: none"> <li>• A director, including a non-executive director, or senior employee in a private company or public limited company or other organization which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations;</li> <li>• A shareholder (or similar owner interests), a partner or owner of a private or not-for-profit company, business, partnership or consultancy which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations.</li> <li>• A management consultant for a provider;</li> <li>• In secondary employment</li> <li>• In receipt of secondary income from a provider</li> <li>• In receipt of a grant from a provider;</li> <li>• In receipt of any payments (for example honoraria, one off payments, day allowances or travel or subsistence) from a provider</li> <li>• In receipt of research funding, including grants that may be received by the individual or any organisation in which they have an interest or role; and</li> <li>• Having a pension that is funded by a provider (where the value of this might be affected by the success or failure of the provider)</li> </ul>
<p><b>Non-Financial Professional Interests</b></p> <p>This is where an individual may obtain a non-financial professional benefit from the consequences of a commissioning decision such as increasing their professional reputation or status or promoting their professional career. This may, for example, include situations where the individual is:</p>	<ul style="list-style-type: none"> <li>• An advocate for a particular group of patients;</li> <li>• A GP with special interests e.g., in dermatology, acupuncture etc.</li> <li>• A member of a particular specialist professional body (although routine GP membership of the RCGP, BMA or a medical defense organisation would not usually by itself amount to an interest which needed to be declared);</li> <li>• An advisor for Care Quality Commission (CQC) or National Institute for Health and Care Excellence (NICE);</li> <li>• A medical researcher</li> <li>• GPs and practice managers, who are members of the board or committees of the ICB, should declare details of their roles and responsibilities held within their GP practices.</li> </ul>
<p><b>Non-Financial Personal Interests</b></p> <p>This is where an individual may benefit personally in ways which are not directly linked to</p>	<ul style="list-style-type: none"> <li>• A voluntary sector champion for a provider;</li> <li>• A volunteer for a provider;</li> <li>• A member of a voluntary sector board or has any other position of authority in or connection with a voluntary sector organisation;</li> <li>• Suffering from a particular condition requiring individually funded treatment;</li> </ul>

<p>their professional career and do not give rise to a direct financial benefit. This could include, for example, where the individual is:</p>	<ul style="list-style-type: none"> <li>• A member of a lobby or pressure groups with an interest in health.</li> </ul>
<p><b>Indirect Interests</b></p> <p>This is where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest in a commissioning decision (as those categories are described above). For example, this should include:</p>	<ul style="list-style-type: none"> <li>• Spouse / Partner;</li> <li>• Close relative e.g., parent, grandparent, child, grandchild or sibling;</li> <li>• Close friend;</li> <li>• Business partner.</li> </ul>

- 3.9. If in doubt, the individual concerned should assume that a potential conflict of interest exists. **Examples of potential conflicts of interest would include:**
- Where an individual is a provider of services;
  - Where clinical leaders have a financial interest in a provider company
  - Where GPs may refer their patients to a provider company in which they have a financial interest;
  - Where GPs make decisions regarding the care of their patients to influence the payments they receive from commissioners;
- 3.10. Where local services are commissioned that could be provided by member practices. **Important things to remember are that:**
- A perception of wrongdoing, impaired judgement or undue influence can be as detrimental as any of them actually occurring;
  - If in doubt, it is better to assume a conflict of interest and manage it appropriately, rather than ignore it;
  - For a conflict to exist, financial gain is not necessary.
- 3.11. **Concerns may also relate to:**
- Financial or personal commitments (such as obligations to friends, colleagues or peers),
  - Special interests (for example in a particular condition due to family member experience,
  - Other non-financial objectives (status or kudos) or professional loyalties and duties.
- 3.12. Potential conflicts can also arise from close family members' interests and obligations by association.

## SECTION B - DECISION-MAKING WHEN A CONFLICT OF INTEREST ARISES

### 1. GENERAL APPROACHES

#### 1.0. **As an Individual making a declaration**

Individuals must declare any interest that they have - either to the ICB's Governance Team (frimleyICB.governance@nhs.net) as soon as they are aware of it and in any event no later than 28 days after becoming aware. Or if they have access to the online portal Civica Declare they should update their declarations accordingly and within 28 days after becoming aware of a change. The Equality Act states that staff who are pregnant, on maternity or adoption leave should not be discriminated against. Staff on leave due to their protected characteristics should update their conflicts of interest as soon as they return to work.

1.1. If a conflict becomes apparent in the course of a meeting, the individual will be asked to make an oral declaration before witnesses which will be formally written in the meeting record.

1.2. Individuals contracted to work on behalf of the ICB or otherwise providing services or facilities to the ICB will be made aware of their obligations under this policy to declare conflicts or potential conflicts of interests. This requirement will be written into their contracts for services.

#### 1.3. **Managing a potential conflict of interest**

The Governance Team will ensure that for every interest declared, either in writing or by oral declaration, arrangements are in place to manage the conflicts of interest or potential conflicts of interests, to ensure the integrity of the ICB's decision-making processes.

1.4. Where appropriate, a **Conflicts of Interest Management Plan** will be completed by the line manager (in the first instance) of the individual declaring a potential conflict of interest. This plan will outline the specific measures to be implemented to minimize any perceived or real conflict arising from the declared interest. A template for this plan is included in Annex H together with a decision matrix to assist (shown below).

1.5. When managing conflicts of interest staff should consider the 'Six Rs':

- **Register** – Where details of the existence of a possible or potential conflict of interest are formally registered.
- **Restrict** – Where restrictions are placed on the public official/Board member's involvement in the matter.
- **Recruit** – Where a disinterested third party is used to oversee part or all of the process that deals with the matter.
- **Remove** – Where a public official/Board member chooses to be removed from the matter.
- **Relinquish** – Where the public official/Board member relinquishes the private interest that is creating the conflict.
- **Resign** – Where the public official/Board member resigns from their position with the organisation.

1.6. For roles where line management is not explicitly stated, oversight of Conflicts of Interest Management Plans will be as follows:

- Accountable Officer for Executives and partner members of the ICB.

- Independent Chair for Accountable Officer and non-executive members.
- 1.7. In any commissioning transaction (including conversations between two or more individuals, e-mails, correspondence and other communications), individuals must ensure, where they are aware of an interest, that they declare the interest as soon as it has been identified.
  - 1.8. **In meetings - decision-making when a conflict of interest arises**  
Where certain members of a decision-making body (be it the board, its committees or sub-committees, or a committee or sub-committee of the ICB) have a material interest, they should either be excluded from relevant parts of meetings, or join in the discussion but not participate in the decision-making itself (i.e., not have a vote).
  - 1.9. The Chair or Convenor of the meeting will determine how the conflict should be managed and will inform the individual of the decision which may include withholding confidential papers. Where no arrangements have been confirmed, the Chair or Convenor of the meeting may require the individual to withdraw from the meeting or part of it. The individual will then comply with these arrangements, which must be formally recorded in the minutes of the meeting.
  - 1.10. Where the Chair or Convenor of any meeting of the ICB has a personal interest, previously declared or otherwise, in relation to the scheduled or likely business of the meeting, they must make a declaration and the Deputy Chair (or other nominated individual if the Deputy Chair is also conflicted) will act as Chair for the relevant part of the meeting.
  - 1.11. Where arrangements have been confirmed for the management of the conflict of interests or potential conflicts of interests in relation to the Chair or Convenor, the meeting must ensure these are followed. Where no arrangements have been confirmed, the Deputy Chair may require the Chair or Convenor to withdraw from the meeting or part of it. Where there is no Deputy Chair, (or the Deputy Chair is similarly conflicted) the members of the meeting will select one.
  - 1.12. Should the situation arise that a significant number of individuals are deemed to be prevented from taking part in a meeting because of prejudicial interests; the Chair (or deputy) will determine whether or not the discussion can proceed. In making this decision the Chair or Convenor will consider whether the meeting is quorate, in accordance with the number and balance of membership set out in the ICB's standing orders and committee terms of reference.
  - 1.13. Where a quorum cannot be convened from the membership of the meeting, owing to the arrangements for managing conflicts of interest or potential conflicts of interests, the membership of the meeting should refer to the Terms of Reference of the committee to establish the expected quoracy.

**Matrix to support management of a potential conflict**

Example	Interest			
	Financial	Non-financial professional	Non-financial personal	Indirect
Needs assessment	Fully participate	Fully participate	Fully participate	Fully participate
Review health outcomes	Fully participate	Fully participate	Fully participate	Fully participate
Design services	Discuss and vote	Discuss and vote	Discuss and vote	Discuss and vote
Decide priorities	Discuss but cannot vote	Discuss and vote	Discuss and vote	Discuss and vote
Review commissioning proposals	Remain but cannot speak or vote	Remain but cannot speak or vote	Remain but cannot speak or vote	Discuss and vote
Performance management	Remain but cannot speak or vote (unless interest is deemed not prejudicial)	Remain but cannot speak or vote (unless interest is deemed not prejudicial)	Remain but cannot speak or vote (unless interest is deemed not prejudicial)	Discuss and vote
Review prioritised business cases	Leave the room	Remain but cannot speak or vote	Remain but cannot speak or vote (unless interest is deemed not prejudicial)	Discuss and vote
Procurement/contracting	Leave the room	Remain but cannot speak or vote (unless interest is deemed not prejudicial)	Remain but cannot speak or vote (unless interest is deemed not prejudicial)	Discuss and vote

**1.14. Governance arrangements**

The ICB will ensure appropriate governance arrangements are in place that ensure that conflicts of interest are identified and managed appropriately, in accordance with this policy and statutory guidance, without compromising the ICB's ability to make robust commissioning decisions.

## **2. PROCUREMENT AND CONTRACTS**

### **2.1. Managing conflicts of interest during procurement**

The ICB recognises the importance of making decisions about the services it procures in a way that does not call into question the motives behind the procurement decisions that have been made. The ICB will ensure that they recognise and manage conflicts or potential conflicts of interest that may arise in relation to procurement.

2.2. Anyone participating in the procurement, or otherwise engaging with the ICB, in relation to the provision of services or facilities, will be required to make a declaration of interest which will include nil returns. This includes those who will take part in any tender evaluation or decision making with regard to the award of a contract. Where these functions are undertaken by the Commissioning Support Unit (CSU), declarations from CSU employees involved in the process should also be obtained and made available to the ICB.

### **2.3. Commercial confidentiality**

All individuals 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. For particularly sensitive procurement/contracts individuals may be asked to sign a non-disclosure agreement.

## **3. SERVICE DESIGN**

3.1. The ICB recognises the benefits to be gained from engagement with relevant providers, especially clinicians, in confirming the design of service specifications. However, the ICB also recognises that conflicts of interest can occur if a commissioner engages selectively with only certain providers in developing a service specification for a contract for which they may later bid in a competitive process.

3.2. The ICB will seek, as far as possible, to specify the outcomes that they wish to see delivered through a new service, rather than the process by which these outcomes are to be achieved. As well as supporting innovation, this helps prevent bias towards particular providers in the specification of services.

3.3. Where an individual has declared a relevant and material interest or position in the context of the specification for, or award of, a contract the individual concerned will be expected to act in accordance with the arrangements for the management of conflicts of interest outlined in this policy and may be excluded from the decision-making process in relation to the relevant specification or award.

3.4. There will be occasions where the conflict of interest is profound and acute. In such scenarios (such as where an individual has a direct financial interest which gives rise to a conflict, e.g., secondary employment or involvement with an organisation which benefits financially from contracts for the supply of goods and services to the ICB or aspires to be a new care model provider), it is likely that the ICB will want to consider whether, practically, such an interest is manageable at all. It should be noted that this can arise in relation to both clinical and non-clinical members/roles. If an interest is not manageable, the appropriate course of action may be to refuse to allow the circumstances which gave rise to the conflict to persist. This may require an individual to step down from a particular role and/or move to another role within the ICB and may require the ICB to take action to terminate an appointment if the individual refuses to step down. The ICB should ensure that their contracts of employment and letters of appointment, HR policies, board and committee terms of reference and standing orders are reviewed to ensure that they enable the ICB to take appropriate

action to manage conflicts of interest robustly and effectively in such circumstances.

- 3.5. Where a member of ICB staff participating in a meeting has dual roles, for example a role with the ICB and a role with a provider organisation, but it is not considered necessary to exclude them from the whole or any part of a ICB meeting, they should ensure that the capacity in which they continue to participate in the discussions is made clear and correctly recorded in the meeting minutes, but where it is appropriate for them to participate in decisions they must only do so if they are acting in their ICB role.
- 3.6. Similarly, the ICB should identify and manage potential conflicts of interest where staff are involved in both the contract management of existing contracts and involved in procurement of related new contracts.

#### **4. CONTRACTORS AND PEOPLE WHO PROVIDE SERVICES TO THE ICB**

- 4.1. Anyone seeking information in relation to procurement, or participating in procurement, or otherwise engaging with the ICB in relation to the potential provision of services or facilities, will be required to make a declaration of any relevant conflict or potential conflict of interest using Declaration of Conflict of Interests for Bidders/Contractors.
- 4.2. Anyone contracted to provide services or facilities directly to the ICB will be subject to the same provisions as set out within the ICB's constitution in relation to managing conflicts of interests. This requirement will be set out in the contract for their services.

#### **5. OTHER AREAS TO BE CONSIDERED**

##### **5.1. Secondary employment**

- Secondary employment includes: paid or unpaid work, either as Pay as You Earn (PAYE); voluntary; consultancy and or self-employment and or bank or agency contracts.
- Should an employee wish to undertake secondary employment, line managers should be informed, and prior permission must be obtained to ensure that the ICB is aware of, and can deal with, any potential conflict of interest. It should be noted that the ICB reserves the right to refuse permission where it believes a conflict will arise which cannot be effectively managed and or adversely affects their duties under their contract of employment
- Additional work or employment is considered as 'secondary' even where the ICB may not be considered by an individual as their main or 'primary' employment or work. Individuals are not precluded from having secondary employment - however the ICB must be informed of such employment.
- Failure to obtain prior permission may be classed as gross misconduct and lead to disciplinary action. Further information can be found within the ICB's Concerns and Whistleblowing Policy.

##### **5.2. Initiatives**

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

- Any patent, designs, trademarks or copyright resulting from the work (e.g., research) of an individual in its contract for services/employment with the ICB shall be the intellectual property of the ICB.
- Approval from the appropriate line manager should be sought prior to entering into any obligation to undertake external work connected with the business of the ICB.
- Where the undertaking of external 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.

### 5.3. **Sponsorship of Events and Training**

Staff are responsible for ensuring that they comply fully with guidance on joint working with the pharmaceutical industry (that is to say joint working for the benefit of patient care) – for example, in cases where pharmaceutical companies provide sponsorship for education and training events. A detailed breakdown of the key responsibilities for staff is described in the Policy for the Sponsorship of Activities and Joint Working with the Pharmaceutical Industry.

## 6. **REGISTER OF INTERESTS**

- 6.1. The ICB will maintain a Register of Interests for members of the board and members of the committees and sub-committees of the board and employees.

(When a new person starts working for/ with the ICB, a member of the Governance Team will create an online account for them on the Civica Declare System. An automated email will be issued inviting the user to make a declaration of interest. The system advises how to make the 'right' type of declaration. The information requested is the same as set out in his policy)

- 6.2. The ICB will ensure that, when members declare interests, this includes the interests of all relevant individuals within their own organisations (e.g., partners in a GP Practice), who have a relationship with the ICB and who would potentially be in a position to benefit from decisions made by the ICB.

- 6.3. The ICB will ensure that declarations of interest are made and regularly confirmed or updated. This includes the following:

- On appointment: applicants for any appointment to the ICB should be asked to declare any relevant interests as part of the election/recruitment process. When an appointment is made, a formal declaration of interest should be made and recorded.
- For senior staff (Agenda for Change band 8d and above) and members of the board, declarations of interest should be captured as part of the recruitment process to ensure that potential conflicts are not so large as to preclude them from decision-making.
- Regular interval: all members of the ICB board must review their declarations contained in the Registers of Interests every six months; all other staff will need to do so once a year.
- At meetings: all members and regular attendees should be asked under a standing item on the agenda of the meeting, to declare any interest they have in any agenda item before it is discussed or as soon as it becomes

apparent. Declarations of interest made should be recorded in the minutes of the meeting.

- On changing role or responsibility: where an individual changes role or responsibility within the ICB or its Board, any change to the individual's interests should be declared.
- On any other change of circumstances: wherever an individual's circumstances change in a way that affects the individual's interest (e.g. where an individual takes on a new role outside the ICB or sets up a new business or relationship), a further declaration should be made to reflect the change in circumstances. This could involve a conflict of interest ceasing to exist or a new one materialising.

6.4. If an individual fails to declare an interest or the full details of an interest, this may result in disciplinary action being undertaken. Also, a referral may be made to the Local Counter Fraud Service who may investigate the matter criminally in accordance with the ICB's Counter Fraud and Corruption Policy.

6.5. All interests will remain on the public register for a minimum of 6 months after the interest has expired. In addition, the ICB must retain a private record of historic interests for a minimum of 6 years after the date on which it expired. The ICB's published Register of Interests should state that historic interests are retained by the ICB for the specified timeframe, with details of whom to contact to submit a request for this information.

## SECTION C - GIFTS AND HOSPITALITY

### 1. GIFTS

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

- 1.1. Staff should not accept gifts that may affect, or be seen to affect, their professional judgment.
- 1.2. All individuals must not, either directly or indirectly, accept a gift (including rewards, benefits and hospitality) from any member of the public or any organisation with whom they are brought into contact by reason of their duties other than:

#### Gifts from suppliers or contractors:

- Gifts from suppliers or contractors doing business (or likely to do business) with the organisation should be declined, whatever their value.
- Low cost branded promotional aids such as pens or post-it notes may, however, be accepted where they are under the value of £6\* in total and need not be declared.

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

- Gifts of cash and vouchers to individuals should always be declined.
- Staff should not ask for any gifts.
- Gifts valued at over £50 should be treated with caution and can only be accepted on behalf of the ICB (i.e., to a charitable fund) but not in a personal capacity. These should be declared by staff.
- Modest gifts accepted under a value of £50 can be accepted from non-suppliers and non-contractors and do not need to be declared.
- A commonsense approach should be applied to the valuing of gifts (using an actual amount, if known, or an estimate that a reasonable person would make as to its value).
- Multiple gifts from the same source over a 12-month period should be treated in the same way as single gifts over £50 where the cumulative value exceeds £50.

#### **What should be declared?**

- 1.3. Best practice is to politely refuse gifts with a courteous explanation of the ICB’s policy and advise the donor that should they wish to do so they are welcome to make a contribution to a charitable cause.
- 1.4. A commonsense approach should be applied to the valuing of gifts (using an actual amount, if known, or an estimate that a reasonable person would make as to its value).
- 1.5. Secondly, you should consider the risks associated with accepting offers of gifts, hospitality and entertainment. This is especially important during a procurement exercise, as the acceptance of gifts could give rise to real or perceived conflicts of interests, or accusations of unfair influence, collusion or canvassing.
- 1.6. If you have been offered or accepted a gift you must declare it as soon as possible within 14 calendar days of the gift or offer. The online portal (Civica Declare)

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\* The £6 value has been selected with reference to existing industry guidance issued by the ABPI: <http://www.pmcpa.org.uk/thecode/Pages/default.aspx>

enables all staff to make a declaration to confirm:

- Staff name and their role with the organisation.
- A description of the nature and value of the gift, including its source.
- Date of receipt.
- Any other relevant information (e.g., circumstances surrounding the gift, action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

1.7. All gifts and offers will be included the Gifts and Hospitality Register.

## 2. HOSPITALITY

Modest hospitality is an accepted courtesy of a business relationship. However, the organisation or individual receiving the hospitality should never put themselves in a position where there could be any suspicion that their business decisions could have been influenced by accepting hospitality from others.

Staff should not ask for or accept hospitality that may affect, or be seen to affect, their professional judgement.

Hospitality must only be accepted when there is a legitimate business reason, and it is proportionate to the nature and purpose of the event.

Particular caution should be exercised when hospitality is offered by actual or potential suppliers or contractors. This can be accepted, and must be declared, if modest and reasonable. Senior approval must be obtained.

### 2.1. Definitions

Hospitality is defined as meals and or drinks, visits, entertainment, lecture courses organised etc. provided or offered by potential suppliers. A non-exhaustive list of examples includes:

#### Meals and refreshments:

- Under a value of £25 - may be accepted and need not be declared.
- Of a value between £25 and £75\* - may be accepted and must be declared.
- Over a value of £75 - should be refused unless (in exceptional circumstances) senior approval is given. A clear reason should be recorded on the register of interest as to why it was permissible to accept.

A commonsense approach should be applied to the valuing of meals and refreshments (using an actual amount, if known, or a reasonable estimate).

#### Travel and accommodation:

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

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\* The £75 value has been selected with reference to existing industry guidance issued by the ABPI <http://www.pmcpa.org.uk/thecode/Pages/default.aspx>

- Offers of business class or first-class travel and accommodation (including domestic travel)
- Offers of foreign travel and accommodation.

2.2. There may be some limited and exceptional circumstances where accepting the types of hospitality referred to in this paragraph may be contemplated. The reasons for acceptance should be recorded on the online portal (Civica Declare). Hospitality of this nature should be declared to the individuals line manager as soon as possible, and recorded on the register, whether accepted or not. In addition, particular caution should be exercised where hospitality is offered by suppliers or contractors linked (currently or prospectively) to the ICB's business. Offers of this nature can be accepted if they are modest and reasonable. All offers of hospitality from actual or prospective suppliers or contractors (whether or not accepted) should be declared and recorded.

2.3. If you are offered gifts or hospitality here you need to bear in mind:

<b>What is a gift or hospitality?</b>	<b>What can't I accept?</b>
<p><b>Gift:</b> 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</p> <p><b>Hospitality:</b> Meals/drinks/visits/entertainment/lecture courses organised by potential suppliers. It must only be accepted when there is a legitimate business reason, must be proportionate to the nature and purpose of the event and must be recorded</p>	<ul style="list-style-type: none"> <li>• Gifts from suppliers or contractors doing business with the ICB (or likely to) <b>whatever the value</b></li> <li>• Cash and vouchers</li> </ul> <p><b>Meals and refreshments:</b></p> <ul style="list-style-type: none"> <li>• Over £75 – must be refused (unless exceptional and senior approval given the reason for which must be recorded in the Register)</li> </ul> <p><b>Travel and accommodation:</b></p> <ul style="list-style-type: none"> <li>• If it's beyond modest and not normal for the ICB, should only be accepted in exceptional circumstance and must be declared with a clear reason recorded in the Register (examples business or first class travel, foreign travel and accommodation)</li> </ul>
<b>What can I accept?</b>	
<p><b>Meals and refreshments:</b></p> <ul style="list-style-type: none"> <li>• under £25 may be accepted and need not be declared</li> <li>• £25 - £75 – may be accepted and must be declared</li> </ul> <p><b>Travel and accommodation:</b></p> <ul style="list-style-type: none"> <li>• Modest offers to pay or some travel and accommodation costs related to attendance may be accepted and must be declared</li> </ul>	
Low cost branded promotional aids e.g., pens and post it notes under £6	
Modest gifts under £25 from non-suppliers and non-contractors	
<b>What to do if I accept a gift or hospitality</b>	<b>How do I refuse a gift?</b>
Within 14 days you must complete the form and send it to the Governance Team for inclusion in the Register	Politely refuse, explaining the policy and advise the donor that, if they wish, they are welcome to make a contribution to a charitable cause instead
<b>What happens to my form and the Register?</b>	<b>What you must not do:</b>

<b>What is a gift or hospitality?</b>	<b>What can't I accept?</b>
<p>The information from your form is included in the Register.</p> <p>The Register has to be published on the ICB's website and in the Annual Report and Accounts.</p> <p>You can ask that your information is not published but you must give reasons and the Conflicts of Interest Guardian will decide if it has to be published</p> <p>The ICB has to report quarterly on its management of its system for registration of interest, gifts and hospitality</p>	<p><b>You must not ask for any gifts or hospitality!</b></p> <p>You should not accept gifts that may affect or be seen to affect your professional judgement</p>
	<p><b>When to be cautious :</b></p> <p>When hospitality is offered by actual or potential suppliers or contractors. If it's modest and reasonable it can be accepted (subject to senior approval)</p> <p>Gifts over £25 can only be accepted on behalf of the ICB (i.e., to a charitable fund) but not in a personal capacity. <b>They must be declared</b></p> <p>Multiple gifts from the same source, over a 12-month period, must be treated the same as single gifts over £25, where the cumulative value exceeds £75.</p>

### 3. GIFTS AND HOSPITALITY REGISTER

- 3.1. In exceptional circumstances, where the public disclosure or information could give rise to a real risk of harm or is prohibited by law, an individual's name and/or other information may be redacted from the publicly available register(s). Where an individual believes that substantial damage or distress may be caused, to him/himself or somebody else by the publication of information about them, they are entitled to request that the information is not published. Such requests must be made in writing. Decisions not to publish information must be made by Conflicts of Interest Guardian for the ICB, who should seek appropriate legal advice where required, and the ICB should retain a confidential un-redacted version of the register(s).
- 3.2. All persons who are required to make a declaration of interest(s) or a declaration of gifts or hospitality will be made aware that the register(s) will be published via a fair processing notice on the ICB website.
- 3.3. The register(s) of interests (including the register of gifts and hospitality) will be published as part of the ICB's Annual Report and Annual Governance Statement.

## SECTION D - MANAGEMENT ARRANGEMENTS

### 1. BREACHES

- 1.1. There will be situations when interests will not be identified, declared or managed appropriately and effectively. This may happen innocently, accidentally, or because of the deliberate actions of staff or other organisations. For the purposes of this policy these situations are referred to as 'breaches'.

Individuals should be aware that a breach of this policy could render them liable to prosecution, **disciplinary action**, as well as leading to the termination of their employment or position within the ICB.

Individuals who fail to disclose relevant interests, outside employment or receipts of gifts or hospitality as required by this policy or the ICB's standing orders and financial policies may be subject to disciplinary action which could ultimately result in the termination of their employment or position within the ICB.

The ICB takes seriously the failure to disclose such information as required by this policy. **The ICB has a zero tolerance to fraud, bribery and corruption as set out in its "Anti-Fraud, Bribery and Corruption, Money Laundering and Economic Crimes Statement" which is published on the intranet and website.**

It is an offence under the Fraud Act 2006 for individuals to fail to disclose information to the ICB in order to make a gain for themselves or another, or to cause a loss or expose the organisation to a loss. Therefore, if an individual becomes aware that someone has failed to disclose relevant and material information, they should raise the concern in the first instance with the Chief Finance Officer who has overall responsibility for ensuring compliance with the Standards for Commissioners on fraud, corruption and bribery.

In compliance with the Standards, the Chief Finance Officer is responsible for ensuring that fraud, bribery and corruption is prevented, detected and investigated. Combating fraud, bribery and corruption requires an understanding of how and why it happens, the ways in which it can be minimised and how to professionally investigate it. In line with the Standards for Commissioners the Chief Finance Officer has nominated an Anti-Crime Specialist to tackle fraud, corruption and bribery within the ICB.

Where a referral concerning fraud or corruption has been made to the Chief Finance Officer, they shall inform the Anti-Crime Specialist at the first opportunity and delegate to him/her responsibility for leading any investigation whilst retaining overall responsibility.

#### 1.2. Identifying and reporting breaches

Staff who are aware about actual breaches of this policy, or who are concerned that there has been, or may be, a breach, should report these concerns to the Governance Team.

To ensure that interests are effectively managed staff are encouraged to speak up about actual or suspected breaches. Every individual has a responsibility to do this. For further information about how concerns should be raised please see the ICB Freedom to Speak Up policy.

The organisation will investigate each reported breach according to its own specific facts and merits, and give relevant parties the opportunity to explain and clarify any relevant circumstances.

Following investigation the organisation will:

- Decide if there has been or is potential for a breach and if so, what severity of the breach is.
- Assess whether further action is required in response – this is likely to involve any staff member involved and their line manager, as a minimum.
- Consider who else inside and outside the organisation should be made aware
- Take appropriate action as set out in the next section.

### 1.3. Taking action in response to breaches

Action taken in response to breaches of this policy will be in accordance with the disciplinary procedures of the organisation and could involve organisational leads for staff support (e.g. Human Resources), fraud (e.g. Local Counter Fraud Specialists), members of the management or executive teams and organisational auditors.

All breaches will be anonymised, recorded and published on the ICB's website along with any outcomes/actions (template shown in Annex G). NHS England will be notified of any breaches, as appropriate.

## 2. MONITORING

- 2.1. This policy will be reviewed annually by the Governance Team.
- 2.2. The non-executive member with responsibility as Guardian for Conflict of Interest, supported by the Governance Team, will review Register of Interest entries on a regular basis and take any action necessary highlighted by the review. All actions taken will be reported to Audit Committee.

## 3. TRAINING AND RAISING AWARENESS

- 3.1. The ICB will ensure all staff are aware that they need to complete annual mandatory training on the management of conflicts of interest. In line with NHSE guidance Module 1 training will be offered to all employees, board members and members of ICB committees and sub-committees. This is to ensure staff and others within the ICB understand what conflicts are and how to manage them effectively. Staff will need to complete their mandatory training by 31 January each year and compliance rates will be recorded as part of the ICB's annual conflicts of interest audit. Decision making staff as defined by NHSE (<https://www.england.nhs.uk/wp-content/uploads/2017/02/guidance-managing-conflicts-of-interest-nhs.pdf>) and in line with the ICB's Standing Financial Instructions (<https://www.frimleyICB.nhs.uk/policies-and-documents/how-we-make-decisions>) will be required to undertake Module 2 and 3 conflicts of interest training.

## 4. REVIEW

This policy will be reviewed 3 years unless an earlier review is required. This will be led by Frimley ICB Governance Team.

## ANNEXES

- A Register of Breaches of Conflicts of Interest Policy template
- B Guidance for line managers
- C EHIA



## Annex B Management Guidance

### Definition

A conflict of interest occurs where an individual’s ability to exercise judgement, or act in a role, is or could be impaired or otherwise influenced by his or her involvement in another role or relationship. The individual does not need to exploit his or her position or obtain an actual benefit, financial or otherwise, for a conflict of interest to occur e.g.

- **Financial interest** – direct financial benefit e.g. shareholder of organisation in receipt of funding, in receipt of secondary income, sponsored research etc.
- **Non-financial professional interest** – e.g. increasing professional reputation or status or promoting career
- **Non-financial personal interest** – e.g. member of voluntary sector organisation or lobbying/pressure group
- **Indirect interest** – close association with another individual who has an interest e.g. close family, friends

A perception of wrong-doing, impaired judgement or undue influence can be as detrimental as any of them actually occurring. If in doubt, it is better to assume the existence of a conflict of interest and manage it appropriately rather than ignore it.

### Background


**Who is potentially conflicted?**

**Why?**

**What steps have been taken to date to manage this potential conflict?**

The following decision matrix should be used:

Example	Interest			
	Financial	Non-financial professional	Non-financial personal	Indirect

<b>Needs assessment</b>	Fully participate	Fully participate	Fully participate	Fully participate
<b>Review health outcomes</b>	Fully participate	Fully participate	Fully participate	Fully participate
<b>Design services</b>	Discuss and vote	Discuss and vote	Discuss and vote	Discuss and vote
<b>Decide priorities</b>	Discuss but cannot vote	Discuss and vote	Discuss and vote	Discuss and vote
<b>Review commissioning proposals</b>	Remain but cannot speak or vote	Remain but cannot speak or vote	Remain but cannot speak or vote	Discuss and vote
<b>Performance management</b>	Remain but cannot speak or vote (unless interest is deemed not prejudicial)	Remain but cannot speak or vote (unless interest is deemed not prejudicial)	Remain but cannot speak or vote (unless interest is deemed not prejudicial)	Discuss and vote
<b>Review prioritised business cases</b>	Leave the room	Remain but cannot speak or vote	Remain but cannot speak or vote (unless interest is deemed not prejudicial)	Discuss and vote
<b>Procurement/contracting</b>	Leave the room	Remain but cannot speak or vote (unless interest is deemed not prejudicial)	Remain but cannot speak or vote (unless interest is deemed not prejudicial)	Discuss and vote

**What further mitigation could be taken?**

Transparency of decision making is key. The general safeguards will vary to some extent depending on at what stage in the commissioning cycle the decisions are being made.

Consider the 'Six Rs':

- **Register** – Where details of the existence of a possible or potential conflict of interest are formally registered.
- **Restrict** – Where restrictions are placed on the public official/Board member's involvement in the matter.
- **Recruit** – Where a disinterested third party is used to oversee part or all of the process that deals with the matter.
- **Remove** – Where a public official/Board member chooses to be removed from the matter.
- **Relinquish** – Where the public official/Board member relinquishes the private interest that is creating the conflict.
- **Resign** – Where the public official/Board member resigns from their position with the organisation.

Steps taken to date:

Further mitigation proposed:

Annex C

## EHIA Tool: Section A

### EQUALITY & health inequalities IMPACT ASSESSMENT

Please use the Workforce Information (Appendix A) and EHIA Toolkit (Appendix B) to guide completion of the following:

	<b>Impact</b>	<b>Mitigation</b>
	<p style="text-align: center;"><b>Is your project likely to have a differential impact on any of the protected characteristics? If so, is this positive, neutral or negative?</b></p> <p><b>Consider:</b></p> <ul style="list-style-type: none"> <li>- Does the policy apply to all or does it exclude individuals with a particular characteristic e.g. females, older people etc?</li> <li>- What does existing evidence show? E.g. consultation from different groups, demographic data, questionnaires, equality monitoring data, analysis of complaints.</li> <li>- Are individuals from one particular group accessing the project more or less than expected? Why might this be?</li> </ul>	<p style="text-align: center;"><b>Can any potential negative impact be justified? If not, how will you mitigate any negative impacts?</b></p> <ul style="list-style-type: none"> <li>✓ Think about reasonable adjustments and / or Positive Action</li> <li>✓ Consider how you would measure and monitor the impact going forwards, e.g. equality monitoring data, analysis of complaints</li> <li>✓ Assign a responsible lead</li> <li>✓ Designate a timescale to monitor the impacts</li> <li>✓ Re-visit after a designated time period to check for improvements.</li> </ul>
<b>Protected Characteristic Groups</b>		
Age	<p><b>Neutral</b></p> <p><i>Details: This policy relates to the ICB’s workforce who are adults of working age. The policy would be enacted in an equal way with no age detriment.</i></p>	<p><i>Details:</i></p> <p><b>Lead:</b></p>
Disability	<p><b>Positive</b></p> <p><i>Details: The policy may be perceived to be one that is complex and potentially difficult to navigate for colleagues with disabilities. The detail of the policy has been simplified in user friendly way on the</i></p>	<p><i>Details:</i></p> <p><b>Lead: Updated statement on reasonable adjustments has been added to the updated draft policy in section 1.</b></p>

	<p><i>intranet with clear offer of face-to-face conversation with the Governance to provide support where necessary.</i></p> <p><i>Where a conflict of interest or breach is identified colleagues will be provided with reasonable adjustments under the terms of the Equality Act to support them to make the necessary declaration.</i></p>	
Race / Ethnicity	<p><b>Neutral</b>  <i>Details: The policy is impartial and confers no benefit or disbenefit in respect of race or ethnicity.</i></p>	<p><i>Details:</i></p> <p><b>Lead:</b></p>
Gender	<p><b>Neutral</b>  <i>Details: The policy is impartial and confers no benefit or disbenefit in respect of gender.</i></p>	<p><i>Details:</i></p> <p><b>Lead:</b></p>
Gender Reassignment	<p><b>Neutral</b>  <i>Details: The policy is impartial and confers no benefit or disbenefit in respect of gender reassignment.</i></p>	<p><i>Details:</i></p> <p><b>Lead:</b></p>
Marriage and Civil Partnership	<p><b>Positive</b>  <i>Details: Marriage and civil partnership could result in a potential conflict of interest which is defined under the heading indirect interest. The policy has a positive impact as it directly helps this group navigate the definitions of conflicts of interest provided by NHS England in its guidance document</i></p> <p><b>ADD LINK to new guidance.</b></p>	<p><i>Details:</i></p> <p><b>Lead:</b></p>
Pregnancy and Maternity	<p><b>Positive</b>  <i>Details: This policy has considered the disproportion impact on pregnancy and maternity and adoption and there is a statement in section 1 of the policy which specifically addresses this point.</i></p>	<p><i>Details:</i></p> <p><b>Lead:</b></p>
Religion and Belief	<p><b>Neutral</b>  <i>Details: The policy is impartial and confers no benefit or disbenefit in respect of religion or belief.</i></p>	<p><i>Details:</i></p> <p><b>Lead:</b></p>

Sexual Orientation	<p><b>Neutral</b> <i>Details: The policy is impartial and confers no benefit or disbenefit in respect of sexual orientation.</i></p>	<p><i>Details:</i></p> <p><b>Lead:</b></p>
General comments across equality strands	<p><b>Neutral</b> <i>Details: When considering intersectionality there is no benefit or disbenefit across the equality strands.</i></p>	<p><i>Details:</i></p> <p><b>Lead:</b></p>

## EHIA Tool: Section A

	Impact	Mitigation
<b>Other vulnerable groups to consider:</b>		
<p>Are there potential impacts of your project on any other vulnerable groups, for example</p> <ul style="list-style-type: none"> <li>• Looked After Children &amp; Young People</li> <li>• Carers and People with Caring Responsibilities</li> <li>• Homeless People</li> <li>• Those involved with the Criminal Justice System</li> <li>• People receiving low incomes</li> <li>• People with poor literacy</li> <li>• People living in deprived areas</li> </ul>	<p><b>Neutral</b></p> <p><i>Details: This policy relates to the ICB's workforce who are adults of working age. The policy would be enacted in an equal way with no detriment to vulnerable groups including those listed on the left-hand side.</i></p> <p><i>Staff who require reasonable adjustments would be supported.</i></p>	<p><i>Details:</i></p> <p><b>Lead:</b></p>

<ul style="list-style-type: none"> <li>• People without access to digital tools</li> <li>• Armed Services</li> <li>• Other groups who face inequalities</li> </ul>		
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## EHIA Tool: Section B

### The duty to reduce health inequalities

<p><b>Will your project contribute to the duties to reduce health inequalities?</b> <b>If yes, for which groups?</b></p>
<p>Not specifically, although there may be a better understanding through education and awareness provided that inadvertently benefits staff by reducing barriers to opportunities, support, or other health inequalities.</p>
<p><b>Could your project reduce health inequalities in access to health care for any groups facing inequalities?</b> <b>If yes, for which groups?</b></p>
<p>The policy enables our workforce to deliver projects which reduce health inequalities.</p>
<p><b>Could your project reduce inequalities in health outcomes for any groups facing inequalities?</b> <b>If yes, for which group?</b></p>
<p>The policy enables our workforce to deliver projects which reduce health inequalities.</p>

## EHIA Tool: Section C

### Action Planning for Improvement

Issues / Impact Identified	Actions Required	How will you measure the impact / progress?	Timescale	Responsible Person
<b>Identify it</b>	<b>Declare it</b>			<b>Line Manager</b>
<b>Add link to new NHSE Conflicts of Interest Guidance issued on 17 September 2024</b>				

## EHIA Tool: Section D

### EHIA Sign-Off

EDI Team Lead:	Date:
Senior Reporting Officer:	Date:
Who will review the project:	Review date:

**Please note that this form should be completed as well as the Quality Impact Assessment ([available here](#)).**

## Appendix A: Workforce Information

### Baseline information about NHS Frimley’s workforce

	<b>Impact</b>	<b>Mitigation</b>
	<p><b>Is your project likely to have a differential impact on any of the protected characteristics?</b>  <b>If so, is this positive, neutral or negative?</b></p> <p><b>Consider:</b></p> <ul style="list-style-type: none"> <li>- Does the policy apply to all or does it exclude individuals with a particular characteristic e.g. females, older people etc?</li> <li>- What does existing evidence show? E.g. consultation from different groups, demographic data, questionnaires, equality monitoring data, analysis of complaints.</li> <li>- Are individuals from one particular group accessing the project more or less than expected? Why might this be?</li> </ul>	<p><b>Can any potential negative impact be justified?</b>  <b>If not, how will you mitigate any negative impacts?</b></p> <ul style="list-style-type: none"> <li>✓ Think about reasonable adjustments and / or Positive Action</li> <li>✓ Consider how you would measure and monitor the impact going forwards, e.g. equality monitoring data, analysis of complaints</li> <li>✓ Assign a responsible lead</li> <li>✓ Designate a timescale to monitor the impacts</li> <li>✓ Re-visit after a designated time period to check for improvements.</li> </ul>
<b>Protected Characteristic Groups</b>		
Age	<p><b>Workforce Data:</b> Average Age: Not available at data pull (March 2023).</p> <p><b>Population Data:</b> The <a href="#">2021 census</a> indicates the median age of residents in our System (Bracknell Forest, Rushmoor, Slough, Surrey Heath, Windsor &amp; Maidenhead) was 39 years old; the South East of England was 42 years old.</p> <p><i>Older people may be at increased risk of serious complications from COVID-19.</i></p>	<p><i>Are there any age related impacts?</i></p> <p><i>Is the proposal for all ages or a particular age group?</i></p> <p><i>How can increased risks be mitigated?</i></p> <p><i>How can dignity &amp; modesty be upheld?</i></p>
Disability	<p><b>Workforce Data:</b> Disability declared: 4.3% Disability not declared: 75.6%</p> <p><b>Population Data:</b> The 2021 census indicates that 16.1% of people in the South East of England live with a limiting long-term illness.</p>	<p><i>Consider impacts of Mental Capacity or Learning difficulties. Is communication accessible? Consider interpreters, for example British Sign Language; Pictorial documents and information leaflets.</i></p>

	<i>People with long-term illness have higher risk of being impacted by COVID-19.</i>	<i>Are sensory supports required, such as hearing loops or mitigations for visual impairment? How can increased risks be mitigated? How can dignity &amp; modesty be upheld?</i>
Race / Ethnicity	<b>Workforce Data:</b> <i>34% of our staff are from the Global Majority and mixed ethnic backgrounds. 11% of our staff have not stated their ethnicity.</i> <b>Population Data:</b> <i>The 2021 census indicates that 42% of residents in our System (Bracknell Forest, Rushmoor, Slough, Surrey Heath, Windsor &amp; Maidenhead) are from the Global Majority.</i>	<i>Is communication accessible? Consider interpreters etc. How can increased risks be mitigated? How can dignity &amp; modesty be upheld?</i>
Gender	<b>Workforce Data:</b> <i>77.2% female, 22.8% male (note our records do not have capability to record other gender identities)</i> <b>Population Data:</b> <i>The 2021 census indicates that 50% of the UK population were female and 49% were male. Data shows that women were more likely to have a positive COVID-19 test but men were more likely to die from the virus.</i>	<i>How can increased risks be mitigated? How can dignity &amp; modesty be upheld?</i>
Gender Reassignment	<b>Workforce Data:</b> <i>As above, we are unable to record gender identities outside of the binary at this time.</i> <b>Population Data:</b> <i>The 2021 census shows that 0.47% of the population in the South-East of England (0.54% of the population of England and Wales) identify as trans*</i>	<i>How does this work impact gender dysphoria? How are you ensuring that people are treated according to their gender identity, including supporting their pronouns? How can increased risks be mitigated? How can dignity &amp; modesty be upheld?</i>
Marriage and Civil Partnership	<b>Workforce Data:</b> <i>57% of our workforce are married and 21% are single. 12% have not specified their status.</i> <b>Population Data:</b> <i>The 2021 census indicates that around 50% of our System population are married, and 33% have never been married or in a Civil Partnership. It did not report data on the population who are single; data for North-East Hampshire &amp; Farnham geography could not be included as it is embedded in larger datasets outside of our System.</i>	<i>How can this work optimise inclusion, for example using gender neutral terms like “your partner” until appropriate terms (wife, husband, partner, companion etc.) have been confirmed by the person? How can increased risks be mitigated? How can dignity &amp; modesty be upheld?</i>

Pregnancy and Maternity	<p><b>Workforce Data:</b> <i>There is no data provided in March 2023 to indicate that any staff experienced pregnancy or maternity.</i></p> <p><b>Population Data:</b> <i>The Office of National Statistics dataset shows that 1% of our population delivered a child in 2021.</i></p>	<p><i>How can increased risks be mitigated?</i></p> <p><i>How can dignity &amp; modesty be upheld?</i></p>
Religion and Belief	<p><b>Workforce Data:</b> <i>33% of our workforce are Christian and 15% are Atheist. 33% have not disclosed their religion or belief.</i></p> <p><b>Population Data:</b> <i>The 2021 Census indicates that 36% of our System population are Christian and 25% have no religion. 5% of our System population did not answer this Census question.</i></p>	<p><i>How does your work include / facilitate religious beliefs?</i></p> <p><i>Is communication accessible? Consider interpreters etc.</i></p> <p><i>How can increased risks be mitigated?</i></p> <p><i>How can dignity &amp; modesty be upheld?</i></p>
Sexual Orientation	<p><b>Workforce Data:</b> <i>71% of staff identify as Heterosexual or Straight. 26% of staff have not disclosed their sexual orientation. Around 3% of staff identify as 'Bisexual', 'Gay or Lesbian', 'Undecided', 'Unspecified' or 'Other sexual orientation not listed'.</i></p> <p><b>Population Data:</b> <i>The 2021 census shows that 90% of our System population identify as Heterosexual or straight. 2% of our population identify as non-heterosexual. 7% of System residents did not disclose their sexual orientation.</i></p>	<p><i>How can this work optimise inclusion, for example using gender neutral terms like "your partner" until appropriate terms (wife, husband, partner, companion etc.) have been confirmed by the person?</i></p> <p><i>How can increased risks be mitigated?</i></p> <p><i>How can dignity &amp; modesty be upheld?</i></p>
General comments across equality strands	<p><i>This section is listed to clarify any mitigations that intersect more than one of the listed groups.</i></p>	<p><i>How can increased risks be mitigated?</i></p> <p><i>How can dignity &amp; modesty be upheld?</i></p>

## Appendix B: EHIA Toolkit

The full toolkit, including a completed example, is available to download on the Hub EDI Page [here](#).

It is recommended that any EHIA be completed alongside the toolkit and previous appendix, which allows you to give context to your project against workforce and community demographics.