

Standards of Business Conduct Policy

Frimley ICB Business Conduct Policy December 2024

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Related Policies and Strategies	
Institution	Policy
NHS	NHS Model Constitution
NHS	Code of Conduct and Accountability https://www.england.nhs.uk/contact-us/pub-scheme/pol-proc/
NHS England	Managing conflicts of interest in the NHS https://www.england.nhs.uk/ourwork/coi/
	Freedom of Information Act 2000
ABPI	The Code of Practice for the Pharmaceutical Industry https://www.abpi.org.uk/our-ethics/abpi-code-of-practice/
ABHI	Code of Business Practice https://www.abhi.org.uk/membership/code-of-business-practice/
Frimley ICB	Constitution
Frimley ICB	Policy for the Management and Development of Policies
Frimley ICB	Counter Fraud and Corruption Policy
Frimley ICB	Conflicts of Interest Policy
Frimley ICB	Freedom to Speak Policy
Frimley ICB	Policy for the Sponsorship of Activities and Joint Working with the Pharmaceutical Industry
Frimley ICB	Disciplinary Policy
Frimley ICB	Procurement Policy
Frimley ICB	Equality, Diversity and Inclusion Policy Statement
Frimley ICB	Standing financial instructions <i>and</i> Scheme of Reservation and Delegation

Version History and Control			
Date	Version	Author	Summary of Changes
1/07/2022	1		Approved at ICB Board.
18/11/2022	1.1		Changed reference to “Local Counter Fraud Specialist” to “Anti Crime Specialist”.
3/12/2024	1.2	Senior Governance Manager	Updated to reflect changes to COI policy in line with Provider Selection Regime requirements (Section1 – Item 1.6). Added link to updated NHSE guidance: NHS England » Managing conflicts of interest in the NHS

Agreement by committee / meeting group	date
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SLT	3/12/2024

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.

Standards of Business Conduct Policy

Contents

Equality Statement.....	4
1. Introduction.....	6
2. Scope.....	6
3. Failure to comply.....	7
4. Responsibilities.....	7
5. Personal Conduct.....	8
6. Recording of Hospitality, Gifts and Sponsorship.....	11
7. Declaration of Interests.....	12
8. Confidentiality.....	13
9. Disclosure.....	14
10. Monitoring.....	15
11. Further Information.....	16
Appendix 1 The Nolan Principles on Standards in Public Life.....	17

1. Introduction

- 1.1 The Standards of Business Conduct policy describes the standards and public service values which underpin the work of the NHS and reflects current guidance and best practice which all NHS Integrated Care Boards must follow.
- 1.2 As publicly funded organisations, we have a duty to set and maintain the highest standards of conduct and integrity. We expect the highest standards of corporate behaviour and responsibility from board members and all staff. The NHS Constitution sets out some of the key responsibilities of NHS staff. All officers, regardless of their role, are expected to act in the spirit set out in the seven principles of public life; the 'Nolan Principles' (Appendix 1).
- 1.3 It is a long and well-established principle that public-sector organisations must be impartial and honest in their business and that their officers must act with integrity.
- 1.4 As well as promoting the standards of business conduct expected of public bodies, this policy aims to protect our organisations and officers from any suggestion of corruption, partiality or dishonesty by providing a clear framework through which the organisation can provide guidance and assurance that its officers conduct themselves with honesty, integrity and probity. The policy should be read in conjunction with all relevant organisational policies which are developed and agreed in line with the principles set out in this policy.
- 1.5 This policy has been produced taking into account all of the current guidance and legal framework.
- 1.6 This policy should be read in conjunction with the ICB Procurement Policy and the Conflicts of Interest 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. NHSE Guidance is available to read here: [NHS England » Managing conflicts of interest in the NHS](#)

2. Scope

- 2.1 All our staff, without exception, are within the scope of this policy.
- 2.2 In the context of this policy, the term 'officers' includes all staff of NHS Frimley ICB including interims, agency workers, specialist contractors, consultants and secondees who carry out work for the ICB but are not directly employed by the organisation.

Decision making officers

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

- Executive and Very Senior Managers and equivalent Officers at Agenda for Change Band 8d and above

2.4 Declarations made by decision making officers will be published in accordance with paragraph 7.3.

3. Failure to comply

- 3.1 Failure by an employee to comply with the requirements set out in this policy may result in action being taken in accordance with the relevant disciplinary procedure. Such disciplinary action may include termination of employment (where applicable).
- 3.2 Where the failure to comply relates to an officer that is not a direct employee of the ICB this may result in action being taken in accordance with the relevant engagement procedures (e.g. termination of a secondment agreement).
- 3.3 Any financial or other irregularities or impropriety which involve evidence or suspicion of fraud, bribery or corruption by any officer, will be reported to the ICB's Counter Fraud Team in accordance with Standing Financial Instructions and the Counter Fraud and Corruption Policy, with a view to an appropriate investigation being conducted and potential prosecution being sought.

4. Responsibilities

4.1 The ICB board is responsible for ensuring that the requirements of this policy and supporting documents are brought to the attention of all staff and that machinery is put in place for ensuring that the guidelines are effectively implemented. These responsibilities are particularly important given the corporate responsibility set out in the Bribery Act for organisations to ensure that their anti-bribery procedures are robust.

Such awareness will be promoted in:

- Job Descriptions.
- Publication of this policy on the ICB's intranet site for staff and also make it available on the website.

4.2 All staff must apply the following principles in the conduct of their employment:

- They must not accept gifts, hospitality or benefits of any kind from a third party which might be perceived as compromising their personal judgement or integrity. (*See Conflicts of Interest Policy*)
- They must not make use of their official position to further their private interests or those of others. (*See Conflicts of Interest Policy*).
- They must declare any private interests which are relevant and material relating to the position they hold in the NHS. (*See Conflicts of Interest Policy*).
- They must base all purchasing decisions and negotiations of contracts solely on achieving best value for money for the taxpayer.
- They must refer to their line manager when faced with a situation for which the guidance available requires further interpretation.
- If in any doubt, they must seek advice from the Chief Finance Officer or the Conflicts of Interest Guardian.

It is the responsibility of all staff to raise any concerns regarding staff business conduct.

All staff should ensure that they are not placed in a position that risks, or appears to risk, conflict between their private interests and their NHS duties.

5. Personal Conduct

Overriding Principle

- 5.1 As a public body, the ICB has a duty to ensure fairness and honesty in its relationships with suppliers, contractors, service providers and service users or any other person or organisation with whom the ICB has or might have business connections.
- 5.2 All employees and others acting on behalf of the ICB must uphold the highest standards of business conduct within such relationships. This is important to ensure that no employee, especially those responsible for making decisions in relation to purchases and procurement, acts in any way that is inconsistent with the organisation's objectives or compromises the integrity of the business by accepting a gift in circumstances where it could influence, or be perceived to influence, that employee's business actions or decisions.
- 5.3 Employees of the ICB, individuals of Member Practices, board and committee members and individuals acting on behalf of the ICB, must not accept any fee or reward for work done whilst on ICB duty other than that agreed under their terms and conditions of employment. As a general rule, employees should not accept gifts or hospitality arising from their employment or appointment with the ICB, except where these are of a token nature only, in which case employees should inform their manager. (*See Conflicts of Interest Policy*).

Corporate responsibility

- 5.4 When speaking as a member of the ICB whether to the media, in a public forum or in a private or informal discussion, officers should ensure that they reflect the current policies or view of the organisation. For any public forum or media interview, approval should be sought in advance:
 - in the case of the board, from the Chair and/or Chief Executive or their nominated deputies, and Communications Team;
 - in the case of all other officers, the Communications Team.

When this is not practicable, they should report their action to the Chair or Chief Executive, or their nominated deputies, as soon as possible.

- 5.5 All officers must ensure their comments are well considered, sensible, well informed, made in good faith, in the public interest and without malice and that they enhance the reputation and status of the ICB.
- 5.6 Officers must follow the guidance for communication with the media; disciplinary action may be taken if this is not followed.

Use of Social Media

- 5.7 Officers should be aware that social networking websites are public forums and should not assume that their entries will remain private. Officers communicating via social media must comply with the ICB's social media and associated policies.

Officers must not:

- conduct themselves in a way that brings the ICB into disrepute;
- disclose information that is confidential to the ICB business, staff or patients.

Commercial sponsorship

For the *actual* primary guidance please refer to the “*Sponsorship of Activities and Joint Working with the Pharmaceutical Industry and the Procurement Policies*”

5.8 For the purpose of this policy, commercial sponsorship is defined as:

“NHS funding from an external source, including of all, or part of, the costs of a member of staff, NHS research, staff training, pharmaceuticals, equipment, meeting rooms, costs associated with meetings, meals, gifts, hospitality, hotel and transport costs (including trips abroad), provision of free services (speakers), buildings or premises” Department of Health’s guidance (November 2000) - Commercial Sponsorship – Ethical Standards for the NHS.

5.9 The ICB board acknowledges that collaborative partnerships with industry can have a number of benefits. It is important to have a transparent approach about any proposed sponsorship which would benefit the ICB and for the ICB to consider fully the implications of a proposed sponsorship deal before entering into any arrangement. If any such partnership is to work, there must be trust and reasonable contact between the sponsoring company and the NHS.

Placing of orders and contracts

Please see the “*Procurement Policy*”

Private Transactions

5.10 Individual staff, board and committee members, and individuals acting on behalf of the ICB, must not seek or accept preferential rates or benefits in kind for private transactions carried out with companies with which they have had, or may have, official dealings on behalf of the ICB. (This does not apply to concessionary agreements, negotiated with companies by NHS management, or by recognised staff interests, on behalf of all staff – for example, NHS staff benefits schemes).

Employees’ outside employment.

5.11 Individuals who fail to disclose relevant interests including outside employment as required by this policy, the Conflicts of Interest 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. A referral may also be made to the Anti-Crime Specialist.

5.12 Any employee who may be considering outside employment should discuss this in the first instance with their line manager or director before undertaking the employment.

5.13 If staff wish to take on additional paid work, such as panel membership, speaking at conferences, undertaking peer review, which is directly related to their role in the NHS, the following process will apply:

- All requests to participate in additional activities to be submitted in

writing to their director;

- If agreed the assumption will be made that in these cases staff will be released for additional activities during work time with any remuneration to be paid directly to the ICB;
- Any participation in additional activities must be explicitly agreed with the relevant director and recorded;
- In all cases staff must declare any additional paid work as part of the Declaration of Interests process.

5.14 Employees must not engage in outside employment during any periods of sickness absence from the ICB. To do so may lead to a referral being made to the Anti-Crime Specialist for investigation which may lead to criminal and/or disciplinary action in accordance with the ICB's Counter Fraud and Corruption Policy which can be found on the ICB's intranet.

Donations in relation to the organisation

5.15 Employees must check with their line manager or director before making any requests for donations (e.g. to Charitable Funds) to clarify appropriateness and/or financial or contractual consequences of acquisition. Requests for equipment or services should not be made without the express permission of a senior manager.

5.16 Donations/Gifts from individuals, charities, companies (as long as they are not associated with known health-damaging products) – often related to individual pieces of equipment or items – provide additional benefits to patients but may have resource implications for the ICB. Further guidance regarding Charitable Funds and gifts and donations can be requested from the Chief Finance Officer.

Intellectual Property Rights (IPR)

5.17 The ICB will identify potential intellectual property rights (IPR), as and when they arise, so that it can protect and exploit them properly, and thereby ensure that it receives any rewards or benefits (such as royalties), in respect of work commissioned from third parties, or work carried out by individuals in the course of their NHS duties. Most IPR are protected by statute; e.g. patents are protected under the Patents Act 1977 and copyright (which includes software programmes) under the Copyright Designs and Patents Act 1988. To achieve this, NHS organisations and employers should build appropriate specifications and provisions into the contractual arrangements which they enter into before the work is commissioned or begins. They should also seek legal advice if any doubt, in specific cases.

5.18 With regard to patents and inventions, in certain defined circumstances the Patents Act gives employees or individuals in the course of their duties a right to obtain some reward for their efforts.

5.19 Where the undertaking of external work gaining patent or copyright or the involvement in innovative work benefits or enhances the ICB's reputation or results in financial gain for the ICB, consideration will be given to rewarding employees subject to any relevant guidance for the management of Intellectual Property in the NHS issued by the Department of Health.

Canvassing for appointments

5.11 It is acknowledged that informal discussions concerning an advertised post can be part of the recruitment process. However, canvassing or lobbying of ICB

employees, Board member or any members of an appointments committee, either directly or indirectly, shall disqualify a candidate. This shall not preclude a member from giving a written reference or testimonial of a candidate's ability, experience or character for submission to an appointments panel. Jobs will be awarded on the merit of the individual candidate.

For formal board appointment processes the Constitution should be used as the primary source in all instances.

Gambling

- 5.12 No officer may bet or gamble when on duty or on ICB premises, with the exception of small lottery syndicates or sweepstakes related to national events such as the World Cup or Grand National among immediate colleagues within the same offices where no profits are made or the lottery is wholly for purposes that are not for private or commercial gain (e.g. to raise funds to support a charity see section 10).

Lending and borrowing

- 5.13 The lending or borrowing of money between officers should be avoided, whether informally or as a business, particularly where the amounts are significant.
- 5.14 It is a particularly serious breach of discipline for any officer to use their position to place pressure on someone in a lower payband, a business contact, or a member of the public to loan them money.

Trading on official NHS Premises

- 5.15 Trading on official premises is prohibited, whether for personal gain or on behalf of others. This includes, but is not limited to:
- Flyers advertising services/products in common areas; and
 - Catalogues in common areas.
- 5.16 Canvassing within the office by, or on behalf of, outside bodies or firms (including non-NHS interests of officers or their relatives) is also prohibited. Trading does not include small tea or refreshment arrangements solely for officers.

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

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

Arrest or Conviction

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

6. Recording of Hospitality, Gifts and Sponsorship

- 6.1 All offers of gifts and hospitality must be declared and recorded in accordance with the Conflicts of Interest Policy including where the policy requires that such

offers are declined. **For the actual guidance please see the “Conflicts of interest Policy.”**

- 6.2 Gifts, hospitality and sponsorship will be recorded in accordance with the Conflicts of Interest Policy. The form provided within the policy should be completed and returned to the Head of Governance within 28 days so that the details can be recorded on the central Register. Failure by a member of ICB staff or officer to give timely notification to the ICB of a gift, hospitality or sponsorship may lead to disciplinary action.
- 6.3 It is acknowledged that there may be circumstances where hospitality may be offered by an organisation, as an integral element of a strategic partnership relationship. Acceptance of such hospitality and associated funding agreements will require senior approval and be recorded in the Register of Hospitality, Gifts and Sponsorship.

7. Declaration of Interests

- 7.1 All officers must declare any relevant and material interests. Declarations should be made as soon as is reasonably practicable, and within 28 days after the interest arises, using the Civica Declare System. If officers are in any doubt as to whether they have an interest or whether it is declarable, they should consult their line manager or the governance team. **For the actual guidance please see the “Conflicts of interest Policy.”**
- 7.2 Where an individual, i.e. an employee, group member, member of the ICB Board, or its committees has an interest, or becomes aware of an interest which could lead to a conflict of interest in the event of the ICB considering an action or decision in relation to that interest, that must be considered as a potential conflict, and is subject to the provisions of the ICB’s Managing Conflicts of Interest Policy.

Candidates for appointment

- 7.3 Candidates for any appointment with the ICB must disclose if they are related to, or in a significant relationship with (e.g. spouse or partner), any board member or employee of the ICB. The NHS Jobs application form requests this information and therefore must be disclosed before submission.
- 7.4 A member of an appointment panel which is to consider the employment of a person to whom he/she is related must declare the relationship before an interview is held.
- 7.5 Candidates for any appointment with the ICB shall, when applying, also disclose cases where they or their close relatives or associates have a controlling and/or significant financial interest in a business (including a private company, public sector organisation, other NHS employer and/or voluntary organisation), or in any other activity or pursuit, which may compete for an NHS contract to supply either goods or services to the ICB.

Register of Declared Interests

- 7.6 The register of interests is maintained by the governance team who will formally report to the board and committees of the board on the declared interests of all officers. They retain a record of historic interests for a minimum of six years after the date on which the interest expired. There may be occasions when an officer

declares an interest which the Head of Governance decides is not material. In such an instance the declaration will be recorded but not published.

8. Confidentiality

- 8.1 Officers must, at all times, operate in accordance with the General Data Protection Regulation and Data Protection Act 2018, and maintain the confidentiality of information of any type, including but not restricted to patient information; personal information relating to officers; commercial information. This duty of confidence remains after officers (however employed) leave the NHS.
- 8.2 For the avoidance of doubt, this does not prevent the disclosure or information where there is a lawful basis for doing so (e.g. consent). Staff should refer to the suite of ICB Information Governance and Corporate Information Technology policies for detailed information
- 8.3 Disclosure of information which counts as “commercial in confidence” and which might prejudice the principle of a purchasing system based on fair competition may be subject to scrutiny and disciplinary or criminal action, or both.
- 8.4 This does not affect the ICB’s grievance or complaints procedures in terms of freedom of expression and is not intended to restrict any of the freedoms protected under Article 10 of the Human Rights Act 1998. It is designed to complement professional and ethical rules, guidelines and codes of conduct on an individual’s freedom of expression.
- 8.5 An employee or individual who has exhausted all the locally established procedures, including reference to the Counter Fraud and Corruption Policy, and who has taken account of advice which may have been given, may wish to consult their MP or the Secretary of State for Health in confidence.
- 8.6 Section 43B (1) of the Public Interest Disclosure Act 1998 provides protection for disclosure of information where the worker making the disclosure has a reasonable belief that the disclosure is in the public interest, and tends to show that:
 - a criminal offence has been committed, is being committed or is likely to be committed,
 - a person has failed, is failing or is likely to fail to comply with any legal obligation to which he is subject,
 - a miscarriage of justice has occurred, is occurring or is likely to occur,
 - the health or safety of any individual has been, is being or is likely to be endangered,
 - the environment has been, is being or is likely to be damaged, or
 - information tending to show any matter falling within points a) to e) has been, is being or is likely to be deliberately concealed.
- 8.7 Disclosure must be made to either the employer or to a prescribed third party, such as the Health & Safety Executive or HM Revenue & Customs. Wider disclosure, for instance to the media, is only protected if the worker believes the information is substantially true, is in the public interest, and not for their own personal gain.

9. Disclosure

- 9.1 Staff should not be afraid of raising concerns and will not experience any blame or recrimination as a result of making any reasonably held suspicion known. **For further information about how concerns should be raised please see the Freedom to Speak Up Policy.**
- 9.2 Staff should keep their concerns confidential and report any suspicions promptly to the Anti-Crime Specialist <http://intranet.frimleyICB.nhs.uk/working-here/governance/counter-fraud-and-security-in-the-nhs> or via the NHS Fraud and Corruption Reporting Website or the NHS Fraud and Corruption Reporting Line: 0800 028 40 60.

Identifying and Reporting Breaches

- 9.3 Staff who are aware of actual breaches of the 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 discuss actual or perceived breaches. Every individual has a responsibility to do this.
- 9.4 The ICB 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
- 9.5 Action taken in response to breaches of the Policy will be in accordance with the disciplinary procedures of the ICB and could involve organisational leads for staff support (e.g. Human Resources), fraud (e.g. Anti-Crime Specialist), members of the management or executive teams and the ICB's auditors.
- 9.6 Breaches could require action in one or more of the following ways:
- Clarification or strengthening of existing Policy, process and procedures.
 - Consideration as to whether HR/employment law/contractual action should be taken against staff or others.
 - Consideration being given to escalation to external parties. This might include referral of matters to external auditors, the NHS Counter Fraud Authority, the Police, statutory health bodies (such as NHS England, NHS Improvement or the CQC), and/or health professional regulatory bodies.
- 9.7 Sanctions should not be considered until the circumstances surrounding breaches have been properly investigated. However, if such investigations establish wrongdoing or fault then the ICB can and will consider the range of possible sanctions that are available, in a manner which is proportionate to the breach. This includes employment law action against staff, which might include:
- Informal action (such as reprimand or signposting to training and/or guidance).
 - Formal disciplinary action (such as formal warning, the requirement for additional training, re-arrangement of duties, re-deployment, demotion, or dismissal).
 - Reporting incidents to the external parties described above for them to consider what further investigations or sanctions might be.
 - Contractual action, such as exercise of remedies or sanctions against the body or staff which caused the breach.

- Legal action, such as investigation and prosecution under fraud, bribery and corruption legislation.

Failure to disclose or notify

- 9.8 Failure to notify the ICB of an appropriate conflict of interest, additional employment or business may lead to disciplinary action against the individual and/or criminal action (including prosecution) under the relevant legislation.
- 9.9 There will be situations when interests, and offers of gifts, hospitality and sponsorship 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 the Policy these situations are referred to as 'breaches'.
- 9.10 Failing to respond to a request for information in relation to the Policy, including a request to submit a declaration form, will also be considered a breach of the Policy.
- 9.11 The ICB takes the failure to comply with this and other policies seriously. If an individual fails to declare an interest or the full details of an interest, and/or offers of gifts, hospitality and sponsorship, or otherwise breach the Policy this may result in disciplinary action being undertaken. Please see the ICB's Disciplinary Policy for more information.

10. Monitoring

The Audit and Risk Assurance Committee is responsible for reviewing this policy and ensuring its implementation

11. Further Information

Disciplinary action may be taken against any individual who fails to comply with the requirements set out in this document, in accordance with the ICB's Disciplinary Policy.

This policy is an interpretation of guidance and is based on examples of good practice.

In addition to referring to the ICB Constitution, ICB staff should also refer to the following policies and guidance:

NHS	NHS Model Constitution
NHS	Code of Conduct and Accountability https://www.england.nhs.uk/contact-us/pub-scheme/pol-proc/
NHSE	Managing conflicts of interest in the NHS https://www.england.nhs.uk/ourwork/coi/
	Freedom of Information Act 2000
ABPI	The Code of Practice for the Pharmaceutical Industry https://www.abpi.org.uk/our-ethics/abpi-code-of-practice/
ABHI	Code of Business Practice https://www.abhi.org.uk/membership/code-of-business-practice/
Frimley ICB	Constitution
Frimley ICB	Policy for the Management and Development of Policies
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Appendix 1 The Nolan Principles on Standards in Public Life

The Nolan Committee was set up in 1994 to examine concerns about standards of conduct of all holders of public office, including arrangements relating to financial and commercial activities, and make recommendations as to any changes in arrangements which might be required to ensure the highest standards of propriety in public life. The committee published "*Seven principles of Public Life*", which it believes should apply to all those operating in the public sector. These principles should be adopted by ICB staff and are as follows:

Selflessness

Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves, their family, or their friends.

Integrity

Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.

Objectivity

In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

Accountability

Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

Openness

Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

Honesty

Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership

Holders of public office should promote and support these principles by leadership and example.

All staff will be expected to adopt these principles when conducting official business for and on behalf of the ICB so that appropriate ethical standards can be demonstrated at all times.

Appendix 2 EQUALITY and Health Inequalities ANALYSIS

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:

	Impact	Mitigation
	<p style="text-align: center;">Is your project likely to have a differential impact on any of the protected characteristics?</p> <p style="text-align: center;">If so, is this positive, neutral or negative?</p> <p>Consider:</p> <ul style="list-style-type: none"> - Does the policy apply to all or does it exclude individuals with a particular characteristic e.g. females, older people etc? - What does existing evidence show? E.g. consultation from different groups, demographic data, questionnaires, equality monitoring data, analysis of complaints. - Are individuals from one particular group accessing the project more or less than expected? Why might this be? 	<p style="text-align: center;">Can any potential negative impact be justified?</p> <p style="text-align: center;">If not, how will you mitigate any negative impacts?</p> <ul style="list-style-type: none"> ✓ Think about reasonable adjustments and / or Positive Action ✓ Consider how you would measure and monitor the impact going forwards, e.g. equality monitoring data, analysis of complaints ✓ Assign a responsible lead ✓ Designate a timescale to monitor the impacts ✓ Re-visit after a designated time period to check for improvements.
Protected Characteristic Groups		
Age	<p>Neutral</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>Lead:</p>
Disability	<p>Positive</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 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>	<p><i>Details:</i></p> <p>Lead: Updated statement on reasonable adjustments has been added to the updated draft policy in section 1.</p>
Race / Ethnicity	<p>Neutral</p>	<p><i>Details:</i></p>

	<i>Details: The policy is impartial and confers no benefit or disbenefit in respect of race or ethnicity.</i>	Lead:
Gender	Neutral <i>Details: The policy is impartial and confers no benefit or disbenefit in respect of gender.</i>	<i>Details:</i> Lead:
Gender Reassignment	Neutral <i>Details: The policy is impartial and confers no benefit or disbenefit in respect of gender reassignment.</i>	<i>Details:</i> Lead:
Marriage and Civil Partnership	Positive <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> ADD LINK to new guidance.	<i>Details:</i> Lead:
Pregnancy and Maternity	Positive <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>	<i>Details:</i> Lead:
Religion and Belief	Neutral <i>Details: The policy is impartial and confers no benefit or disbenefit in respect of religion or belief.</i>	<i>Details:</i> Lead:
Sexual Orientation	Neutral <i>Details: The policy is impartial and confers no benefit or disbenefit in respect of sexual orientation.</i>	<i>Details:</i> Lead:
General comments across equality strands	Neutral <i>Details: When considering intersectionality there is no benefit or disbenefit across the equality strands.</i>	<i>Details:</i> Lead:

EHIA Tool: Section A

	Impact	Mitigation
Other vulnerable groups to consider:		
<p>Are there potential impacts of your project on any other vulnerable groups, for example</p> <ul style="list-style-type: none"> • Looked After Children & Young People • Carers and People with Caring Responsibilities • Homeless People • Those involved with the Criminal Justice System • People receiving low incomes • People with poor literacy • People living in deprived areas • People without access to digital tools • Armed Services • Other groups who face inequalities 	<p>Neutral <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>Lead:</p>

EHIA Tool: Section B

The duty to reduce health inequalities

Will your project contribute to the duties to reduce health inequalities? If yes, for which groups?
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.
Could your project reduce health inequalities in access to health care for any groups facing inequalities? If yes, for which groups?
The policy enables our workforce to deliver projects which reduce health inequalities.
Could your project reduce inequalities in health outcomes for any groups facing inequalities? If yes, for which group?
The policy enables our workforce to deliver projects which reduce health inequalities.

EHIA Tool: Section C

Action Planning for Improvement

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

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

	Impact	Mitigation
	<p style="text-align: center;">Is your project likely to have a differential impact on any of the protected characteristics?</p> <p style="text-align: center;">If so, is this positive, neutral or negative?</p> <p>Consider:</p> <ul style="list-style-type: none"> - Does the policy apply to all or does it exclude individuals with a particular characteristic e.g. females, older people etc? - What does existing evidence show? E.g. consultation from different groups, demographic data, questionnaires, equality monitoring data, analysis of complaints. - Are individuals from one particular group accessing the project more or less than expected? Why might this be? 	<p style="text-align: center;">Can any potential negative impact be justified?</p> <p style="text-align: center;">If not, how will you mitigate any negative impacts?</p> <ul style="list-style-type: none"> ✓ Think about reasonable adjustments and / or Positive Action ✓ Consider how you would measure and monitor the impact going forwards, e.g. equality monitoring data, analysis of complaints ✓ Assign a responsible lead ✓ Designate a timescale to monitor the impacts ✓ Re-visit after a designated time period to check for improvements.
Protected Characteristic Groups		
Age	<p>Workforce Data: Average Age: Not available at data pull (March 2023).</p> <p>Population Data: The 2021 census indicates the median age of residents in our System (Bracknell Forest, Rushmoor, Slough, Surrey Heath, Windsor & Maidenhead) was 39 years old; the South East of England was 42 years old. Older people may be at increased risk of serious complications from COVID-19.</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 & modesty be upheld?</i></p>
Disability	<p>Workforce Data: Disability declared: 4.3% Disability not declared: 75.6%</p> <p>Population Data: The 2021 census indicates that 16.1% of people in the South East of England live with a limiting long-term illness. People with long-term illness have higher risk of being impacted by COVID-19.</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> <p><i>Are sensory supports required, such as hearing loops or mitigations for visual impairment?</i></p> <p><i>How can increased risks be mitigated?</i></p> <p><i>How can dignity & modesty be upheld?</i></p>
Race / Ethnicity	<p>Workforce Data: 34% of our staff are from the Global Majority and mixed ethnic backgrounds. 11% of our staff have not stated their ethnicity.</p> <p>Population Data: The 2021 census indicates that 42% of residents in our System (Bracknell Forest, Rushmoor, Slough, Surrey Heath, Windsor & Maidenhead) are from the Global Majority.</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 & modesty be upheld?</i></p>
Gender	<p>Workforce Data: 77.2% female, 22.8% male (note our records do not have capability to record other gender identities)</p> <p>Population Data: The 2021 census indicates that 50% of the UK population were female and 49% were male.</p>	<p><i>How can increased risks be mitigated?</i></p> <p><i>How can dignity & modesty be upheld?</i></p>

	<i>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>	
Gender Reassignment	<p>Workforce Data: As above, we are unable to record gender identities outside of the binary at this time.</p> <p>Population Data: 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*</p>	<p>How does this work impact gender dysphoria?</p> <p>How are you ensuring that people are treated according to their gender identity, including supporting their pronouns?</p> <p>How can increased risks be mitigated?</p> <p>How can dignity & modesty be upheld?</p>
Marriage and Civil Partnership	<p>Workforce Data: 57% of our workforce are married and 21% are single. 12% have not specified their status.</p> <p>Population Data: 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 & Farnham geography could not be included as it is embedded in larger datasets outside of our System.</p>	<p>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?</p> <p>How can increased risks be mitigated?</p> <p>How can dignity & modesty be upheld?</p>
Pregnancy and Maternity	<p>Workforce Data: There is no data provided in March 2023 to indicate that any staff experienced pregnancy or maternity.</p> <p>Population Data: The Office of National Statistics dataset shows that 1% of our population delivered a child in 2021.</p>	<p>How can increased risks be mitigated?</p> <p>How can dignity & modesty be upheld?</p>
Religion and Belief	<p>Workforce Data: 33% of our workforce are Christian and 15% are Atheist. 33% have not disclosed their religion or belief.</p> <p>Population Data: 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.</p>	<p>How does your work include / facilitate religious beliefs?</p> <p>Is communication accessible? Consider interpreters etc.</p> <p>How can increased risks be mitigated?</p> <p>How can dignity & modesty be upheld?</p>
Sexual Orientation	<p>Workforce Data: 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’.</p> <p>Population Data: 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.</p>	<p>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?</p> <p>How can increased risks be mitigated?</p> <p>How can dignity & modesty be upheld?</p>
General comments across equality strands	<i>This section is listed to clarify any mitigations that intersect more than one of the listed groups.</i>	<p>How can increased risks be mitigated?</p> <p>How can dignity & modesty be upheld?</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.