

# Meeting of ICB Board

**Date: 1 July 2022**

**Time: 9.30am**

**Location: MS Teams**

<b>Agenda Number :</b>	4.6	
<b>Title:</b>	ICB Core Policies	
<b>Confidential Papers</b>	<b>Commercially Sensitive</b>	No
	<b>Legally Sensitive</b>	No
	<b>Contains Patient Identifiable data</b>	No
	<b>Financially Sensitive</b>	No
	<b>Time Sensitive – not for public release at this time</b>	No
	<b>Other (Please state)</b>	No
<b>Purpose: Decision</b>		
<b>Key Points for Discussion:</b>		
<p>The ICB, like its predecessor organisation, the CCG, is required to have policies in place to support the good governance of the organisation. CCG Policies have been used to develop the suite of policies for adoption by the ICB. Some have been revised specifically for the ICB and are itemised for agreement and appended to this paper. Others, including some that are required by legislation eg Disciplinary, Grievance and Appeal, are recommended for adoption by the ICB</p> <p>Policies can be split into two categories – commissioning and corporate. This paper covers both. Information has been drawn from the CCG’s policy register.</p> <p>This document identifies policies for approval by the ICB – see recommendations below. It also sets out initial arrangements for the management of policies going forward in the ICB. These are subject to change as the organisation develops. This will involve a continuation of the Corporate Policy Review Group and the use of the Policy Framework, previously agreed through the CCG’s audit committee. This will require revision to recognise the difference in the committees of the CCG and those in the ICB.</p> <p>NB The Standing Financial Instructions, another core ICB policy, is presented to this board meeting for agreement under separate agenda item</p>		
<b>Recommendations:</b>	<p>The ICB Board is asked to</p> <ol style="list-style-type: none"> <li>1. Agree the ICB Conflict of Interest Policy</li> <li>2. Agree the ICB Gifts and Hospitality Policy</li> <li>3. Agree the Risk Management Framework</li> </ol>	

	4. Agree the adoption of CCG policies, noting that changes will be made in line with review arrangements to include ICB branding.
<b>Previously Considered By and feedback :</b>	The CCG Executive Team agreed the proposal for the transfer of policies which was developed through the Transition Programme. The ICB Chair and CEO have been involved in the development of policies presented to this board for agreement.
<b>Management of Declared Interest:</b>	There are no actual or potential conflicts of interest related to the contents of this paper. The Conflicts of Interest Policy sets out arrangements for the management of any conflicts.
<b>Risk and Assurance:</b>	There is a risk to the organisation if policies are not agreed and communicated for use.
<b>Financial / Resource Implications:</b>	There are no finance or other resource implications associated with the production of these policies.
<b>Legal, Policy and Regulatory Requirements:</b>	The ICB is required to have policies in place and the requirements are covered by the agreement of the recommendations. Policies have been developed in line with national or legal requirements.
<b>How does this reduce Health Inequalities:</b>	As part of policy development individual Equality Impact Assessment have been conducted. This has been a routine requirement in the CCG and will continue in the ICB.
<b>How does this impact on Equality &amp; diversity</b>	As part of policy development individual Equality Impact Assessment have been conducted. This has been a routine requirement in the CCG and will continue in the ICB.
<b>Patient and Public Involvement:</b>	There has been no public engagement in the development of this paper.
<b>Communications and Engagement:</b>	Policies will be shared for use across the ICB through routine channels of communication which will mirror those in use in the CCG. These include the website, intranet, Have we Got News For You and other briefings, as well as the Voice. Some policies will be published on the ICB website in line with requirements.
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<b>Sponsoring Director / Board Member:</b>	Julie Bacon, Interim Director of People and Transition Sarah Truelove, Deputy CEO

## Agenda item: 4.6

### Report title: Core Policies

#### 1. Background

In the CCG, a range of policies existed which can be broken down into two broad categories – Commissioning Policies and Corporate Policies. Policies are developed and approved through a number of routes in the CCG in line with the Policy Framework agreed through the Audit Committee. As part of the Transition Programme and associated documents like the Readiness to Operate Statement and the Due Diligence Checklist, the ICB is required to have its own policies and work has been undertaken to ensure that this happens. In the main, this will be a lift and shift arrangement pending future revisions as the ICB develops.

#### 2. Policies which support the ICB Governance Handbook requirements

Alongside the ICB's constitution is the requirement for a Governance Handbook. This is available on the ICB website and has been developed. Once agreed, the following policies will be linked to the Governance handbook:

ICB Conflict of Interest Policy – annex A

ICB Gifts and Hospitality Policy – Annex B

ICB Risk Management Framework

The ICB is required to have these policies and they have been developed through the Transition Programme. Through its oversight of the transition arrangements, NHSEI have had involvement in policy development. These items are presented for agreement by the ICB Board. Items 1 and 2 address the requirement for the ICB to have a Standards of Business Conduct policy.

Other policies associated with Information Governance and Individual Rights will be lifted from CCG corporate policies, rebranded and included in the ICB Governance handbook.

#### 3. ICB Commissioning Policies

These policies govern the provision of treatment for patients and are developed and maintained in the Medical Directorate. This suite of policies is presented in list form with the recommendation that they are adopted by the ICB and are rebranded in due course. – please refer to Annex D

#### 4. ICB Corporate Policies

Corporate Services maintains a register of corporate policies which govern other areas of ICB operation. This includes HR policies which will transfer to the ICB as part of the TUPE transfer of staff from the CCG. For most staff that have TUPE transferred to the ICB most CCG HR policies are not contractual, the ICB may subsequently revise these. However, it should be noted that there are some legacy HR policies relating to TUPE arrangements which are deemed contractual for a few staff. As part of any review arrangements to harmonise policies, consideration will be

given to how to address any legacy requirements. As with all HR policy development, the Staff Partnership Forum (which is to be established in the ICB) will be involved. Some HR policies are required by employment legislation and include: Disciplinary, Grievance and Appeal.

Other corporate policies cover Information Governance and IT requirements and support the organisation's obligations to submit an annual Data Security Protection Toolkit and respond to Freedom of Information Requests and Subject Access Requests.

Please refer to Annex D for list of corporate and commissioning policies.

## **5. Policy Framework and the Corporate Policy Review Group**

A framework setting out the route and responsibilities for policy development existed in the CCG. It is proposed that this is revised to reflect the ICB committees and used initially in the ICB pending any further review as the organisation develops.

Corporate Policy development involves the Corporate Policy Review Group. This body comprises members of the corporate services team and representatives from HR, IG and counter fraud/security to support the development and review of policies. The Staff Partnership Forum also have a role in this work.. It is proposed that these arrangements continue in the ICB.

## **6. Financial resource implications**

There are no finance or other resource implications associated with the production of these policies.

## **7. Legal implications**

The ICB is required to have policies in place and the requirements are covered by the agreement of the recommendations. Policies have been developed in line with national or legal requirements.

## **8. Risk implications**

There is a risk to the organisation if policies are not agreed and communicated for use.

## **9. How does this reduce health inequalities**

This proposal alone does not address health inequalities. As part of policy development individual Equality Impact Assessment have been conducted. This has been a routine requirement in the CCG and will continue in the ICB.

## **10. How does this impact on Equality and Diversity?**

This proposal alone does not impact Equality and Diversity. As part of policy development individual Equality Impact Assessment have been conducted. This has been a routine requirement in the CCG and will continue in the ICB.

## **11. Consultation and Communication including Public Involvement**

There has been no public involvement in the development of this proposal.

Policies will be shared for use across the ICB through routine channels of communication which will mirror those in use in the CCG. These include the website, intranet, Have we Got News For You and other briefings, as well as the Voice. Some policies will be published on the ICB website in line with requirements.

The Intranet (currently called the Hub) will be reconfigured. Arrangements are planned by the Communications Team once the priority to address the development of the ICB website has been completed by the newly engaged supplier. In advance of the intranet development and to avoid confusion, communications to staff have been prepared to acknowledge that some documents will continue to have references to the CCG although they remain relevant to the ICB.

Through outsourced arrangements for HR and IT supplied by the CSU, certain policies are also posted on portals like ConsultHR, ConsultOD and TopDesk. Communications have also been prepared to acknowledge that some documents will continue to have references to the CCG although they remain relevant to the ICB.

The CCG's portfolio of mandatory training which supports some areas covered by policies including safety and welfare, HR and IT/IG requirements has been extended to cover the initial ICB requirements. HR policy toolkit training also exists, and line manager briefs will continue.

### **Appendices**

- Annex A - ICB Conflict of Interest Policy
- Annex B - Agree the ICB Gifts and Hospitality Policy
- Annex C - Risk Management Framework
- Annex D - Corporate and Commissioning Policies



Bristol, North Somerset  
and South Gloucestershire  
Integrated Care Board

# Managing Conflicts of Interest Policy



Shaping better health

**Please complete the table below:**

*To be added by corporate team once policy approved and before placing on website*

<b>Policy ref no:</b>	
<b>Responsible Executive Director:</b>	
<b>Author and Job Title:</b>	
<b>Date Approved:</b>	
<b>Approved by:</b>	Integrated Care Board (ICB) Board
<b>Date of next review:</b>	

**Policy Review Checklist**

	<b>Yes/ No/NA</b>	<b>Supporting information</b>
Has an Equality Impact Assessment Screening been completed?	Yes	See Appendix 1
Has the review taken account of latest Guidance/Legislation?	Yes	The policy is aligned to the Revised Statutory Guidance on Managing Conflicts of Interest in the NHS (February 2017) and the Interim Guidance on the functions and governance of the integrated care board (March 2022)
Has legal advice been sought?	No	Specialist advice has been sought from the relevant Counter Fraud service

	Yes/ No/NA	Supporting information
Has HR been consulted?	Yes	Advice has been sought from HR. HR issues arising from the application of the policy are set out in relevant HR policies and the recruitment toolkit
Have training issues been addressed?	Yes	Mandatory training requirements are detailed in the policy. NHSE provides a mandatory training package.
Are there other HR related issues that need to be considered?	No	The policy refers to relevant HR policies
Has the policy been reviewed by Staff Partnership Forum?	No	The HR issues arising from the application of the policy are set out in relevant HR policies which are considered by the Staff Partnership Forum
Are there financial issues and have they been addressed?	N/A	There are no financial issues arising from the application of the policy
What engagement has there been with patients/members of the public in preparing this policy?	N/A	The policy describes the ICB's statutory responsibilities and there has been no engagement with patients/members of the public in preparing this policy beyond that undertaken by NHSE as part of the legislative process
Are there linked policies and procedures?	Yes	Associated policies are referenced in the policy
Has the lead Executive Director approved the policy?		The Chief Financial Officer will review the policy prior to Governing Body approval



**Yes/ No/NA Supporting information**

Which Committees have assured the policy?

Has an implementation plan been provided?

Yes

See Appendix 2

How will the policy be shared with:

- Staff?
- Patients?
- Public?

The policy will be published on the website and internet and will be featured in internal communication. Regular prompts regarding declaring interests will be placed in internal communications.

Will an audit trail demonstrating receipt of policy by staff be required; how will this be done?

Yes

The policy will be emailed to all staff. There will be a requirement for all staff to respond to the email and confirm receipt and that the policy has been read and understood.

Has a DPIA been considered in regards to this policy?

Yes

A DPIA has been developed for managing conflicts of interest

Have Data Protection implications have been considered?

Yes

The conflicts of interest register is published on the ICB website and consent for publication is included on the declarations of interest form.

<b>Version Control</b> <i>please remove this box once approved and finalised</i>		
<b>Version</b>	<b>Date</b>	<b>Consultation</b>
V1	10/05/2022	

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# Managing Conflicts of Interest Policy

## 1 Introduction

This policy describes the arrangements that NHS Bristol, North Somerset and South Gloucestershire Integrated Care Board (ICB) has in place to manage conflicts of interest. This policy reflects and supports the BNSSG ICB constitution and the Statutory Guidance on Managing Conflicts of Interest in the NHS which was issued by NHS England in February 2017 as well as the Interim guidance on the functions and governance of the Integrated Care Board issued by NHS England in March 2022.

Integrated Care Boards (ICBs) manage conflicts of interest as part of their day-to-day activities. Effective handling of conflicts of interest is crucial to give confidence to patients, tax payers, healthcare providers and Parliament that ICB commissioning decisions are robust, fair and transparent and offer value for money. It is essential to manage conflicts of interest in order to protect healthcare professionals and to maintain public trust in the NHS. Failure to manage conflicts of interest could lead to legal challenge and even criminal action in the event of fraud, bribery and corruption.

Conflicts of interest a common and sometimes unavoidable part of the delivery of healthcare and as such it may not be possible or desirable to completely eliminate them; it is how they are managed that matters. Section 14O of the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012) (“the Act”) sets out the minimum requirements of what both NHS England and ICBs must do in terms of managing conflicts of interest.

This policy reflects the legal requirements and the statutory guidance issued by NHS England under sections 14O and 14Z8 of the Act. This policy also describes the systems the ICB has in place to identify and manage conflicts of interest, and to create an environment in which staff, ICB Board and committee members, feel able, encouraged and obliged to be open, honest and upfront about actual or potential conflicts.

In addition to complying with the guidance issued by NHS England, ICBs are also required to adhere to relevant guidance issued by professional bodies on conflicts of interest, including the British Medical Association (BMA), the Royal College of

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General Practitioners, and the General Medical Council (GMC), and to procurement rules including The Public Contract Regulations 2015 and The National Health Service (procurement, patient choice and competition) (no.2) regulations 2013, as well as the Bribery Act 2010.

The principles of collaboration, transparency and subsidiarity should be at the centre of any decision making. It is expected that all those who serve as members of the ICB Board, its Committees or those who take decisions where they are acting on behalf of the public or spending public money will observe the principles of good governance in the way they do business. These are clearly defined and set out in Appendix 3.

### 1.1 BNSSG ICB Values

This policy supports the ICB values by ensuring the ICB does the right thing, it enables commissioners to demonstrate they are acting fairly and with integrity. The policy outlines best practice for managing conflicts of interest which enables the ICB to strive for excellence, do the right thing and demonstrate integrity.

## 2 Purpose and scope

The aims and objectives of this policy, in line with the statutory guidance issued by NHS England in February 2017 and the interim guidance for ICB governance issued in March 2022 are to:

- Decision-making must be geared towards meeting the statutory duties of the ICB at all times
- Safeguard clinically led commissioning, ensuring that conflicts of interest are declared and taken into account when investment decisions are made;
- Ensure that Bristol, North Somerset and South Gloucestershire ICB can demonstrate that it is acting fairly and transparently and in the best interests of patients and local populations;
- Any individual involved in decisions relating to ICB functions must be acting clearly in the interests of the ICB and of the public, rather than furthering their own interests
- Uphold confidence and trust in the NHS;
- Support anybody involved with ICB business to understand when conflicts (whether actual or potential) may arise and how to manage them if they do;
- Be a practical resource to help identify conflicts of interest and appropriately manage them; and
- Ensure that the ICB operates within the legal framework.

This policy applies to:

- All ICB employees (including temporary staff, students, apprentices, trainees, agency staff, seconded staff, self-employed consultants, sessional staff or those

on short term contracts, self-employed consultants and individuals working for the ICB under a contract for services)

- Any work experience staff or volunteers
- Members of the ICB Board, all members of the ICBs' committees, sub-committees or sub groups including co-opted members, appointed deputies and any member of committees/groups from other organisations. Where the ICB is participating in a joint committee with system partners, any interests which are declared by the committee members should be recorded on the register(s) of interest for the ICB.

These are collectively referred to as 'individuals' hereafter.

### 3 Duties – legal framework for this policy

Section 140 of the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012) ("the Act") sets out the minimum requirements of what both NHS England and ICBs must do in terms of managing conflicts of interest.

This policy reflects the legal requirements and the statutory guidance issued by NHS England under sections 140 and 14Z8 of the Act.

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In addition to complying with the guidance issued by NHS England, ICBs are also required to adhere to relevant guidance issued by professional bodies on conflicts of interest, including the British Medical Association (BMA), the Royal College of General Practitioners, and the General Medical Council (GMC), and to procurement rules including The Public Contract Regulations 2015 and The National Health Service (procurement, patient choice and competition) (no.2) regulations 2013, as well as the Bribery Act 2010.

### 4 Responsibilities and Accountabilities

#### Chief Executive

- Has overall accountability for the ICB's management of conflicts of interest.

#### Line Managers

- Ensure members of their team are aware of and follow this policy and report any potential or actual conflicts of interest to the Corporate Governance Team as they arise. Contact details for the team are at appendix 5.
- Provide basic advice including as part of local induction on how conflicts of interest should be managed, escalating queries to the Corporate Governance Team as necessary.
- Line Managers are responsible for ensuring that staff undertake their mandatory training and are aware of requirements associated with managing conflicts of interest

### **Corporate Secretary**

- Has responsibility for the day to day management of conflicts of interest and queries in relation to these.
- Maintains the ICB register(s) of interest and other registers referred to in this policy
- Supports the Conflict of Interest Guardian to enable them to carry out their role effectively
- Provides advice, support and guidance on how conflicts of interest should be managed, and
- Ensures that the appropriate administrative processes are in place to ensure compliance with legislation and statutory guidance

Contact details for the Corporate Secretary can be found at Appendix 5.

### **Conflicts of Interest Guardian**

This role is undertaken by the Audit and Risk Committee Chair and they will:

- Act as a conduit for 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 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 minimising risks of conflicts of interest

Contact details for the Conflicts of Interest Guardian can be found at Appendix 5.

### **Individuals**

Every individual has the responsibility to ensure that they complete annual conflicts of interest training. This training is available through the training platform.

Every individual has the responsibility to ensure that they complete a conflict of interest form on appointment and to ensure that this is kept up to date. Forms will need to be resubmitted on an annual basis unless something new arises in-year which needs to be declared. In such cases, a new declaration form must be completed and given to the Corporate Governance Team no later than 28 days after becoming aware so that the register can be updated. A Conflict of Interest form can be found at Appendix 6.

All individuals are also responsible for ensuring any conflict of interest arising from the agenda is declared at meetings they attend, regardless of this being declared on

the Conflicts of Interest register; any declarations made must be recorded in the minutes of the meeting. The Chair of the meeting must ensure that attendees are prompted to raise conflicts of interests.

There will be occasions where an individual declares an interest in good faith but, upon closer consideration, it is clear that this does not constitute a genuine conflict of interest. Your line manager, a member of the Corporate Governance team or the Conflicts of Interest Guardian will provide advice on this in line with maintaining the registers of interest and decide whether it is necessary for the interest to be declared.

Equally, there will be other occasions where the conflict of interest is profound and acute, such as where an individual has a direct financial interest which gives rise to a conflict, e.g. employment outside of the ICB or involvement with an organisation which benefits financially from contracts for the supply of goods and services to a ICB or aspires to be a new care model provider. Upon the declaration of such conflicts, consideration will be given as to whether, practically, such an interest is manageable. If it is not, 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. In such circumstances, the appropriate HR policies will be referred to and HR advice will be sought as required.

### **Managers Engaged in Procurements**

- Ensure Conflict of Interest forms are completed by all individuals involved in the procurement process.
- Ensure Conflict of Interest forms are completed regardless of the procurement financial envelope
- Consider their own declarations of interest and conflicts that may arise as part of the procurement. Any new potential conflicts of interest should be declared to the Corporate Governance Team and declared as part of the procurement.
- Ensure conflict of interest declarations are available at all related procurement meetings
- Ensure conflict of interest mitigations are clearly documented in the minutes
- Ensure conflict of interests are declared by any members of the public or group representatives in line with Section 11.1 of this policy
- Ensure a procurement template (Appendix 8) is completed when commissioning GP services
- Ensure bidders complete a conflict of interest form (Appendix 9) as part of the procurement process
- Update the Corporate Governance Team when a procurement decision is made so that the Procurement Register can be updated and published on the ICB website.



### ALL Individuals – Disclosure UK Database

Disclosure UK provides a valuable opportunity for healthcare professionals to further demonstrate their integrity in the eyes of patients and the public. All ICB staff who undertake work for pharmaceutical companies must disclose payments on the [UK Disclosure database](#).

Any work undertaken with pharmaceutical companies must also be recorded on a Declaration of Interest Form and given to the Corporate Governance Team.

## 5 Definitions/explanations of terms used

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” In some circumstances, it could be reasonably considered that a conflict exists even when there is no actual conflict. In such cases it is important to still manage these perceived conflicts in order to maintain public trust.

Conflicts of interest can arise in many situations, environments and forms of commissioning, with an increased risk in primary care and out-of-hours commissioning and involvement with integrated care organisations, as clinical commissioners may find themselves in a position of being at once commissioner and provider of services. Conflicts of interest can arise throughout the whole commissioning cycle from needs assessment, to procurement exercises, to contract monitoring.

Interests can be captured in four different categories: Financial, Non-Financial Professional, Non-Financial Personal and Indirect. These categories are described in more detail under Appendix 4.

## 6 Principles

To support the management of conflicts of interest, we will:

- **Conduct business in line with available guidance and ICB policy:** Conflicts of interest become much easier to identify, avoid and/or manage when the processes for needs assessments, consultation mechanisms, commissioning strategies and procurement procedures are right from the outset, because the rationale for all decision-making will be clear and transparent and should withstand scrutiny;
- **Be proactive, not reactive:** Commissioners should seek to anticipate, identify and minimise the risk of conflicts of interest at the earliest possible opportunity;
- **Be balanced, sensible and proportionate:** Rules should be clear and robust but not overly prescriptive or restrictive. They should ensure that decision-making

is transparent and fair whilst not being overly constraining, complex or cumbersome.

- **Be transparent:** Document clearly the approach and decisions taken at every stage in the commissioning cycle so that a clear audit trail is evident.
- Create an **environment and culture** where individuals feel supported and confident in declaring relevant information and raising any concerns.

In addition to the above, it must be recognised 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 the existence of a conflict of interest and manage it appropriately rather than ignore it.
- For a conflict of interest to exist, financial gain is not necessary.

## 7 Declaring Conflicts of Interest

As required by section 14O of the NHS Act 2006 (as amended by the 2012 Act), the ICB has made arrangements to manage conflicts and potential conflicts of interest to ensure that they do not, and do not appear to, affect the integrity of any decision-making processes.

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Individuals referred to in section 2 will be required to complete a Conflict of Interest Form (Appendix 6) in the following circumstances:

- On appointment,
- On an annual basis in line with the financial year
- On changing role, responsibility or circumstances. This must be no later than 28 days of the change being known.

Registers of Interest are maintained by the Corporate Governance Team for all of the individuals referred to in section 2 and these registers are available on the ICB website.

All interests declared will be promptly transferred to the relevant registers (within 10 working days) by the Corporate Governance Team. Where a declared interest has expired, this will remain on the public register for a minimum of 6 months although a private record of the historic interests will be retained by the ICB for a minimum of 6 years after the date on which it expired.

Members of the ICB Board and Sub-Committees will also need to abide by their own organisation's Conflict of Interest Policies.

## 8 Publication of Registers

The ICB will publish its Conflicts of Interest Register and the Register of Procurement Decisions (described in sections 7 and 12.5) on the website. **[Add website link]**

In exceptional circumstances, where the public disclosure of 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 them 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 to the ICB Conflicts of Interest Guardian (please see appendix 5). The outcome of this request will be shared with the individual within 10 working days.

Where a decision is made not to publish information the ICB will retain a confidential un-redacted version of the register(s).

Where a decision is made to refuse a request not to publish information the individual will have the right to appeal this decision through the Grievance Policy. During this process a redacted form of the information will be published.

## 9 Managing Conflicts of Interest during the Recruitment Process

Everyone in the ICB has responsibility to appropriately manage conflicts of interest during the recruitment process for ICB Board Members, Committee Members, Senior Employees as well as all other staff because these roles will be involved in the decision making processes of the ICB.

### 9.1 Appointing ICB Board Members, Committee Members, and Senior Employees

When advertising for a ICB Board Member, Committee or Sub-Committee member or a member of senior staff, a request will be made via the recruitment team by the recruiting manager for a Conflict of Interest form to be completed by successfully shortlisted candidates, and this will need to be brought with them to their interview.

On appointing ICB Board, committee or sub-committee members and senior staff, the ICB will need to consider whether conflicts of interest should exclude individuals from being appointed to the role. This will need to be considered on a case-by-case basis and in conjunction with the principles within the ICBs Constitution.

The materiality of the interest will need to be considered, in particular whether the individual (or any person with whom they have a close association as listed in the scope of this policy) could benefit (whether financially or otherwise) from any decision the ICB might make. The ICB will also determine the extent of the interest and the nature of the appointee's proposed role within the ICB. If the interest is

related to an area of business significant enough that the individual would be unable to operate effectively and make a full and proper contribution in the proposed role, then that individual should not be appointed to the role.

## **9.2 ICB Independent Non-Executive Members**

Independent Non-Executive members play a critical role, providing scrutiny, challenge and an independent voice in support of robust and transparent decision-making and management of conflicts of interest. They chair a number of ICB committees, including the Audit and Risk Committee and the Primary Care Commissioning Committee. BNSSG ICB has appointed five lay members to its ICB Board.

## **9.3 Other ICB Staff**

All recruiting managers will need to ensure that they support obtaining the declaration of interest forms for new staff and make the necessary arrangements to manage any declared conflicts of interest.

## **9.4 ICB Board and Committee members from other Organisations**

ICBs have been created to give statutory NHS providers, local authorities and primary medical services (general practice) nominees a role in decision-making. It should not be assumed that the ICB Board will always be conflicted because at least three members of the ICB Board must be jointly nominated (the “partner members”) It is crucial that the ICB ensures that the Boards and Committees are appropriately composed and take into account different perspectives individuals will bring from their respective sectors to help inform decision making.

## **10 Governance Arrangements and Decision Making**

ICBs must make arrangements for managing conflicts of interest, and potential conflicts of interest, in such a way as to ensure that they do not, and do not appear to, affect the integrity of the group’s decision-making.

### **10.1 Outside employment**

The ICB will take all reasonable steps to ensure that individuals are aware of the requirement to inform the ICB if they are employed or engaged in, or wish to be employed or engaged in, any employment or consultancy work in addition to their work with the ICB. This will ensure that the ICB is aware of any potential conflict of interest and that it is managed appropriately. The NHS England statutory guidance is clear however that it is not acceptable for pharmacy advisers or other advisers, employees or consultants to the ICB on matters of procurement, to themselves be in receipt of payments from the pharmaceutical or devices sector.

Examples of work which might conflict with the business of the ICB, including part-time, temporary and fixed term contract work, include:

- Employment with another NHS body;
- Employment with another organisation which might be in a position to supply goods/services to the ICB;
- Directorship of organisations such as Primary Care Networks, or Locality Partnerships ; and
- Self-employment, including private practice, in a capacity which might conflict with the work of the ICB or which might be in a position to supply goods/services to the ICB.

Individuals are required to obtain prior permission to engage in outside employment, and the ICB reserves the right to refuse permission where it believes a conflict may arise which cannot be effectively managed. Further detail of secondary employment and how this should be requested and managed can be found in the ICBs Secondary Employment policy.

### **10.2 ICB Board and Committee members from other organisations**

ICBs have been created to give statutory NHS providers, local authorities and primary medical services (general practice) nominees a role in decision-making. These individuals will be expected to act in accordance with the first principle, and whilst it should not be automatically assumed that they are personally or professionally conflicted just by virtue of being an employee, director, partner or otherwise holding a position with one of these organisations, the possibility of actual and perceived conflicts of interests arising will remain. For all decisions, ICBs will need to carefully consider whether an individual's role in another organisation could result in actual or perceived conflicts of interest and whether or not that outweighs the value of the knowledge they bring to the process.

### **11 Managing Conflicts of Interest at Meetings**

The ICBs will consider the composition of decision-making forums and will clearly distinguish between those individuals who should be involved in formal decision taking, and those whose input informs decisions. In particular, the ICB will consider the perspective the individual brings and the value they add to both discussions around particular decisions and in actually taking part in the decision including the ability to shape the ICB's understanding of how best to meet patients' needs and deliver care for the local population. The ICB will manage conflicts of interest to reflect this distinction. For example, where providers hold contracts for services it would be appropriate and reasonable to involve them in discussions such as pathway design and service delivery. However, this would need to be clearly distinct from any considerations around contracting and commissioning from which they would need to be excluded.

### 11.1 Chairing arrangements and decision making processes

The chair of a meeting of the ICB Board or any of its committees, sub-committees or groups has ultimate responsibility for deciding whether there is a conflict of interest and for taking the appropriate course of action in order to manage the conflict of interest. In the event that the chair of a meeting has a conflict of interest, the vice chair is responsible for deciding the appropriate course of action in order to manage the conflict of interest. If the vice chair is also conflicted, then the remaining non-conflicted voting members of the meeting should agree between themselves how to manage the conflict(s). In making such decisions, the chair (or vice chair or remaining non-conflicted members as above) may wish to consult with the Conflicts of Interest Guardian or another member of the ICB Board.

The ICB Board Chair, with the support of the Corporate Secretary and, if required, the Conflicts of Interest Guardian, will proactively consider ahead of meetings what conflicts are likely to arise and how they should be managed, including taking steps to ensure that supporting papers for particular agenda items of closed sessions/meetings are not sent to conflicted individuals in advance of the meeting where relevant.

To support chairs in their role, they will have access to a Conflict of Interest register prior to meetings, which will include details of any declarations of conflicts which have already been made by members of the ICB or meeting members. An example of a meeting checklist is available at Appendix 7 which may support chairs in their role.

The chair will ask at the beginning of each meeting if anyone has any conflicts of interest to declare in relation to the business to be transacted at the meeting. Each member of the meeting should declare any interests which are relevant to the business of the meeting regardless of whether or not these interests have previously been declared. Any new interests declared at a meeting must be included on the ICB's relevant register of interests to ensure it is up-to-date.

It is the responsibility of each individual member of the meeting to declare any relevant interests which they may have. However, should any other member of the meeting be aware of facts or circumstances which may give rise to a conflict of interest but which have not been declared should bring this to the attention of the chair who will decide whether there is a conflict of interest and the appropriate course of action to take in order to manage the conflict of interest.

When a member of the meeting (including the chair or vice chair) has a conflict of interest in relation to one or more items of business to be transacted at the meeting, the chair (or vice chair or remaining non-conflicted members where relevant as described above) must decide how to manage the conflict. Actions to mitigate conflicts should be proportionate and should seek to preserve the spirit of collective decision-making wherever possible. Mitigation should take account of a range of

factors including the perception of any conflicts and how a decision may be reached if an individual with a perceived conflict is involved in that decision as well as the risks and benefits of having a particular individual involved in making the decision. The appropriate course of action will depend on the particular circumstances, but could include one or more of the following:

- Where the chair has a conflict of interest, deciding that the vice chair (or another non-conflicted member of the meeting if the vice chair is also conflicted) should chair all or part of the meeting;
- Requiring the individual who has a conflict of interest (including the chair or vice chair if necessary) not to attend the meeting;
- Ensuring that the individual concerned does not receive the supporting papers or minutes of the meeting which relate to the matter(s) which give rise to the conflict;
- Requiring the individual to leave the discussion when the relevant matter(s) are being discussed and when any decisions are being taken in relation to those matter(s) and securing technical or local expertise from an alternative unconflicted source where possible. In private meetings, this could include requiring the individual to leave the room and in public meetings to either leave the room or join the audience in the public gallery. This may require instructions to the meeting to be cautious about or cease the use of any chat function associated with video conferencing which may remain accessible to the individual who has been excluded from or asked to leave the meeting.
- Allowing the individual to participate in some or all of the discussion when the relevant matter(s) are being discussed but requiring them to leave the meeting when any decisions are being taken in relation to those matter(s) or not participate in the decision-making. This may be appropriate where, for example, the conflicted individual has important relevant knowledge and experience of the matter(s) under discussion, which it would be of benefit for the meeting to hear, but this will depend on the nature and extent of the interest which has been declared;
- Noting the interest and ensuring that all attendees are aware of the nature and extent of the interest, but allowing the individual to remain and participate in both the discussion and in any decisions. The rationale for inclusion should be properly documented and included in the minutes. This is only likely to be the appropriate course of action where it is decided that the interest which has been declared is either immaterial or not relevant to the matter(s) under discussion. The conflicts of interest case studies include examples of material and immaterial conflicts of interest.

Where the action taken, for example exclusion, affects the quoracy of a meeting appropriate action will be taken, for example in advance of a meeting it may be possible to review the committee's Terms of Reference to understand if, with appropriate approvals, they may be amended to enable the committee to remain

quorate. If the conflict arises so that issues of quoracy may not be addressed in advance the item will be postponed until a quorum can be achieved without conflict. Advice from the Corporate Governance Team should be sought in these circumstances.

It is important that an effective record is made and kept on the form of clear minutes of any interests that arise, the agenda item concerned and their subsequent management. An example of this is shown at Appendix 7.

### 11.2 Committee Terms of Reference

Committee Terms of Reference must include a section on how the Committee will conduct its business in accordance with the ICB's Managing Conflicts of Interest Policy including:

- ensuring there is a section on the agenda to declare any potential conflicts of interest
- ensuring that the minutes capture the information required as per section 11.3 of this policy
- proactively considering ahead of meetings whether conflicts are likely to arise and how they should be managed including whether meeting papers should be sent to conflicted individuals in advance of the meeting

### 11.3 Minute taking

It is imperative that the ICB ensures complete transparency in its decision-making processes through robust record-keeping and clear minutes. If any conflicts of interest are declared or otherwise arise in a meeting, the chair must ensure the following information is recorded in the minutes:

- who has the interest;
- the nature of the interest and why it gives rise to a conflict, including the magnitude of any interest;
- the items on the agenda to which the interest relates;
- how the conflict was agreed to be managed; and
- evidence that the conflict was managed as intended (for example recording the points during the meeting when particular individuals left or returned to the meeting).

## 12 Managing Conflicts of Interest Throughout the Commissioning Cycle

The NHS England guidance for Managing Conflicts of Interest in the NHS (February 2017) is clear that conflicts of interest need to be managed appropriately throughout the whole commissioning cycle including within the ongoing management of existing contracts and ICBs must have in place processes to ensure this happens.

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At the outset of a commissioning process, all individuals involved, including those from external bodies, must complete a Conflict of Interest form, even if there is nothing to declare (Appendix 9). Completed forms must be held by the lead Procurement Manager and either the forms or a collated register must be available at every meeting.

Where Conflicts of Interest are declared, the chair of the meeting, in conjunction with the Corporate Secretary and/or Conflicts of Interest Guardian, must put in place clear arrangements to robustly manage these. This includes consideration as to which stages of the process a conflicted individual should not participate in, and, in some circumstances, whether that individual should be involved in the process at all. The steps taken must be clearly documented in the minutes (Appendix 7).

Where a conflict is identified which may impact on the management of an existing contract, a discussion must take place with the Corporate Secretary, and if necessary the Conflicts of Interest Guardian, so that steps can be put in place to manage this. Any mitigation must also be recorded in minutes that are taken.

ICBs will also need to identify as soon as possible where staff might transfer to a provider (or their role may materially change) following the award of a contract. This should be treated as a relevant interest which will be managed in line with this policy and following advice from the Corporate Secretary and if necessary the ICB Conflicts of Interest Guardian.

### **12.1 Designing service requirements**

The NHS England guidance upon which this policy is based states that ICBs have legal duties under the Act to properly involve patients and the public in their respective commissioning processes and decisions. Public involvement supports transparent and credible commissioning decisions and should happen at every stage of the commissioning cycle from needs assessment, planning and prioritisation to service design, procurement and monitoring.

Conflicts of Interest can arise from the inclusion of members of the public or particular groups who are involved in the decision making process of the ICB. As such, any member of the public or representative of a particular group involved in the influencing or decision making of the ICB will be required to complete a Declaration of Interest form regardless of a conflict being identified. This will be held by the Procurement Manager alongside any other conflict of interest forms completed as part of the procurement process.

### **12.2 Provider engagement**

It is good practice to engage relevant providers, especially clinicians, in confirming that the design of service specifications will meet patient needs. Such engagement, done transparently and fairly, is entirely legal but it is important not to gear the

requirement in favour of any particular provider(s). If appropriate, the advice of an independent clinical adviser on the design of the service should be secured.

Conflicts of interest, as well as challenges to the fairness of the procurement process, can arise if a commissioner engages selectively with only certain providers (existing or potential) in developing a service specification for a contract for which they may later bid. The ICB is particularly mindful of these issues when engaging with existing / potential providers in relation to the development of new care models and is developing a Procurement Strategy that will ensure:

- All relevant clinicians and potential providers, together with local members of the public, are engaged in the decision-making processes used to procure services;
- Provider engagement follows the three main principles of procurement law, namely equal treatment, non-discrimination and transparency. This includes ensuring that the same information is given to all at the same time and procedures are transparent. This mitigates the risk of potential legal challenge. When available this will be published on the ICB website.
- ICB Board discussion and decision making involving provider ICB Board members will consider conflicts of interest and manage these as outlined in section 11 of this policy.

External services such as commissioning support services (CSSs) can play an important role in ensuring Procurement law is adhered to at all times, as well as helping ICBs decide the most appropriate procurement route, undertaking procurements and managing contracts in ways that manage conflicts of interest and preserve the integrity of decision-making.

To ensure transparency and assurance, any member of the Commissioning Support Service (CSS) involved in assisting the ICB with procurement will be required to complete a declaration of interest form (Appendix 6). In addition, the Commissioning Support Service as an organisation will also be required to complete a declaration of interest form at organisational level which will include any conflicts of interest they may have in relation to the work commissioned by the ICB. It is the responsibility of the Procurement Manager to ensure this is completed and is held alongside any other conflict of interest forms that are completed as part of the procurement process.

Irrespective of CSS input, the ICB is responsible for:

- Determining and signing off the specification and evaluation criteria;
- Deciding and signing off decisions on which providers are invited to tender; and
- Making final decisions on the selection of the provider.

### **12.3 Procuring new care models**

Where new care models or other arrangements of a similar scale or scope, are being procured it is imperative that conflicts of interest are managed in line with this policy and in line with Appendix 8. Where further advice is needed, please seek advice from the Corporate Secretary.

### **12.4 Managing conflicts of interest relating to procurement**

An area in which conflicts could arise is where a ICB commissions (or continues to commission by contract extension) healthcare services, including GP services, in which a member of the ICB Board has a financial or other interest. A procurement template attached at Appendix 8, sets out factors that the ICB must address when planning to commission general practice services and must be completed every time general practice services are commissioned. It is the responsibility of the Procurement Manager to ensure this form is completed and passed to the ICB Governance Team so the register of procurement decisions can be updated (see section 12.5).

As part of any procurement process undertaken by the ICB, bidders will be asked to declare any conflicts of interest. This enables commissioners to ensure that they comply with the principles of equal treatment and transparency. It is the responsibility of the Procurement Manager and Procurement Team to ensure this step is completed. Where a bidder has declared a conflict, advice should be sought from the Procurement Team, the Corporate Governance Team or the Conflicts of Interest Guardian as to how this should be managed to ensure that no bidder is treated differently to any other. Please see Appendix 9 for a conflict of interests for bidders/contractors template.

While it is not appropriate to publish any bidder conflicts of interest, the ICB is required under regulation 84 of the Public Contract Regulations 2015 to make and retain records of contract award decisions and key decisions that are made during the procurement process.

This includes “communications with economic operators and internal deliberations” which should include decisions made in relation to actual or perceived conflicts of interest declared by bidders. These records must be retained by the Procurement Team/Procurement Manager for a period of at least three years from the date of award of the contract.

### **12.5 Register of procurement decisions**

To promote transparency in decision-making, and in line with the NHS England Managing Conflicts of Interest in the NHS (February 2017), the ICB will maintain a register of procurement decisions taken, either for the procurement of a new service or any extension or material variation of a current contract. This will include:

- The details of the decision;

- Who was involved in making the decision (including the name of the ICB clinical lead, the ICB contract manager, the name of the decision making committee and the name of any other individuals with decision-making responsibility);
- Summary of any conflicts of interest in relation to the decision and how these were managed; and
- The award decision taken.

It is the responsibility of Managers involved in Procurements to ensure that details of any procurement decisions taken, including single tender actions are provided to the Corporate Governance Team so that the register of procurement decisions can be maintained. Upon receipt of new information, the register of procurement decisions will be updated and published on the ICB website by the Corporate Governance Team. A template of the register is included at Appendix 10.

### **12.6 Contract monitoring**

Please see section 11 which describes how conflicts of interests at meetings should be managed and how these should be recorded in the minutes. The NHS Standard Contract General Conditions state that providers “must ensure that, in delivering the Services, all staff comply with Law, with Managing Conflicts of Interest in the NHS and other Guidance, and with Good Practice, in relation to gifts, hospitality and other inducements and actual or potential conflicts of interest.”

### **13 Audit of Managing Conflicts of Interests**

The ICB is required to undertake an audit of their conflicts of interest management as part of their internal audit on an annual basis. This is led by the ICB’s Internal Auditor and the outcome will be reflected in the ICB’s Annual Governance Statement as well as forming part of the discussion at the end of year governance meeting with NHS England.

### **14 Raising Concerns and Breaches**

It is the duty of all individuals referred to in section 2 to speak up about genuine concerns in relation to the administration of this policy and to report these concerns in line with the ICB’s Freedom to Speak Up Policy. Suspicions must not be ignored or investigated directly by an individual.

We encourage anyone who is not an employee or worker of the ICB, but who wishes to report a suspected or known breach of this Policy to contact a member of the Corporate Governance Team in the first instance.

All disclosures will be treated with appropriate confidentiality at all times in accordance with ICB policies and applicable laws. Anybody making such disclosures may expect an appropriate explanation of any decisions taken as a result of any investigation.

Providers, patients and other third parties may make a complaint to NHS Improvement in relation to the ICB's conduct under the Procurement Patient Choice and Competition Regulations.

Anonymised details of breaches will be published on the ICB's website for the purpose of learning and development. The outcomes of any investigation of breaches will also be reported to the ICB Audit, and Risk Committee and NHS England.

### 15 Breaches of the ICB Managing Conflicts of Interest Policy

Failure to comply with the policy on conflicts of interest management can have serious implications for the ICB and any individuals concerned.

**Civil implications:** The ICB could face civil challenges to decisions it makes. For instance, if breaches occur during a service re-design or procurement exercise, the ICB risks a legal challenge from providers that could potentially overturn the award of a contract, lead to damages claims against the ICB, and necessitate a repeat of the procurement process. This could delay the development of better services and care for patients, waste public money and damage the ICB's reputation. In extreme cases, staff and other individuals could face personal civil liability, for example a claim for misfeasance in public office.

**Criminal implications:** Failure to manage conflicts of interest could lead to criminal investigations into fraud, bribery and corruption offences. This could have implications for the ICB, linked organisations, and the individuals who are engaged by them.

**Disciplinary implications:** Individuals who fail to disclose any relevant interests or who otherwise breach the ICB's rules and policies relating to the management of conflicts of interest will be subject to investigation and, where appropriate, to disciplinary action.

Individuals should be aware that the outcomes of such action may result in the termination of their employment or position with the ICB.

Statutorily regulated healthcare professionals who work for, or are engaged by the ICB are under professional duties imposed by their relevant regulator to act appropriately with regard to conflicts of interest. Failure to comply with this policy may result in the ICB reporting such individuals to their regulator for investigation if they believe that they have acted improperly. The consequences for inappropriate action could include fitness to practise proceedings being instigated which may result in individuals being struck off by their professional regulator.

### 15.1 Managing breaches of this policy

All breaches of the ICB's Conflicts of Interest Policy will be subject to internal investigation in the first instance, notwithstanding any external investigations which may be necessary. Internal investigations will be completed in line with the most appropriate ICB policy.

Investigation outcomes in relation to breaches of this policy will be shared with the ICB's Audit and Risk Committee which will review any lessons to be learnt and recommendations for action. The Audit and Risk Committee will monitor the implementation of any recommendations raised from the outcomes of investigations.

Once a breach is confirmed, the Corporate Governance Team will ensure that NHS England is notified, including information about the nature of the breach and the actions taken in response. This information will also be published anonymously on the ICB's website and a communications plan will be put in place to manage any media interest. This will be managed on a case by case basis.

## 16 Bribery and Fraud

### 16.1 Bribery

The ICB takes a zero tolerance approach to bribery. The ICB policy relating to Fraud and Bribery can be found on the ICB Intranet and website. The Bribery Act 2010 defines bribery as the giving or taking of a reward in return for acting dishonestly and or in breach of the law. There are four different classifications of bribery:

- Bribing another person.
- Being bribed,
- Bribing a foreign public official; or
- Failure to prevent bribery.

Any offering, promising, giving, requesting, receipt or acceptance of a bribe by any employee when conducting business on behalf of the ICB or when representing the ICB in any capacity is strictly forbidden and is contrary to the Bribery Act 2010. Furthermore, the ICB requires all individuals to report any suspicions of the above to its Local Counter Fraud Specialist, or the NHS Counter Fraud Authority. Individuals who fail to adhere to this policy will be dealt with by means of a criminal investigation, civil recovery and/or via the ICB's disciplinary processes.

Any suspicions or concerns of acts of bribery can be reported confidentially online via <https://cfa.nhs.uk/reportfraud> or via the NHS Fraud and Corruption Reporting Line on 0800 028 4060. All calls are dealt with by experienced trained staff and any caller who wishes to remain anonymous may do so.

## 16.2 Fraud

The ICB has a zero tolerance approach to fraud. The ICB policy relating to Fraud and Bribery can be found on the ICB Intranet and website. The Fraud Act 2006 creates a criminal offence of fraud and defines three main ways of committing it:

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

In these cases, an offender's conduct must be dishonest and their intention must be to make a gain or cause a loss (or the risk of a loss) to another.

Any suspicions or concerns of acts of fraud can be reported confidentially online via <https://cfa.nhs.uk/reportfraud> or via the NHS Fraud and Corruption Reporting Line on 0800 028 4060. All calls are dealt with by experienced trained staff and any caller who wishes to remain anonymous may do so.

## 17 Training requirements

The information and responsibilities within this policy will be disseminated to staff by the publication of this policy on the BNSSG ICB website and intranet. Conflict of Interest training is mandatory for all individuals referred to in section 2 and is to be completed annually by all staff. Conflicts of Interest training packages are provided by NHS England. Training compliance rates will be recorded as part of the ICB's annual conflicts of interest audit. Training compliance rates for decision making staff will be reported to NHS England annually. Decision making staff are those roles defined in the Constitution as members of the ICB Board and Terms of Reference as members of the ICB Board Sub Committees.

## 18 Equality Impact Assessment

All relevant persons are required to comply with this document and must demonstrate sensitivity and competence in relation to the nine protected characteristics as defined by the Equality Act 2010. If you, or any other groups, believe you are disadvantaged by anything contained in this document please contact the Document Lead (author) who will then actively respond to the enquiry.

## 19 Implementation and Monitoring Compliance and Effectiveness

An implementation plan has been prepared and is attached at appendix 2. Compliance with this policy will be monitored by the Corporate Governance team and reported quarterly to the Audit and Risk Committee. The outcomes of the mandatory annual audit will be reported to the Audit and Risk Committee.

## 20 References, acknowledgements and associated documents

The following related documents may be accessed through our website:

- Local Counter Fraud, Bribery and Corruption Policy
- Grievance Policy and Procedure
- Disciplinary Policy
- Gifts and Hospitality Policy
- Policy for the Sponsorship of Activities by and Joint Working with the Pharmaceutical Industry
- Freedom to Speak Up Policy
- Secondary Employment Policy

<https://www.england.nhs.uk/ourwork/coi/>

<https://www.england.nhs.uk/publication/managing-conflicts-of-interest-in-the-nhs-guidance-for-staff-and-organisations/>

## 21 Appendices

Appendix 1 Equality Impact Assessment

Appendix 2 Implementation Plan

Appendix 3 Principles of Good Governance and Nolan Principles

Appendix 4 Types of Interest

Appendix 5 Contact details for the ICB Corporate Governance Team and Conflicts of Interest Guardian

Appendix 6 Conflict of Interest declaration form

Appendix 7 Conflict of Interest Checklist for Chairs, Meeting Members and Secretariat Support

Appendix 8 Template to be used when commissioning services from GP Practices, including provider consortia, or organisations in which GPs have a financial interest

Appendix 9 Declarations of Conflicts of Interests form for Bidders/Contractors

Appendix 10 Register of Procurement Decisions and Contracts Awarded



**21.1 Equality Impact Assessment**

Equality Impact Assessment Screening		
Query	Response	
What is the aim of the document?	to set out the ICB responsibilities in relation to managing conflicts of interest in line with Revised Statutory Guidance on Managing Conflicts of Interest in the NHS (February 2017 ) and interim guidance on the functions and governance of the ICB (March 2022) and processes to ensure compliance	
Who is the target audience of the document (which staff groups)?	All staff	
Who is it likely to impact on and how?	Staff	yes in that it describes the way in which staff are required to declare all interests as set out in the policy. It does not have an impact on staff in terms of Equalities and Human Rights (see below)
	Patients	no
	Visitors	no
	Carers	no
	Other – governors, volunteers etc	yes – all those defined as staff in the policy are required by statutory guidance to conform to the policy. It does not have an impact in terms of Equalities and Human Rights (see below)
Does the document affect one group more or less favourably than another based on the 'protected characteristics' in the Equality Act 2010:	Age (younger and older people)	no
	Disability (includes physical and sensory impairments, learning disabilities, mental health)	This policy is available in formats as requested.
	Gender (men or women)	no
	Pregnancy and maternity	no
	Race (includes ethnicity as well as gypsy travellers)	no
	Sexual Orientation (lesbian, gay and bisexual people)	no
	Transgender people	no
	Groups at risk of stigma or social exclusion (e.g. offenders, homeless people)	no

	Human Rights (particularly rights to privacy, dignity, liberty and non-degrading treatment)	no – the ICB has processes in place to ensure that rights to privacy are protected
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21.2 Implementation Plan

Target Group	Implementation or Training objective	Method	Lead	Target start date	Target End date	Resources Required
ICB Board	Ensure the ICB Board is aware of ICB's responsibilities and provide assurance that appropriate process is established to ensure legal compliance	Cover paper to the policy to be presented to the ICB Board	Corporate Secretary	1 <sup>st</sup> July 2022	July 2022	staff time, Governing Body time
Executive Directors	Ensure awareness of responsibilities to ensure compliance Individual Executive Director responsibilities Directorate Responsibilities	Discussion with individual directors as required	Corporate Support Officer	From 1 <sup>st</sup> July 2022	Ongoing	staff time, executive director time
All Staff	Ensure awareness of ICB processes and procedures	<p>Policy to be placed on website Information about the policy and ICB process to be placed on ICB Intranet</p> <p>Information about the policy and ICB process to be communicated through the ICB Staff newsletter</p> <p>Annual Conflicts of Interests training module</p>	Corporate Support Officer /Training manager	From 1 <sup>st</sup> July 2022	<p>1<sup>st</sup> July 2022 - Policy to added to The Hub, and the website following approval.</p> <p>July 2022 – Inclusion in The Voice following approval</p> <p>Ongoing - Annual declarations to be collated and staff to be reminded to undertake training.</p>	staff time training module

### 21.3 Principles of Good Governance and Nolan Principles

ICBs should observe the principles of good governance in the way they do business including:

- The Nolan Principles (also known as the 7 Principles of Public Life) set out below
  - The Good Governance Standards for Public Services (2004), Office for Public Management (OPM) and Chartered Institute of Public Finance and Accountancy (CIPFA)
  - The seven key principles of the NHS Constitution
  - The Equality Act 2010
  - The UK Corporate Governance Code
  - Standards for members of NHS Boards
- Nolan Principles, also known as The 7 Principles of Public Life**
- **Selflessness** – Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other 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 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.

## 21.4 Types of Interest

### Financial Interests

This is where an individual may get direct financial benefit from the consequences of a decision they are involved in making. This could, for example, include being:

- A director (including a non-executive director) or senior employee in another organisation which is doing, or likely to do business with an organisation in receipt of NHS funding
- A shareholder, partner or owner of an organisation which is doing, or is likely to do business with an organisation in receipt of NHS funding
- Someone in outside employment
- Someone in receipt of a secondary income
- Someone in receipt of a grant
- Someone in receipt of other payments (e.g. honoraria, day allowances, travel or subsistence)
- Someone in receipt of sponsored research

### Non-financial professional interests

This is 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 status or promoting their professional career. This may, for example, include situations where the individual is:

- An advocate for a particular group of patients
- A clinician with a special interest
- An active member of a particular specialist body
- An advisor for the Care Quality Commission or National Institute of Health and Care Excellence
- A research role

### Non-financial personal interests

This is 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. This could include, for example, where the individual is:

- A member of a voluntary sector board or has a position of authority within a voluntary sector organisation
- A member of a lobbying or pressure group with an interest in health and care

### **Indirect interests**

This is where an individual has a close association with another individual who has a financial interest, a non-financial professional interest or a non-financial personal interest who would stand to benefit from a decision they are involved in making. This would include:

- Close family members and relatives
- Close friends and associates
- Business partners.

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### 21.5 Contact details for the ICB Corporate Governance Team and Conflict of Interest Guardian

[TBC – Senior person responsible for Governance]	
Name	TBC
Title	TBC
Telephone No.	TBC
Email	TBC
Conflict of Interest Guardian	
Name	John Cappock
Title	Independent Non-Executive Member for Audit
Email	<a href="mailto:John.cappock@nhs.net">John.cappock@nhs.net</a>
Corporate Governance Team	
Email	<a href="mailto:bnssg.corporate@nhs.net">bnssg.corporate@nhs.net</a>

**21.6 Conflict of Interest form**

<b>Name:</b>				
<b>Organisation:</b>				
BNSSG ICB <input type="checkbox"/> Other <input type="checkbox"/> (please specify) .....				
<b>Position within, or relationship with, the ICB (or other organisation):</b>				
<b>Detail of interests held (complete all that are applicable):</b>				
If you have nothing to declare please state this below				
Type of Interest*	Description of Interest (including for indirect interests, details of the relationship with the person who has the interest)	Date interest relates From & To		Actions to be taken to mitigate risk (to be agreed with line manager or a senior ICB manager)
*See reverse of form for details				

*The ICB is required to take steps to manage conflicts of interest that may arise; we collect this information to ensure that we are able to comply with the statutory guidance on this subject. The information collected in this form will be held securely and used for the purposes of identifying and managing conflicts of interest. Personal information will be managed in line with the General Data Protection Regulation and Data Protection Act 2018. Details of declarations of interest are published online and available on our website. Information may be disclosed to third parties in accordance with the Freedom of Information Act 2000 and published in registers that the ICB holds.*

I confirm that the information provided above is complete and correct. I acknowledge that any changes in these declarations must be notified to the ICB as soon as practicable and no later than 28 days after the interest arises. I am aware that if I do not make full, accurate and timely declarations then civil, criminal, or internal disciplinary action may result.

**I do / do not [delete as applicable] give my consent for this information to published on registers that the ICB holds. If consent is NOT given please give reasons:**



## Managing Conflicts of Interest Policy

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*(Note: The ICB is unable to remove information from the public view without sufficient reason, please contact the Corporate Governance Team for advice/guidance on this)*

**Signed:**

**Date:**

Please return to **The Corporate Team**, [bnssg.corporate@nhs.net](mailto:bnssg.corporate@nhs.net)

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### 21.7 Conflict of Interest Checklist for Chairs, Meeting Members and Secretariat Support

Under the Health and Social Care Act 2012, there is a legal obligation to manage conflicts of interest appropriately. It is essential that declarations of interest and actions arising from the declarations are recorded formally and consistently across all ICB Board, committee and sub-committee meetings. This checklist has been developed with the intention of providing support in conflicts of interest management. It does not cover the requirements for declaring interests outside of the committee process.

Timing	Checklist for Chairs	Responsibility
In advance of the meeting	1. <b>The agenda</b> to include a standing item on declaration of interests to enable individuals to raise any issues and/or make a declaration at the meeting.	Meeting Chair and secretariat
	2. A <b>definition of conflicts of interest</b> should also be accompanied with each agenda to provide clarity for all recipients.	Meeting Chair and secretariat
	3. <b>Agenda</b> to be circulated to enable attendees (including visitors) to identify any interests relating specifically to the agenda items being considered and be in accessible format(s).	Meeting Chair and secretariat
	4. <b>Members should contact the Chair</b> as soon as an actual or potential conflict is identified.	Meeting members
	5. Chair to review <b>minutes from preceding meetings</b> i.e., sub-committee, working group, etc., detailing any conflicts of interest declared and how this was managed.	Meeting Chair
	6. A <b>copy of the members' declared interests</b> is checked to establish any actual or potential conflicts of interest that may occur during the meeting.	Meeting Chair and secretariat
During the meeting	1. <b>Check and declare the meeting is quorate</b> and ensure that this is noted in the minutes of the meeting.	Meeting Chair

	<p>2. Chair requests <b>members to declare any interests in agenda items</b>- which have not already been declared, including the nature of the conflict.</p>	Meeting Chair
	<p>3. <b>Chair makes a decision</b> as to how to manage each interest which has been declared on a case-by-case basis, and this decision is recorded and issue any instructions about the use of chat function to ensure access to information is appropriately managed.</p>	Meeting Chair and secretariat
	<p>4. <b>As minimum requirement</b>, the following should be <b>recorded in the minutes of the meeting</b>:</p> <ul style="list-style-type: none"> <li>• Individual declaring the interest;</li> <li>• At what point the interest was declared;</li> <li>• The nature of the interest;</li> <li>• The Chair’s decision and resulting action taken;</li> <li>• The point during the meeting at which any individuals retired from and returned to the meeting - even if an interest has not been declared.</li> </ul>	Secretariat
	<p>5. <b>Visitors in attendance</b> who participate in the meeting must also follow the meeting protocol and declare any interests in a timely manner.</p>	
	<p><b>Following the meeting</b></p>	
	<p>1. All new interests declared at the meeting should be promptly updated onto the declaration of interest form;</p>	Individual(s) declaring interest(s)
	<p>2. All new completed declarations of interest should be transferred onto the register of interests.</p>	Relevant ICB Governance Lead

**Example of a Conflict of Interest being declared at a meeting and how this should be recorded**

Item No	Agenda Item	Actions
1	<b>Chairs welcome</b>	
2	<b>Apologies for Absence</b>	
3	<p><b>Declarations of Interest</b></p> <p>The Chair reminded committee members of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of XXX</p> <p>Declarations made by members of the XXX Committee are listed in the ICBs Register of Interests. The Register is available either via the ICB Governance Lead or on the ICBs website at the following link.....</p> <p><b>Declarations of Interest from today's meeting</b></p> <p>With reference to business to be discussed at this meeting, XX declared that he is a shareholder in XXX.</p> <p>The Chair declared that the meeting is quorate and that XX would not be included in any discussions on agenda item 4 due to a direct conflict of interest which could potentially lead to financial gain for MS.</p> <p>The Chair and XX discussed the conflict of interest, which is recorded on the register of interest, before the meeting and XX agreed to remove himself from the table and not be involved in the discussion around agenda item 4.</p>	
4	<p><b>Item Title</b></p> <p>XX left the meeting, excluding himself from the discussion regarding xx</p> <p>*discussion minutes*</p> <p>XX was brought back in to the meeting</p>	

**21.8 Template to be used when commissioning services from GP Practices, including organisations in which GPs have a financial interest**

Service:	
Question	Comment/Evidence
How does the proposal deliver good or improved outcomes and value for money – what are the estimated costs and the estimated benefits? How does it reflect the ICBs proposed commissioning priorities? How does it comply with the ICBs commissioning obligations?	
How have you involved the public in the decision to commission this service?	
What range of health professionals have been involved in designing the proposed service?	
What range of potential providers have been involved in considering the proposals?	
How have you involved your Health and Wellbeing Board(s)? How does the proposal support the priorities in the relevant joint health and wellbeing strategy (or strategies)?	
What are the proposals for monitoring the quality of the service?	
What systems will there be to monitor and publish data on referral patterns?	
Have all conflicts and potential conflicts of interests been appropriately declared and entered in registers?	
In respect of every conflict or potential conflict, you must record how you have managed that conflict or potential conflict. Has the management of all conflicts been recorded with a brief explanation of how they have been managed?	
Why have you chosen this procurement route e.g. single tender action?	

Managing Conflicts of Interest Policy

What additional external involvement will there be in scrutinising the proposed decisions?	
How will the ICB make its final commissioning decision in ways that preserve the integrity of the decision-making process and award of any contract?	

**Additional question when qualifying a provider on a list or framework or pre selection tender (including but not limited to any qualified provider) or direct award (for services where national tariffs do not apply)**

How have you determined a fair price for the service?	
---	--

**Additional questions when qualifying a provider on a list or framework or pre selection for tender (including but not limited to any qualified provider) where GP practices are likely to be qualified providers**

How will you ensure that patients are aware of the full range of qualified providers from whom they can choose?	
---	--

**Additional questions for proposed direct awards to GP providers**

What steps have been taken to demonstrate that the services to which the contract relates are capable of being provided by only one provider?	
In what ways does the proposed service go above and beyond what GP practices should be expected to provide under the GP contract?	
What assurances will there be that a GP practice is providing high-quality services under the GP contract before it has the opportunity to provide any new services?	

**21.9 Declaration of Conflicts of Interests Form for Bidders/Contractors**

<b>Name of Organisation:</b>	
<b>Details of Interests held:</b>	
<b>Type of Interest</b>	<b>Details</b>
Provision of services or other work for the ICB or NHS England	
Provision of services or other work for any other potential bidder in respect of this project or procurement process	
Any other connection with the ICB or NHS England, whether personal or professional, which the public could perceive may impair or otherwise influence the ICBs or any of its members' or employees' judgements, decisions or actions	

<b>Name of Relevant Person:</b>	(Complete for all Relevant Persons)	
<b>Details of Interests held:</b>		
<b>Type of Interest</b>	<b>Details</b>	<b>Personal interest or that of a family member, close friend or other acquaintance?</b>
Provision of services or other work for the ICB or NHS England		
Provision of services or other work for any other potential bidder in respect of this project or procurement process		

<b>Any other connection with the ICB or NHS England, whether personal or professional, which the public could perceive may impair or otherwise influence the ICBs or any of its members' or employees' judgements, decisions or actions</b>		
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To the best of my knowledge and belief, the above information is complete and correct. I undertake to update as necessary the information.

**Signed:** \_\_\_\_\_

**On behalf of:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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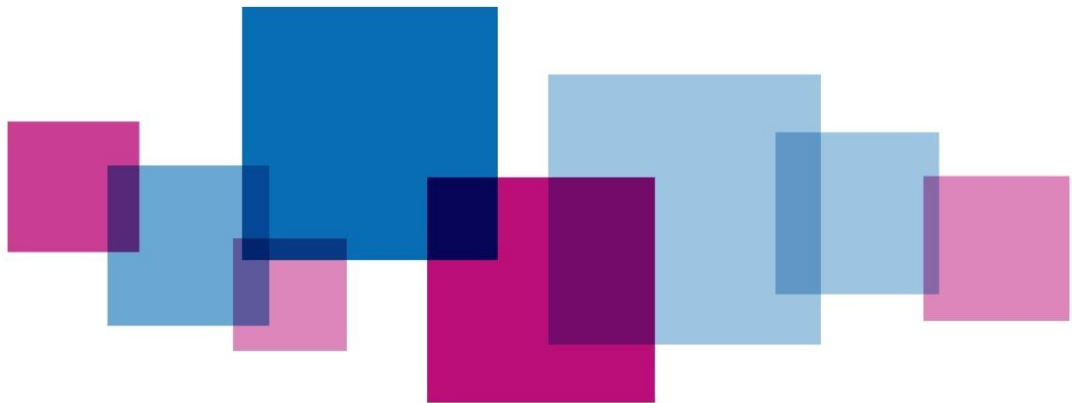


**21.10 Register of Procurement Decisions and Contracts Awarded**

ref no	contract/ service title	Procurement description	Existing contract or new (if new include details)	Procurement type	clinical lead	Executive Director	decision making process and name of decision making committee	summary of conflicts of interest declared and how managed	contract award	contract value (£) total	Contract value (£) to ICB

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# Gifts and Hospitality Policy



**Please complete the table below:**

*To be added by corporate team once policy approved and before placing on website*

<b>Policy ref no:</b>	
<b>Responsible Executive Director:</b>	
<b>Author and Job Title:</b>	
<b>Date Approved:</b>	
<b>Approved by:</b>	Integrated Care Board (ICB) Board
<b>Date of next review:</b>	

### Policy Review Checklist

	<b>Yes/ No/NA</b>	<b>Supporting information</b>
Has an Equality Impact Assessment Screening been completed?	Yes	See Appendix 1
Has the review taken account of latest Guidance/Legislation?	Yes	The policy is aligned to the Revised Statutory Guidance on Managing Conflicts of Interest in the NHS (February 2017)
Has legal advice been sought?	No	Specialist advice has been sought from the relevant Counter Fraud service
Has HR been consulted?	Yes	Advice has been sought from HR. HR issues arising from the application of the policy are set out in relevant HR policies and the recruitment toolkit



	<b>Yes/ No/NA</b>	<b>Supporting information</b>
Have training issues been addressed?	Yes	Mandatory training requirements are detailed in the policy. NHSE provides a mandatory training package which is completed annually.
Are there other HR related issues that need to be considered?	No	The policy refers to relevant HR policies
Has the policy been reviewed by Staff Partnership Forum?	No	The HR issues arising from the application of the policy are set out in relevant HR policies which are considered by the Staff Partnership Forum
Are there financial issues and have they been addressed?	No	There are no financial issues arising from the application of the policy
What engagement has there been with patients/members of the public in preparing this policy?	N/A	The policy describes the ICB's statutory responsibilities and there had been no engagement with patients/members of the public in preparing this policy beyond that undertaken by NHSE as part of the legislative process
Are there linked policies and procedures?	Yes	Associated policies are referenced in the policy
Has the lead Executive Director approved the policy?		The Chief Financial Officer will review the policy prior to Governing Body approval
Which Committees have assured the policy?		
Has an implementation plan been provided?	Yes	See Appendix 2
How will the policy be shared with		The policy will be published on the ICB website and intranet and will be featured in internal news communication. Regular prompts



	Yes/ No/NA	Supporting information
		regarding declaring interests will be placed in internal communications.
Will an audit trail demonstrating receipt of policy by staff be required; how will this be done?	No	
Has a DPIA been considered in regards to this policy?	Yes	A DPIA has been completed for the gifts and hospitality process
Have Data Protection implications have been considered?	Yes	The gifts, hospitality and sponsorship register is published on the ICB website and consent for publication is included on the declaration form.

Version Control <i>please remove this box once approved and finalised</i>		
Version	Date	Consultation
V1	19/05/2022	

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# Gifts and Hospitality Policy

## 1 Introduction

This policy describes the arrangements that NHS Bristol, North Somerset and South Gloucestershire Integrated Care Board has in place for the management of gifts and hospitality. This policy is written in line with the Statutory Guidance on Managing Conflicts of Interest in the NHS which was issued by NHS England in February 2017.

Staff in the NHS offer support during significant events in people's lives. For this work they may sometimes receive gifts as a legitimate expression of gratitude, and individuals should be proud that their services are so valued. However, situations where the acceptance of gifts could give rise to conflicts of interest should be avoided as even gifts of a small value may give rise to perceptions of impropriety and might influence behaviour if not handled in line with this policy.

The NHS England Managing Conflicts of Interest Statutory Guidance the NHS 2017 defines a gift 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."

The ICB has in place a Conflicts of Interest Policy that reflects the legal requirements and the statutory guidance issued by NHS England under sections 14O and 14Z8 of the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012). This should be read in conjunction with this policy as combined, they describe the overall systems the ICB has in place to create an environment in which staff, ICB Board and committee members feel able, encouraged and obliged to be open, honest and upfront about actual or potential conflicts.

### 1.1 BNSSG ICB Values

The policy supports the ICB values by ensuring the ICB does the right thing, it enables commissioners to demonstrate they are acting fairly and with integrity. The policy outlines best practice for managing gifts and hospitality which enables the ICB to strive for excellence, behave with integrity and to do the right thing.

## 2 Purpose and scope

The aims and objectives of this policy are to:

- Safeguard clinically led commissioning, whilst ensuring objective investment decisions;



- Enable commissioners to demonstrate that they are acting fairly and transparently and in the best interests of their patients and local populations;
- Uphold confidence and trust in the NHS;
- Ensure that the ICB operates within the legal framework.

This policy applies to:

- All ICB employees (including temporary staff, students, apprentices, trainees, agency staff, seconded staff, self-employed consultants, sessional staff or those on short term contracts, self-employed consultants and individuals working for the ICB under a contract for services)
- Any work experience staff or volunteers
- Members of the ICB Board, all members of the ICB's committees, sub-committees or sub groups including co-opted members, appointed deputies and any member of committees/groups from other organisations. Where the ICB is participating in a joint committee, any interests which are declared by the committee members should be recorded on the register(s) of interest

These are collectively referred to as 'individuals' hereafter.

### **3 Duties – legal framework for this policy**

This policy is written in line with the Revised Statutory Guidance on Managing Conflicts of Interest in the NHS which was issued by NHS England in February 2017.

The ICB has in place a Conflicts of Interest Policy that reflects the legal requirements and the statutory guidance issued by NHS England under sections 14O and 14Z8 of the Act.

### **4 Responsibilities and Accountabilities**

#### **Chief Executive**

- Has overall accountability for the ICB's management of gifts and hospitality.

#### **Line Managers**

- Provide basic advice, support and guidance on how gifts and hospitality should be managed in line with this policy and advise staff including as part of local induction.
- Ensure their team members do not accept a gift or hospitality that would create a breach of this policy

- Ensure and gifts and hospitality offered to their team which meet the criteria described in sections 6 and 7 are declared regardless of whether or not the offer is accepted
- Line Managers are responsible for ensuring that staff undertake their mandatory training and are aware of requirements associated with managing declarations of gifts and hospitality

### **Corporate Secretary**

- Provides advice, support and guidance on how gifts and hospitality should be managed.
- Maintains the register(s) of gifts and hospitality
- Supports the Conflict of Interest Guardian to enable them to carry out their role effectively and,
- Ensures that the appropriate administrative processes are in place to ensure compliance with legislation and statutory guidance

Contact details can be found at Appendix 3.

### **Conflicts of Interest Guardian**

This role is undertaken by the ICB Audit and Risk Committee Chair who will:

- Act as a conduit for members of the public and healthcare professionals who have any concerns with regards to the acceptance of gifts and hospitality or 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 gift and hospitality principles and policies
- Provide independent advice and judgement.
- Provide advice on minimising risks of conflicts of interest

### **Individuals**

Every individual has the responsibility to ensure that they complete annual conflicts of interest training. This training is available through the training platform.

All individuals must consider the risks associated with accepting offers of gifts, hospitality and entertainment when undertaking activities for or on behalf of the ICB and should not accept gifts that may affect, or be seen to affect, their professional judgement. This overarching principle should apply in all circumstances and is especially important during procurement exercises, as the acceptance of gifts could give rise to real or perceived conflicts of interests, or accusations of unfair influence,

collusion or canvassing. All individuals are expected to declare any gifts and hospitality offered.

All individuals must declare all offers of gifts, hospitality and entertainment whether accepted or rejected.

Under no circumstances should individuals ask for any gifts.

### **ALL Individuals - Disclosure UK Database**

*Disclosure UK* provides a valuable opportunity for healthcare professionals to further demonstrate their integrity in the eyes of patients and the public. All ICB staff who undertake work for pharmaceutical companies must disclose payments on the [UK Disclosure database](#). All work undertaken with pharmaceutical companies must also be recorded on a Declaration of Interest Form.

## **5 Definitions/explanations of terms used**

Gift	Any item of cash or goods, or any service, which is provided for personal benefit, free of charge or at less than its commercial value
Hospitality	Offers of meals, refreshments, travel, accommodation, and other expenses in relation to attendance at meetings, conferences, education and training events etc.

## **6 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.

As an overarching principle ICB staff should not accept gifts that may affect, or be seen to affect, their professional judgement. This overarching principle should apply in all circumstances.

Any personal gift of cash or cash equivalents (e.g. vouchers, tokens, offers of remuneration to attend meetings whilst in a capacity working for or representing the ICB) must always be declined, whatever their value and whatever their source, and the

offer which has been declined must be declared to the Corporate Governance Team within 28 days so that it can be recorded in the Gifts and Hospitality register.

Gifts from suppliers or contractors doing business (or likely to do business) with the ICB should be declined, whatever their value (with the exception of low cost branded promotional aids under the value of £6 which must be declared). The individual to whom the gift was offered must declare the offer to the Corporate Governance Team within 28 days so that it can be recorded in the Gifts and Hospitality register.

Modest gifts from other sources (e.g., patients, families and service users) under a value of £50 may be accepted and do not need to be declared. ICB staff should not ask for any gifts.

Gifts over the value of £50 should only be accepted on behalf of the ICB (e.g., to the ICB's charitable funds or equivalent), not in a personal capacity. These must be declared to the Corporate Team within 28 days so they can be recorded in the Gifts and Hospitality register.

Multiple gifts from the same source over a 12-month period should be treated in the same way as gifts over £50 where the cumulative value exceeds £50.

A common-sense 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) and at all times keeping the overarching principle at the heart of decision making.

## 7 Hospitality

Hospitality means offers of meals, refreshments, travel, accommodation, and other expenses in relation to attendance at meetings, conferences, education and training events etc.

Delivery of services across the NHS relies on working with a wide range of partners (including industry and academia) in different places and, sometimes outside of 'traditional' working hours. As such, individuals will sometimes appropriately receive hospitality. Staff receiving hospitality should always be prepared to justify why it has been accepted and be mindful that even hospitality of a small value may give rise to perceptions of impropriety and might influence behaviour.

When accepting or providing hospitality, individuals should be able to demonstrate that the acceptance or provision of hospitality would benefit the NHS or ICB. Individuals must 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.

Caution should be exercised when hospitality is offered by actual or potential suppliers or contractors, these can be accepted if modest and reasonable, but individuals should always obtain senior approval and declare these as there may be particular sensitivities, for example if a contract re-tender is imminent. Where there is uncertainty as to whether a gift or hospitality is acceptable, advice should always be sought from the Corporate Governance Team before an offer is accepted.

### 7.1 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) Executive Director approval is given. A clear reason should be recorded in the ICBs Gifts and Hospitality register as to why it was permissible to accept;
- A common-sense approach should be applied to the valuing of meals and refreshments (using an actual amount, if known, or an estimate that a reasonable person would make as to its value).

### 7.2 Travel and Accommodation

- Modest offers (i.e., standard public transport rates in the UK or mileage payments in line with the NHS standard public transport mileage rate) 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 ICB may not usually offer i.e., business class or first class travel and accommodation or foreign travel, need approval by an Executive Director and should only be accepted in exceptional circumstances. Such offers must be declared whether it is accepted or not and a clear reason should be recorded on the Gifts and Hospitality Form as to why it was permissible to accept travel and accommodation of this type

### 7.3 Sponsored Events

Sponsorship of ICB events by external parties is valued and offers to meet some or part of the costs of running an event secures their ability to take place, benefitting NHS staff and patients. Without this funding there may be fewer opportunities for learning, development and partnership working. However, there is potential for conflicts of



interest between the organiser and the sponsor and it is important that individuals are aware of the safeguards in place to manage this. As such, the following principles must be adhered to:

- Sponsorship of ICB events by appropriate external bodies should only be approved if a reasonable person would conclude that the event will result in clear benefit for the ICB and the NHS;
- There should be no direct conflict of interest between organiser and sponsor;
- During dealings with sponsors there must be no breach of patient or individual confidentiality or data protection rules and legislation;
- No information should be supplied to the sponsor from which they could gain a commercial advantage, and information which is not in the public domain should not be supplied;
- At the ICB's discretion, sponsors or their representatives may attend or take part in the event, but they should not have a dominant influence over the content or the main purpose of the event;
- The involvement of a sponsor in an event should always be clearly identified in the interest of transparency;
- The ICB should make it clear that sponsorship does not equate to endorsement of a company or its products and this should be made visibly clear on any promotional or other materials relating to the event;
- Staff should declare their involvement with sponsored events to the Corporate Governance Team within 28 days so that the Register of Gifts, Hospitality and Sponsorship can be updated accordingly.
- A Gifts, Hospitality and Sponsorship Form (appendix 4) must be completed and given to the Corporate Governance Team.
- If there is any uncertainty regarding the acceptance of sponsorship, individuals must seek advice from their Line Manager or the Corporate Governance Team before accepting any offer.

The ICB has a separate Policy for the Sponsorship of Activities and Joint Working with the Pharmaceutical Industry that can be found on the ICB website. **[Update link]**

A Register of Gifts, Hospitality and Sponsorship template is at appendix 5 and will be made publicly available on the ICB website. **[Update link]**

Acceptance of commercial sponsorship should not in any way compromise commissioning decisions of the ICB or be dependent on the purchase or supply of goods or services. Sponsors should not have any influence over the content of ICB events, meetings, seminars, publications or training events. The ICB will not endorse individual companies or their products.

### **7.4 Other forms of Sponsorship**

Organisations external to the ICB or NHS may sponsor posts or research. However, there is potential for conflicts of interest to occur, particularly when research funding by external bodies does or could lead to a real or perceived commercial advantage, or if sponsored posts cause a conflict of interest between the aims of the sponsor and the aims of the organisation, particularly in relation to procurement and competition.

Where such circumstances arise, advice should be sought from the Corporate Governance Team before proceeding or continuing with any arrangement so that the conflict of interest can be appropriately managed. Further information can also be found on the NHS England website at: <https://www.england.nhs.uk/ourwork/coi/>

## **8 Declarations of Gifts and Hospitality**

The ICB is required to maintain one or more registers of gifts, hospitality and sponsorship and must ensure that robust processes are in place to ensure that individuals do not accept gifts or hospitality or other benefits, which might reasonably be seen to compromise their professional judgement or integrity.

A gifts, hospitality and sponsorship register will be maintained for all of the individuals referred to in section 2 by the Corporate Governance Team and will be made publicly available on the ICB website.

In exceptional circumstances, where the public disclosure of 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 them 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 to the ICB Conflicts of Interest Guardian (Appendix 3). The outcome of this request will be shared with the individual within 10 working days.

Where a decision is made not to publish information the ICB will retain a confidential un-redacted version of the register(s). Where a decision is made to refuse a request not to publish information the individual will have the right to appeal this decision

through the ICB Grievance Policy. During this process a redacted form of the information will be published.

### 9 Audit of Gifts and Hospitality

The ICB is required to undertake an audit of their Gifts and Hospitality management as part of its internal audit on an annual basis. This audit is completed by the ICB's Internal Auditor, and the outcome will be reflected in the ICB's Annual Governance Statement as well as forming part of the discussion at the end of year governance meeting with NHS England.

### 10 Raising Concerns and Breaches

It is the duty of all individuals referred to in section 2 to speak up about genuine concerns in relation to the administration of this policy and to report these concerns in line with the ICB's Freedom to Speak Up Policy. Suspicions must not be ignored or investigated directly.

Anyone who is not an employee or worker of the ICB, but who wishes to report a suspected or known breach of this policy should ensure that they comply with their own organisation's Freedom to Speak Up Policy.

All disclosures will be treated with appropriate confidentiality at all times in accordance with ICB policies and applicable laws. Anybody making such disclosures may expect an appropriate explanation of any decisions taken as a result of any investigation.

Providers, patients and other third parties may make a complaint to NHS Improvement in relation to the ICB's conduct under the Procurement Patient Choice and Competition Regulations.

Anonymised details of breaches will be published on the ICB's website for the purpose of learning and development. The outcomes of any investigation of breaches will also be reported to the Audit and Risk Committee and NHS England.

### 11 Breaches of the ICB's Gifts and Hospitality Policy

Failure to comply with the policy on Gifts and Hospitality can have serious implications for the ICB and any individuals concerned.

**Civil implications:** The ICB could face civil challenges to decisions it makes. For instance, if breaches occur during a service re-design or procurement exercise, the ICB risks a legal challenge from providers that could potentially overturn the award of a



contract, lead to damages claims against the ICB, and necessitate a repeat of the procurement process. This could delay the development of better services and care for patients, waste public money and damage the ICB's reputation. In extreme cases, staff and other individuals could face personal civil liability, for example a claim for misfeasance in public office.

**Criminal implications:** The acceptance of inappropriate Gifts, Hospitality or Sponsorship could lead to criminal investigations into fraud, bribery and corruption. This could have implications for the ICB, linked organisations, and the individuals who are engaged by them.

**Disciplinary implications:** Individuals who fail to disclose any gift or hospitality offered to them in line with this policy will be subject to investigation and, where appropriate, to disciplinary action. Individuals should be aware that the outcomes of such action may result in the termination of their employment or position with the ICB.

Statutorily regulated healthcare professionals who work for or are engaged by the ICB are under professional duties imposed by their relevant regulator to act appropriately with regard to conflicts of interest including the acceptance of gifts and hospitality. Failure to comply with this policy may result in the ICB reporting such individuals to their regulator for investigation if they believe that they have acted improperly. The consequences for inappropriate action could include fitness to practise proceedings being instigated which may result in individuals being struck off by their professional regulator.

### 11.1 Managing breaches of this policy

All breaches of the Gifts and Hospitality policy will be subject to internal investigation in the first instance, notwithstanding any external investigations which may be necessary. Internal investigations will be completed in line with the Freedom to Speak Up and all subsequent actions will be taken in line with relevant Human Resource policies.

Investigation outcomes in relation to breaches of this policy will be shared with the Audit and Risk Committee who will review any lessons to be learnt and recommendations for action. The Audit and Risk Committee will monitor the implementation of any recommendations raised from the outcomes of investigations.

Once a breach is confirmed, the Corporate Governance Team will ensure that NHS England is notified, including information about the nature of the breach and the actions taken in response. This information will also be published anonymously on the ICB website and communications plans will be put in place to manage any media interest. This will be managed on case by case basis.

## 12 Bribery and Fraud

### 12.1 Bribery

The ICB takes a zero tolerance approach to bribery. The ICB policy relating to Fraud and Bribery can be found on the ICB Intranet and website. The Bribery Act 2010 defines bribery as the giving or taking of a reward in return for acting dishonestly and or in breach of the law. There are four different classifications of bribery:

- Bribing another person.
- Being bribed,
- Bribing a foreign public official; or
- Failure to prevent bribery.

Any offering, promising, giving, requesting, receipt or acceptance of a bribe by any employee when conducting business on behalf of the ICB or when representing the ICB in any capacity is strictly forbidden and is contrary to the Bribery Act 2010.

Furthermore, the ICB requires all individuals to report any suspicions of the above to its Local Counter Fraud Specialist, or the NHS Counter Fraud Authority. Individuals who fail to adhere to this policy will be dealt with by means of a criminal investigation, civil recovery and/or via the ICB's disciplinary processes.

Any suspicions or concerns of acts of bribery can be reported confidentially online via <https://cfa.nhs.uk/reportfraud> or via the NHS Fraud and Corruption Reporting Line on 0800 028 4060. All calls are dealt with by experienced trained staff and any caller who wishes to remain anonymous may do so.

### 12.2 Fraud

The ICB has a zero tolerance approach to fraud. The ICB policy relating to Fraud and Bribery can be found on the ICB Intranet and website. The Fraud Act 2006 creates a criminal offence of fraud and defines three main ways of committing it:

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

In these cases, an offender's conduct must be dishonest, and their intention must be to make a gain or cause a loss (or the risk of a loss) to another.

Any suspicions or concerns of acts of bribery can be reported confidentially online via <https://cfa.nhs.uk/reportfraud> or via the NHS Fraud and Corruption Reporting Line on 0800 028 4060. All calls are dealt with by experienced trained staff and any caller who wishes to remain anonymous may do so.

### **13 Training requirements**

The information and responsibilities within this policy will be disseminated to staff by the publication of this policy on the BNSSG ICB website and intranet. Conflict of Interest training which includes Gifts and Hospitality is mandatory for all individuals referred to in section 2 and is to be completed annually by all staff. Conflicts of Interest training packages are provided by NHS England. Training compliance rates will be recorded as part of the ICB's annual conflicts of interest audit. Training compliance rates for decision making staff will be reported to NHS England annually. Decision making staff are those roles defined in the Constitution as members of the ICB Board and Terms of Reference as members of the ICB Board Sub Committees.

### **14 Equality Impact Assessment**

All relevant persons are required to comply with this document and must demonstrate sensitivity and competence in relation to the nine protected characteristics as defined by the Equality Act 2010. If you, or any other groups, believe you are disadvantaged by anything contained in this document please contact the Document Lead (author) who will then actively respond to the enquiry.

### **15 Implementation and Monitoring Compliance and Effectiveness**

An implementation plan has been prepared and is attached at appendix 2. Compliance with this policy will be monitored by the Corporate Governance team and reported quarterly to the Audit and Risk Committee. The outcomes of the mandatory annual audit will be reported to the Audit and Risk Committee.

### **16 References, acknowledgements and associated documents**

The following related documents may be accessed through our website:

- Local Counter Fraud, Bribery and Corruption Policy
- Grievance Policy and Procedure
- Disciplinary Policy
- Managing Conflicts of Interest Policy
- Policy for the Sponsorship of Activities by and Joint Working with the Pharmaceutical Industry
- Freedom to Speak Up Policy

## 17 Appendices

Appendix 1 Equality Impact Assessment

Appendix 2 Implementation Plan

Appendix 3 Contact details for the Corporate Governance Team and Conflicts of Interest Guardian

Appendix 4 Gifts, Hospitality and Sponsorship declaration form

Appendix 5 Gifts, Hospitality and Sponsorship Register template

### 17.1 Equality Impact Assessment

Equality Impact Assessment Screening		
Query	Response	
What is the aim of the document?	To set out the ICB responsibilities in relation to Revised Statutory Guidance on Managing Conflicts of Interest in the NHS (February 2017) and processes to ensure compliance	
Who is the target audience of the document (which staff groups)?	All staff	
Who is it likely to impact on and how?	Staff	Yes, in that it describes the way in which staff are required to declare all gifts and hospitality as set out in the policy. It does not have an impact on staff in terms of Equalities and Human Rights (see below)
	Patients	no
	Visitors	no
	Carers	no
	Other – governors, volunteers etc.	Yes – all those defined as staff in the policy are required by statutory guidance to conform to the

		policy. It does not have an impact in terms of Equalities and Human Rights (see below)
Does the document affect one group more or less favourably than another based on the 'protected characteristics' in the Equality Act 2010:	Age (younger and older people)	no
	Disability (included physical and sensory impairments. Learning disabilities. Mental health)	This policy is available in formats as requested
	Gender (men or women)	no
	Pregnancy and maternity	no
	Race (includes ethnicity as well as gypsy travellers)	no
	Sexual orientation (lesbian, gay and bisexual people)	no
	Transgender people	no
	Groups at risk of stigma or social exclusion (e.g. offenders, homeless people)	no
	Human Rights (particularly rights to privacy, dignity, liberty and non-degrading treatment)	no – the ICB has processes in place to ensure that rights to privacy are protected

## 17.2 Implementation Plan

Target Group	Implementation or Training objective	Method	Lead	Target start date	Target End date	Resources Required
ICB Board	Ensure the ICB Board is aware of ICB's responsibilities and provide assurance that appropriate process is established to ensure legal compliance	Cover paper to the policy to be presented to the ICB Board	Corporate Secretary	1 <sup>st</sup> July 2022	July 2022	staff time, Governing Body time
Executive Directors	Ensure awareness of responsibilities to ensure compliance Individual Executive Director responsibilities Directorate Responsibilities	Discussion with individual directors as required	Corporate Support Officer	From 1 <sup>st</sup> July 2022	Ongoing	staff time, executive director time
All Staff	Ensure awareness of ICB processes and procedures	<p>Policy to be placed on website Information about the policy and ICB process to be placed on the Hub</p> <p>Information about the policy and ICB process to be communicated through The Voice</p> <p>Annual Conflicts of Interests training module</p>	Corporate Support Officer /Training manager	From 1 <sup>st</sup> July 2022	<p>1<sup>st</sup> July 2022 - Policy to added to The Hub, and the website following approval.</p> <p>July 2022 – Inclusion in The Voice following approval</p> <p>Ongoing - Annual declarations to be collated and staff to be reminded to undertake training.</p>	staff time training module

### 17.3 Contact details for ICB Governance Lead and Conflict of Interest Guardian

[TBC – Senior person responsible for Governance]	
Name	TBC
Title	TBC
Telephone No.	TBC
Email	TBC
Conflict of Interest Guardian	
Name	John Cappock
Title	Independent Non-Executive Member for Audit
Email	John.cappock@nhs.net
Corporate Governance Team	
Email	<a href="mailto:bnssq.corporate@nhs.net">bnssq.corporate@nhs.net</a>

## 17.4 Gifts, Hospitality and Sponsorship Declaration form

<b>Recipient Name</b>	
<b>Position within, or relationship with, the ICB (or other organisation):</b>	
<b>Date of Offer</b>	
<b>Date of Receipt (If applicable)</b>	
<b>Details of Gift / Hospitality/Sponsorship</b>	
<b>Estimated Value (£)</b>	
<b>Name of person/company making the offer and nature of business</b>	
<b>Details of any previous offers or acceptance by this person / company</b>	
<b>Name of Officer reviewing and approving the declaration made and date</b>	
<b>Was the Gift / Hospitality/Sponsorship Accepted or Declined?</b>	
<b>Reason for accepting or declining</b>	
<b>Other Comments</b>	

*The ICB is required to take steps to manage conflicts of interest that may arise; we collect this information to ensure that we are able to comply with the statutory guidance on this subject. The information collected in this form will be held securely and used for the purposes of identifying and managing conflicts of interest. Personal information will be managed in line with the General Data Protection Regulation and Data Protection Act 2018. Details of gifts, hospitality and sponsorship are published online and available on our website. Information may be disclosed to third parties in accordance with the Freedom of Information Act 2000 and published in registers that the ICB holds.*

I confirm that the information provided above is complete and correct. I acknowledge that any changes in these declarations must be notified to the ICB as soon as practicable as and no later than 28 days after the interest arises. I am aware that if I do



not make full, accurate and timely declarations then civil, criminal, professional regulatory or internal disciplinary action may result.

**I do / do not (cross out as applicable) give my consent for this information to be published on registers that the ICB holds. If consent is NOT given, please give reasons below:**

**Employee Signature:**

**Employee Print name:**

**Date:**

**Line Manager Signature:**

**Line Manager Print name:**

**Date:**

Please return to **The Corporate Team**, [bnssg.corporate@nhs.net](mailto:bnssg.corporate@nhs.net)

### 17.5 Gifts, Hospitality and Sponsorship Register template

Register of Gifts, Hospitality and Sponsorship 20xx/xx									
Name	Position	Date of offer	Declined or accepted	Date of receipt (if applicable)	details of gift or hospitality	estimated value	Supplier/offer or name and nature of business	Reason for Accepting or declining	details of officer reviewing/approving the declaration and date of decision if applicable



# **BNSSG ICB Risk Management Framework**

**DRAFT V1**



**Please complete the table below:**

*To be added by corporate team once policy approved and before placing on website*

<b>Policy ref no:</b>	To be filled in by Corporate Services
<b>Responsible Executive Director:</b>	
<b>Author and Job Title:</b>	
<b>Date Approved:</b>	To be filled in by Corporate Services
<b>Approved by:</b>	To be filled in by Corporate Services
<b>Date of next review:</b>	

### Policy Review Checklist

	Yes/ No/NA	Supporting information
Has an Equality Impact Assessment Screening been completed?		
Has the review taken account of latest Guidance/Legislation?		
Has legal advice been sought?		
Has HR been consulted?		
Have training issues been addressed?		
Are there other HR related issues that need to be considered?		
Has the policy been reviewed by Staff Partnership Forum?		
Are there financial issues and		

	Yes/ No/NA	Supporting information
have they been addressed?		
What engagement has there been with patients/members of the public in preparing this policy?		
Are there linked policies and procedures?		
Has the lead Executive Director approved the policy?		
Which Committees have assured the policy?		
Has an implementation plan been provided?		
How will the policy be shared with		
Will an audit trail demonstrating receipt of policy by staff be required; how will this be done?		
Has a DPIA been considered in regards to this policy?		
Have Data Protection implications have been considered?		
<b>Version Control <i>please remove this box once approved and finalised</i></b>		
<b>Version</b>	<b>Date</b>	<b>Consultation</b>

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# Risk Management Framework

## 1 Introduction

This framework describes the arrangements that NHS Bristol, North Somerset and South Gloucestershire Integrated Care Board (ICB) has in place to manage risk. The framework supports the consistent, robust identification and management of risks and opportunities within accepted levels across the ICB. The framework supports openness, challenge, innovation and excellence in the achievement of the ICB's objectives. The Risk Management Framework sets out the ICB approach to risk management including the systematic identification, assessment, treatment and monitoring of risk.

This framework incorporates the key principles described in "The Orange Book – Management of Risk – Principles and Concepts" (HM Government 2020)

- Risk management is an essential part of governance and leadership, fundamental to how the organisation is directed, managed and controlled at all levels
- Risk management is integral to all organisational activities, supporting decision-making and the achievement of objectives, incorporated within strategic and operational planning processes at all levels across the CG
- Risk management is collaborative and informed by the best available information and expertise
- Risk management processes include: risk identification and assessment, risk treatment, risk reporting and continual improvement

The ICB will:

- ensure all staff are provided with appropriate guidance and training on the principles of risk management and their responsibilities to implement risk management effectively
- foster a culture of openness that encourages organisation wide learning.
- develop an appropriate risk management culture and will regularly review and monitor the implementation and effectiveness of the risk management process.

The ICB recognises it is impossible to eliminate all risk from its activities and that systems of control should not stifle innovation and the imaginative use of limited resources to achieve health benefits for the population of Bristol, North Somerset and South Gloucestershire.

The ICB acknowledges the need for all of its commissioned services to have in place rigorous risk management systems and processes as described in the Francis Report (May 2013).

The values of the organisation <https://bnssgccg.nhs.uk/about-us/our-values/> support our risk culture and our risk management framework supports our values through an open, fair and positive learning culture.

## 2 Purpose and scope

This framework applies to all areas of our operations and to all ICB staff, regardless of whether they are directly employed or hold a corporate or clinical role. For the purposes of this document 'employees' includes BNSSG ICB staff, ICB Board members, executive officers, lay members (including co-opted members), those with honorary contracts, volunteers, contractors and trainees.

The purpose of this framework is to:

- Ensure robust governance and risk management arrangements to support the delivery of the ICB's strategic and operational objectives
- Ensure commissioning of high quality and safe patient care and maximise the resources available for patient services
- Develop a proactive approach to identification of understanding of risks inherent in and external to the ICB
- Minimise the ICB's exposure to financial risk
- Maintain an effective system of internal control across the ICB
- Reduce risks to the health, safety and welfare of patients, staff and those who may be affected by the ICB's activities, to the lowest level it is reasonably practicable to achieve
- Ensure that risks are managed effectively, consistently and systematically throughout the ICB
- Set a risk appetite, ie the extent to which the ICB accepts levels of risk exposure in the pursuit of their objectives. Risk appetite is contextual, for example, the acceptance level may be higher in cases where significant change is involved
- Clearly define roles, responsibility, ownership of risks and associated action plans for the management of risk
- Comply with national standards regarding risk management

The ICB is committed to the continued development of partnership working and will work closely with all partner organisations to achieve a shared ownership of risks facing the health economy and the solutions that are implemented.



The ICB expects risk management to be a priority for all those organisations from whom the ICB commissions services and will require evidence of robust risk management systems.

### **3 Definitions/explanations of terms used**

The following definitions are taken from the Australian/New Zealand Standard for Risk Management AS/NZS 4360:2004

Risk: “the chance of something happening that will have an impact on objectives.”  
Risk may have a positive or negative impact.

Risk identification: “the process of determining what, where, when, why and how something could happen”

Risk analysis: “the systematic process to understand the nature of and to deduce the level of risk”

Risk evaluation: “the process of comparing the level of risk against risk criteria”

Risk criteria: “the terms of reference used to assess the significance of risk”. These can include costs and benefits, legal and statutory requirements, and other aspects such as the concerns of stakeholders.

Risk assessment; “the overall process of risk identification, risk analysis and risk evaluation”

Risk management: “the culture, processes and structures that are directed towards effective management of potential opportunities and adverse effects.”

Risk management process: “the systematic application of management policies, procedures and practices to the tasks of establishing the context, identifying and analysing, evaluating, treating, monitoring and reviewing risk’.

Risk Appetite: ‘the amount of risk that an organisation is prepared to accept, tolerate or be exposed to at any point on time’ (HMT Orange Book 2005).

### **4 Risk Appetite**

We recognise that decisions about our level of exposure to risk must be taken in context. We are committed, however, to a proactive approach and will take risks where we are persuaded that there is potential for benefit to patient outcomes/experience, service quality and/or value for money. We will not compromise patient safety; where we engage in risk strategies we will ensure they are actively monitored and managed. We will not hesitate to withdraw our exposure if benefits fail to materialise.

Our risk appetite takes into account our capacity for risk, that is, the amount of risk we are able to shoulder before we breach our statutory obligations and duties. Our capacity for risk is also delineated by the risks our stakeholders are willing to bear.

Our risk appetite statement is dynamic and its drafting is an iterative process that reflects the challenging environment facing the ICB and the wider NHS. We will review our risk appetite statement at least annually.

The risk appetite is set by the ICB Board.

## 5 Governance Structure

The ICB has in place a constitution that describes the governance arrangements established to ensure that it meets its duties and obligations. These arrangements include the ICB Board underpinned by supporting committees. Key committees with responsibility for the management of risks are the Audit, Governance and Risk Committee, the Quality Committee, and Strategic Finance Committee and Clinical Executive Committee. These committees are responsible for the review and scrutiny of specific risks, seeking assurance that risks are properly managed. If a committee is not assured that risks are being properly managed that concern is to be escalated to the ICB Board. A diagram of the governance structure is at appendix 5.

### The ICB Board

The ICB Board has a duty to assure itself that the ICB has properly identified the risks it faces and that the ICB has appropriate controls in place to manage those risks. The ICB Board will:

- Demonstrate leadership, active involvement and support for risk management
- Ensure roles and responsibilities for risk management are clear
- Ensure it is satisfied that key and emerging risks to the ICB have been identified and managed appropriately
- Ensure that there is a structure in place for the effective management of risk throughout the ICB
- Review and approve the Risk Management Framework on an annual basis
- Identify strategic objectives and the principal risks to these
- Establish a ICB Board Assurance Framework
- Review and approve the level of risk the ICB is willing to accept
- Review risks reported via the ICB Board Assurance Framework and the Corporate Risk Register at least quarterly and
- Exercise challenge regarding risks and the effectiveness of controls and mitigations
- Seek assurance regarding risks and the effectiveness of controls and mitigations
- Ensures the ICB's risk appetite is defined and clearly communicated

Notwithstanding the requirements set out above, significant issues will be brought to the ICB Board's attention more rapidly when required and all ICB Board reports include a section for the balanced assessment of risks. The ICB Board will monitor the quality of information received to ensure it is sufficient to allow for effective decision-making.

The ICB Board must be informed of and where necessary, consulted on all significant risks that arise from the commissioning of services. Risks associated with commissioned services must be systematically identified, assessed and analysed in the same way as other risks to the organisation. Risks relating to commissioned services assessed as scoring 15 or over will be escalated to the Corporate risk Register to provide a complete risk profile of the organisation to ICB Board.

### **The Audit and Risk Committee**

The Audit and Risk Committee is accountable to the ICB Board and provides an independent and objective view of our systems, information and compliance with laws, regulations and obligations. The Committee is responsible for agreeing the scope of the annual internal audit programme to obtain assurance regarding the ICB's internal system of control. The Audit and Risk Committee reviews the establishment and maintenance of an effective system of integrated governance, risk management and internal control across the whole of the ICB's activities. The Audit and Risk Committee reviews the Corporate Risk Register and the ICB Board Assurance Framework as standing item agenda items at its meetings.

### **The Outcomes, Performance and Quality Committee**

The Committee is accountable to the ICB Board. It oversees and seeks assurances on the systems and processes which the ICB uses to ensure patient safety and improve the quality of services for its population. The Committee also oversees and seeks assurance on the delivery of outcomes and matters related to performance. The Committee is responsible for the review and scrutiny of risks that are relevant to its business, and ensuring that appropriate and effective mitigating actions are in place. The Committee reviews and monitors risks relating to outcomes, performance quality, patient safety and patient experience. Risks assigned to the Committee for review are indicated on both the Corporate Risk Register and the ICB Board Assurance Framework. The Committee reviews the Corporate Risk Register and ICB Board Assurance Framework as standing agenda items at its meetings.

### **The Finance, Digital and Estates Committee**

The Committee is accountable to the ICB Board and makes recommendations to the ICB Board so that set financial objectives are achieved. The Committee monitors financial activity and budgets and progress against plan. The Committee has oversight of risks that relate to strategic financial risks. The Committee is responsible

for the review and scrutiny of risks that are relevant to its business, and ensuring that appropriate and effective mitigating actions are in place Risks assigned to the Committee for review are indicated on both the Corporate Risk Register and the ICB Board Assurance Framework. The Committee reviews the Corporate Risk Register and ICB Board Assurance Framework as standing agenda items at its meetings.

### **Clinical Executive Committee**

The Clinical Executive Committee is accountable to the ICB Board and makes recommendations to the ICB Board regarding the ICB's commissioning strategy and reviews provider performance, monitoring improvements so that objectives are achieved. The Committee is responsible for the review and scrutiny of risks that are relevant to its business, and ensuring that appropriate and effective mitigating actions are in place. The Committee has oversight of risks that relate to commissioning strategy and performance. The Committee reviews the Corporate Risk Register and the ICB Board Assurance Framework as a standing agenda item at its meetings.

### **The Primary Care Commissioning Committee**

The Primary Care Commissioning Committee oversees and seeks assurance on issues relating to the commissioning of primary care services under delegated authority from NHS England. The Committee is responsible for the review and scrutiny of risks that are relevant to its business, and ensuring that appropriate and effective mitigating actions are in place. The Committee reviews the Corporate Risk Register and the ICB Board Assurance Framework quarterly.

## **6 Responsibilities and Accountabilities**

### **All staff**

The management of risk is one of the fundamental duties of all employees who must have a sense of ownership for, and commitment to, identifying and minimising risks. The day to day management of risk is the responsibility of all staff

All staff must:

- Accept personal responsibility for maintaining a safe environment, which includes being aware of their duty under legislation to take reasonable care of their own safety and all others that may be affected by the ICB's business
- Comply with the ICB's policies, procedures and guidelines
- Ensure incidents, claims and complaints are reported using the appropriate procedures
- Be responsible for completing/attending mandatory, statutory and relevant education and training events

- Participate in the risk management process in a timely way, including the assessment of risk within their area of work and the notification to their line manager of any perceived risk which may not have been assessed
- Be aware of the Risk Management Framework risk appetite and processes and comply with them.

## Project Management

The ICB has adopted a Programme Management Office (PMO) approach and the management of risk is embedded in this process. Project risk management enables the systematic identification, clarification and management of risk through the lifespan of a project. Project risk management helps to both control the probability of an adverse event materialising and mitigate the impact of an adverse risk event. Where Projects are managed as a Programme then there may be a need for risk assessment at both Project and Programme level as Projects may be interdependent.

## Managers

Managers at all levels have a responsibility to ensure that they are familiar with the Risk Management Framework, including the timely maintenance of risk registers, risk assessment methods and risk scoring.

- Managers are accountable for the day-to-day management of risks within their respective areas of responsibility, including assurance that appropriate controls are in place and that action plans are owned, being progressed and monitored.
- Managers with line-management responsibilities must ensure that their staff are aware of the Risk Management Framework and their individual responsibilities for managing risks. This requirement is important when delivering local induction for new starters.

## Risk Leads

Risk leads responsibilities include:

- embedding risk management processes across their directorates/teams.
- raising awareness of the Risk Management Framework across their directorates/teams
- Taking a lead role in the maintenance of risk registers and ensuring risks that meet the tolerance level of 15 or higher are escalated and managed on the Corporate Risk Register

## **The Corporate Secretary**

The Corporate Secretary is responsible for:

- Developing and overseeing effective risk management systems including timetabling activities for others' contributions
- Developing a Risk Management Framework and associated policies and procedures
- Working with Executives, Risk Owners and Senior Managers to co-ordinate and implement the Risk Management Framework
- Establishing and maintaining an effective ICB Board Assurance Framework process
- Establishing and maintaining an effective corporate risk register process
- Raising awareness regarding the management of risk, the Risk Management Framework and the tools used by the ICB to facilitate risk management
- Support staff in the implementation of the Risk Management Framework and Policy and the tools used by the ICB to facilitate risk management
- Ensure appropriate training and development for staff is in place as required

## **Associate Director of Corporate Services**

The Associate Director for Corporate Services is responsible for ensuring the ICB maintains a robust risk management process and will oversee the Risk Management Framework.

## **The Executive Team**

The Executive team is responsible for identifying risks to be placed on the Corporate Risk Register and ICB Board Assurance Framework. The Executive Team meetings are the forum for peer review of the Corporate Risk Register and ICB Board Assurance Framework at least quarterly. Directors will incorporate risk management within all aspects of their work and are responsible for directing the implementation of the ICB Risk Management Framework by:

- Demonstrating leadership, active involvement and support for risk management
- Ensuring that staff accountable to them understand and pursue risk management in their areas of responsibility
- Setting personal objectives for risk management and monitoring their achievement
- Ensuring risk are identified and managed, and mitigating actions implemented in functions for which they are accountable
- Ensuring action plans for risks relating to their respective areas are prepared and reviewed on a regular basis

- Ensuring a Directorate Risk Register is established and maintained that relates to their areas of responsibility and to involve staff in this process to promote ownership of the risks identified
- Signing off Directorate Risk Registers
- To ensure Directorate Risk Leads and Directorate Risk Administrators are identified to support the implementation of the Risk Management Framework within the directorate.
- Ensuring risks are escalated when they are of a strategic nature to the Corporate Risk Register, and the attention of the ICB Board and Primary Care Commissioning Committee.

### **The Chief Executive - Accountable Officer**

The Chief Executive has overall responsibility for having an effective risk management system in place within the ICB that enables the maintenance of a sound system of internal control. The system of internal controls supports the achievement of the ICB's strategic objectives. The Chief Executive has responsibility for ensuring the ICB meets all statutory requirements and adheres to guidance issued by the Department of Health in respect of Governance. The Chief Executive is specifically responsible for:

- Continually promoting risk management and demonstrating leadership, involvement and support,
- Ensuring an appropriate committee structure is in place with regular reports to the ICB Board and Primary Care Commissioning Committee
- Ensuring roles and responsibilities regarding risk management are communicated, understood and embedded at all levels,
- Ensuring that directors and senior managers are appointed with managerial responsibility for risk management
- Ensuring appropriate policies, procedures and guidelines are in place and operated throughout the ICB

### **The Director with Lead for Risk Management**

The Director with lead for risk management is the Chief Finance Officer. The Director with lead for risk management facilitates the risk management process and:

- Ensures there is an effective risk management system in place throughout the ICB
- Ensuring all risk registers are regularly reviewed and updated
- Ensuring that there is appropriate external review of the ICB's risk management systems and that any recommendations are acted on
- Has responsibility for Information Governance arrangements within the ICB and is the Senior Information Risk Owner (SIRO).

## The Lay Member with lead role for Audit and Risk

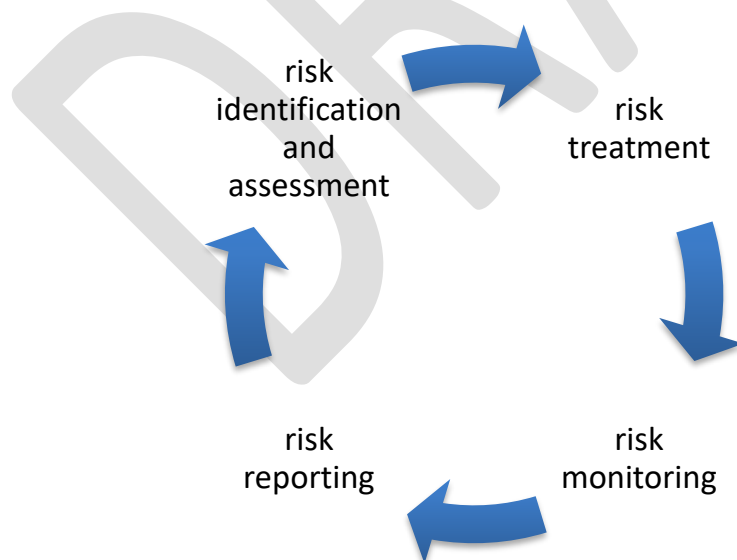
The Lay Member on the ICB Board with the lead role for overseeing audit, governance and risk will have the skills, knowledge and experience to assess and confirm that appropriate systems of internal control and assurance are in place for all aspects of governance including financial and risk management.

## 7 Risk Management Process

Risk management processes will be conducted systematically, iteratively and in collaboratively. They will draw on the knowledge and views of experts and stakeholders. To support risk management there will be appropriate communication and consultation with internal and external stakeholders. Communication will support sharing of information and promoting awareness and understanding of risks. Communication and consultation with appropriate stakeholders will assist the understanding of the risks faced, the basis for decision-making and the reasons why particular actions are required. Communication and consultation will:

- Bring together different functions and areas of professional expertise in the management of risk
- Ensure that different views are appropriately considered
- Provide sufficient information and evidence to support oversight and decision-making
- Build a sense of ownership and inclusion among those affected by risk

### The risk management process structure



(HM Government 'The Orange Book')

Risk assessment incorporates risk analysis and risk evaluation



## 7.1 Risk Identification

The following factors and the relationships between them should be considered when identifying risks:

- Tangible and intangible sources of risk
- Changes in the internal and external context
- Uncertainties and assumptions within options, strategies and plans
- Indicators of emerging risks
- Limitations of knowledge and reliability of information

Each Directorate will ensure that risks are identified within their area of business and escalated where appropriate. The description of risks will follow best practice:

**If** (cause) **then** (risk event) **resulting in** (effect/impact)

Risks will be proactively identified through (but not limited to):

- Top-down assessment of strategic risks involving ICB Board, Primary Care Commissioning Committee, Executive Team and wider management
- Bottom up reporting and risk discussions
- Project risks identified by the Programme Management approach
- Assessment of emerging risks and horizon scanning
- Risk identification to support business planning and determining strategic priorities

When a risk has been identified and described, risk ownership needs to be agreed and assigned. A member of the Executive Team will own the risk and identify an appropriate lead.

## 7.2 Risk Analysis

Risk analysis supports a detailed consideration of the nature and level of risk. To ensure a consistent interpretation and application when defining the level of risk the ICB has adopted a risk scoring matrix and the categories of risk set out in the NPSA “A Risk matrix for Managers” (2208) (appendix 3).

The risk analysis takes into account an assessment of the likelihood of a risk occurring and the consequences should the event happen.

## 7.3 Risk Evaluation and Treatment

Risk evaluation involves comparing the results of a risk analysis with the ICB’s tolerance and appetite for risk. This supports decisions regarding what action is required. Options may involve:

- Avoiding the risk by deciding not to start or continue with the activity (terminating)

- Taking or increasing the risk in order to gain an opportunity (tolerating)
- Retaining the risk by informed decision making (tolerating)
- Changing the likelihood or consequences (treating)
- Sharing the risk with partners (transferring)

The risk assessment process will result in:

- A risk description
- Risk scores for the unmitigated risk and for the current risk
- The controls already in place to manage the risk
- The actions required to treat the risk
- The risk owner and risk lead who are accountable and responsible for implementing the actions
- Key performance measures and control indicators
- When actions are expected to be undertaken and completed
- The target level of risk, which is the level of risk following the application of existing controls and additional mitigations.

The outputs of the risk assessment are reported through the Directorate and Corporate Risk Registers and through the ICB Board Assurance Framework.

#### **7.4 Risk Monitoring**

The ongoing monitoring of risks and risk treatments provides an understanding of the extent to which the controls in place and additional mitigating actions are operating. This provides assurance about the management of risks. The outcomes of the management actions taken will be reported in performance reports and in other subject specific reports received by the ICB Board and Committees. The impact of management actions will also be reported as the current risk score on Directorate Risk Registers, the Corporate Risk Register and the ICB Board Assurance Framework.

#### **7.5 Risk Reporting**

Risks are reported to the ICB Board and Committees through the Corporate Risk Register and the ICB Board Assurance Framework. Risks are also highlighted in specific reports to the ICB Board and Committees; in this case risks will also be reported on the appropriate registers.

The Corporate Risk Register is underpinned by Directorate Risk Registers. Directorate, Project and Corporate Risk Registers. Major programmes and all projects will also maintain risk registers which will be managed and reviewed by the Project Lead and reported to the Executive Director Lead. The Directorate and project risk registers are 'live' documents and will be updated whenever a new risk is identified or the level of a risk is considered to have changed. The Directorate and

Project Risk Registers are updated on a monthly basis. All risk owners are responsible for monitoring and updating progress to reduce risks and ensure that mitigating actions are completed. The Corporate Risk Register details the high level risks of the organisation i.e. those scoring 15 or more. (Appendix 4) Once shown on the Corporate Risk Register only the ICB Board can close the risk however ownership remains with the relevant Director and risk owner.

The reporting arrangements for the Corporate Risk Register and Directorate Risk Registers is described below:

Directorate Risk Registers		Timescale
Maintenance coordination including the addition of new risks	Designated person in each Directorate	Ongoing and at least monthly
Updating	Risk Owners	Ongoing and at least monthly
Review and Sign off	Directors	Ongoing and at least monthly
Monitoring	Directorate senior management	Ongoing
Project Risk Registers		Timescale
Maintenance coordination	Designated project lead	Ongoing and at least monthly
Updating	Risk Owners	Ongoing and at least monthly
Review and Sign off	Project Director	Ongoing and at least monthly
Monitoring	project senior management	Ongoing
Corporate Risk Register and ICB Board Assurance Framework		Timescale
Maintenance coordination	Corporate Secretary	Ongoing and at least monthly
Updating	Risk Owners	Ongoing and at least monthly
Review and sign off	Directors	Ongoing and at least monthly
Monitoring review and scrutiny of risks that are relevant to its business, and ensuring that	Finance, Digital, and Estates Committee Outcomes, Performance and Quality Committee PCCC	Monthly

appropriate and effective mitigating actions are in place		
review the establishment and maintenance of an effective system of integrated governance, risk management and internal control	Audit and Risk Committee	Each meeting
Exercise challenge regarding risks and the effectiveness of controls and mitigations  Seek assurance regarding risks and the effectiveness of controls and mitigations	ICB Board	Quarterly

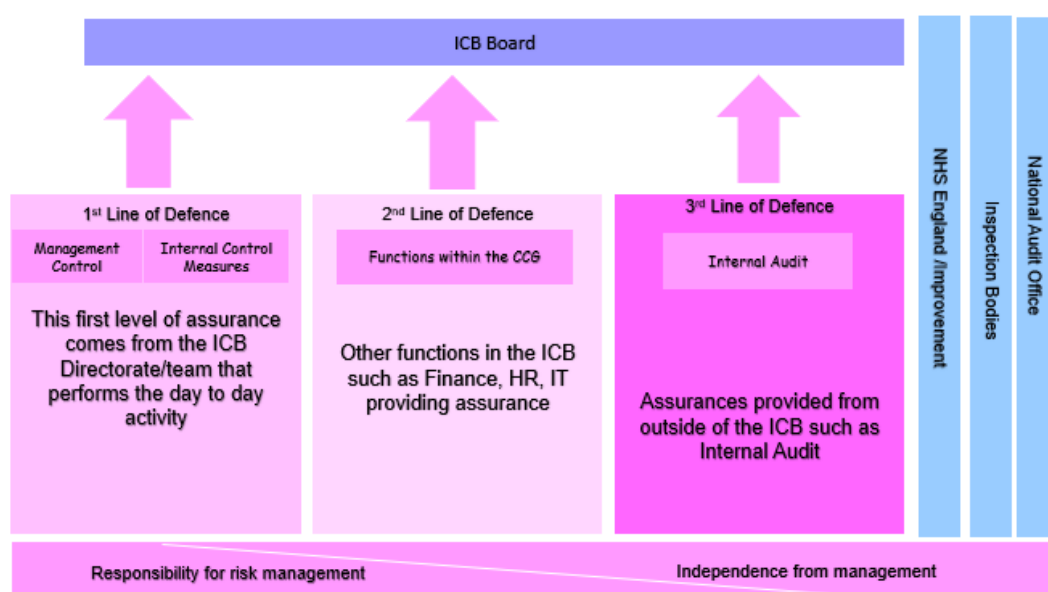
## 8 Assurance Framework

The principal objectives for the ICB and their associated risks, as agreed by the ICB Board, are set out in the ICB Board Assurance Framework. The ICB Board Assurance Framework enables the ICB Board to satisfy itself that risk to achieving the ICB’s principal objectives are managed effectively. The ICB Board Assurance Framework identifies the controls in place to mitigate risks and the assurances available to the ICB Board that the risks are being managed. The ICB Board Assurance Framework indicates where there are potential gaps in controls and assurances and provides a summary of the actions in place to resolve these gaps. The target risk score for each risk is given on the ICB Board Assurance Framework.

The ICB Board committees: the Strategic Finance Committee, the Quality Committee, and the Clinical Executive Committee, have oversight of relevant risks on the ICB Board Assurance Framework. The committees review those risks on a monthly basis to gain assurance of progress to manage risks and close all identified gaps. The Audit and Risk Committee reviews the ICB Board Assurance Framework at each meeting as part of the maintenance of the system of integrated governance, risk management and internal control. The ICB Board receives the ICB Board Assurance Framework quarterly and seeks assurance regarding the effectiveness of controls and mitigations.

## 8.1 Levels of Assurance

Assurance is the sufficient and appropriate evidence that a risk is well managed and being mitigated. Assurance may be either positive or negative and may be generated either internally or externally. Assurance provided by external bodies is considered to be stronger sources of assurance. The “three lines of defence” model (HM Government ‘The Orange Book’) describes how risk management responsibilities and assurances combine. The ICB Board is not a line of defence as it has responsibility and accountability for setting the ICB’s objectives, strategies to achieve these objectives and establishing roles, structures and process to manage risks in achieving objectives. The following diagram explains the relationship between the challenge and scrutiny function of the ICB Board and the three sources of assurance it receives.



(Adapted from HM Government “The Orange Book” 2020)

## 8.2 Assurance Mapping

An Assurance Map provides clarity regarding the sources of assurance available:

- Providing a comparison of activities and types of assurance obtained
- Allowing for gaps in assurances to be identified
- Identifying where assurances are duplicated or repeated

The Audit and Risk Committee will receive an annual Assurance Map.

## 9 Training requirements

To ensure the successful implementation of the Risk Management Framework employees will receive risk management training relevant to their roles and responsibilities. Additionally the ICB will ensure:

- Annual Risk Management Training for the ICB Board and Executive
- Risk management training as part of the Programme Management Office approach with support from the Corporate Services function
- Annual awareness sessions for Directorates provided by the Corporate Services function with support from the Directorate Risk Leads

## 10 Equality Impact Assessment

A completed Equality Impact Assessment has been completed and is at appendix 1.

## 11 Implementation and Monitoring Compliance and Effectiveness

The ICB will monitor compliance and the effectiveness of this Framework through the overview and scrutiny of the ICB Board and the Audit, Governance and Risk Committee and through the annual review of governance arrangements. An implementation plan is at appendix 2.

## 12 Countering Fraud

The ICB is committed to reducing fraud in the NHS to a minimum, keeping it at that level and putting funds stolen through fraud back into patient care. Therefore, Counter Fraud risks in all relevant Directorates have been created by the Local Counter Fraud Specialist and assessed by Risk Leads.

## 13 References, acknowledgements and associated documents

ICB Constitution, Standing Orders and Scheme of Reservation and Delegation

Standing Financial Instructions

Conflicts of Interest Policy

Gifts and Hospitality Policy

Health and Safety Policy

Incident Report Policy

Serious Incident Reporting Policy

Freedom to Speak Up Policy

Management of Compliments, General Enquiries and Complaints Policy

## **14 Appendices**

Appendix 1 Equality Impact Assessment

Appendix 2 Implementation Plan

Appendix 3 Risk Assessment Scoring Guidelines

Appendix 4 Corporate and Directorate Risk Register Template

Appendix 5 Governance Structure

DRAFT

## 14.1 Equality Impact Assessment

Equality Impact Assessment Screening		
Query	Response	
What is the aim of the document?	To set out the ICB 's Risk Management Framework, process and procedures and detail the governance arrangements and staff responsibilities	
Who is the target audience of the document (which staff groups)?	All staff	
Who is it likely to impact on and how?	Staff	yes in that it describes the way in which staff are required to declare all interests as set out in the policy. It does not have an impact on staff in terms of Equalities and Human Rights (see below)
	Patients	no
	Visitors	no
	Carers	no
	Other – governors, volunteers etc	yes – all those defined as staff in the policy are mandated to follow the framework. It does not have an impact in terms of Equalities and Human Rights (see below)
Does the document affect one group more or less favourably than another based on the 'protected characteristics' in the Equality Act 2010:	Age (younger and older people)	no
	Disability (includes physical and sensory impairments, learning disabilities, mental health)	no
	Gender (men or women)	no
	Pregnancy and maternity	no
	Race (includes ethnicity as well as gypsy travellers)	no
	Sexual Orientation (lesbian, gay and bisexual people)	no
	Transgender people	no
	Groups at risk of stigma or social exclusion (e.g. offenders, homeless people)	no
Human Rights (particularly rights to privacy, dignity, liberty and non-degrading treatment)	no – the ICB has in place to ensure that rights to privacy are protected	



## 14.2 Implementation Plan

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**Bristol, North Somerset  
and South Gloucestershire**  
Integrated Care Board

Target Group	Implementation or Training objective	Method	Lead	Target start date	Target End date	Resources Required
ICB Board	Ensure GB is aware of ICB's responsibilities for risk management and provide assurance that appropriate process is established to ensure legal compliance  A risk appetite statement is agreed by the ICB Board and clearly communicated across the organisation	Board training on Risk Management provided  Cover paper to the policy to be presented to the ICB Board  Board session in December to focus in Risk Appetite	CFO  Corp Sec  CFO/ Corp Sec			ICB Board /staff time  ICB Board /staff time  ICB Board ICB Board /staff time
AGR Committee	Ensure ARC is aware of ICB's responsibilities for risk management and provide assurance that appropriate process is established to ensure legal	Policy reviewed by ARC	corp sec			Committee /staff time



	compliance					
Executive Directors	<p>Ensure awareness of responsibilities of</p> <ul style="list-style-type: none"> <li>• ICB process to ensure compliance</li> <li>• Individual Executive Director responsibilities</li> <li>• Directorate Responsibilities</li> </ul>	<p>Risk Management training</p> <p>ongoing support in 1:1 with corp sec</p>	<p>RSM</p> <p>corp sec</p>			staff time
Risk Leads	<p>ensure risk leads aware of requirements of role including supporting directorates with risk management process and risk management training</p>	<p>updates through risk leads meetings</p>	<p>corp sec</p>			
All Staff	<p>Ensure awareness of ICB processes and procedures</p>	<p>Training offered by PMO Team available to all staff</p> <p>Framework to be placed on website Information about the policy and ICB process to be communicated through internal newsletter</p> <p>Awareness raising with directorates at appropriate team meetings</p>	<p>PMO</p> <p>Corp sec</p> <p>corp sec/Risk Leads</p>			

Information taken from CCG Corporate Policy Register version 58 updated 24.6.22

Ref	Policy	Review Date	Note for ICB Board 1/7/22
1	Fraud and Bribery Policy	Jun-22	
2	Standing Financial Instructions	Apr-20	Will be superseded by policy to be agreed by ICB Board on 1/7/22
3	Disciplinary	Jun-25	
4	Grievance	Apr-23	
5	Managing Conflicts of Interest	Mar-22	Will be superseded by policy to be agreed by ICB Board on 1/7/22
6	Gifts and Hospitality	Mar-22	Will be superseded by policy to be agreed by ICB Board on 1/7/22
7	Records Management	Jul-21	
8	FOI Policy	Nov-21	
9	Sponsorship of Activities and Joint Working with the Pharmaceutical Industry Policy	Mar-23	
10	Information Governance Policy	Jun-24	
11	Confidentiality and Security of Information Policy	Jun-24	
12	Business Continuity Policy	Feb-22	
13	Serious Incident Requiring Investigation Policy	Dec-19	
14	Complaints Policy	May-23	
15	Safeguarding Policy	Jun-21	
16	Mental Capacity Act & Deprivation of Liberty Safeguards Policy 2018-2020 Policy	Nov-20	
17	EPRR Policy	Oct-20	
18	Policy for the development, approval and implementation of Patient Group Directions (PGDs) for use across BNSSG	Jan-21	
19	Maternity/Paternity, Adoption Leave and Shared Parental Leave	Oct-23	
20	Secondary Employment	Apr-23	
21	Appeals	Apr-23	
22	Bullying and Harassment	Oct-23	
23	Managing Performance (Capability) Policy	Oct-23	
24	Managing Sickness Absence Policy	Apr-23	
25	Travel and Expenses Policy	Apr-23	
26	Job Evaluation (Banding) Policy	Apr-23	
27	Flexible Working Policy	Apr-23	
28	Social Media Policy	Jun-22	
29	Intranet Policy	Jun-22	
30	Data Protection Impact Assessment Framework	Jan-20	
31	Information Risk Management Process	Jan-20	
32	Information Governance Management Framework and Strategy	Sep-20	
33	Information and Data Quality Policy	Mar-23	
34	Individual Rights Policy	Nov-21	For inclusion in Governance Handbook
35	Procurement Policy	Mar-21	
36	<del>Commissioning Policy for Adult CHC</del> replaced by 71	May-20	
37	Ending Employment Policy	Apr-23	
38	Annual leave and other leave	Apr-23	
39	Appraisal	Dec-23	
40	Prevent policy	Jun-21	
41	Hot Desking Policy	Jul-21	
42	Freedom to Speak Up Policy	Jul-22	

43	Health and Safety Policy	Sep-22	
44	Learning Disabilities Mortality Review (LeDeR) Policy Framework	Sep-21	
45	Security management	Oct-22	
46	Domestic abuse	Nov-21	
47	Learning and Development Policy	Apr-23	
48	Acceptable Use of IT Policy	Mar-22	
49	Clear Screen & Desk Policy	Mar-24	
50	Password Policy	Mar-22	
51	Lone Working Policy	Dec-22	
52	Pay protection	Oct-23	
53	Organsisational Change	Nov-23	
54	Risk Management Framework	Nov-21	Will be superseded by policy to be agreed by ICB Board on 1/7/22
55	Recruitment and Selection Policy	Jan-24	
56	Remote Working & Portable Devices	Dec-21	
57	System Level Security	Dec-21	
58	Continuity Management	Dec-23	
59	Network Security	Dec-21	
60	Access Control	Dec-21	
61	Anti-Virus Policy	Jul-21	
62	Asset Management	Jul-21	
63	Backup Policy	Dec-21	
64	Change Control	Jul-21	
65	Information Security	Dec-21	
66	IT Disposal	Dec-21	
67	Patch Management	Dec-21	
68	Registration Authority	Jul-21	
69	CHC Childrens' and Young People's Continuing Care Policy	Sep-21	
70	Personal Health Budgets Policy	Feb-23	
71	Individual Funded Care	Apr-23	
<b>Legacy</b>	Bristol CCG Funding and Study Leave Policy		
<b>Legacy</b>	Bristol CCG Health and Safety Policy		
<b>Legacy</b>	Organsisational Change Policy		
<b>Legacy</b>	Bristol CCG Pay Protection		
<b>Legacy</b>	Bristol CCG Professional Registration Policy and Procedure		
<b>Legacy</b>	Bristol CCG Redeployment Policy		
<b>Legacy</b>	Bristol CCG Redundancy Policy		
<b>Legacy</b>	Bristol CCG Secondment Policy		
<b>Legacy</b>	Bristol CCG Work-life Balance Policy		
<b>Legacy</b>	Patient Choice and Shared Decision-making policy		
<b>Legacy</b>	Supporting Attendance Policy - UHBW Legacy Policies, Contractual HT Transfer	Mar-23	
<b>Legacy</b>	Grievance Policy - UHBW Legacy Policies, Contractual HT Transfer	Aug-21	
<b>Legacy</b>	Disciplinary Policy - UHBW Legacy Policies, Contractual HT Transfer	Jun-21	
<b>Legacy</b>	Retirement Policy and Procedures - UHBW Legacy Policies, Contractual HT Transfer	Feb-22	
<b>Legacy</b>	Equality, Diversity and Human Rights policy - UHBW Legacy Policies, Contractual HT Transfer	May-22	
<b>Legacy</b>	Protection of pay and conditions policy - UHBW Legacy Policies, Contractual HT Transfer	May-22	

<b>Legacy</b>	Supporting performance policy and procedure - Contractual Policy HT Transfer	Feb-22	
<b>Legacy</b>	Discipline Policy and Procedure - Contractual Policy from CHC transfer from NSCP	Jun-21	
<b>Legacy</b>	Grievance Policy & Procedure - Contractual Policy from CHC Transfer from NSCP	Aug-21	
<b>Legacy</b>	Policy for Pay - Contractual Policy from CHC transfer from NSCP	Aug-21	
<b>Legacy</b>	Retirement Policy - Contractual Policy from CHC transfer from NSCP	May-20	
<b>Legacy</b>	Rostering Policy - Contractual Policy from CHC transfer from NSCP	Aug-21	

<b>Commissioning Polices</b>	<b>Referral Route</b>	<b>Under Review now</b>	<b>Year Review Due</b>
Facial Surgery and Treatments	EFR	N	2024
Female Genitalia Surgery	EFR	Y	2020
Female Sterilisation	PA	Y	2020
Fertility	CBA	Y	2020
Reversal of Vasectomy or Female Sterilisation	PA	Y	2019
Haemorrhoids	CBA	Y	2019
Vasectomy	CBA	Y	2020
Hernia Management and Repair in Adults	CBA	Y	2020
Intrauterine Coil Insertion and Removal	CBA	Y	2019
Liposuction to Reduce Fat Pockets & Deposits	EFR	Y	2024
Multiple Chemical Sensitivity (MCS) & Clinical Ecology/Environmental Medicine	EFR	Y	2024
Varicose Veins Surgery	PA	Y	2020
Chiropractic Assessment and Treatment	EFR	Y	2020
Abdominal Loose Skin Removal	EFR	Y	2020
Benign Skin Lesions	PA	Y	2019
Breast Surgery – Female	EFR	Y	2020
Breast Surgery - Male	EFR	Y	2020
Breast Reconstruction post Cancer	CBA	Y	2021
Divarication of Recti	EFR	Y	2020
CPAP for Mild OSAHS	CBA/PA	Y	2020
Dropped Foot; Surface Orthotic Functional Electrical Stimulation for Dropped Foot of Central Neurological Origin	EFR	Y	2019
Epididymal Cysts	EFR	N	2024
Exogen Devices	PA	Y	2025
Extracorporeal Shockwave Therapy (ESWT)	EFR	Y	2020
Radiofrequency Ablative Therapy for the Treatment of High Grade Dysplasia in Barrett's Oesophagus	CBA	Y	2020
Rectopexy and STARR	IFR	N	On Hold
Ganglia Removal	EFR	Y	2020
Spinal Surgical Opinion – Referral for Assessment	PA	Y	2019

Testicular Prosthesis Insertion	EFR	N	2024
Hair Removal Policy (including Electrolysis & Laser Therapy)	EFR	Y	2022
Hyperhidrosis, Treatment of	EFR	Y	2025
Ingrown Toenail	EFR	Y	2025
Penile Conditions - Surgical Opinion and Treatment including Circumcision in all male patients under the age of 18 years	PA	N	2024
Laser Hair Removal for Pilonidal Disease	EFR	Y	2025
Nasal Surgery	PA	Y	2025
One-Step Nucleic Acid Amplification (OSNA)	CBA	Y	2020
SpyGlass® Direct Visualisation Cholangioscopy	CBA	Y	2019
Cosmetic Surgery or Treatment	EFR	Y	2020
Penile Conditions - Surgical Opinion and Treatment including Circumcision in all male patients <u>over</u> the age of 18 years	PA	Y	2025
Percutaneous Tibial Nerve Stimulation (PTNS) for Urinary Incontinence in Adults	EFR	N	2024
Eye Procedure - Blepharoplasty	PA	Y	2022
Eye Procedure - Cataract referral for Assessment of Surgical Treatment	CBA	Y	2022
Eye Procedure - Chalazia	PA	Y	2022
Eye Procedure - Cosmetic Contact Lenses	EFR	Y	2023
Eye Procedure - Ectropion and Entropion	CBA	Y	2023
Anal Skin Tags	EFR	N	2023
Carpal Tunnel	CBA	Y	2022
Eye Procedure - Laser Surgery for Refractive Error	EFR	N	2023
Eye Procedure - Raised Intraocular Pressure	CBA	N	2023
Eye Procedure - Surgical Correction of Strabismus or Amblyopia in Adults	PA	Y	2022
Adenoidectomy	CBA	Y	2022
Ear Wax Removal; Referral to Secondary Care for all ages	PA	Y	2022
Dupuytren's Contracture	CBA	Y	2022



Elective Treatment in Northern Ireland, Scotland and Wales	EFR	Y	2022
Grommets – Referral for Adults over 12 with Otitis Media with Effusion	CBA/PA	Y	2022
Grommets – Referral for Children under 12 with Persistent Otitis Media with Effusion	CBA/PA	Y	2022
Grommets - Referral for children under 18 with Recurrent Otitis Media	PA	Y	2022
External Ear Surgery Policy	EFR	Y	2022
Laryngeal Surgery (Voice Box)	CBA	N	2023
Eye Procedure - Vitreous Floaters	EFR	N	2023
Multifocal Lenses	EFR	N	2023
Forefoot Surgery	CBA	N	2023
Gallbladder Removal	CBA	Y	2022
Shoulder Impingement Surgery for Subacromial Pain	CBA	N	2022
Skin Camouflage Services	PA	N	2022
Skin Contouring	EFR	N	2022
Tattoo Removal	PA	N	2022
Hip Pain including Impingement, Open or Arthroscopic Femoro-Acetabular Surgery for	CBA	N	2022
Hip Replacement Surgery	CBA	N	2022
Homeopathy	EFR	Y	2021
Hysterectomy for Menorrhagia	CBA	N	2022
Hydrocele in Males over 16 years of age	PA	N	2023
Knee Arthroscopy	CBA	N	2022
Knee Replacement Surgery (including Partial and Total Knee Replacement with or without Patella Replacement or Resurfacing)	CBA	N	2022
Low Back Pain and Sciatica in over 16s, Management of	CBA	N	2022
MRI - Open Scanner at Cobalt Health Cheltenham	CBA	N	2023
Speech and Language Therapy in Secondary Care	PA	N	2023
Palatine Uvula	EFR	N	2024
Snoring, Surgical Intervention for	EFR	N	2022

Tongue Tie Division	CBA	N	2022
Tonsillectomy; Referral for Assessment – Adults and Children	PA	N	2022
Prophalytic Mastectomy	CBA	N	2022
Prostatic Urethral Lift (UroLift® System)	CBA	N	2022
Syndactyly – surgical correction of the fingers	PA	N	2022
Temporomandibular Jaw Motion Rehabilitation Devices	EFR	Y	2022
Trigger Finger	CBA	N	2022
Weight Management – BNSSG Tier 3 and 4	CBA	Y	2022
Acupuncture	CBA	N	2024
Alfa Pumps	PA	N	2022
Management of patients moving in / out of BNSSG Area	EFR	Y	2022
Population Screening outside of National Screening Committee guidelines	EFR	Y	2022
Treatment Partially Commissioned by other Commissioners	EFR	Y	2022
MRI - Breast Screening	CBA	Y	2022
Chest Wall Deformity, (Correction of) for Cosmetic Purposes	EFR	N	2023
Chronic Fatigue Syndrome / ME Referral for Adults	CBA	N	2023
Clinical Trial - Funding for post-Clinical Trial Treatment	EFR	Y	2022
Closure of Patent Foramen Ovale for Migraine	EFR	N	2024
Diagnostic Dilatation and Curettage (D&C) in Women <40 yrs with Menorrhagia	EFR	Y	2022
Direct Access DXA Scanning to help target Treatment in Adults at Potential Risk of Osteoporotic Fracture	EFR	N	2022
Hydrocele in Males under 16 years of age	PA	N	2022
Wigs, Hairpieces and Hair Replacement Systems	EFR	Y	2020