

BNSSG ICB Audit and Risk Committee Meeting

Minutes of the meeting held on 12th December 2025 at 14.00

via Microsoft Teams

DRAFT Minutes

Present		
John Cappock	Audit Committee Chair - Non-Executive Member	JCa
Jaya Chakrabarti	Non-Executive Member – People	JCh
Alison Moon	Non-Executive Member – Primary Care	AM
Ellen Donovan	Non-Executive Member – Quality and Performance	ED
Steve West	Non-Executive Member – Finance, Estates and Digital	SW
Apologies		
Jeff Farrar	Chair, BNSSG	JF
Joss Convey	South Gloucestershire Council	JC
In attendance		
Matt Backler	Deputy Director of Finance, BNSSG	MB
Rob Hayday	Chief of Staff, BNSSG ICB	RH
Sarah Smith	Local Counter Fraud Service, ASW Assurance	SS
Connor Evans	Executive PA, BNSSG ICB	CE
Emma Brown	Head of Financial Services, BNSSG ICB	EB
Nick Atkinson	Head of Internal Audit, RSM	NA
Jonathan Brown	External Audit, KPMG	JB
Alexander Middleton	External Audit, KPMG	AMi

	Item	Action
1	<p>Welcome and Apologies</p> <p>John Cappock (JCa) opened the meeting, welcomed attendees and noted apologies.</p> <p>JCa opened with brief remarks, noting that Jeff Farrar had recently been appointed joint chair and Shane Devlin had since been confirmed as chief executive. JCa reported that the Transition Committee had been established, meeting fortnightly, and was making progress on future operating models. JCa acknowledged ongoing changes and uncertainty, mentioning a recent celebratory event at the Cricket Club where colleagues shared proud moments and also noted meetings with counterparts in Gloucestershire and discussed</p>	

	Item	Action
	<p>plans to address transition costs with further meetings scheduled in the New Year.</p> <p>JCa emphasised the committee's responsibility to monitor transition risks, with the Transition Committee overseeing the risk register. JCa welcomed input from RSM and KPMG and highlighted the need for agility in response to uncertainty. JCa praised the external context and insight brought by RSM, expressing hope that their work would promote best practices and provide a useful checklist for the new arrangements.</p> <p>JCa outlined the governance transition, stating that two sovereign bodies and audit committees would remain until March 27, after which the organisation would move to a single entity. JCa stressed the importance of ensuring complete and valuable handover to new entities and committees and mentioned upcoming changes in committee structures to reflect new priorities, noting that one more Audit and Risk Committee meeting was scheduled for February 13 before the new arrangements commenced and urged members to focus on delivering the current annual plan and minimising future actions for successors.</p>	
2	<p>Declarations of Interest</p> <p>No new declarations were raised.</p>	
3	<p>Minutes of the previous meeting held and Action Log</p> <p>The minutes of the previous meeting were agreed as a correct record.</p> <p>Matt Backler (MB) responded regarding the external audit annual account findings, noting that only the UHBW contract remained outstanding but was near resolution. MB expressed disappointment at the delay, clarifying it was not due to underlying difficulties, and anticipated closure soon, with all other contracts settled. JCa then queried about payment processing to NHS England, and MB confirmed this could be addressed, noting that the related risk had not materialised and payments had been made as needed, so that action could be closed.</p> <p>All other open actions were closed</p>	
4.1	<p>Internal Audit Progress Report</p>	

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	<p>Nick Atkinson (NA) presented the final report focusing on financial planning and management performance. NA assured the group that a thorough and effective process had been followed, with clear reporting and sound assumptions underlying the approach. NA noted that the project was on track for delivery when their review concluded, and only one low-level action had been raised. NA explained that, despite the positive results, substantial assurance could not be given due to the ongoing high degree of risk, emphasising the need for continued vigilance and management given external challenges.</p> <p>JCa suggested a brief pause to invite questions or comments. Steve West (SW) congratulated everyone involved, and acknowledged the significant effort required. NA responded, indicating that substantial assurance would not be forthcoming before Christmas.</p> <p>Jaya Chakrabarti (JCh) praised the team's work and sought clarification on whether having only one low-level action was typical, questioning if other ICBs were facing similar risks. NA could not comment on other providers but noted, their approach was consistent across all ICBs they worked with and even wider, referencing earlier ICB finance work. NA reflected that, given the year's challenges, the positive performance was reassuring and noted that similar sector issues were occurring elsewhere, particularly on the provider side. NA observed that as the ICB role shifted, there was less attention required on sector performance management, with a greater focus on contracting and commissioning, and confirmed that their experience was consistent across other areas.</p> <p>JCa summarised that the outcomes were excellent under the circumstances and expressed his satisfaction, reiterating thanks to NA. NA then acknowledged ongoing and upcoming work, particularly around system transfers. NA reported that all ICBs were facing challenges with a new financial system which was considered unfit for purpose, requiring teams to work diligently to maintain audit trails and ensure effective operations despite the system's shortcomings. NA emphasised that these challenges were common nationwide. NA discussed upcoming review work, especially around transitions and collaboration, aiming for collective assurance as the organisation moved toward clustering. NA expressed confidence in delivering the head of internal audit opinion, expecting stability despite the year's difficulties.</p> <p>Alison Moon (AM) raised a question about the timing and usefulness of reviewing risk and governance in April, given the introduction of a new governance system. NA explained that an assessment was necessary for his annual opinion but agreed that the review should be useful, possibly including advisory elements and integration with others' experiences. Rob Hayday (RH) recalled early-year discussions about risk management and confirmed that the</p>	

	Item	Action
	<p>review was based on current operations, mentioning collaboration with Christina Gradowski to align risk management frameworks between Gloucestershire and BNSSG ICB.</p> <p>AM agreed the review would be valuable if it added insight for the new organisation, suggesting its scope should reflect future needs. NA concurred, noting that the changing structure—some ICBs clustering, merging, or remaining independent—meant audits and risks would likely focus on how to meet existing duties with reduced staff, emphasising the importance of safeguarding, value for money, and vital services.</p> <p>NA indicated that risk registers should reflect these concerns and that future audits would likely address them. JCa and Ellen Donovan (ED) agreed, noting ongoing uncertainties and the need for assurance to guide the committees. Ellen specifically highlighted risk #7 regarding transition arrangements, questioning if the mitigated rating accurately reflected the true risk given the reduced staff and potential delays in realising issues until new executives were in place, suggesting the rating should be reconsidered.</p> <p>JCa thanked the participants and proposed revisiting the risk discussion later in the meeting.</p> <p>The Audit and Risk Committee received the Internal Audit Report</p>	
4.2	<p>Internal Audit Action tracker</p> <p>NA confirmed that the action track remained unchanged, with no newly extended actions since the last session. NA noted that all actions previously scheduled for completion by this meeting had been completed and that progress was on track.</p> <p>JCa raised a question regarding Deborah El-Sayed's imminent departure and sought clarity on interim arrangements for her responsibilities. MB offered to provide a briefing on Deborah's portfolio to the committee, ensuring a smooth transition and preventing anything from slipping through the cracks. MB clarified that digital responsibilities would remain with the senior lead and offered to outline the redistribution of Deborah's portfolio in greater detail.</p> <p>Action: Matt Backler to provide a briefing on Deb's responsibilities and portfolio transition to the committee.</p>	MB

	Item	Action
	<p>NA presented benchmarking papers, highlighting positive results for BNSSG. NA observed that while the committee's reports reflected favourable ratings, it was important to remain vigilant and continue focusing on priority areas. The benchmarking indicated that there were no high-priority actions last year, only medium and low ones, and for the first time, there were no negative assurance reports. The DSPT/cyber assessment framework benchmarking showed that BNSSG performed well in confidence ratings, despite challenges faced by many organisations.</p> <p>JCa reflected on significant progress over the past three years, noting improvements in audit outcomes and management actions. JCa suggested sharing thematic overviews of high actions from specific report pages for wider benefit. NA agreed, stating that planning would continue to incorporate learnings from high-risk areas identified elsewhere.</p> <p>AM acknowledged the improvement journey from mostly Amber and Red ratings to more Green outcomes. AM inquired whether executive teams routinely received these reports, and RH explained that circulation occurred selectively based on relevance. AM and others agreed that targeted sharing would be useful without overwhelming inboxes.</p> <p>ED echoed the positive benchmarking results and raised two points: exploring strategies to move from the current 85% "adequate and effective" framework into the top 2%, and clarifying responsibility for addressing cyber risks, given the increased threat landscape and gaps in information security. JCa and SW discussed the need to clarify which committee or individuals would oversee cyber development and Deborah's responsibilities. RH recalled recent board discussions on ICS cyber strategy, including the need for a business case and intelligence reporting on organisational readiness. RH noted that further assurance reporting was scheduled for February. SW added that national entities also played a role in cybersecurity, though central responsibility remained unclear.</p> <p>ED highlighted the risk of a knowledge gap with Deborah's departure, especially regarding cybersecurity, and suggested that leadership should address this potential vulnerability. JCa agreed, noting ongoing risk and the need to anchor responsibilities appropriately.</p> <p>NA addressed ED's question about achieving top annual opinion ratings, explaining that exceptionally high scores were typically attained by specialist trusts with ample resources. NA advised focusing on maintaining safety and delivery in the coming year rather than chasing marginal improvements.</p>	

	Item	Action
	<p>NA also introduced the emerging risk radar, which identified AI as a rising concern. NA emphasised the importance of separating cyber and AI risks and advocated for strong policies to govern AI use, including data protection considerations. JCh asked whether AI would warrant its own governance approach, given its pervasive impact. NA and JCa agreed that future governance arrangements should address AI specifically, and RH confirmed that an AI policy was being developed, with Deborah as the sponsor. RH noted the evolving nature of AI governance and the efforts to plug policy gaps.</p> <p>The Audit and Risk Committee received the updated on the Internal Audit Action Tracker</p>	
5.1	<p>External Auditor Update</p> <p>Jonathan Brown (JB) delivered the update, noting that they typically would present a technical paper focused on AI governance but planned to circulate it separately.</p> <p>JB was pleased to be appointed and acknowledged the transition had been delayed but assured the group they intended to catch up. JB mentioned establishing contact with Grant Thornton to review their files and having productive conversations. JB explained that risk assessment would occur in January, followed by interim work, and stated that a plan would be presented at the next audit committee meeting. JB highlighted the key risks, such as organisational reorganisation and the complexities of voluntary redundancies, including decisions on which redundancies to accept and financial responsibilities at year-end. JB also addressed the uncertainty among staff facing these changes and the need to be sensitive to their situations.</p> <p>JB further discussed the implementation of a new finance system, describing it as challenging and, at times, chaotic, echoing NA's earlier comments. JB recounted an NHS auditors meeting where the project team praised the rollout, but auditors, including himself, questioned the outcome given ongoing chaos. JB agreed that while transferring balances would be straightforward to audit, setting risk assessments—especially where journal entries could be posted in other systems—would be more complex. JB outlined a dual approach: conducting centralised tasks applicable to all ICB audits and performing local testing of workarounds. JB confirmed that expenditure cut-off and related issues remained a focus for the next meeting.</p> <p>JCa thanked JB for the update, expressed appreciation for his involvement, and invited questions or comments. SW felt reassured by JB's focus, especially</p>	

	Item	Action
	<p>regarding the critical crossover issues expected in the next 12 to 18 months, which was a concern. JB acknowledged SW's concerns, noting the contrast between the project's positive portrayal by NHS England and auditors' apprehensions about the audit process. JB concluded that this should provide a couple of months to ensure readiness for the year-end audit.</p> <p>The Audit and Risk Committee received the External Audit Annual Report</p>	
6.1	<p>Counter Fraud Progress Report</p> <p>Sarah Smith (SS) provided an update on counter fraud activities, noting that recruitment was underway for a final local council fraud specialist, which would complete the team and return them to full strength. SS highlighted that NHSCFA had released new fraud prevention documents and quick guides covering procurement, contract management, prescriptions, and personal health budgets, with more expected in the future. These documents had been distributed to the ICB, along with requests to update fraud resources accordingly. SS also mentioned the release of the Strategic Intelligence Assessment for 2024/25, which indicated an increased vulnerability to fraud, particularly during periods of organisational change. SS emphasised the importance of vigilance and early reporting of concerns.</p> <p>JCa thanked SS for her update and inquired whether investigation trends and workload remained consistent with previous patterns. SS confirmed that trends in the Bristol area were stable, though SS suggested that ongoing changes in the Bristol system might have shifted attention away from fraud awareness, potentially affecting reporting rates. JCa acknowledged the response and, after confirming there were no further questions, suggested moving on to the next agenda item.</p> <p>The Audit and Risk Committee received the Counter Fraud Progress Report</p>	
7.1	<p>Corporate Risk Register and ICS Strategic Risk Register</p> <p>RH initiated the discussion by outlining the process for reviewing risk registers, beginning with the corporate risk register. RH reminded the group that directorates completed and signed off their risk registers, and the executive team consolidated them into the corporate risk register. RH noted that the registers were maintained in Excel, but a new presentation format had been introduced, with titles placed at the top as requested. There were 14 risks listed, with two recommended for removal. The board was scheduled to review the register in March, with another update expected before then. Four new risks had been added, either because they were new or due to increased scores.</p>	

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<p>RH highlighted the top three Information Governance (IG) risks, which needed inclusion for DSPT submission, but expressed concern that the register lacked details on mitigation actions. RH mentioned a risk regarding organisational change from the People Directorate, which had increased due to ongoing staff impacts and employee relations cases. Additional risks discussed included pressures from the acute trust forecast and a growing neurodiversity P3 waiting list.</p> <p>AM thanked RH for the clear verbal and written updates and raised a question about oversight of mitigation effectiveness for the specialised supported housing capacity risk, added in December 2024 with a score of 20. AM was unsure which subcommittee oversaw this risk and passed the query to ED. ED agreed that the committee process for risk allocation was not fully robust and recalled a prior decision to allocate risks to committees rather than maintaining separate registers. RH confirmed this approach, noting that risk registers should help drive committee agendas and committed to reviewing the process.</p> <p>ED expressed willingness to take responsibility for ensuring specific risks were addressed in committee agendas and suggested the process needed sharpening. JCa agreed, highlighting the importance of clear risk assignment and oversight. JCa also queried the scoring of cybersecurity and IG risks, suggesting the likelihood scores should be higher, and asked for these to be checked.</p> <p>ED emphasised the need for specificity in agenda items, referencing risk #45 (funded care) and its coverage in budget discussions, while JCa considered whether resolution might require external partnership. Transitioning to the system risk register, RH explained that the timing of System Executive Group (SEG) meetings had prevented prior sign-off, but the committee was now reviewing it. SEG feedback focused on ICS partnerships and the potential distraction posed by clustering. SEG requested a new risk related to transition, which RH had not yet drafted.</p> <p>The risk around system flow and harm was discussed, with consensus that its likelihood was high and should be increased to a score of 20. ED noted that flow had been a longstanding issue, with minimal improvement despite significant efforts, and that reliance on system partners remained high.</p> <p>JCa asked about the timeline for implementing a "mega SEG" and plans for board engagement, recognising that the board would not meet until February but that a board-to-board meeting would occur in January, which could be used to discuss future governance. RH explained that immediate priorities included</p>	

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	<p>business continuity, winter pressures, and executive team consultation, with organisational design and funding optimisation to follow.</p> <p>ED asked what implications a risk score increase from 16 to 20 triggered. RH explained that scores above 15 placed a risk on the corporate register, making it subject to audit and board review, but that formal response differentiation was limited. MB suggested future review of the risk framework to consider differentiated responses.</p> <p>AM returned to the flow risk escalation, suggesting that a formal response from SEG was needed to ensure oversight during the upcoming weeks. ED agreed and offered to write to the chief executive to address the seriousness of the situation.</p> <p>The discussion moved to the transition risk register, with RH confirming that it underpinned the corporate register and was presented for information. ED identified risk #7 (transfer arrangements) as increasingly significant due to retained functions and staffing challenges. RH agreed to discuss this with Helen and asked Cappock to mention it at the upcoming Joint Transition Committee. SW added that similar financial risks were being carried into the next organisation.</p> <p>JCa reflected on concerns that the Transition Committee's register could become overloaded, but RH assured that risks were being managed judiciously. MB noted that theming risks into areas had helped reduce their number and proposed bringing this approach to the broader group.</p> <p>Action:</p> <ul style="list-style-type: none"> • Risk scores and likelihood for cybersecurity and IG risks to be checked and updated as needed. • Hayday to draft a new transition risk for the system register and update mitigations for system flow and harm. • Hayday to discuss risk #7 (transfer arrangements) with Helen and report back on implications for staffing and retained functions. <p>The Audit and Risk Committee received the Corporate Risk Register and ICS Strategic Risk Register</p>	<p>RH RH RH</p>

	Item	Action
7.2	<p>Review Management of Conflicts of Interest Policy</p> <p>JCa introduced the topic of managing conflicts of interest, noting that the policy was up for endorsement and had not undergone any material changes. JCa stated that the policy remained fit for purpose and was awaiting board approval.</p> <p>JCa would work with colleagues to prepare to discuss the matter at the board meeting. AM then highlighted that, based on lessons learned from procurement exercises, it was essential for all evaluators to complete conflict of interest training. AM noted that the policy also addressed committee chairs and stressed the need to ensure that everyone required to undertake the training had done so, especially as committee chairs had a significant role to play.</p> <p>RH reassured AM that the procurement policy covered training requirements, handled by the SCW procurement team. RH clarified that the policy required conflict of interest training for procurement panel members and committee chairs, with new modules recently introduced. RH further explained that module two targeted budget managers and above, while module three was directed at chairs and non-executives, but current compliance numbers for module three were lower than desired. RH mentioned that Colin Burlison, the learning and development manager, would provide a compliance report in due course.</p> <p>JCa suggested that all members should log in to consult OD to check and rectify any gaps in their training.</p> <p>The Audit and Risk Committee received the Management of Conflicts of Interest Policy</p>	
8.1	<p>ISFE 2</p> <p>The committee discussed the ongoing implementation of the new ISFE2 system, noting that the process had been more challenging than initially anticipated. EB highlighted several control issues that surfaced during the rollout and emphasised the value of internal audit support. EB also mentioned the importance of improving documentation and controls, as well as the need for mitigation strategies where necessary. Payments were reported to be low in October, but the team had begun to resolve issues and process payments more consistently.</p> <p>JCa acknowledged the difficulties and referenced earlier feedback from NA, who had shared developing thoughts on the ongoing review. JCa questioned</p>	

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	<p>how lessons learned were being communicated back to central teams, referencing a recent meeting with KPMG that appeared overly self-congratulatory despite the challenges faced. EB responded that regular forums existed for raising concerns, including weekly hypercare calls, dedicated Teams channels, and regional meetings with NHS England and SBS, where feedback was provided and individual support was offered.</p> <p>NA provided additional context, explaining that many ICBs had not felt ready to "go live" due to unresolved national system issues and lack of visibility. NA reported that, despite a mandate to proceed, significant problems remained, leading NHS England to postpone project closure until after Christmas. NA noted that ongoing issues continued to emerge, reflecting the widespread difficulties experienced nationwide.</p> <p>MB acknowledged that, while the system was technically operational, the burden on local teams was considerable due to poor training and inadequate materials. MB commended EB and her team for their efforts in maintaining accurate payments and reporting, but stressed that systematic issues persisted and the workload placed on staff was unsustainable.</p> <p>JCa expressed his appreciation for EB's ongoing contributions, recognising the prolonged and challenging nature of the implementation. JCa suggested that many of the difficulties could have been avoided with better preparation and support.</p> <p>The Audit and Risk Committee received the update on ISFE 2</p>	
10	<p>Matters for Information</p> <p>The Committee received the following matters for information:</p> <ul style="list-style-type: none"> • Information Rights Report • Management of Conflicts of Interest 6 month report • Losses and Special Payments Register • Waiver of Standing Financial Instructions • Audit and Risk Committee Workplan • HFMA Audit Committee Handbook <p>The committee addressed several items for information, with JCa highlighting two topics to briefly discuss. On the subject of information rights, RH expressed satisfaction that the team continued to meet targets, noting that this achievement relied on contributions from everyone, not just his section. RH emphasised the ongoing challenge of unpredictable demand, citing a recent situation where eight Freedom of Information (FOI) requests were received from the same individual in one day. RH acknowledged the importance of FOI</p>	

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	<p>rights but warned that persistent high demand could make it difficult to maintain current performance levels, suggesting that resource allocation might need to shift toward strategic commissioning. RH mentioned that the team was managing the situation using section 12 provisions but acknowledged the frustration it caused staff. JCa and other members expressed understanding and support for these concerns.</p> <p>On the topic of conflicts of interest, no additional issues were raised. Regarding the losses and special payments register, JCa noted a significant number of VCSE contract lettings, which JCa believed were related to children’s mental health and associated procurement slippage. JCa asked MB for confirmation that these were covered in the budget and posed no additional risks. SW referred to neurodiversity, and MB reassured the committee that, while waivers were not ideal, they were reasonable and within the financial plan.</p> <p>JCa expressed comfort with the current approach, noting that plans were in place and that internal audits would address related concerns in future updates. The committee also briefly discussed the HFMA Audit Committee Handbook, with JCa finding it a useful resource that reflected the evolution of the committee’s role beyond financial reporting. JCa believed the committee performed well against the key recommendations, although future changes in organisational structure would necessitate revisiting the terms of reference. No immediate actions were identified, and the meeting concluded with a transition to reflections on its effectiveness.</p>	
10.1	<p>Reflection on Effectiveness of Committee Meeting</p> <p>JCh provided a reflection the meetings effectiveness. JCh stated that the meeting was characterised by a clear sense of purpose, effective objectives, and a well-structured agenda. JCh noted that facilitation was strong, the group mostly adhered to the agenda, and any time overruns were managed by adjusting shorter items. Participation and contributions were balanced and robust, particularly regarding risk assessment and due diligence. JCh also appreciated the update on financial performance and delivery during the transition, which offered reassurance given challenges faced by another ICB. JCh commended the team's ability to identify and address system risks, expressing overall satisfaction with the purposeful, forward-looking, and well-managed meeting. JCa briefly acknowledged her remarks and concluded the meeting by mentioning upcoming committee meetings and extending well wishes for the holiday season.</p>	
	<p>Date of Next Meeting Friday 13th February</p>	

	Item	Action
	Microsoft Teams	

Connor Evans, Executive PA



Managing Conflicts of Interest Policy

Complete the blank cells in the table below. The rest will be added by the corporate team once the policy approved and before it is added to the website.

Policy ref no:	5
Responsible Executive Director:	Shane Devlin, Chief Executive Officer
Author and Job Title:	Lucy Powell, Corporate Support Officer Rob Hayday, Chief of Staff
Date Approved:	First approval: 1st July 2022 Annual Approval: October 2024
Approved by:	Integrated Care Board (ICB) Board
Date of next review:	October 2026

Policy Review Checklist

	Yes/No/NA	Supporting information
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) and the Draft revised version of ICB constitutions and governance. Revised conflicts of interest guidance specific to ICBs is expected
Has legal advice been sought?	No	Specialist advice has been sought from the relevant Counter Fraud service
Has HR been consulted?	No	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

	Yes/No/NA	Supporting information
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?	Yes	
Which Committees have assured the policy?		Policy has been reviewed by the Corporate Policy Review Group and recommended for approval by the Audit and Risk Committee
Has an implementation plan been provided?	Yes	See Appendix 2
How will the policy be shared		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.

Version	Date	Consultation
V1	23/07/24	Review of policy to ensure alignment with current guidance
V1.2	26/07/24	Move policy to new ICB template
V1.3	21/08/24	Amendment made to recognise that the current guidance has been published
V1.4	07/09/24	Procurement advice has been included
V1.5	07/09/24	Reviewed by Corporate Policy Review Group. Feedback included in the policy.

V1.6	13/09/24	Reviewed by the Audit and Risk Committee. Recommended for ICB Board approval.
V2	03/10/24	Approved by the ICB Board
V2.1	03/12/25	Reviewed by the Audit and Risk Committee

Table of contents

Managing Conflicts of Interest Policy	1
Policy Review Checklist.....	2
Table of contents	4
Managing Conflicts of Interest	6
1 Introduction	6
2 Purpose and scope	7
3 Duties – legal framework for this policy.....	8
4 Responsibilities and Accountabilities	8
5 Definitions/explanations of terms used.....	10
6 Principles.....	11
7 Declaring Conflicts of Interest	12
8 Publication of Registers.....	12
9 Managing Conflicts of Interest during the Recruitment Process.....	13
10 Governance Arrangements and Decision Making	14
11 Managing Conflicts of Interest at Meetings	15
12 Managing Conflicts of Interest throughout the Commissioning Cycle	18
13 Audit of Managing Conflicts of Interest.....	21
14 Raising Concerns and Breaches.....	22
15 Breaches of the ICB Managing Conflicts of Interest Policy	22
16 Training requirements	23
17 Equality Impact Assessment	23
18 Implementation and Monitoring Compliance and Effectiveness.....	23

19	Countering Fraud, Bribery and Corruption	24
20	References, acknowledgements and associated documents.....	25
21	Appendices	25
21.1	Equality Impact Assessment.....	27
21.2	Implementation Plan.....	33
21.3	Principles of Good Governance and Nolan Principles	34
21.4	Types of Interest.....	35
21.5	Contact details for the ICB Corporate Governance Team and Conflict of Interest Guardian.....	37
21.6	Conflict of Interest form.....	38
21.7	Conflict of interest Checklist for Chairs, Meeting Members and Secretariat Support	41
21.8	Service Procurement Declarations of Interest form	44

Managing Conflicts of Interest

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 and the revised guidance for ICB constitutions and governance (July 2024).

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” This includes perceived conflicts as defined in section 5.

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 are a common and sometimes unavoidable part of the design and 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, and ICS partners involved in the ICB business, feel able, encouraged and obliged to be open, honest and upfront about actual, potential, or perceived 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 General Practitioners, and the General Medical Council (GMC), and to procurement rules including The Public Contract Regulations 2015, the Provider Selection Regime, the Fraud Act 2006 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 guidance for ICB governance issued in March 2022 and the revised guidance for ICB constitutions and governance (July 2024) 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, potential or perceived) 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
- Any temporary staff, students, apprentices, trainees, agency staff, seconded staff, self-employed consultants, sessional staff or those on short term or honorary 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 or working group 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 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.

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, the Provider Selection Regime, the Fraud Act 2006 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 actual, potential or perceived 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

Chief of Staff

- 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

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 as soon as practicable after the individual becomes aware of the new interest and, 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. The form is also available on the staff intranet and ICB website.

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 bidders complete a conflict of interest form (Appendix 8) 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 for members of the ICB Board and Sub-Committees who 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. Financial, Non-Financial Professional and Non-Financial Personal are considered Direct Interests.

6 Principles

To support the management of conflicts of interest, the following principles apply:

- Decision-making must be geared towards meeting the statutory duties of the ICB. 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 direct or indirect financial, personal, professional or other organisation interests
- Individuals from provider organisations have been given a decision making role within ICBs. These individuals will be expected to act in accordance with the first principle, and while it should not be assumed that they are personally or professionally conflicted just by virtue of being an employee, director, partner or otherwise holding a position with a local health or care organisation, the possibility of actual and perceived conflicts of interests arising will exist. The ICB will consider whether an individual's role in another organisation would result in actual or perceived conflicts of interest and whether or not these outweigh the value of the knowledge they bring to the process. These deliberations will be captured in the appropriate meeting minutes as outlined in Appendix 7.
- Individuals must declare any personal and professional interests, including any directorships, and these will be recorded and managed as per this policy and as outlined in section 6 of the ICB Constitution
- If a material interest is declared the ICB will consider the extent it affects discussion and decision making. The considerations to be taken are outlined in section 11.1.
- ICBs will distinguish between individuals involved in decision-making (Members) and those whose input informs decisions (Participants and Attendees) as part of the meeting minutes.
- Actions to mitigate conflicts of interest will be proportionate and seek to preserve the spirit of collective decision-making where possible. The actions that can be take are outlined in section 11.1. These considerations will be captured in the appropriate meeting minutes as outlined in Appendix 7.

- Conflicts of interest will be managed in way which supports a culture of transparent decision making.
- The ICB will conduct business in line with available guidance and ICB policy including other relevant statutory guidance as outlined in section 20.

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 or perceived conflicts of interest to ensure that they do not, and do not appear to, affect the integrity of any decision-making processes.

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, and ICB working groups, 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.

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. This includes a duty to ensure that the individuals appointed comply with the [Nolan principles of public life](#) (appendix 3) and meet the [Fit and Proper Persons Test requirements](#).

9.2 ICB Independent Non-Executive Members

The ICB's 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.

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 organisation’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 Sub-Committee Members from other Organisations

Individuals who are not ICB employees but are members of the ICB Board or sub/joint Committee of the ICB board must declare their interests to the ICB. These individuals should comply with both their employer and ICB conflicts of interest policies and declare their interests accordingly.

The ICB must ensure that these individuals understand the importance of registering and updating their interests, even if they serve only briefly on the Committee. The ICB Chair must support staff to ensure interests are declared.

Particular consideration must be given when proposing direct award to a private business, ensuring that individuals do not stand to make a personal gain. Appropriate action as set out in the policy must be taken to ensure those individuals are not involved in the decision making.

10.3 Integrated Care System Joint Committees

Under s65Z5 of the Act, delegation and joint exercise of function arrangements can be made. These joint committees may include individuals who are not employees of the organisation managing the committee. The ICB must ensure that any joint committees appropriately manage conflicts of interest relating to any of its employees and must manage conflicts of interest appropriately for any joint committee convened.

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 Chief of Staff 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 they 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.

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 8). 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 Chief of Staff 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 Chief of Staff, 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 Chief of Staff 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 has developed a Procurement Strategy that ensures:

- 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. The Procurement Policy is available 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 Chief of Staff.

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. The ICB has developed an ICB Procurement Standard Operating Procedures (SoP) which operationalises the Procurement Policy, includes conflict of interest management and provides the necessary documentation needed to manage conflicts of interest during a procurement. A copy of the conflicts of interest declaration form which must be used for a procurement is attached at Appendix 8, It is the responsibility of the Procurement Manager to ensure this form is completed and details of the procurement activity recorded 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 8 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 and regulation 24 of the Provider Selection Regime to make and retain records of contract award decisions and key decisions that are made during the procurement process. These records must include any

declared or potential conflicts of interest for individuals involved in decision making and how these were managed.

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.

The Provider Selection Regime allows for providers to appeal to the ICB about its contract award decisions. The ICB will ensure that any appropriately constituted Committee to hear such appeals adheres to the processes set out for managing conflicts of interest set out in this policy.

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 for procurements undertaken under both the Public Contract Regulations and Provider Selection Regime. The register must include:

- The relative importance of each of the key criteria and the rationale for their relative importance and how the basic selection criteria were assessed
- Name and address of the provider
- The decision-making process followed to select a provider.
- The rationale for the decision
- For mixed procurements, how the procurement meets the requirements for mixed procurement.
- Details of the individual/individuals making the decision
- Any declared or potential conflicts of interest for individuals involved in decision making and how these were managed.

The ICB Procurement Oversight Group has been established to ensure that procurement policy and processes are delivered appropriately to secure quality value for money services through procedures which are transparent, fair and non-discriminatory. The Group will ensure that a register of procurement decisions and contracts awarded is published on the ICB website. The Audit and Risk Committee will annually review the Procurement Decision register and review approved single tender waivers at each Committee meeting.

12.6 Contract Monitoring

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 Interest

NHS England has commissioned online conflicts of interest training modules for ICBs. ICBs should ensure that internal auditors can access key information to examine uptake of this

training. The uptake of training will also be reported regularly to the Audit and Risk Committee.

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 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 and reported regularly to the ICB Audit and Risk Committee.

17 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.

18 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 6 monthly to the Audit and Risk Committee.

19 Countering Fraud, Bribery and Corruption

The ICB is committed to reducing and preventing fraud, bribery and corruption in the NHS and ensuring that funds stolen by these means are put back into patient care. During the development of this policy document, we have given consideration to how fraud, bribery or corruption may occur in this area. We have ensured that our processes will assist in preventing, detecting and deterring fraud, bribery and corruption and considered what our responses to allegation of incidents of any such acts would be.

In the event that fraud, bribery or corruption is reasonably suspected, and in accordance with the Local Counter Fraud, Bribery and Corruption Policy, the responsible team will refer the matter to the ICB's Local Counter Fraud Specialist for investigation and reserve the right to prosecute where fraud, bribery or corruption is suspected to have taken place. In cases involving any type of loss (financial or other), the ICB will take action to recover those losses by working with law enforcement agencies and investigators in both criminal and/or civil courts.

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.

The ICB has a zero-tolerance approach to fraud. The ICB policy relating to Fraud, Bribery and Corruption 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.

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
- Procurement Policy
- Procurement: Standard Operating Procedure
- 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/>

[NHS England » Guidance on integrated care board constitutions and governance](#)

[NHS England » NHS England fit and proper person test framework for board members](#)

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 Service Procurement Declarations of Interest form

21.1 Equality Impact Assessment

Other documents required to complete the Equality & Health Inequality Impact Assessment:

- [Equality & Health Inequality Impact Assessment Guidance](#)
- [Equality & Health Inequality Impact Assessment Resources](#)

Title of proposal: Manging Conflicts of Interest Policy				Date: 20/06/2024
<input checked="" type="checkbox"/> Policy	<input type="checkbox"/> Strategy	<input type="checkbox"/> Service	<input type="checkbox"/> Function	<input type="checkbox"/> Other (<i>please state</i>)
EHIA type:	Screening EHIA <input checked="" type="checkbox"/>	Full EHIA <input type="checkbox"/>	HEAT in progress/ completed <input type="checkbox"/>	Has an EHIA been previously undertaken? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> EIA undertaken on previous policy version
Is the policy under:	Development <input type="checkbox"/>	Implementation <input type="checkbox"/>	Review <input checked="" type="checkbox"/>	
Which groups will this service/proposal impact (e.g. patients, service users, carers/family, staff, general public, partner organisations)?				
All BNSSG ICB employees and also all ICB Board, Committee and Group members. The individuals impacted are outlined in section 2 of the policy.				
Lead person(s) completing this assessment: Lucy Powell				
Lead person job title(s) and service area: Corporate Support Officer				

Briefly describe the proposal

Give a brief description of the context, purpose, aims and objectives of the proposal. Describe what services are currently being provided. Describe the intended outcomes and benefits and who these might impact. Include whether it is a new proposal or change to an existing one and the key decision that will be informed by the EHIA (e.g. whether or not to proceed with the proposal to publish an employee handbook)

This is an update to the current Managing Conflicts of Interest policy in line with current best practice and national guidance. The aim is to ensure that all individuals understand the arrangements that BNSSG ICB has in place for the management of declarations and conflicts of interest. This policy aims to provide clear guidance in relation to the actions required to declare interests and manage conflicts of interest.

Health inequalities (HI) are systematic, avoidable and unjust differences in health and wellbeing between different groups of people. Reducing health inequalities improves life expectancy and reduces disability across the social gradient. What health inequalities have or might emerge and what actions can you take to

reduce or eliminate them? Include details of any evidence, research or data used to support your work, e.g. JSNA, ward data, meeting papers, NICE etc below. You can also consider completing the HEAT tool to support summarising key issues, this can help to systematically evaluate HI:
This policy will not directly impact Health Inequalities
Give details of any relevant patient experience data or engagement that supports your work and where there is significant impact and major change how have patients, carers or members of the public been involved in shaping the proposal. Note, where the proposed change results in significant variation public consultation is required, seek advice from your PPI team. If you have not undertaken any engagement, state how you will involve people with protected characteristics or vulnerable groups in the project or explain why there is not likely to be any involvement.
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 NHS England as part of the legislative process
Has the project/service ensured that they have/will comply with the Accessible Information Standards (AIS)? Yes or No Describe how the project/service will ensure staff are in compliance and have a consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents, where those needs relate to a disability, impairment or sensory loss. For more information on AIS please refer to and NHS England » Accessible Information Standard and AIS at NBT - YouTube .
The policy has been written with a view to be accessible to all individuals set out in section 2 of the policy and to members of the public for transparency. Additional information will also be provided on the Hub and the Corporate Governance team will be available to support as required.

Could the proposal have a positive or negative impact on any of the protected characteristic groups or other relevant groups?

Although some of your conclusions will be widely known and accepted (e.g. need for accessible information), your analysis should include evidence to support your statements to aid the decision-maker – references and links to documents can be listed in section 4.1. Evidence might include insights from your engagement, focus groups, stakeholder meeting notes, surveys, research paper, national directives, expert opinion etc. If there is insufficient evidence, state this and include an action to find out more in the action plan in Step 3. In addition to having due regard for the Equality Act 2010 Public Sector Equality Duty to eliminate unlawful discrimination, advance equality and foster good relationship between protected groups; you must also have due regard to the principles of the Armed Forces Act 2021 including regarding the unique obligations and sacrifices they make, removing disadvantage and making special provision to ensure services and employment opportunities are accessible.

Positive Impact:				
<input type="checkbox"/> Sex	<input type="checkbox"/> Race	<input type="checkbox"/> Disability	<input type="checkbox"/> Religion & Belief	<input type="checkbox"/> Sexual Orientation
<input type="checkbox"/> Age	<input type="checkbox"/> Pregnancy & Maternity	<input type="checkbox"/> Marriage & Civil Partnership	<input type="checkbox"/> Gender Reassignment	<input type="checkbox"/> Armed Forces <input type="checkbox"/> Other health inequality (please state below)

Provide a narrative about the benefits including benefits to any of the protected characteristic groups plus health inequality groups (such as digital exclusion). Also include intersectional impact where possible here:
 There is no positive impact on those holding protected characteristics. The policy outlines the arrangements that BNSSG ICB has in place for the management of conflicts of interest. This policy aims to provide clear guidance in relation to the actions required to declare interests and manage conflicts of interest. The policy applies to all individuals set out in section 4 of the policy.

Negative Impact

<input type="checkbox"/> Sex	<input type="checkbox"/> Race	<input type="checkbox"/> Disability	<input type="checkbox"/> Religion & Belief	<input type="checkbox"/> Sexual Orientation
<input type="checkbox"/> Age	<input type="checkbox"/> Pregnancy & Maternity	<input type="checkbox"/> Marriage and Civil Partnership	<input type="checkbox"/> Gender Reassignment	<input type="checkbox"/> Armed Forces <input type="checkbox"/> Other health inequality (please state below)

Provide a narrative about the negative impact for any of the protected characteristic groups plus health inequality groups (such as digital exclusion). Also include intersectional impact where possible here:
 It is not believed that the content of the policy would have a direct negative impact on those holding protected characteristics. The ICB has a duty to provide the policy in various formats as required to ensure equitable access to the information within the policy.
 (you can share further details and mitigations below in 2.2)

No Effect

Your policy might not have a positive or negative impact, or it might maintain a status quo – complete this section if ‘not applicable’
 This EHIA is being undertaken as part of the review process for a current ICB policy. There have been no significant amendments made to the processes already in place for those individuals outlined in section 2 of the policy.

Outline any negative impacts of the proposal on people based on their protected characteristic or other relevant characteristic. Consider how you might level the ‘playing field’ for all people

Protected Characteristic(s)	Details of negative impact (e.g. access to service, health outcome, experience, workforce exclusion)	Identify any mitigations that would help to reduce or eliminate the negative impact
N/A		

Outline any benefits of the proposal for people based on their protected or other relevant characteristics?

Outline any potential benefits of the proposal and how they can be maximised. Identify how the proposal will support our *Public Sector Equality Duty* to:

To eliminating discrimination, harassment and victimisation.	Positive	<input type="checkbox"/>
	Negative	<input type="checkbox"/>
	No effect	X
Please describe:		

To advance equality of opportunity between people who share a protected characteristic and those who don't	Positive	X
	Negative	<input type="checkbox"/>
	No effect	<input type="checkbox"/>
Please describe: The policy applies to all the individuals outlined in section 2 equally. The aim is to ensure that everyone understands the arrangements that BNSSG ICB has in place to manage declarations and conflicts of interest and provides clear guidance in relation to the actions required to declare interests and manage conflicts of interest.		

To foster good relations between people who share a protected characteristic and those who don't (e.g. does the project raise any issues for community cohesion, or linked to current topics that are contentious in society; will it affect relationships between any groups)	Positive	<input type="checkbox"/>
	Negative	<input type="checkbox"/>
	No effect	x
Please describe:		

Action Plan

What actions will you take to mitigate the negative impact outlined above?

Action	Timeframe	Success Measure	Lead
Senior support and promotion of the policy	From ICB Board approval on the 3 rd October 2024	ICB Board approval and subsequent promotion at staff meetings and through staff newsletters	RH/LP
Individual is identified to provide independent advice and judgement	Ongoing	Independent Non-Executive Member and Chair of the Audit and Risk Committee identified	

How and when will you review the action plan (include specific dates)?

As part of the quarterly promotion of the policy

What are the main conclusions of this Equality & Health Inequality Impact Assessment?

Share a brief summary of the positive impact the project will make and any negative impact and mitigations, e.g. what steps you have been taken to improve accessibility, and what recommendations you are making to the decision maker.

Explain how the EHIA has informed, influenced or changed the proposal and include a recommendation for the decision maker:

The policy is for all individuals identified in section 2 of the policy, including all ICB staff and the arrangements outlined are a legal requirement. The EHIA has highlighted the importance of promotion of the policy

Select a recommended course of action:

Outcome 1: Proceed – no potential for unlawful discrimination or adverse impact or breach of human rights articles has been identified. E.g. proposal is not likely to have any detrimental impact on any group	x
Outcome 2: Proceed with adjustments to remove barriers identified for discrimination, advancement of equality of opportunity and fostering good relations or breach of human rights articles. E.g. arrangements put in place to produce a BSL video to promote changes to a service	<input type="checkbox"/>
Outcome 3: Continue despite having identified some potential for adverse impact or missed opportunity to advance equality and human rights (justification to be clearly set out). E.g. pilot benefits one neighbourhood due to funding restrictions	<input type="checkbox"/>
Outcome 4: Stop and rethink as actual or potential unlawful discrimination or breach of human rights articles has been identified. E.g. dress code policy discriminates against people who practice particular religions; new service that proposes to detain patient but insufficient evidence of safeguarding or human rights considerations in place	<input type="checkbox"/>

All Equality & Health Inequality Impact Assessments should be reviewed internally and obtain sign off to show an organisational commitment.

Reviewer's Feedback (this document should be reviewed by an equality officer or trained project lead/senior manager)

Equality Officer Name:

Equality and Inclusion Team Signature:

Date:

Equality Delivery System 2022

Equality, Diversity & Inclusion is an evidence-based practice, Healthier Together partners are committed to demonstrating how we have taken steps to improve patient and service user access, experience and outcomes and how we have created an inclusive working environment for our staff, including supporting our workforce to have healthy and fulfilled lives. Please indicate which Domain your project will deliver against:

Domain 1 – Commissioned & Provided services

- 1A: People can readily access the service.
- 1B: Individual people's health needs are met
- 1C: When people use the service, they are free from harm.
- 1D: People report positive experiences of the service.

Domain 2 – Workforce health and wellbeing

- 2A: When at work, staff are provided with support to promote healthy lifestyles and manage their long term conditions
- 2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source.
- 2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source (response to Covid-19)
- 2D: Staff recommend the organisation as a place to work

Domain 3 – Inclusive Leadership

- 3A: Board members and senior leaders (Band 9 and VSM) routinely demonstrate their commitment to equality.
- 3B: Board/Committee papers (including minutes) identify equality related impacts and risks and how they will be mitigated and managed
- 3C: Board members, system and senior leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients

The policy aims to provide clear guidance to staff on the responsibilities for managing declarations and conflicts of interest. Having a clear policy in place with support from the appropriate teams and conflict of interest guardian supports Domain 2 with the ICB as a good place to work. Having a clear policy in place also supports Domain 3 as the policy provides a framework for Board/Committee members and senior managers to monitor impact and risk.

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	Inclusion of policy for approval in Board papers	Chief of Staff with ARC Chair	05/03/26	05/03/26	Staff time, Board members time
Executive Directors	Ensure awareness of responsibilities to ensure compliance for both Individual Executive Director responsibilities and Directorate Responsibilities	Discussion with individual directors as required	Corporate Support Officer	05/03/26	Ongoing	Staff time, Executive Director time
All Staff	Ensure awareness of ICB processes and procedures	<p>Policy to be placed on website following approval and 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 and staff meetings</p> <p>Annual Conflicts of Interests training module – Staff to be regularly reminded to undertake training</p>	Corporate Support Officer /Training manager	09/03/26	<p>Following ICB Board approval</p> <p>Ongoing</p> <p>Ongoing</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.

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

Senior person responsible for Governance	
Name	Shane Devlin
Title	CEO
Email	Shane.devlin@nhs.net
Conflict of Interest Guardian	
Name	John Cappock
Title	Independent Non-Executive Member for Audit
Email	John.cappock@nhs.net
Corporate Governance Team	
Email	bnssg.corporate@nhs.net

21.6 Conflict of Interest form

Template Declaration of interests for ICB members and employees

Name:				
Organisation:		BNSSG ICB <input type="checkbox"/> Other <input type="checkbox"/> (please specify)		
Position within, or relationship with, the ICB (or NHS England in the event of joint committees):				
Detail of interests held (complete all that are applicable):				
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:

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

Signed:

Date:

Please return to **The Corporate Team**, bnssg.corporate@nhs.net

Types of interest

Type of Interest	Description
Financial Interests	<p>This is where an individual may get direct financial benefits from the consequences of a commissioning decision. This could, for example, include being:</p> <ul style="list-style-type: none"> • A director, including a non-executive director, or senior employee in a private company or public limited company or other organisation which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations; • A shareholder (or similar owner interests), a partner or owner of a private or not-for-profit company, business, partnership or consultancy which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations. • A management consultant for a provider; • In secondary employment (see paragraph 56 to 57); • In receipt of secondary income from a provider; • In receipt of a grant from a provider; • In receipt of any payments (for example honoraria, one off payments, day allowances or travel or subsistence) from a provider • In receipt of research funding, including grants that may be received by the individual or any organisation in which they have an interest or role; and • Having a pension that is funded by a provider (where the value of this might be affected by the success or failure of the provider).
Non-Financial Professional Interests	<p>This is where an individual may obtain a non-financial professional benefit from the consequences of a commissioning decision, such as increasing their professional reputation or status or promoting their professional career. This may, for example, include situations where the individual is:</p> <ul style="list-style-type: none"> • An advocate for a particular group of patients; • A GP with special interests e.g., in dermatology, acupuncture etc.

Type of Interest	Description
	<ul style="list-style-type: none"> • A member of a particular specialist professional body (although routine GP membership of the RCGP, BMA or a medical defence organisation would not usually by itself amount to an interest which needed to be declared); • An advisor for Care Quality Commission (CQC) or National Institute for Health and Care Excellence (NICE); • A medical researcher.
Non-Financial Personal Interests	<p>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. This could include, for example, where the individual is:</p> <ul style="list-style-type: none"> • A voluntary sector champion for a provider; • A volunteer for a provider; • A member of a voluntary sector board or has any other position of authority in or connection with a voluntary sector organisation; • Suffering from a particular condition requiring individually funded treatment; • A member of a lobby or pressure groups with an interest in health.
Indirect Interests	<p>This is where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest in a commissioning decision (as those categories are described above). For example, this should include:</p> <ul style="list-style-type: none"> • Spouse / partner; • Close relative e.g., parent, grandparent, child, grandchild or sibling; • Close friend; • Business partner.
<p>The ICB expects staff who do any work for pharmaceutical companies to allow disclosure of any payments on the UK Disclosure database.</p>	

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. The agenda 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 definition of conflicts of interest should also be accompanied with each agenda to provide clarity for all recipients.	Meeting Chair and secretariat
	3. Agenda 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. Members should contact the Chair as soon as an actual, potential or perceived conflict is identified.	Meeting members
	5. Chair to review minutes from preceding meetings i.e., sub-committee, working group, etc., detailing any conflicts of interest declared and how this was managed.	Meeting Chair
	6. A copy of the members' declared interests is checked to establish any actual, potential or perceived conflicts of interest that may occur during the meeting.	Meeting Chair and secretariat

During the meeting	1. Check and declare the meeting is quorate and ensure that this is noted in the minutes of the meeting.	Meeting Chair
	2. Chair requests members to declare any interests in agenda items- which have not already been declared, including the nature of the conflict.	Meeting Chair
	3. Chair makes a decision 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.	Meeting Chair and secretariat
	4. As minimum requirement, the following should be recorded in the minutes of the meeting: <ul style="list-style-type: none"> • Individual declaring the interest; • At what point the interest was declared; • The nature of the interest; • The Chair’s decision and resulting action taken; • The point during the meeting at which any individuals retired from and returned to the meeting - even if an interest has not been declared. 	Secretariat
	5. Visitors in attendance who participate in the meeting must also follow the meeting protocol and declare any interests in a timely manner.	
Following the meeting	1. All new interests declared at the meeting should be promptly updated onto the declaration of interest form;	Individual(s) declaring interest(s)
	2. All new completed declarations of interest should be transferred onto the register of interests.	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	Chairs welcome	
2	Apologies for Absence	
3	<p>Declarations of Interest</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>Declarations of Interest from today's meeting</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>Item Title</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 Service Procurement Declarations of Interest form

Conflicts of Interest Declaration Form

Provision of: [insert name of service/procurement]

Project Reference: [XXXXXX/2024]

Introduction

This Declaration Form is intended to capture conflicts of interest relating to individuals involved in the aforementioned EOI/procurement in order to avoid any distortion of competition and to ensure equal treatment of all companies seeking to do business with the Contracting Authority.

Involvement, in the context of conflicts of interest, may relate to any stage in the commercial lifecycle including preparation and planning, publication, selection and award and contract implementation.

Individuals must avoid placing themselves in a position where there is a conflict between their personal and/or outside interest and their official duties in a EOI/procurement and must comply with internal policy relating to gifts, hospitality and conflicts of interest at all times.

Examples of conflicts of interest may include, but are not restricted to:

- if you are a current or previous employee of a company, or have a member of your family, your partner (married, civil partnership or not), your siblings, your children, or any close personal or professional relationships that are an employee of a company, that is seeking to do business with the Contracting Authority;
- if you, or a member of your family/friends (as set out above), has a financial interest in a company that is seeking to do business with the Contracting Authority;
- if you, or a member of your family/friends (as set out above), has a financial relationship of any kind with a company seeking to do business with a Contracting Authority.
- If you work directly with the incumbent supplier where this is an existing service (e.g., in a contract management function), and / or have previously worked with any other supplier who may bid for the contract.

This is a non-exhaustive list of examples, and it is your responsibility to ensure that any and all actual, potential or perceived conflicts are disclosed prior to you being involved in the EOI/procurement.

If you are unsure whether your current or previous relationship or involvement with a company that is seeking to do business with the Contracting Authority constitutes a conflict of interest, you should seek advice from an Authorised Individual stated below.

This Form also includes a requirement for individuals involved in the EOI/procurement to treat information (including but not restricted to bid documents, supplier evaluations etc.) with the appropriate level of confidentiality, and not make any unauthorised disclosures of this information.

All individuals with access to EOI/procurement information must sign this Form.

Authorised Individuals

Authorised Individuals are responsible for managing the disclosure of EOI/procurement information and conflicts of interest.

The Authorised Individuals for the EOI/procurement are:

[INSERT NAME e.g. Procurement Lead]

If conflicts of interest arise at any time during the commercial lifecycle, an Authorised Individual must be notified. Any disclosure of EOI/procurement information must also be approved by an Authorised Individual prior to disclosure.

Statements

1. I acknowledge that my official duties cause me to have access to documents or data pertaining to the above EOI/procurement. I am aware that unauthorised disclosure of information could damage the integrity of the EOI/procurement and that transmission or revelation of such information to unauthorised persons will subject me to disciplinary action.
2. I will not divulge, publish or reveal by word, conduct, or any other means such information or knowledge, except as necessary to do so in the performance of my official duties related to this EOI/procurement and in accordance with the laws of the United Kingdom, unless specially authorised in writing in each and every case by an Authorised Individual of the Contracting Authority.

3. I acknowledge that the information I receive will be given only to persons specifically granted access to the EOI/procurement, and it may not be further divulged without specific prior written approval from an Authorised Individual.
4. If at any time during the EOI/procurement my participation might result in an actual, potential or perceived conflict of interest, I will immediately report the circumstances to the appropriate Authorised Individual.

Declaration Guidance

Declaration A should be signed if there are no actual, potential or perceived conflicts of interest.

Declaration B should be signed if there are actual, potential or perceived conflicts of interest. The conflicts of interest and mitigation must be stated in Appendix 1 below, as must the role that the individual will be carrying out (where appropriate) within the EOI/procurement. An Authorised Individual must also sign Declaration B to confirm that they accept that appropriate mitigations have been put in place.

Your declaration will be held by the ICB/NHS SCW to comply with the organisation's policies. This information may be held in both manual and electronic form in accordance with the Data Protection Regulations. Information may be disclosed to third parties in accordance with the Freedom of Information Act 2000 and published in registers that the ICB holds. By signing this form, you give consent for this information to be published on the registers that the ICB holds.

Declaration A (if no conflicts of interest)

By signing this Form, I declare that I have read and accept the Statements above, and that there are no conflicts of interest of any nature which would prevent me from participating in the aforementioned EOI/procurement.

If any actual, potential or perceived conflicts of interest arise in the future, I will inform an Authorised Individual immediately.

Name:

Job Title: Organisation / Department:

Signature: Date:

Declaration B (if actual, potential of perceived conflicts of interest)

By signing this Form, I confirm that the conflicts of interest in Appendix 1 have been mitigated appropriately to allow me to participate in a suitable role within the EOI/procurement.

If any other actual, potential or perceived conflicts of interest arise in the future, I will inform an Authorised Individual immediately.

Name:

Job Title: Organisation / Department:

Signature: Date:

Appendix 1

My conflict(s) of interest, including mitigations, is/are:

Conflict of interest *[insert text]*

Mitigation *[insert text]*

[DN: Delete as appropriate]

My role in the EOI/procurement will be *[briefly describe role]*

OR

I will not have a role in the EOI/procurement.

Authorised Individual

By signing this Form, I confirm that the conflicts of interest in Appendix 1 have been mitigated appropriately, and therefore the individual's role in the EOI/procurement, also stated in Appendix 1, is appropriate.

Name:

Job Title: _____ Organisation / Department: _____
Signature: _____ Date: _____



Local Counter Fraud, Bribery and Corruption Policy

Complete the blank cells in the table below. The rest will be added by the corporate team once the policy approved and before it is added to the website.

Policy ref no:	1
Responsible Executive Director:	Matt Backler, Interim Chief Finance Officer
Author and Job Title:	Sarah Smith, Senior Local Counter Fraud Specialist
Date Approved:	5 March 2026
Approved by:	ICB Board
Date of next review:	March 2027

Policy Review Checklist

	Yes/No/NA	Supporting information
Has an Equality Impact Assessment Screening been completed?	Yes	
Has the review taken account of latest Guidance/Legislation?	Yes	Template and guidance provided by NHS Counter Fraud Authority
Has legal advice been sought?	N/A	
Has HR been consulted?	Yes	Through review at BNSSG CPRG
Have training issues been addressed?	Yes	Through Implementation Plan & E-Learning
Are there other HR related issues that need to be considered?	No	
Has the policy been reviewed by Staff Partnership Forum?	No	Not required
Are there financial issues and have they been addressed?	N/A	The policy is intended to safeguard NHS resources.
What engagement has there been with patients/members of the public in preparing this policy?	N/A	
Are there linked policies and procedures?	Yes	See associated policies section
Has the lead Executive Director approved the policy?	Yes	For CFO
Which Committees have assured the policy?	Yes	Previous iterations seen by ICB AGR Committee
Has an implementation plan been provided?	Yes	
How will the policy be shared with staff	-	Intranet and Website
Will an audit trail demonstrating receipt of policy by staff be required; how will this be done?	No	Awareness of the policy will be tested upon completion of eLearning and a staff survey
Has a DPIA been considered in regard to this policy?	N/A	IG inputs to the policy through membership of CPRG
Have Data Protection implications have been considered?	Yes	IG inputs to the policy through membership of CPRG

Version	Date	Consultation
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Table of contents

Local Counter Fraud, Bribery and Corruption Policy	1
Policy Review Checklist.....	2
Table of contents	3
Counter Fraud, Bribery and Corruption Policy	4
1 Introduction	4
1.1 BNSSG ICB Values	4
2 Purpose and scope	5
3 Duties – legal framework for this policy.....	5
4 Responsibilities and Accountabilities	7
5 Definitions/explanations of terms used.....	12
6 The Response Plan.....	14
7 Recovery of Losses due to Fraud, Bribery and Corruption.....	15
8 Sanctions	16
9 Reporting the Results of an Investigation.....	16
10 Training requirements	17
11 Equality Impact Assessment	17
12 Implementation and Monitoring Compliance and Effectiveness.....	17
13 Countering Fraud, Bribery and Corruption	17
14 References, acknowledgements and associated documents.....	17
15 Appendices	18
Equality Impact Assessment	18
Implementation Plan	18

Local Counter Fraud, Bribery and Corruption Policy

1 Introduction

One of the basic principles of public sector organisations is the proper use of public funds. The majority of people who work in the NHS are honest and professional and they find that fraud committed by a minority is wholly unacceptable as it ultimately leads to a reduction in the resources available for patient care.

The NHS Counter Fraud Authority (NHSCFA) is charged with identifying, investigating and preventing fraud and other economic crime within the NHS and the wider health group. As a special health authority focused entirely on counter fraud work, the NHSCFA is independent from other NHS bodies and directly accountable to the Cabinet Office.

The aim is to protect staff and resources from activities that would otherwise undermine their effectiveness and their ability to meet the needs of patients and professionals. Ultimately, this helps to ensure the proper use of valuable NHS resources and a safer, more secure environment in which to deliver and receive care.

BNSSG ICB does not tolerate fraud, bribery or corruption. The aim is to eliminate all NHS fraud, bribery and corruption as far as possible. To meet its objectives, it has adopted the operational framework developed by the NHSCFA:

Governance - supporting a zero-tolerance approach to wrongdoing; makes this clear to all staff; and monitors, at the very top of the organisation, the effectiveness of the arrangements in place. BNSSG ICB will appoint a qualified Local Counter Fraud Specialist (LCFS) to support this commitment.

Proactive - setting clear policies and a code of conduct for all staff; raising awareness of the risks; and liaising with other organisations to develop a shared resistance to wrongdoing. Undertaking comprehensive risk assessments of existing systems and processes, auditing and review of records and completing of proactive exercises to detect fraud.

Reactive - investigating allegations and indications of wrongdoing; and seeking appropriate sanctions if wrongdoing is detected.

1.1 BNSSG ICB Values

This policy supports the values of the organisation by informing staff of their responsibility to act with integrity and to do the right thing. The ICB is committed to reducing the level of fraud, bribery and corruption within the NHS to increase the resources available for providing better patient care.

2 Purpose and scope

This policy details how staff should conduct themselves whilst working for the ICB, and raises awareness of fraud, bribery and corruption offences and the reporting lines available for staff who wish to report and suspicions of illicit activity.

This policy relates to all forms of fraud, bribery and corruption and is intended to provide direction and help to employees who may identify suspected fraud. It provides a framework for responding to suspicions of fraud, advice and information on various aspects of fraud and implications of an investigation. It is not intended to provide a comprehensive approach to preventing and detecting fraud, bribery and corruption. The overall aims of this policy are to:

- Improve the knowledge and understanding of all employees in BNSSG ICB, irrespective of their position, about the risk of fraud, bribery and corruption within the organisation and its unacceptability.
- Assist in promoting a climate of openness and a culture and environment where staff feel able to raise concerns sensibly and responsibly.
- Ensure the appropriate sanctions are considered following an investigation, which may include any or all of the following: criminal prosecution, civil prosecution or internal/external disciplinary action.
- To reduce the occurrence of fraud, bribery and corruption at the ICB.

This policy applies to all employees of BNSSG ICB, regardless of position held, as well as any individual performing duties on behalf of the ICB, including those with honorary contracts, consultants, vendors, contractors, and/or any other parties who have a business relationship with BNSSG ICB. It will be brought to the attention of all employees and form part of the induction process for new staff.

3 Duties – legal framework for this policy

All organisations providing NHS services are required to put in place appropriate counter fraud, bribery and corruption measures to prevent, detect, deter and investigate fraud, bribery and corruption.

NHS Counter Fraud Authority (NHSCFA)

The NHSCFA is responsible for the detection, investigation and prevention of fraud and economic crime within the NHS. Its aim is to lead the fight against fraud affecting the NHS and the wider health and social care sector, by using intelligence to understand the nature of fraud risks, investigate serious and complex fraud, reduce its impact and drive forward improvements.

The ICB will take all necessary steps to counter fraud, bribery and corruption in accordance with this policy and the NHSCFA Digital Fraud Manual, (available to the Chief Finance Officer and Local Counter Fraud Specialist (LCFS) only).

'Applying Appropriate Sanctions Consistently' published by NHSCFA and any other relevant guidance or advice issued by NHSCFA. Available at: <https://cfa.nhs.uk/about-nhscfa/corporate-publications>

The NHSCFA has also produced its Counter Fraud, Bribery and Corruption Strategy which sets out its vision and purpose, and can be found at: <https://cfa.nhs.uk/about-nhscfa/corporate-publications/strategy-2023-26>

All work planned and undertaken by the ICB in relation to fraud, bribery and corruption aligns to this strategy.

Government Functional Standard for Counter Fraud

The Government Functional Standard for Counter Fraud (GovS013), and specific NHS adjustments sets out the requirements placed on NHS organisations to aid fighting fraud. The requirements can be found at: <https://cfa.nhs.uk/government-functional-standard/NHS-requirements>

This policy document is written in accordance with these requirements and in line with the NHSCFA model policy template. The NHSCFA carries out regular engagements to check the requirements are being followed at all NHS organisations.

Economic Crime

Economic Crime can be defined as illegal acts committed by an individual or a group of individuals to obtain a financial or professional advantage. In such crimes, the offender's principal motive is economic gain. This term is the overarching name for crimes such as Fraud, Bribery and Corruption.

Fraud

The Fraud Act 2006 represents a fundamental shift in the elements required to prove a fraud offence. It is no longer necessary to prove that a person has been deceived. The focus is now on the dishonest behaviour of the suspect and their intent to make a gain or cause a loss.

The offence of fraud can be committed in three ways:

- Fraud by false representation (Section 2) – lying about something using any means, e.g. by words or actions.
- Fraud by failing to disclose information (Section 3) – not saying something when you have a legal duty to do so.

- Fraud by abuse of position (Section 4) – abusing a position where there is an expectation to safeguard another person or organisation.

Bribery and Corruption

The Bribery Act received assent in 2010 and repealed previous anti-bribery/corruption legislation. It covers the public and private sector. The purpose of the legislation is to simplify the law on bribery and to allow a more effective response to bribery offences that occur either in the UK or abroad.

The main offences covered by the Act are:

1. An offence of active bribery (i.e. giving, promising or offering a bribe), which applies in the public or private sector.
2. An offence of passive bribery (i.e. requesting, agreeing to receive or accepting a bribe), which applies in the public or private sector.
3. A specific offence of bribing a foreign public official.
4. A new ‘corporate’ offence which applies where a corporate body or partnership fails to prevent persons performing services on their behalf from paying bribes.

Economic Crime & Corporate Transparency Act

The Economic Crime & Transparency Act 2023 (ECCT Act) creates a new corporate criminal offence, the ‘failure to prevent fraud’ offence. This offence is intended to hold large organisations to account if they profit from fraud and comes into effect on 1 September 2025.

Under the offence, large organisations may be held criminally liable where an employee, agent, subsidiary or other “associated person” commits a fraud intending to benefit the organisation.

The corporate offence is irrespective of whether or not there was management knowledge of the primary offence.

In the event of a prosecution, the organisation will have to demonstrate that reasonable fraud prevention measures were in place at the time the fraud was committed; the ‘reasonable procedures’ defence.

4 Responsibilities and Accountabilities

BNSSG ICB will take all necessary steps to counter fraud, bribery and corruption in accordance with this policy, the NHSCFA Digital Fraud Manual, (available to the CFO and LCFS only), the policy statement Applying Appropriate Sanctions Consistently published by NHSCFA and any other relevant guidance or advice issued by NHSCFA.

The **Board of the ICB** is responsible for gaining assurance that:

- BNSSG ICB has adopted and is operating adequate procedures and controls to deter and prevent wrongdoing from occurring, in compliance with the Government Functional Standard requirements.

- Adequate arrangements are in place to ensure that all staff are aware of the standards of personal and professional behaviour expected of them; and that all staff have access to this policy.

The **Audit and Risk Committee** is responsible for gaining assurance that:

- BNSSG ICB has appointed a qualified Local Counter Fraud Specialist (LCFS) to lead the drive to maintain and improve the standards and processes for deterring, detecting and investigating wrongdoings; and seek prosecution where wrongdoing is discovered.
- The annual counter fraud work plan is adequate and provides a reasonable balance between raising fraud awareness across BNSSG ICB and evaluating the effectiveness of BNSSG ICB's counter-fraud systems and controls.
- It receives periodical reports from the LCFS on the progress against the work plan and update of the progress of any investigations.
- It receives a formal annual report of BNSSG ICB's compliance with the standards set by NHSCFA.

The **Chief Financial Officer** is the lead for all anti-fraud, bribery and corruption work at BNSSG ICB, monitors and ensures compliance with Government Functional Standards and is responsible for:

- Ensuring that an annual risk assessment is carried out by the BNSSG ICB, using the tools provided by NHSCFA.
- Managing the continuity of appointment of a qualified LCFS to the BNSSG ICB; and ensuring that the counter-fraud service continues to be delivered in the event of the departure, or long-term absence of the appointed LCFS.
- Overseeing the delivery of services from the LCFS including induction and any relevant training or promotional activities.
- Providing the relevant required support to the LCFS in any investigations that they carry out.
- Depending on the outcome of investigations (whether on an interim/on-going or concluding basis) and/or the potential significance of suspicions that have been raised, inform appropriate senior management accordingly.
- Informing and consulting with the Chief Executive in cases where the loss may be above the agreed limit or where the incident may lead to adverse publicity.

All managers responsible for commissioning or procuring services will ensure that:

- Special regard is paid to the requirements of the Bribery Act 2010: that all organisations from which services are procured have proportionate controls and checks on their staff to deter and prevent all forms of wrongdoing, including bribery in favour of BNSSG ICB and bribery that does not benefit BNSSG ICB.
- Special regard, as of 1 September 2025, is paid to the requirements of the Economic Crime & Corporate Transparency Act 2023: that all agents, subsidiaries or other

‘associated persons’ from which services are procured and who are part of supply chains providing services for or on behalf of the ICB, should be asked to demonstrate compliance with the with the Act. **(Note: Sec 2.3.2 of Nov 24 ECCT Guidance).**

All staff are required to:

- Act in accordance with the standards laid down by their professional institutes, where applicable, and have a personal responsibility to ensure that they are familiar with them.
- Have a duty to protect the assets of BNSSG ICB, including information, goodwill and property.
- Comply with all applicable laws and regulations relating to ethical business behaviour, procurement, personal expenses, conflicts of interest, confidentiality and the acceptance of gifts and hospitality.
- Avoid acting in any way that might cause others to allege or suspect them of dishonesty.
- Behave in a way that would not give cause for others to doubt that BNSSG ICB’s employees deal fairly and impartially with official matters.
- Be alert to the possibility that others might be attempting to deceive.
- Ensure that public funds are safeguarded, whether or not they are involved with cash or payment systems, receipts or dealing with contractors or suppliers.
- Reporting any suspected fraud or corruption, or any suspicious acts or events, to the nominated LCFS.

Managers at all levels have a responsibility to ensure that an adequate system of internal control exists within their areas of responsibility and that controls operate effectively. The responsibility for the prevention and detection of fraud, bribery and corruption therefore primarily rests with managers but requires the co-operation of all employees. As part of their responsibility, managers need to:

- Ensure that procedures to guard against fraud and corruption are followed. They should be alert to the possibility that unusual events or transactions could be symptoms of fraud, bribery and corruption. If they have any doubts, they must seek advice from the nominated LCFS.
- Managers must instil and encourage an anti-fraud, anti-bribery and anti-corruption culture within their team and ensure that information on procedures is made available to all employees as part of local induction and on an ongoing basis. The LCFS will proactively assist the encouragement of an anti-fraud culture by undertaking work that will raise fraud awareness.
- All instances of actual or suspected fraud or corruption which come to the attention of a manager must be reported immediately. It is appreciated that some employees will initially raise concerns with their manager. However, in such cases, managers

must not attempt to investigate the allegation themselves; they have the clear responsibility to refer the concerns to the LCFS as soon as possible.

- Inform staff of BNSSG ICB's code of business conduct and Fraud, and Bribery policy as part of their induction process, paying particular attention to the need for accurate completion of personal records and forms.
- Ensure that all employees and others engaged in ICB business for whom they are accountable are made aware of the requirements of the policy.
- Assess the types of risk involved in the operations for which they are responsible.
- Ensure that adequate control measures are put in place to minimise the risks. This must include clear roles and responsibilities, supervisory checks, staff rotation (particularly in key posts), separation of duties wherever possible so that control of a key function is not invested in one individual, and regular reviews, reconciliations and test checks to ensure that control measures continue to operate effectively.
- Ensure that any computer equipment, software programs, applications and peripherals are only used or accessed by properly authorised employees for legitimate ICB related business (in accordance with relevant ICB IT & Information Governance Policies). Furthermore, that any access to petty cash by employees is linked to the performance of their duties within BNSSG ICB and properly recorded as per ICB Standing Financial Instructions and SOP's.
- Be aware of BNSSG ICB's Fraud and Bribery policy and the rules and guidance covering the control of specific items of expenditure and receipts.
- Identify financially sensitive posts and post-holders, to include those that have responsibilities for making financial decisions or are involved in procurement or the management of assets; and ensure they are aware of responsibilities and understand systems and controls.
- Ensure that controls are being complied with.
- Contribute to their Director's assessment of the risks and controls within their business area, which feeds into BNSSG ICB's and the Department of Health Accounting Officer's overall statements of accountability and internal control.

The Local Counter Fraud Specialist (LCFS)

Government Functional Standard GovS 013: Counter Fraud set out the expectations for the management of fraud, bribery and corruption risks across government. All NHS organisations must comply with specific NHS requirements within this standard, set out by the Cabinet Office. One requirement is that all NHS organisations must have an appropriately qualified and nominated Local Counter Fraud Specialist (LCFS).

NHSCFA provides the NHSCFA Counter Fraud Manual to both LCFS and Chief Financial Officers. This details how counter fraud work should be delivered in order to comply with the requirements of the Counter Fraud Functional Standards.

The Local Counter Fraud Specialist is required to:

- Regularly report on progress against the Counter Fraud Workplan to the Audit and Risk Committee.
- Regularly report to the CFO on the progress of the investigation and when/if referral to the police is required.
- Ensure that the Chief Financial Officer is informed about all referrals/cases.
- Be responsible for the day-to-day implementation of the NHSCFA operational framework, in particular, the investigation of all suspicions of fraud.
- In consultation with the Chief Financial Officer report any case to the police or NHSCFA as agreed and in accordance with the NHSCFA Counter Fraud and Corruption Manual.
- Report any case and the outcome of the investigation through NHSCFA's national case management system, CLUE.
- Ensure that other relevant parties are informed where necessary, e.g. Human Resources (HR) will be informed if an employee is the subject of a referral. In this situation, the LCFS will not conduct a disciplinary investigation, but the employee may be the subject of a separate investigation by HR.
- Ensure that BNSSG ICB's incident and losses reporting systems are followed.
- Ensure that any system weaknesses identified as part of an investigation are followed up with management and reported to internal audit.
- Adhere to the Counter Fraud Professional Accreditation Board (CFPAB's) Principles of Professional Conduct as set out in the NHSCFA Counter Fraud and Corruption Manual.
- Ensure that the Chief Financial Officer is informed of NHSCFA investigations, including progress updates.
- Report any case and the outcome of the investigation to the Chief Financial Officer, as well as to the Audit & Risk Committee.
- Liaise on a regular basis with key points of contact in the ICB and supporting organisations as required.
- The LCFS shall be responsible, in discussion with the Chief Financial Officer, for informing third parties such as external audit or the police at the earliest opportunity, as circumstances dictate.
- Provision of induction, training and other activities to support understanding and adoption of LCFS matters including this policy.

Internal and External Audit are responsible for:

- Passing any suspicions of fraud immediately to the nominated LCFS. The outcome of the investigation may necessitate further work by internal or external audit to review systems.

Human Resources are responsible for:

- Liaising closely with managers and the LCFS from the outset if an employee is suspected of being involved in fraud, bribery or corruption, in accordance with agreed liaison protocols. HR staff are responsible for ensuring the appropriate use of BNSSG ICB's Disciplinary Policy.
- Advising those involved in the investigation on matters of employment law and other procedural matters, such as disciplinary and complaints procedures, as requested. Close liaison between the LCFS and HR will be essential to ensure that any parallel sanctions (i.e. criminal, civil and disciplinary sanctions) are applied effectively and in a coordinated manner.
- Taking steps at the recruitment stage to establish, as far as possible, the previous record of potential employees, as well as the veracity of required qualifications and memberships of professional bodies, in terms of their propriety and integrity. In this regard, temporary and fixed-term contract employees are treated in the same manner as permanent employees. Such information will be shared with recruiting managers.

Outsourced Contract Leads will:

- Ensure that the contractor is aware of their responsibility to contact the LCFS immediately in all cases where there is suspicion of fraud, bribery and/or corruption, or any other concern which could pose a fraud risk.

Information Management and Technology will:

- Contact the LCFS immediately in all cases where there is suspicion that IT equipment is being used for fraudulent purposes. HR will also be informed if there is a suspicion that an employee is involved.

Procurement will:

- Contact the LCFS immediately in all cases where there is suspicion of fraud, bribery or corruption within the procurement process.

The **Counter Fraud Champion** (ICB Audit & Risk Committee Chair) is responsible for:

- Promoting awareness of fraud, bribery and corruption across the ICB.
- Understanding the threat posed by fraud, bribery and corruption.
- Understanding best practice in counter fraud work.
- Supporting the LCFS in their work, whilst also ensuring the accountability of the LCFS.

5 Definitions/explanations of terms used

NHS Counter Fraud Authority (NHSCFA)

The NHSCFA is responsible for the detection, investigation and prevention of fraud and economic crime within the NHS. Its aim is to lead the fight against fraud affecting the NHS and the wider health and social care sector, by using intelligence to understand the nature of fraud risks, investigate serious and complex fraud, reduce its impact and drive forward improvements.

Government Functional Standard for Counter Fraud

The Government Functional Standard for Counter Fraud (GovS013), and specific NHS adjustments sets out the requirements placed on NHS organisations to aid fighting fraud. The organisation is required to submit an annual self-assessment of compliance with the standards.

Economic Crime

Economic Crime can be defined as illegal acts committed by an individual or a group of individuals to obtain a financial or professional advantage. In such crimes, the offender's principal motive is economic gain. This term is the overarching name for crimes such as Fraud, Bribery and Corruption.

Fraud

The Fraud Act 2006 defines fraud as dishonestly obtaining a benefit or causing a loss by deception, false representation or abuse of position.

Bribery

The Bribery Act 2010 defines a bribe as any advantage given to influence a person in the carrying out of a function, usually connected with their work or office. More simply it is the crime of giving someone money or something else of value to persuade them to do something for you.

Corruption

Corruption is dishonest behaviour, especially by those in positions of power.

Local Counter Fraud Specialist (LCFS)

One requirement of the Government Functional Standard is that all NHS organisations must have an appropriately qualified and nominated Local Counter Fraud Specialist (LCFS).

Counter Fraud Champion (CFC)

The Counter Fraud Champion is a nominated role and should be held by a person who is senior, directly employed by the organisation and has enough influence to raise awareness of fraud.

Fraud Champions will support and promote the fight against fraud at a strategic level and with other colleagues in their own organisation. Fraud Champions will support the LCFS in the work they already do.

6 The Response Plan

If an employee has any of the concerns mentioned in this document, they must inform the nominated LCFS (contact details available on The Hub) or BNSSG ICB's Chief Financial Officer, unless the Chief Financial Officer or LCFS is implicated. If that is the case, they should report it to the Audit Chair or Chief Executive, who will decide on the action to be taken.

Employees can also call the NHSCFA Fraud and Corruption Reporting Line on Freephone 0800 028 40 60. This provides an easily accessible route for the reporting of genuine suspicions of fraud within or affecting the NHS. It allows NHS staff who are unsure of internal reporting procedures, to report their concerns in the strictest confidence. All calls are dealt with by experienced trained staff and any caller who wishes to remain anonymous may do so.

Additionally, members of staff are able to report suspicions of fraud, bribery or corruption via the NHSCFA online reporting facility at: <https://cfa.nhs.uk/report-fraud>

Anonymous letters, telephone calls, etc. are occasionally received from individuals who wish to raise matters of concern, but not through official channels. While the suspicions may be erroneous or unsubstantiated, they may also reflect a genuine cause for concern and will always be taken seriously.

The LCFS will make sufficient enquiries to establish whether or not there is any foundation to the suspicion that has been raised. If the allegations are found to be malicious, they will also be considered for further investigation to establish their source.

Disciplinary Action

The disciplinary procedures of BNSSG ICB must be followed if an employee is suspected of being involved in a fraudulent or otherwise illegal act.

It should be noted, however, that the duty to follow disciplinary procedures will not override the need for legal action to be taken (e.g. consideration of criminal action). In the event of doubt, legal statute will prevail.

Police involvement

In accordance with the NHSCFA Digital Fraud Manual, the Chief Financial Officer, in conjunction with the LCFS, will decide whether or not a case should be referred to the police. Any referral to the police will not prohibit action being taken under the local disciplinary procedures of BNSSG ICB.

Managing the investigation

The LCFS, in consultation with BNSSG ICB's Chief Financial Officer, will investigate an allegation in accordance with procedures documented in the NHSCFA Digital Fraud Manual.

The LCFS must be aware that staff under an investigation that could lead to disciplinary action have the right to be represented at all stages. In certain circumstances, evidence may best be protected by the LCFS recommending to BNSSG ICB that the staff member is suspended from duty. BNSSG ICB will make a decision based on HR advice on the disciplinary options, which include suspension.

BNSSG ICB will follow its disciplinary procedure if there is evidence that an employee has committed an act of fraud, bribery or corruption.

Criminal and Disciplinary Investigations may take place at the same time. Parallel investigations are supported by NHSCFA where disciplinary sanctions could reduce the risk of further financial loss or risks to patient safety. The LCFS and the ICB's Human Resources function will liaise to ensure that appropriate sanctions are pursued.

Gathering Evidence

The LCFS will take control of any physical evidence, and record this in accordance with the procedures outlined in the NHSCFA Digital Fraud Manual. If evidence consists of several items, such as many documents, LCFS's should record each one with a separate reference number corresponding to the written record. Note that in criminal actions, evidence on or obtained from electronic media needs a document confirming its accuracy.

Interviews under caution or to gather evidence will only be carried out by the LCFS, if appropriate or, the investigating Police Officer in accordance with the Police and Criminal Evidence Act 1984 (PACE). The LCFS will take written statements where necessary.

All employees have a right to be represented at internal disciplinary interviews by a trade union representative or accompanied by a friend, colleague or any other person of their choice, not acting in a legal capacity in connection with the case.

The application of the Fraud and Bribery Policy will at all times be in tandem with all other appropriate BNSSG ICB policies, e.g. Detailed Financial Policies, Conflict of Interests Policy, Gifts and Hospitality Policy and Standing Orders (SOs).

7 Recovery of Losses due to Fraud, Bribery and Corruption

Redress allows resources that are lost to fraud and corruption to be returned to the NHS for use as intended, for provision of high-quality patient care and services.

The seeking of financial redress or recovery of losses will always be considered in cases of fraud or corruption that are investigated by either the LCFS or NHSCFA where a loss is identified. Redress can take the form of confiscation and compensation orders, a civil order for repayment, or a local agreement between the organisation and the offender to repay monies lost. The decisions will be taken in light of the particular circumstances of each case.

8 Sanctions

The types of sanction that may apply when an offence has occurred are:

Civil – Civil sanctions can be taken against those who commit fraud, bribery and corruption to recover money and/or assets which have been fraudulently obtained, including interest and costs.

Criminal – The LCFS will work in partnership with NHSCFA, the police and/or the Crown Prosecution Service to bring a case to court against an alleged offender. Outcomes can include cautions, fines and/or imprisonment.

Disciplinary – Where events giving rise to disciplinary action are the subject of legal proceedings, the ICB may take disciplinary action before such legal proceedings are concluded. This will depend on advice from the police or other prosecuting bodies, including the LCFS on whether it is appropriate to continue with the ICB's disciplinary process.

Professional body disciplinary – If warranted, staff may be reported to their professional body as a result of a successful investigation and/or prosecution

9 Reporting the Results of an Investigation

The investigation process requires the LCFS to review the systems in operation to determine whether there are any inherent weaknesses. Any such weaknesses identified should be corrected immediately.

If fraud, bribery or corruption is found to have occurred, the LCFS will prepare a report for the Chief Financial Officer setting out the following details:

- The circumstances.
- The investigation process.
- The estimated loss.
- The steps taken to prevent a recurrence.
- The steps taken to recover the loss.

This report should also be available to BNSSG ICB's Audit and Risk Committee and Board.

10 Training requirements

Associated Fraud, Bribery and Corruption eLearning is mandatory for all ICB staff and covers elements of this policy. Staff awareness will be measured through analysis of compliance rates for completion of the eLearning available via the ICB's education platform or application and through the Counter Fraud Staff Survey, created by ASW Assurance.

11 Equality Impact Assessment

An Equality Impact Assessment has been completed for this policy and can be found at Appendix A.

12 Implementation and Monitoring Compliance and Effectiveness

An implementation plan is discussed in the Appendices of the policy

Monitoring of Compliance and Effectiveness will be conducted via the assessment of completion rates for mandatory Counter Fraud eLearning and a staff survey.

13 Countering Fraud, Bribery and Corruption

The ICB is committed to reducing and preventing fraud, bribery and corruption in the NHS and ensuring that funds stolen by these means are put back into patient care. During the development of this policy document, we have given consideration to how the risk to the organisation from fraud, bribery or corruption may be mitigated by an effective policy.

We have sought to ensure that knowledge and awareness of the policy will assist in preventing, detecting and deterring fraud, bribery and corruption and made reference to the roles and responsibilities of those working for or on behalf of the organisation in aiding and promoting the Counter Fraud, Bribery and Corruption agenda within the ICB.

References, acknowledgements and associated documents

The following list is not exhaustive:

- The Fraud Act 2006
- The Bribery Act 2010
- The Economic Crime & Transparency Act 2023
- Standing Financial Orders
- Detailed Financial Policies
- Conflict of Interests Policy
- Gifts and Hospitality Policy

- Information Governance Policy
- Disciplinary Policy
- Raising Concerns (Whistleblowing) Policy
- Recruitment Policy
- Grievance Policy

14 Appendices

Equality Impact Assessment

Implementation Plan

Target Group	Implementation or Training objective	Method	Lead	Target start date	Target End date	Resources Required
ICB Board	Ensure ICB Board is aware of the ICB's responsibilities for countering Fraud, Bribery and Corruption.	Policy and Cover paper to be presented by the ICB Board after approval by Audit, Governance and Risk Committee.	LCFS	Upon approval at AGRC	Unknown	LCFS time AGRC time GB time
All staff	Ensure that all staff are aware of the policy and its contents.	Launch via ICB staff newsletter and via intranet.	LCFS	Upon approval of Board.	Unknown	LCFS Time Comms Time
Patients, public and contractors	Ensure awareness of the policy and the ICB's stance towards fraud, bribery and corruption.	Launch policy on ICB website to ensure availability to external groups.	LCFS	As above	Unknown	LCFS Time Comms Time
Contract Leads	Ensure all contract leads for outsourced contracts make contractors aware of their responsibilities.	Contact all contract leads for outsourced contracts.	LCFS	Upon approval of policy	Unknown	LCFS time Contract leads time.
All Procurement Leads, Managers that commission services on behalf of ICB and CSU Procurement Managers	Ensure requirements of ECCT Regulations are covered adequately in Policy, commissioning of services documentation suite and procurement of services.	Ensure that adequate procurement policy, contracting documents and related training is developed, approved and implemented prior to ECCT regulations start date September 2025.	LCFS through Procurement Oversight Group, ICB & CSU Procurement Lead	1 September 2025	Unknown	LCFS Time, Procurement Leads Time, Procurement Oversight Group Time