

Managing Conflicts of Interest (including Gifts & Hospitality) Policy



Policy Title: Conflict of Interest Policy

Policy Number: SWLGOV005

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Applies To	South West London ICB (SWL ICB), Governing Body Members, Committee Members and all staff working for, or on behalf of the ICB		
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Controlled Document

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Target Audience	South West London ICB (SWL ICB), Board Members, Committee Members and all staff working for, or on behalf of South West London ICB
Brief Description	This policy outlines how SWL Integrated Care Board (ICB), will fulfil its legal duties to safeguard children and young people within the organisation and across the health economy in South West London
Action Required	Ensure that the contents of this Policy are shared at all Team Meetings

Change History

Version Number	Significant Changes
1.4	Draft ICB Conflicts of Interest (including Gifts & Hospitality) policy supersedes respective individual legacy CCG policies Updated to reflect governance structure, establishment of online declaration system and ICB guidance
1.5	Revised to reference the updated Code of Practice for the Pharmaceutical Industry 2021
1.6	Revised to incorporate requirements of Provider Selection Regime and transparency
1.7	Revised to include update on policy scope and NHSE training module
1.8	Revised to include PSR definition of Conflicts of Interest
1.9	Revised to include provisions of S.14z30 Health and Care act 2022 with regards to publication of register of interests.

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1. Introduction

- 1.1. South West London ICB (SWL ICB) and the people who work with and for us, collaborate closely with other organisations, delivering high quality care for our patients. These partnerships have many benefits and should help ensure that public money is spent efficiently and wisely. But there is a risk that Conflicts of Interest may arise.
- 1.2. Providing best value for taxpayers and ensuring that decisions are taken transparently and clearly, are both key principles in the NHS Constitution. We are committed to maximising our resources for the benefit of the whole community. As an organisation and as individuals, we have a duty to ensure that all our dealings are conducted to the highest standards of integrity and that NHS monies are used wisely so that we are using our finite resources in the best interests of patients.
- 1.3. As set out in the ICB's Anti-Fraud and Bribery Policy, the ICB has a zero-tolerance attitude towards fraud and bribery. Circumstances around gifts, hospitality and interests could be considered a bribe and all members of staff should consider this in all actions involving gifts, hospitality or interests to protect themselves and the ICB from criminal prosecution.

2. Purpose and principles

- 2.1. SWL ICB has a statutory duty to manage Conflicts of Interest. In line with NHS England (NHSE) policy, including the [NHSE Standards of Business Conduct](#) and [Managing Conflicts of Interest in the NHS](#) guidance, arrangements have been established to seek declarations of interest and maintain a register of declared interests. To help individuals understand what they need to do and how the guidance applies to them NHSE have published some [Q&A guides](#).
- 2.2. This policy is in line with arrangements outlined within the SWL ICB constitution to support the integrity of decision-making processes and will help our staff manage Conflicts of Interest risks effectively. It:
 - Introduces consistent principles and rules;
 - Provides simple advice about what to do in common situations; and
 - Supports good judgement about how to approach and manage interests.
 - Facilitates proper scrutiny and accountability of decisions made about health care services
- 2.3. The purpose of the policy is to protect both SWL ICB and those working for and on behalf of the organisation, in particular those who have an ability to influence decision making processes, from possible accusations that they have acted less than properly, without sufficient probity. In some cases, failure to manage Conflicts of Interest could result in disciplinary action in accordance with the ICB's Disciplinary Policy or even a legal challenge or criminal action, including for offences such as fraud, bribery and corruption.
- 2.4. All individuals within the scope of this policy are expected to act in accordance with its spirit which also reflects the seven [Nolan principles of public life](#).
- 2.5. To support the management of Conflicts of Interest, in discharging our functions the ICB will abide by the following principles:
 - **Do business appropriately** - Conflicts of Interest become much easier to identify, avoid and/or manage when the processes for needs assessments, consultation mechanisms, commissioning

strategies and procurement procedures are right from the outset, because the rationale for all decision-making will be clear and transparent and should withstand scrutiny;

- **Be proactive, not reactive** - Seek to identify and minimise the risk of Conflicts of Interest at the earliest possible opportunity;
- **Be balanced, sensible and proportionate** - Rules should be clear and robust but not overly prescriptive or restrictive. They should ensure that decision-making is transparent and fair whilst not being overly constraining, complex or cumbersome.
- **Be transparent** - Document clearly the approach and decisions taken at every stage in the commissioning cycle so that a clear audit trail is evident; and
- Create an **environment and culture** where individuals feel supported and confident in declaring relevant information and raising any concerns.

- 2.6. This policy should be considered alongside the Standards of Business Conduct, Anti-Fraud and Bribery and Procurement policies.

3. Scope

- 3.1. This policy is applicable to all individuals working for or on behalf of SWL ICB. This includes but is not limited to staff (salaried employees including full time and part time staff and those on fixed term contracts, interims, secondees, agency staff, contractors, sub-contractors, students, trainees, apprentices and prospective employees) and employees of partner organisations who are members of the Board, committees, sub-committees, advisory groups, associated persons such as secondees and those with an honorary contract or other decision-making groups.
- 3.2. Given the duality of their roles in the ICB, in addition to abiding by this policy, members of the Board, committees or sub-committees from partner organisations will also need to abide by their own organisation's Conflicts of Interest policies.
- 3.2.1. Where an individual member of the ICB also holds a position in a Partner, Provider or Local Authority organisation, they will be expected to act clearly in service of the functions of the ICB.
- 3.2.2. Where there is a direct conflict between their roles and interests, i.e. a procurement exercise, they must recuse themselves from the decision-making process.
- 3.3. For all decisions, the ICB will need to carefully consider whether an individual's role in another organisation could result in actual or perceived Conflicts of Interest and whether or not that outweighs the value of the knowledge they bring to the process.

4. Key terms

- 4.1. NHSE define a Conflict of Interest 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.'

- 4.2. The Provider Selection Regime (PSR) Regulations define conflicts of interest in terms of the procurement process as:

“any situation where an individual has, directly or indirectly, a financial, economic or other personal interest which might be perceived to compromise their impartiality and independence in the context of the procurement process”

4.3. A Conflict of Interest may be:

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

4.4. Staff may hold interests for which they cannot see potential conflict. However, caution is always advisable because others may see it differently and perceived Conflicts of Interest can be damaging. All interests should be declared where there is a risk of perceived improper conduct. If staff have any questions or concerns relating to Conflicts of Interest, they should contact the ICB Governance Lead who can provide guidance on what should be declared and how to manage potential or actual conflicts.

4.5. Under the Bribery Act (2010), it is a criminal offence for an employee to:

- offer, promise or give a bribe;
- request, agree to receive or accept a bribe; and
- bribe a foreign public official to obtain or retain business;

4.6. It is also a criminal offence for the ICB to fail to prevent bribery.

4.7. Bribery can be money, gifts, hospitality or anything else that may be of benefit to the person, which in turn creates a conflict between his/her own interests and the interests of those that he/she is expecting to be serving (e.g., the ICB and its patients).

4.8. Any inference that gift or hospitality provision was intended as a bribe would be strengthened if:

- There was any unjustifiable 'add-ons', for example to travel or accommodation; or
- The expenditure was related in time to some actual or anticipated business with the recipient, particularly where some form of competitive process is involved.

4.9. It is expressly prohibited for a member of staff to accept any gift or benefit from an organisation that is actively involved in a tender process with the ICB. This prohibition commences at the point that an invitation to tender is published and extends to period three months after a contract has been awarded.

4.10. The Bribery Act (2010) also covers individuals who have an association with an organisation - an 'associated person'. This term is not just limited to ICB staff or board members, but any person, company or legal entity that carries out a service under the Trust's name, represents the ICB in an official capacity, acts on behalf of the ICB or in the place of other ICB staff or representatives. The maximum penalty for bribery is 10 years imprisonment for individuals engaging in bribery and an unlimited fine for the ICB.

4.11.

5. Roles and Responsibilities

5.1. Audit and Risk Committee; The Committee will satisfy itself that the ICB's policy, systems and

processes for the management of conflicts, (including gifts and hospitality and bribery) are effective including receiving reports relating to non-compliance with the ICB policy and procedures relating to Conflicts of Interest.

- 5.2. ICB CEO; Is responsible for ensuring effective governance arrangements and controls are put in place to support delivery of the ICB's objectives and regulatory responsibilities. This is delegated to the Senior Governance Advisor. They also have responsibility for ensuring the ICB applies the principles of this policy and that there are suitable resources to support its implementation.
- 5.3. Conflicts of Interest Guardian; The ICB has appointed the Audit and Risk Committee Chair to be the Conflicts of Interest Guardian. In collaboration with the ICB's Senior Governance Advisor, their role is to:
 - Act as a conduit for members of the public and members of the partnership who have any concerns with regards to Conflicts of Interest;
 - Be a safe point of contact for employees or workers to raise any concerns in relation to Conflicts of Interest; and
 - Support the rigorous application of Conflicts of Interest principles and policies.
- 5.4. All line managers; Ensuring that staff under their responsibility are aware and adhere to the policy. They are also responsible for considering and approving/ declining declarations for staff they manage and give consideration to any actions required to mitigate conflicts in the individual circumstances.

All staff; All individuals working for, or on behalf of SWL ICB, are responsible for complying with this policy. As a minimum all staff must provide an annual Conflicts of Interest declaration and undertake mandatory training for conflicts of interest as required by the ICB. Where circumstances change or new interests arise, staff must declare these interests at the earliest opportunity. All individuals must also treat with extreme caution any offers of gifts, favour, hospitality or token of goodwill made by suppliers, or potential suppliers of goods or services to the ICB;

6. Decision Making Staff

- 6.1. It is recognised that some individuals are more likely than others to have a decision-making influence on the use of taxpayers' money, because of the requirements of their role. For the purposes of this guidance these people are referred to as 'decision making staff.'
- 6.2.
- 6.3. Decision making staff are:
- 6.4. Executive and non-executive directors (or equivalent roles) of SWL ICB;
- 6.5. Members of the Board, committees, sub-committees and advisory groups which contribute to direct or delegated decision making;
 - Staff at AfC band 8d and above;
 - Staff who have the power to enter into contracts on behalf of the organisation and / or involved in decision making concerning the procurement of services, purchasing of goods, medicines, medical devices or equipment, and formulary decisions.

7. Identification and declaration interests (including Gifts and Hospitality)

- 7.1. All persons attending meetings of the ICB, including non-staff members, must declare any relevant

interests when requested by the Chair. A record of those interests will be kept on the registers of interests for those meetings.

- 7.2. All declarations are expected to be registered through the individuals' online declarations account. Paper versions of Conflicts of Interest or Gifts and Hospitality forms are not valid. The information from the online declaration will be entered onto the Register of Interests. The Register of Interests will be circulated to the Audit and Risk Committee at least once a year.
- 7.3. All staff should complete their Conflicts of Interest declaration upon appointment / as part of the local induction process. Declarations should be completed within 28 days from the point at which staff have access to the online declarations system or as soon as they become aware of it.
- 7.4. Failure to complete a declaration within the agreed time-frame will be escalated to the respective line manager and Executive Director. This could result in disciplinary action in accordance with the ICB's Disciplinary Policy.
- 7.5. It is the responsibility of staff to ensure that they do:
- think carefully before accepting any gift or hospitality. Staff must refuse any gifts, favours or hospitality that might be interpreted as an attempt to gain preferential treatment.
 - consult their line manager, in the first instance, or the ICB Secretary if in any doubt as to the appropriate thing to do.
 - be aware of the arrangements and procedures for reporting gifts and hospitality.
 - report gifts and hospitality received (including any hospitality received in relation to course fees / accommodation / travel costs for conferences etc) using the appropriate online submission
 - inform the ICB Secretary if they suspect they have been offered a gift or hospitality with corrupt intent.
 - inform line managers or the ICB Secretary if they suspect a colleague may have accepted a gift or hospitality corruptly.
 - abide by any rules made by the ICB regarding the acceptance or long-term ownership of gifts.
 - Declare any conflicts of interests arising from their own activities or those of their relatives or other persons with whom they have a close personal relationship using the Register of staff interests form
- 7.6. It is also the responsibility of staff to ensure that they do not:
- abuse their official position for personal gain or to benefit their family or friends; or
 - seek to advantage or further private business or other interests, in the course of their official duties.
- 7.7. Individuals are responsible for reviewing their declaration in accordance with the table below, ensuring that any changes to their interests are declared as soon as possible, or within one month of becoming aware of these.

Individual	Frequency (including nil returns)	Published
Decision Making Staff	On Appointment	Yes
All staff	Through an annual review When moving to a new role, or Responsibilities change significantly At the beginning of a new project/piece of work, for example procurement.	(On SWL ICB website)

As soon as circumstances change, and new interests arise

Informal meetings (made available on request)*

*This information may be subject to FOI requests. SWL ICB will decide whether or not it shares the register at the time of such requests.

- 7.8. Interests (including gifts and hospitality) of decision-making staff will remain on the public register for a minimum of six months. In addition, the ICB will retain a record of historic interests and offers/receipt of gifts and hospitality for a minimum of six years after the date on which it expired.

8. Interests

- 8.1. Interests can generally be considered in the following categories:

- **Financial interests** - Where an individual may get direct financial benefit from the consequences of a decision they are involved in making;
- **Non-financial professional interests** - Where an individual may obtain a non-financial professional benefit from the consequences of a decision they are involved in making;
- **Non-financial personal interests** - Where an individual may benefit personally in ways which are not linked to their professional career and do not give rise to a direct financial benefit, because of decisions they are involved in making in their professional career;
- **Indirect interests** - Where an individual has a close association with another individual who has a financial interest, a non-financial professional interest or a non-financial personal interest and could stand to benefit from a decision they are involved in making¹;
- **Loyalty interests**² - Loyalty interests should be declared by staff involved in decision making where they;
 - Hold a position of authority in another NHS organisation or commercial, charity, voluntary, professional, statutory or other body which could be seen to influence decisions they take in their NHS role;
 - Sit on advisory groups or other paid or unpaid decision-making forums that can influence how an organisation spends taxpayers' money;
 - Are, or could be, involved in the recruitment or management of close family members and relatives, close friends and associates, and business partners;
 - Are aware that their organisation does business with an organisation in which close family members and relatives, close friends and associates, and business partners have decision making responsibilities.

- 8.2. 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 organisational interests.

¹ A common-sense approach should be applied to the term 'close association'. Such an association might arise, depending on the circumstances, through relationships with close family members and relatives, close friends and associates, and business partners.

² As part of their role, individuals may need to build strong relationships with colleagues across the NHS and in other sectors. These relationships can be hard to define as they may often fall into the category of indirect interests. They are unlikely to be directed by any formal process or managed via any contractual means, however these 'loyalty' interests can influence decision making.

8.3. Examples of potential and actual conflicts which should be regarded as relevant, and material include but are not limited to:

- Consultancies and/or direct employment;
- Directorships, including non-executive directorships, held in private companies or PLCs (who do, will or could conduct their business in the field of Health and Social Care);
- Fee Paid work, e.g., for work conducted outside employment or as part of private practice. (Permission to engage in outside employment/private practice must first be obtained from SWL ICB);
- Shareholdings (more than 5%) of companies in the field of health and social care;
- Any connection with an organisation (public, private or voluntary) contracting for NHS services;
- A position of authority in an organisation (e.g., charity or voluntary organisation) in the field of health and social care;
- Research funding / grants that may be received by the individual or any organisation they have an interest or role in;
- Involved or could be involved in the recruitment or management of close family members and relatives, close friends and associates, and business partners;
- Patents and Intellectual property held either individually or by virtue of their association with a commercial or other organisation) relating to goods and services which are, or might reasonably be expected to be procured, or used by SWL ICB;
- Any other role or relationship which the public could perceive would impair or otherwise influence the individual's judgement or actions in their role within SWL ICB;
- Non-personal interests, e.g., fellowships held by close family member, or any payment, other support or sponsorship by industry which does not convey any pecuniary or material benefit to an individual personally, but which does benefit their position.

9. Completing a Declaration

- 9.1. Relevant and material interests as specified in Section 8 should be declared (including a nil return where no interests are applicable), whether such interests are those of the individual themselves, a family member, or close friend of the individual.
- 9.2. Individuals must provide sufficient detail of each interest so that a member of the public would be able to clearly understand the nature of the interest and the circumstances in which a Conflict of Interest with the business or running of SWL ICB might arise.
- 9.3. Having interests is not in itself negative, but not declaring and managing them is. If in doubt as to whether a Conflict of Interest could arise, a declaration of the interest should be made.

10. Registers of Interests

- 10.1. The ICB maintains Registers of Interests which include the individuals and groups referred to in section 3. The register of interests is publicly available on our [website](#).
- 10.2. In exceptional circumstances, if sharing certain information publicly could cause harm or is illegal, a person's name or other details can be removed from public records. If an individual believes that publishing their information could cause significant harm or distress to them or someone else, they can ask for their information not to be published. This request must be written and sent to the ICB Conflicts of Interest Guardian. The person will be informed about the result of their request within 10

working days.

- 10.3. If the decision is made not to publish the information, the ICB will keep a confidential version of the record that still includes the information. If the request to not publish the information is denied, the person can challenge this decision through the Grievance Policy. During this appeal process, a version of the information with certain details removed will be published.
- 10.4. All interests declared during Board meetings will be promptly transferred to the relevant registers (within 10 working days) by the Corporate Services 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.
- 10.5. Partner 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.

11. Management of interests – general

- 11.1. If an interest is declared but there is no risk of a conflict arising, then no action is warranted. However, if a material interest is declared then the general management actions that could be applied include:
 - restricting staff involvement in associated discussions and excluding them from decision making;
 - removing staff from the whole decision-making process;
 - removing staff responsibility for an entire area of work;
 - removing staff from their role altogether if they are unable to operate effectively in it because the conflict is so significant.
- 11.2. Each case will be different and context-specific, and SWL ICB will always clarify the circumstances and issues with the individuals involved. Staff should maintain a written audit trail of information considered and actions taken.
- 11.3. All declarations must be reviewed by the respective line manager with consideration given to any actions required to mitigate the conflict in the individual circumstances.
- 11.4. Mitigating action put in place must be monitored by the line manager.

12. Management of interests – common situations

- 12.1. Gifts: Staff should not accept gifts that may affect, or be seen to affect, their professional judgement or the outcome of business transactions.
- 12.2. Gifts from suppliers or contractors:
 - Gifts from suppliers or contractors doing business (or likely to do business) with the organisation should be declined, whatever their value;
 - Low cost branded promotional aids such as pens or post it notes may, however, be accepted

where they are under the value of £6³ in total and need not be declared.

- 12.3. Gifts from other sources (e.g., patients, families, service users):
- Gifts of cash and vouchers to individuals must always be declined;
 - Staff should not ask for any gifts;
 - Gifts valued at over £50 should be treated with caution and only be accepted on behalf of SWL ICB and not in a personal capacity. These should be declared by staff;
 - Modest gifts accepted under a value of £50 do not need to be declared;
 - A common-sense approach should be applied to the valuing of gifts (using an actual amount, if known, or an estimate that a reasonable person would make as to its value);
 - Multiple gifts from the same source over a 12-month period should be treated in the same way as single gifts over £50 where the cumulative value exceeds £50.
 - It is expressly prohibited for a member of staff to accept any gift or benefit from an organisation that is actively involved, or likely to be involved, in a tender process with the Trust.
- 12.4. The online declarations system will require staff to provide:
- A description of the nature and value of the gift, including its source;
 - Date of receipt;
 - Details of previous gifts offered by the source;
 - Whether the offer was accepted or not; and
 - Reasons for accepting or declining the offer. and
 - Any other relevant information (e.g., circumstances surrounding the gift, action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).
- 12.5. Hospitality:
- Hospitality can be considered the provision of refreshments, including food, to employees or third parties. This may include light refreshments such as ,coffee, biscuits, or a meal.
 - Staff should not ask for or accept hospitality that may affect, or be seen to affect, their professional judgement or outcome of business transactions;
 - Hospitality must only be accepted when there is a legitimate business reason, and it is proportionate to the nature and purpose of the event;
 - Particular caution should be exercised when hospitality is offered by actual or potential suppliers or contractors. This can be accepted, and must be declared, if modest and reasonable. Senior approval must be obtained.
 - Hospitality, unless for approved meetings, events or conferences for non-ICB staff, should not be provided from SWL ICB funds.
- 12.6. Meals and refreshments:
- Under a value of £25 - may be accepted and need not be declared;
 - Of a value between £25 and £75⁴ - may be accepted and must be declared whether accepted or declined;
 - Over a value of £75 - should be refused unless (in exceptional circumstances) prior senior approval is given. A clear reason should be recorded on the organisation's register(s) of interest as to why it was permissible to accept. Even where declined, the offer must be declared.;
 - A common-sense approach should be applied to the valuing of meals and refreshments (using an actual amount, if known, or a reasonable estimate).

³ The £6 value has been selected with reference to existing industry guidance issued by the ABPI:

<https://www.pmcpa.org.uk/the-code/2021-interactive-abpi-code-of-practice/clause-10-eventsmeetings-and-hospitality/#4781>

⁴ The £75 value has been selected with reference to existing industry guidance issued by the ABPI

<https://www.pmcpa.org.uk/the-code/2021-interactive-abpi-code-of-practice/clause-10-eventsmeetings-and-hospitality/#4780>

- The ICB may provide hospitality for meetings, conferences and workshops with other organisations where there is a genuine business reason. This hospitality should be modest and appropriate to the occasion and subject to Chief Finance Officer approval.

12.7. Travel and accommodation:

- Modest offers to pay some or all of the travel and accommodation costs related to attendance at events may be accepted and must be declared;
- Offers which go beyond modest or are of a type that the organisation itself might not usually offer, need approval by senior staff, and should only be accepted in exceptional circumstances. All offers of this type must be declared and a clear reason for accepting or declining must be recorded on the ICB register of interests. A non-exhaustive list of examples includes;
 - offers of business class or first-class travel and accommodation (including domestic travel)
 - offers of foreign travel and accommodation.

12.8. The online declarations system will require staff to provide details of:

- The nature and value of the hospitality including the circumstances;
- Date of receipt;
- Details of previous hospitality offered by the source;
- Whether the offer was accepted or not;
- Reasons for accepting or declining the offer. and
- Any other relevant information (e.g., action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

12.9. all staff should be aware that gifts and hospitality can be used as a subterfuge for bribery and, if this is suspected, it should be reported immediately to the Local Counter Fraud Specialist.

12.10. Outside Employment:

- Staff should declare any existing outside employment on appointment and any new outside employment when it arises;
- Where a risk of Conflicts of Interest arises, the general management actions outlined in this policy should be considered and applied to mitigate risks;
- Where contracts of employment or terms and conditions of engagement permit, staff may be required to seek prior approval from the organisation to engage in outside employment.
- any payment that is received for speaking at conferences etc. (sometimes referred to as an Honorarium) in Trust time should be paid to the ICB.

12.11. The organisation may also have legitimate reasons within employment law for knowing about outside employment of staff, even when this does not give rise to risk of a conflict.

12.12. Shareholdings and other ownership issues:

- Staff should declare, as a minimum, any shareholdings and other ownership interests in any publicly listed, private or not-for-profit company, business, partnership or consultancy which is doing, or might be reasonably expected to do, business with the organisation;
- Where shareholdings or other ownership interests are declared and give rise to risk of Conflicts of Interest then the general management actions outlined in this policy should be considered and applied to mitigate risks;
- There is no need to declare shares or securities held in collective investment or pension funds or units of authorised unit trusts.

12.13. Patents:

- Staff should declare patents and other intellectual property rights they hold (either individually, or

by virtue of their association with a commercial or other organisation), including where applications to protect have started or are ongoing, which are, or might be reasonably expected to be, related to items to be procured or used by the organisation;

- Staff should seek prior permission from the organisation before entering into any agreement with bodies regarding product development, research, work on pathways etc, where this impacts on the organisation's own time, or uses its equipment, resources or intellectual property;
- Where holding of patents and other intellectual property rights give rise to a Conflict of Interest then the general management actions outlined in this policy should be considered and applied to mitigate risks.

12.14. Donations:

- Donations made by suppliers or bodies seeking to do business with the ICB should be treated with caution and not routinely accepted. In exceptional circumstances if an individual believes that it is appropriate or necessary to accept a donation of this type, advance approval must be sought from the director lead for their service, and a clear reason should be recorded as to why it was deemed acceptable, alongside the actual or estimated value. They may be accepted but should always be declared. A clear reason should be recorded as to why it was deemed acceptable, alongside the actual or estimated value;
- Staff should not actively solicit charitable donations unless this is a prescribed or expected part of their duties for the organisation or is being pursued on behalf of the organisation's own registered charity or other charitable body and is not for their own personal gain;
- Staff must obtain permission from the organisation if in their professional role they intend to undertake fundraising activities on behalf of a pre-approved charitable campaign for a charity other than the organisation's own;
- Donations, when received, should be made to a specific charitable fund (never to an individual) and a receipt should be issued;
Staff wishing to make a donation to a charitable fund in lieu of receiving a professional fee may do so, subject to ensuring that they take personal responsibility for ensuring that any tax liabilities related to such donations are properly discharged and accounted for.

12.15. The ICB will prohibit the offer or receipt of gifts, hospitality, payments or expenses whenever these could affect or be perceived to affect the outcome of business transactions and are not reasonable and bona fide expenditure.

12.16. Sponsored Events:

- Sponsorship of events by appropriate external bodies will only be approved if a reasonable person would conclude that the event will result in clear benefit the organisations and the NHS;⁵
- During dealings with sponsors there must be no breach of patient or individual confidentiality or data protection rules and legislation;
- No information should be supplied to the sponsor from whom they could gain a commercial advantage, and information which is not in the public domain should not normally be supplied;
- At the organisation's discretion, sponsors or their representatives may attend or take part in the event, but they should not have a dominant influence over the content or the main purpose of the event;
- The involvement of a sponsor in an event should always be clearly identified;
- Staff within the organisation involved in securing sponsorship of events should make it clear that sponsorship does not equate to endorsement of a company or its products and this should be made visibly clear on any promotional or other materials relating to the event;

⁵ NHS Standards of Business Conduct Policy, July 2024 2. Department of Health – Best Practice Guidance on Joint Working between the NHS and the Pharmaceutical Industry, 2008 http://www.networks.nhs.uk/nhs-networks/joint-working-nhspharmaceutical/documents/dh_082569.pdf

- Staff arranging sponsored events must declare this to the organisation.
 - All sponsorship is to be approved by the respective Executive Director. The acceptance of commercial sponsorship should not in any way compromise any purchasing decisions or be dependent on the purchase or supply of goods or services. Clear key principles and criteria that are used when considering sponsorship proposals should be included within the policy, allowing for appropriate authorisation and monitoring.
- 12.17. The organisation will maintain records regarding sponsored events in line with the above principles and rules.
- 12.18. Sponsored research:
- Funding sources for research purposes must be transparent;
 - Any proposed research must go through the relevant health research authority or other approvals process;
 - There must be a written protocol and written contract between staff, the organisation, and/or institutes at which the study will take place and the sponsoring organisation, which specifies the nature of the services to be provided and the payment for those services;
 - The study must not constitute an inducement to prescribe, supply, administer, recommend, buy or sell any medicine, medical device, equipment or service;
 - Staff should declare involvement with sponsored research to the organisation.
- 12.19. The organisation will retain written records of sponsorship of research, in line with the above principles and rules.
- 12.20. Sponsored posts:
- External sponsorship of a post requires prior approval from the organisation;
 - Rolling sponsorship of posts should be avoided unless appropriate checkpoints are put in place to review and withdraw if appropriate;
 - Sponsorship of a post should only happen where there is written confirmation that the arrangements will have no effect on purchasing decisions or prescribing and dispensing habits. This should be audited for the duration of the sponsorship. Written agreements should detail the circumstances under which organisations have the ability to exit sponsorship arrangements if Conflicts of Interest which cannot be managed arise;
 - Sponsored post holders must not promote or favour the sponsor's products, and information about alternative products and suppliers should be provided;
 - Sponsors should not have any undue influence over the duties of the post or have any preferential access to services, materials or intellectual property relating to or developed in connection with the sponsored posts.
- 12.21. The organisation will retain written records of sponsorship of posts, in line with the above principles and rules.
- 12.22. Staff should declare any other interests arising as a result of their association with the sponsor, in line with the content in the rest of this policy.
- 12.23. Clinical private practice: Clinical staff should declare all private practice on appointment, and/or any new private practice when it arises including:
- Where they practise (name of private facility);
 - What they practise (specialty, major procedures);
 - When they practise (identified sessions/time commitment).

- 12.24. Clinical staff should (unless existing contractual provisions require otherwise or unless emergency treatment for private patients is needed):
- Seek prior approval of their organisation before taking up private practice;
 - Ensure that, where there would otherwise be a conflict or potential Conflicts of Interest, NHS commitments take precedence over private work;
 - Not accept direct or indirect financial incentives from private providers other than those allowed by [Competition and Markets Authority guidelines](#).
- 12.25. Hospital Consultants should not initiate discussions about providing their Private Professional Services for NHS patients, nor should they ask other staff to initiate such discussions on their behalf.

13. Management of Interests – advice in specific contexts

- 13.1. **Strategic decision-making groups:** In common with other NHS bodies, SWL ICB uses a variety of different groups to make key strategic decisions. The interests of those who are involved in these groups should be well known so that they can be managed effectively. These groups include the ICB Board, committees and sub-committees. For relevant persons, if they have already declared an interest on the Register of Interests, it is good practice to declare that interest again in any meetings where it is likely to be a factor. This reduces the risk of there being a perception that any potential conflict is being concealed.
- 13.2. These groups should adopt the following principles:
- Chairs should consider any known interests of members in advance and begin each meeting by asking for declaration of relevant material interests;
 - Members should take personal responsibility for declaring material interests at the beginning of each meeting and as they arise;
 - Any new interests identified should be added to the organisation’s register(s). All committee and board registers are maintained within the online tool, Radar. Registers must be managed effectively in Radar and kept up to date;
 - The vice chair (or other non-conflicted member) should chair all or part of the meeting if the chair has an interest that may prejudice their judgement. If the Vice Chair is also conflicted, then the remaining non-conflicted voting members of the meeting should agree how to manage the conflict(s).
 - Terms of reference for such groups should refer to the organisation’s policy and procedures for managing conflicts of interest and should set out any specific requirements which apply to the group.
- 13.3. If a member has an actual or potential interest, the Chair should consider the following approaches and ensure that the reason for the chosen action is documented in the minutes:
- Including a conflicted person in the discussion but not in decision making;
 - Excluding a conflicted person from both the discussion and the decision making;
 - Including a conflicted person in the discussion and decision where there is a clear benefit to them being included in both – however, including the conflicted person in the actual decision should be done after careful consideration of the risk and with proper mitigation in place. The rationale for inclusion should also be properly documented and included in minutes;
 - Excluding the conflicted individual and securing technical or local expertise from an alternative,

unconflicted source;

- Excluding the member from all or part of the relevant discussion and decision;
- Removing the member from the group or process all together;
- Ensuring that the individual does not receive the supporting papers or minutes of the meeting which relate to the matter(s) which give rise to the conflict.

13.4. Transparency in decision making is crucial in the management of Conflicts of Interest. For example, it could be appropriate for a conflicted person to be involved in discussions around a particular decision, but not be involved in actually taking the decision (i.e., not included where there could be a voting process related to that decision). In these circumstances, it is crucial that, the justification and rationale for including a conflicted person in discussions is clearly documented.

13.5. The default response should not always be to exclude members with interests, as this may have a detrimental effect on the quality of the decision being made. Good judgement is required to ensure proportionate management of risk.

13.6. **Managing Procurement Exercises**

13.6.1 Procurement should be managed in an open and transparent manner, compliant with procurement and other relevant law, to ensure there is no discrimination against or in favour of any provider. Procurement processes should be conducted in a manner that does not constitute anti-competitive behaviour - which is against the interest of patients and the public.

13.6.2 Those involved in procurement exercises for and on behalf of the organisation should keep records that show a clear audit trail of how Conflicts of Interest have been identified and managed as part of procurement processes. At every stage of procurement steps should be taken to identify and manage Conflicts of Interest to ensure and to protect the integrity of the process.

13.6.3 The Provider Selection Regime (PSR)⁶ came into force on 1 January 2024. The PSR is a set of rules for procuring health services which are designed to be a more flexible and proportionate decision-making process for selecting providers to deliver healthcare services.

The ICB has put in place appropriate measures to effectively prevent, identify and remedy conflicts of interest arising in the conduct of procurement processes under The Health Care Services (Provider Selection Regime) Regulations 2023 ('PSR Regulations').

In relation to the PSR, where decisions are being taken as part of a formal competitive procurement of services, any individual who is associated with an organisation that has a vested interest in the procurement should recuse themselves from the process.

13.6.4 The Governance team will work closely with the Procurement team to ensure that interests declared as part of a tender exercise are recorded on the ICB registers. Regular reconciliation exercises will also be undertaken between declarations made to the Procurement team and the Governance team

13.6.5 The ICB's procedure for managing conflicts of interest during procurements is set out in the ICB's Contract and Procurement Policy.

⁶ Further information about the PSR, including about the management of conflicts of interest, can be found within [the PSR statutory guidance](#).

13.7. Contractors

13.7.1 Anyone seeking information in relation to procurement, or participating in procurement, or otherwise engaging with SWL ICB in relation to the potential provision of services or facilities to SWL ICB, will be required to make a declaration of interest.

13.7.2 Anyone contracted to provide services or facilities directly to SWL ICB will be subject to the same provisions in relation to managing Conflicts of Interest. This requirement will be set out in the contract for their services.

13.8. Transparency in procuring services

13.8.1 SWL ICB recognises the importance in making decisions about the services it procures in a way that does not call into question the motives behind the procurement decision that has been made. SWL ICB will procure services in a manner that is open, transparent, non-discriminatory and fair to all potential providers.

13.8.2 To ensure scrutiny and accountability in decision-making under the Provider Selection Regime (PSR), SWL ICB will publish Transparency notices in relation to procurement exercises, where required.

13.8.3 SWL ICB will publish a Procurement Strategy, which will ensure that:

- All relevant clinicians and potential providers, together with local members of the public, are engaged in the decision-making processes used to procure services; and
- Service redesign and procurement processes are conducted in an open, transparent, non-discriminatory and fair way.

13.9. Procurement issues

13.9.1 SWL ICB will need to be able to recognise and manage any conflicts or potential Conflicts of Interest that may arise in relation to procurement.

13.9.2 The Health and Care Act 2022 (the 2022 Act) and associated regulations set out the statutory rules required when procuring and contracting for the provision of clinical services. It sets an expectation that those involved in planning, purchasing and delivering health and care services will work together and makes it easier for them to do so.

The PSR was created under the Health and Care Act 2022, as part of wider measures to promote greater integration of health and care services arranged by the NHS e.g. Hospital, community, mental health and primary health care service and public health services arranged by local authorities, such as substance use, sexual and reproductive health and health visitors. Goods, social care services and non-health care services are out of scope of the PSR.

13.9.3 As an ICB, we must also comply with the rules on public procurement set out in the Public Contracts Regulations 2015 ('PCR') when arranging for the provision of goods and services that are not "relevant health care services", unless they form part of a "mixed procurement," which meets the test for the application of the PSR. The Procurement Act 2023 ('Procurement Act') is expected to come into force later in 2024, at which point it will replace the PCR.

13.9.4 The regulations set out that organisations must:

- Manage conflicts and potential Conflicts of Interest when awarding a contract by prohibiting the

award of a contract where the integrity of the award has been, or appears to have been, affected by a conflict;

- Keep appropriate records of how they have managed any conflicts in individual cases;

13.9.5 The PSR regulations require that when the confirmation of the decision to select a provider is published, details of any conflicts of interest and how they were managed must also be published.

13.9.6 Furthermore, the management of Conflicts of Interest is an important element of the ICB's procedures to prevent bribery, in accordance with the adequate procedures as defined by the Ministry of Justice.

13.10. **General considerations and use of the procurement template**

13.10.1 The ICB will address potential or actual conflicts in the procurement of healthcare services with the completion of the procurement template at Appendix 1 when considering plans to procure healthcare services from providers (including GP practices).

13.10.2 SWL ICB will evidence its deliberations on Conflicts of Interest. The template is one way of evidencing this and will support SWL ICB in fulfilling their duty in relation to public involvement. It will further provide appropriate assurance that SWL ICB is seeking and encouraging scrutiny of its decision-making process:

- To Health and Wellbeing Boards, local Healthwatch and to local communities that the proposed service meets local needs and priorities. It will enable them to raise questions if they have concerns about the approach being taken;
- To the Audit and Risk Committee and, where necessary, external auditors, that a robust procurement process has been followed; and
- To NHS England in their assurance role.

13.10.3 Procurement decisions relating to delegated commissioning will be made by an appropriate SWL ICB committee.

13.11. **Record keeping**

13.11.1 SWL ICB must ensure that it records procurement decisions made, and details of how any conflicts that arose in the context of the decision have been managed. These registers should be available for public inspection.

13.11.2 ICBs should ensure that details of all contracts, including the contract value, are published on their website as soon as contracts are agreed. Where ICBs decide to commission services through Any Qualified Provider (AQP), they should publish on their website the type of services they are commissioning and the agreed price for each service. Further, ICBs should ensure that such details are also set out in their annual report. Where services are commissioned through an AQP approach, they should ensure that there is information publicly available about those providers who qualify to provide the service.

13.12. **Templates / Forms**

13.12.1 For any procurement exercises for the commissioning of healthcare services involving providers (including GP practices), there is a standard proforma for completion included at Appendix 1. Appendix 2 provides a declaration proforma for bidders / potential contractors / service providers.

14. Dealing with breaches

- 14.1. There will be situations when interests will not be identified, declared or managed appropriately and effectively. This may happen innocently, accidentally, or because of the deliberate actions of staff or other organisations. For the purposes of this policy these situations are referred to as ‘breaches’.
- 14.2. It is an offence under the Fraud Act 2006, for a member or employee to fail to disclose information to the Trust in order to make a gain for themselves or another. It is also an offence to cause a loss or expose the organisation to a loss. Therefore, where an employee has failed to disclose any relevant interests or who has otherwise breached the ICBs policies and procedures in relation to failing to disclose are subject to investigation.
- 14.3. If an individual becomes aware that someone has failed to disclose relevant and material information, they should raise the matter with the Director of Corporate Affairs in the first instance. The ICBs Anti-Fraud and Bribery Policy will be consulted, and an appropriate referral made to the Local Counter Fraud Specialist where applicable.
- 14.4. Reports on breaches, the impact of these, and action taken will be considered by the ICBs Audit and Risk Committee following conclusion of any investigation
- 14.5. **Identifying and reporting breaches**
- 14.5.1 Staff who are aware about actual breaches of this policy, or who are concerned that there has been, or may be, a breach, should report these concerns to the ICB’s Senior Governance Advisor or Conflicts of Interest Guardian by emailing swl.corporateoffice@swlondon.nhs.uk
- 14.5.2 To ensure that interests are effectively managed staff are encouraged to speak up about actual or suspected breaches. Every individual has a responsibility to do this. For further information about how concerns should be raised refer to the Freedom to Speak-Up Policy.
- 14.5.3 Reports on any breaches, the impact of these, and action taken will be considered by the Audit and Risk Committee.
- 14.5.4 The organisation will investigate each reported breach according to its own specific facts and merits and give relevant parties the opportunity to explain and clarify any relevant circumstances.
- 14.5.5 Following investigation, the organisation will:
- Decide if there has been or is potential for a breach and if so what the severity of the breach is;
 - Assess whether further action is required in response – this is likely to involve any staff member involved and their line manager, as a minimum;
 - Consider who else inside and outside the organisation should be made aware;
 - Take appropriate action as set out in the next section.
- 14.6. **Taking action in response to breaches**
- 14.6.1 Action taken in response to breaches of this policy will be in accordance with the disciplinary procedures of the organisation and could involve organisational leads for staff support (e.g., Human Resources), fraud (e.g., Local Counter Fraud Specialists), members of the management or executive teams and organisational auditors.

14.6.2 Breaches could require action in one or more of the following ways:

- Clarification or strengthening of existing policy, process and procedures;
- Consideration as to whether HR / employment law / contractual action should be taken against staff or others;
- Consideration being given to escalation to external parties. This might include referral of matters to external auditors, the NHS Counter Fraud Authority, the Police, statutory health bodies (such as NHS England or the CQC), and/or health professional regulatory bodies.

14.6.3 Inappropriate or ineffective management of interests can have serious implications for the organisation and staff. There will be occasions where it is necessary to consider the imposition of sanctions for breaches.

14.6.4 Sanctions should not be considered until the circumstances surrounding breaches have been thoroughly investigated. However, if such investigations establish wrong-doing or fault then the organisation can and will consider the range of possible sanctions that are available, in a manner which is proportionate to the breach. This includes employment law action against staff, which might include:

- Informal action (such as reprimand or signposting to training and/or guidance);
- Formal disciplinary action (such as formal warning, the requirement for additional training, re-arrangement of duties, re-deployment, demotion, or dismissal);
- Reporting incidents to the external parties described above for them to consider what further investigations or sanctions might be;
- Contractual action, such as exercise of remedies or sanctions against the body or staff which caused the breach;
- Legal action, such as investigation and prosecution under fraud and bribery legislation.

15. Review and monitoring compliance

15.1. This policy will be reviewed every 2 years, or earlier if there are significant changes to national guidance affecting the management of Conflicts of Interest across the organisation.

15.2. The process for monitoring compliance with the effectiveness of this Policy is as follows:

Monitoring Methodology

Aspect being Monitored (What/How)	Reporting Frequency (How often)	Presented by (who)	Committee (where)
<p>Review of Interests declared Report to include</p> <ul style="list-style-type: none"> • Updates to Board of Directors Register of Interest • Updates to the Register of staff interests • Updates to the Register of Gifts and Hospitality • Known breaches, the impact of these, and action taken 	Six Monthly	ICB Secretary	Audit & Risk Committee

<p>Policy compliance and effects of use of Policy</p> <ul style="list-style-type: none"> Review of the Standards Business Conduct policy Sample testing of staff Compliance with the policy Any potential of fraud or bribery being committed against the ICB Any system weaknesses 	<p>Annually/ as detailed LCFS WK Plan</p>	<p>Local Counter Fraud Specialist</p>	<p>Audit & Risk Committee</p>
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16. Records and Publication

- 16.1. The organisation will maintain a combined register on Interests and Gifts and hospitality.
- 16.2. We will publish the interests declared by staff on the ICB website.
- 16.3. Publication of the register will be carried out in accordance with the table set out in section 7.
- 16.4. If staff have substantial grounds for believing that publication of their interests should not take place then they should contact the Corporate Governance Team, the ICB’s Senior Governance Advisor or the Conflicts of Interest Guardian (Audit Chair) to explain why. In exceptional circumstances, for instance where publication of information might put a member of staff at risk of harm, information may be withheld or redacted on public registers. However, this would be the exception and information will not be withheld or redacted merely because of a personal preference.

17. Wider transparency initiatives

- 17.1. SWL ICB fully supports wider transparency initiatives in healthcare, and we encourage staff to engage actively with these.
- 17.2. Relevant staff are strongly encouraged to give their consent for payments they receive from the pharmaceutical industry to be disclosed as part of the Association of British Pharmaceutical Industry (ABPI) Disclosure UK initiative. The granting of consent for disclosure does not negate the requirement to declare these payments to the ICB in accordance with this policy. These “transfers of value” include payments relating to:
 - Speaking at and chairing meetings;
 - Training services;
 - Advisory board meetings;
 - Fees and expenses paid to healthcare professionals;
 - Sponsorship of attendance at meetings, which includes registration fees and the costs of accommodation and travel, both inside and outside the UK;
 - Donations, grants and benefits in kind provided to healthcare organisations.

Further information about the scheme can be found on the [ABPI website](#).

18. Associated Documentation

- Freedom of Information Act (2000)

- ABPI: The Code of Practice for the Pharmaceutical Industry (2021)
- ABHI Code of Business Practice
- NHS Code of Conduct and Accountability (July 2004)
- Gifts and Hospitality Policy
- Anti-Fraud and Bribery Procedures
- Procurement Policies
- Freedom to Speak Up Policy
- Standards of Business Conduct Policy

19. Appendix 1 – Procurement Template

[To be used when procuring healthcare services from providers (including GP practices)]

Additional questions for proposed direct awards to providers

<u>Question</u>	<u>Comment/Evidence</u>
<p>What steps have been taken to demonstrate that there are no other providers that could deliver this service?</p> <p>In what ways does the proposed service go above and beyond what the provider contract?</p> <p>What assurances will there be that a provider is providing high-quality services under the provider contract before it has the opportunity to provide any new services?</p>	

20. Appendix 2 - Declaration of Conflicts of Interest for bidders / contractors / service providers template

Bidders / potential contractors / service providers declaration form: financial and other interests

This form is required to be completed in accordance with s140 of the NHS Act 2006 (as amended by the Health and Social Care Act 2012) and the NHS (Procurement, Patient Choice and Competition) (No2) Regulations 2013 and related guidance.

Notes:

- All potential bidders/contractors/service providers, including sub-contractors, members of a consortium, advisers or other associated parties (Relevant Organisation) are required to identify any potential Conflicts of Interest that could arise if the Relevant Organisation were to take part in any procurement process and/or provide services under, or otherwise enter into any contract with, SWL ICB, or with NHS England in circumstances where SWL ICB is jointly commissioning the service with, or acting under a delegation from, NHS England. If any assistance is required in order to complete this form, then the Relevant Organisation should contact [SWL ICB to specify].
- The completed form should be sent to [SWL ICB to specify].
- Any changes to interests declared either during the procurement process or during the term of any contract subsequently entered into by the Relevant Organisation and SWL ICB must be notified to SWL ICB by completing a new declaration form and submitting it to [SWL ICB to specify].
- Relevant Organisations completing this declaration form must provide sufficient detail of each interest so that the SWL ICB, NHS England and also a member of the public would be able to clearly understand the sort of financial or other interest the person concerned has and the circumstances in which a Conflict of Interest with the business or running of SWL ICB or NHS England (including the award of a contract) might arise.
- If in doubt as to whether a Conflict of Interest could arise, a declaration of the interest should be made.

Interests that must be declared (whether such interests are those of the Relevant Person themselves or of a family member, close friend or other acquaintance of the Relevant Person), include the following:

- The Relevant Organisation or any person employed or engaged by or otherwise connected with a Relevant Organisation (Relevant Person) has provided or is providing services or other work for SWL ICB or NHS England.
- A Relevant Organisation or Relevant Person is providing services or other work for any other potential bidder in respect of this project or procurement process;
- The Relevant Organisation or any Relevant Person has any other connection with SWL ICB or NHS England, whether personal or professional, which the public; or
- Could perceive, may impair or otherwise influence SWL ICB's or any of its members' or employees' judgements, decisions or actions.

Name of Organisation:

Details of interests held:

Type of Interest:**Details:**

- Provision of services or other work for SWL ICB or NHS England
- Provision of services or work for any other potential bidder in respect of this project or procurement process
- Any other connection with SWL ICB or NHS England, whether personal or professional, which the public could perceive may impair or otherwise influence WWL ICB's or any of its members SWL ICB's or any of its member's or employees' judgements, decisions or actions

Name of Relevant Person

[complete for all Relevant Persons]

Details of interests held:

Details Personal interest or that of family member, close friend or other acquaintance?

- Provision of services or another work for SWL ICB or NHS England.
- Provision of services or other work for any other potential bidder in respect of this project or procurement process.
- Any other connection with SWL ICB or NHS England, whether personal or professional, which the public could perceive may impair or otherwise influence the employees' judgements, decisions and actions.

By completing this form, I confirm that the information that had been written within this form is true and correct. I can confirm that I have complied with the ICB's conflicts of interest policy. I understand that is an offence to make false declarations of interest and I confirm by my signature that I have correctly declared any actual or potential interests.

I understand that if I have knowingly provided false information or made false statement, that I may be subject to disciplinary and /or criminal action

Signed:

On behalf of:

Date:

21. Appendix 3- Equality Impact Assessment

	Mandatory Questions	Yes/No/NA	Comments
1.	Does the Policy affect any group less or more favourably than another on the basis of:		
	Age?	YES	Child safeguarding is all about the paramouncy of children's needs in the system so this policy demonstrates how to put children first
	Disability?	No	
	Gender?	No	
	Gender identity?	No	
	Marriage or civil partnership?	No	
	Pregnancy and maternity or paternity?	No	
	Race?	No	
	Religion or belief?	No	
	Sexual orientation?	No	
2.	Is there any evidence that any groups are affected differently by the Policy and if so, what is the evidence?	No	
3.	Is any impact of the Policy likely to be negative?	No	
4.	If any impact of the Policy is likely to be negative, can the impact be avoided and if so, how?	NA	
5.	If a negative impact can't be avoided, what, if any, are the reasons the Policy should continue in its current form?	NA	
6.	Where relevant, does the Policy support the FREDA principles: Fairness, Respect, Equality, Dignity and Autonomy?	Yes	