

STANDARDS OF BUSINESS CONDUCT & CONFLICTS OF INTEREST POLICY

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1.0 Introduction

- 1.1 The Standards of Business Conduct policy describes the standards and public service values which underpin the work of the NHS and reflects current guidance. Effective handling of conflicts of interest is crucial to give confidence to patients, taxpayers, healthcare providers and Parliament that ICB commissioning decisions are robust, fair, transparent, and offer value for money. ICBs are also required under the NHS Act 2006 (as amended by the Health and Care Act 2022) to manage conflicts of interest.
- 1.2 The major focus of this policy is conflicts of interest and is intended to ensure that Hertfordshire and West Essex Integrated Care Board (“the ICB”) compliance with NHS England’s ‘Managing Conflicts of Interest in the NHS’ guidance (September 2024). which takes into account of changes introduced by the Health and Care Act 2022, specifically the establishment of Integrated Care Boards and the introduction of the Provider Selection Regime.
- 1.3 ICB Conflicts of Interests Principles
 - 1.3.1 Decision-making must be geared towards meeting the statutory duties of ICBs at all times, including the triple aim. 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.
 - 1.3.2 ICBs have been created to give statutory NHS providers, local authority and primary medical services nominees a role in decision-making. These individuals will be expected to act in accordance with the first principle (as described in paragraph 1.2.1 above), and whilst it should not be automatically assumed that they are personally or professionally conflicted just by virtue of being an employee, director, partner or otherwise holding a position with one of these organisations, the possibility of actual and perceived conflicts of interests arising will remain. For all decisions, ICBs will need to carefully consider whether an individual’s role in another organisation could result in actual or perceived conflicts of interest and whether or not that outweighs the value of the knowledge they bring to the process.
 - 1.3.3 The personal and professional interests of all ICB board members, ICB committee members and ICB staff who are involved in the making of decisions within this ICB need to be declared, recorded and managed appropriately. Declarations must be made as soon as practicable after the person becomes aware of the conflict or potential conflict and, in any event, within 28 days of the person becoming aware. This includes being clear and specific about the nature of any interest, and about the nature of any conflict that may arise regarding a particular decision.
 - 1.3.4 If an interest is declared but there is no risk of a conflict arising, then no further action need be taken (although this will still need to be recorded). However, if a material interest is declared, then it should be considered to what extent this material interest affects the balance of the discussion and decision-making process. In doing so the ICB should ensure conflicts of interest (and potential conflicts of interest) do not, (and do not appear), to affect the integrity of the ICB’s decision making processes.



- 1.3.5 ICBs should consider the composition of decision-making forums and should clearly distinguish between those individuals who should be involved in formal decision taking, and those whose input informs decisions. In particular ICBs should 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 their populations. The way Conflicts of Interests are managed should reflect this distinction. For example, where independent providers (including the VCFSE sector) hold contracts for services it would be appropriate and reasonable for the body to involve them in discussions, for example about pathway design and service delivery, particularly at place-level. However, this would be clearly distinct from any considerations around contracting and commissioning, from which they would be excluded.
- 1.3.6 Actions to mitigate a conflicts of interest 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 received if an individual with a perceived conflict is involved in that decision, and the risks and benefits of having a particular individual involved in making the decision. Potential options in relation to mitigation could include:
- i. Including a conflicted person in the discussion but not in decision making;
 - ii. Excluding a conflicted person from both the discussion and the decision making;
 - iii. 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.
 - iv. Excluding the conflicted individual and securing technical or local expertise from an alternative, unconflicted source
- 1.3.7 The way conflicts of interest are declared and managed should contribute to a culture of transparency about how decisions are made. In particular when adopting a specific approach to mitigate any conflicts of interest (including perceived conflicts) ICBs should ensure that the reason for the chosen action is documented in minutes or records.
- 1.3.8 These factors should be read in conjunction with other relevant NHSE statutory guidance, including guidance on the Provider Selection Regime and guidance on joint working and delegation arrangements. In relation to the Provider Selection Regime, as is already established practice in the NHS, 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.
- 1.3.9 This policy, in conjunction with the ICBs Procurement Policy, elaborates on these principles, explaining the processes to be followed in order to maintain them.



1.3.10 Associated ICB policies include:

- Procurement Policy
- Counter-Fraud, Bribery and Corruption Policy
- Freedom to Speak Up (Whistleblowing) Policy
- Disciplinary Policy
- Fit and Proper Person Test Policy

1.4 Guidance and legal framework

1.4.1 This policy is intended to protect patients, taxpayers and staff covering health services in which there is a direct state interest in accordance with the NHS England 'Managing Conflicts of Interest in the NHS' guidance (September 2024).

1.4.2 It is applicable to the following NHS bodies:

- Integrated Care Boards
- NHS Trusts (all or most of whose hospitals establishments and facilities are situated in England) and NHS Foundation Trusts - which include secondary care trusts, mental health trusts, community trusts, and ambulance trusts;
- NHS England (NHSE).

1.4.3 The guidance describes:

- the standards of conduct expected of all NHS staff where their private interests may conflict with their public duties; and the steps which NHS employers should take to safeguard themselves and the NHS against conflicts of interest.
- specifically, it makes it clear that it is the responsibility of staff to ensure that they are not placed in a position which risks, or appears to risk, conflict between their private interests and their NHS duties.

1.4.4 NHSE's Standards for Business Conduct Policy 2017 (updated 2022) provides further guidance on core standards of conduct expected of NHS staff and boards to act in the best interests of the public and patients / clients to ensure that decisions are not improperly influenced by gifts or inducements.

1.4.5 Professional Codes of Conduct governing health care professionals are also pertinent. The General Medical Council's guidance, "Leadership and management for all doctors" (March 2012), details the standards and expectations required of clinicians in leadership and management positions.

1.4.6 The Professional Standards Authority has also published Standards for members of NHS Boards in England.

1.4.7 NHS England published its revised 'Managing conflicts of interest in the NHS' guidance in September 2024 which applies to ICBs.

1.5 Purpose

1.5.1 The purpose of this policy is to ensure that the ICB maintains the highest standards of probity and that all business relationships lead to clear benefits for patients, and intends to:



- (a) Enable the ICB to deliver its statutory duty to manage conflicts of interest
- (b) Enable individuals to demonstrate that they are acting fairly and transparently and in the best interest of patients and the local population
- (c) Uphold confidence and trust in the NHS
- (d) Safeguard commissioning, whilst ensuring objective decision-making
- (e) Support individuals to understand when conflicts of interest (whether actual or potential) may arise and how to manage them if they do
- (f) Ensure that the ICB operates within the legal framework.
- (g) Uphold the reputation of the ICB and its staff in the way it conducts business.

1.6 Scope

1.6.1 This policy applies to, including and without limitation, whether permanent, temporary or contracted-in (either as an individual or through a third party supplier).,:

- (a) all ICB staff members and those of hosted organisations,
- (b) members of the Board, Sub-Committees and Practice Representatives, involved in the ICB's policy-making processes,

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

- Board and sub-committee members
- Place Based Directors
- Executive and Senior Managers as outlined in the Scheme of Reservation and Delegation and Standing Financial Instructions
- Level 4 Patient and Public Voice partners

1.7 Definitions

1.7.1 The following definitions apply in the context of this policy:

Term	Definition
Commercial Sponsorship	An arrangement where the ICB receives financial support or support in kind for staff, research, training, equipment, premises or conferences.
Conflict of Interest	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.
Decision Making Role	Examples of decision-making staff: <ul style="list-style-type: none"> • executive and non-executive directors who have decision-making roles which involve the spending of



	<p>taxpayers' money (equivalent roles in different organisations carry different titles and these should be considered on a case-by-case basis)</p> <ul style="list-style-type: none"> • members of advisory groups which contribute to direct or delegated decision-making on the commissioning or provision of taxpayer-funded services. • those at Agenda for Change band 8D and above (reflecting guidance issued by the Information Commissioner's Office with regard to freedom of information legislation) • administrative and clinical staff who have the power to enter into contracts on behalf of their organisation. • administrative and clerical staff involved in decision-making concerning the commissioning of services, purchasing of goods, medicines, medical devices or equipment and formulary decisions.
Gifts	Any item of cash or goods, or any service, which is provided for personal benefit, free of charge or less than its commercial value.
Hospitality	Food, drink, travel, accommodation, or entertainment offered or provided in the nature of the organisation's business by anyone other than the employer.
Pharmaceutical Industry	<p>Includes:</p> <ul style="list-style-type: none"> • Companies, partnerships or individuals involved in the manufacturing, sale, promotion or supply of medicinal products subject to the licensing provision of the Medicines Act 1968¹⁶. • Companies, partnerships or individuals involved in the manufacture, sale, promotion or supply of medical devices, appliances, dressings, and nutritional supplements which are used in the treatment of patients within the NHS. • Trade associations and agencies representing companies involved with such products. • Companies, partnerships or individuals who are directly concerned with research, development or marketing of a medicinal product, device, appliance, dressing or supplement that is being considered by, or would be influenced by, decisions taken by the ICB. • Pharmaceutical industry related industries, including companies, partnerships or individuals directly concerned with enterprises that may be positively or adversely affected by decisions taken by the ICB. •
Joint Working	Situations where, for the benefit of patients, organisations pool skills, experience and/or resources for the joint development and implementation of patient centred projects and share a commitment to successful delivery.



	<p>Joint working agreements and management arrangements are conducted in an open and transparent manner.</p> <p>Joint working differs from sponsorship, where pharmaceutical companies simply provide funds for a specific event or work programme.</p>
VCFSE	Means voluntary, community, faith and social enterprise.

2.0 Roles and Responsibilities

2.1 The following definitions apply in the context of this policy:

Role	Responsibilities
Board	<ul style="list-style-type: none"> • Required to comply with all relevant elements of this policy. • Ensure that the ICB's policies and procedures reflect best practice particularly in relation to the procurement of services; • Ensure that arrangements for audit and reporting are open, robust and effective.
Audit and Risk Committee	<ul style="list-style-type: none"> • Oversee the arrangements for the management of conflict of interest, gifts, hospitality and commercial sponsorship, and advise the Board as required. • Receive a Decision Register report on a quarterly basis which will include all decisions made by the Board and Board Committees inclusive of any declaration of interests made against each decision and how those conflicts were managed. • Ensure that the registers of interests and gifts, hospitality and sponsorship are reviewed regularly, and updated as necessary. • Ensure that for every interest declared, arrangements are in place to manage the conflict of interests or potential conflict of interests, to ensure the integrity of the ICB's decision making process. • The arrangements will confirm the following: <ul style="list-style-type: none"> - When an individual should withdraw from a specified activity, on a temporary or permanent basis. - Monitoring of the specified activity undertaken by the individual, either by a line manager, colleague or other designated individual.
Chief Executive Officer	<p>Overall accountability for the ICB's management of conflicts of interest, responsible for:</p> <ul style="list-style-type: none"> • ensuring that the ICB has processes in place to enable individuals to declare and manage conflicts of interest. • creating a culture in which ICB employees feel able and supported to report any conflicts of interest concerns.
Chief of Staff	<p>Chief of Staff or their nominated representative will:</p> <ul style="list-style-type: none"> • Ensure the ICB has a conflicts of interest policy in place which is accessible to staff • Provide advice, support and guidance on how conflicts of interest should be managed.



	<ul style="list-style-type: none"> • Ensure that appropriate administrative processes are put in place. • Maintain the registers of interests based on the Declaration of Interest Forms completed and ensures that registers are published on the ICB public website. • Maintain the registers of gifts, hospitality and sponsorship and ensure they are published on the ICB public website. • Maintain the Decision Register of all decisions made by the Board and Board Committees inclusive of any declarations made against each action, provide to Audit and Risk Committee meetings on a quarterly basis and subsequently published on the ICB public website, unless exempt due to reasons of commercial sensitivity or personal confidentiality. • Support the Conflicts of Interest Guardian to enable them to carry out the role effectively.
Conflicts of Interest Guardian	<p>The ICB has appointed the Audit Chair to be the Conflicts of Interest Guardian. In collaboration with the Chief of Staff, their role is to:</p> <ul style="list-style-type: none"> • 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 • Support the rigorous application of conflict of interest principles and policies • Provide independent advice and judgement to staff and members where there is any doubt about how to apply conflicts of interest policies and principles in an individual situation • Provide advice on minimising the risks of conflicts of interest.
Members of Staff, Committee Members, Contractors	<p>Required to comply with all relevant elements of this policy, and responsible for:</p> <ul style="list-style-type: none"> • Declaring any interests promptly. • Speaking up if you have any concerns about how conflicts of interest are being managed. • Acting with honesty, transparency and integrity. • Supporting others to identify and manage conflicts of interest. • Managing conflicts of interest in accordance with the ICB's conflicts of interest policy. • Undertaking mandatory online conflicts of interest training annually. • Being proactive in the management of conflicts of interest and seeking advice as required. • Acting in accordance with the ICB's bribery and counter fraud policy.
NHS Counter Fraud Authority	<p>The ICB Local Counter Fraud Specialist should be contacted in the first instance if you have any genuine suspicions or concerns over fraud or bribery, in accordance with the ICB Counter Fraud Policy.</p>



2.2 Implementation

2.2.1 Training will be provided to all employees as part of the staff induction programme, Board members and members of ICB committees and sub-committees on the management of conflicts of interest. This is to ensure staff and others within the ICB understand what conflicts are and how to manage them effectively.

2.2.2 Induction training will cover the following:

- What is a conflict of interest?
- Why is conflict of interest management important?
- What are the responsibilities of the organisation you work for in relation to conflicts of interest?
- What should you do if you have a conflict of interest relating to your role, the work you do or the organisation you work for (who to tell, where it should be recorded, what actions you may need to take and what implications it may have for your role).
- How conflicts of interest can be managed.
- What to do if you have concerns that a conflict of interest is not being declared or managed appropriately.
- What are the potential implications of a breach of the ICB's rules and policies for managing conflicts of interest?
- Other areas monitored: Gifts, Hospitality, Commercial Sponsorship, Pharmaceutical Industry, Joint Working.

2.2.3 All employees and ICB Board Members will be required to undergo annual training via the NHS England online module available on ESR.

2.2.4 Module 1 of the annual training explains how NHS-wide conflicts of interest rules should be applied within ICBs and will guide and support you in identifying and managing real and perceived conflicts of interest, and will cover the following:

- what conflicts of interest are and why they need to be managed.
- roles and responsibilities in relation to identifying and managing conflicts of interest.
- what to do if you have a conflict of interest, or suspect someone else may have a conflict of interest.
- how you can manage conflicts of interest.
- how to report concerns.
- the potential implications of a breach of conflicts of interest policy.

2.2.5 The online module ends with a brief assessment, which you must be passed to complete the training.

2.2.6 Further Conflicts of Interest modules are pending release by NHS England and therefore colleagues are asked to check required training modules via their ESR login.



2.3 Monitoring

- 2.3.1 The Audit and Risk Committee will monitor compliance with this policy and the declaration of interest process via reporting as identified in the Committee's annual workplan.
- 2.3.2 The ICB will commission an annual internal audit to assess compliance with this policy, which will include an annual review by Counter Fraud as part of requirement 12 Government Functional Standards.
- 2.3.3 The ICB will maintain a minimum of 90% compliance of ICB staff who have completed the mandatory conflicts of interest online training as of 31 March each year. All staff must undertake this training on an annual basis and new starters must complete the training in line with the induction programme, which forms part of mandatory training requirements.

3.0 Standards of Business Conduct – Policy Content

3.1 Principles of good business conduct

- 3.1.1 The ICB expects Board and committee members, staff, contractors and all involved in the business of the ICB to observe the principles of good governance in how they do business. These include:
 - The Seven Principles of Public Life (Appendix 1)
 - The Good Governance Standards for Public Services (CIPFA 2004)¹
 - The seven key principles of the NHS in England²
 - The Equality Act 2010³
 - The UK Corporate Governance Code⁴
 - Standards for members of NHS boards and CCG governing bodies in England⁵
- 3.1.2 In addition, as an ICB we will:
 - 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: commissioners should seek to identify and minimise the risk of conflicts of interest at the earliest possible opportunity.
 - Be balanced 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.

¹ <https://www.cipfa.org/policy-and-guidance/reports/good-governance-standard-for-public-services>

² <https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england>

³ <https://www.legislation.gov.uk/ukpga/2010/15/contents>

⁴ <https://www.frc.org.uk/getattachment/88bd8c45-50ea-4841-95b0-d2f4f48069a2/2018-UK-Corporate-Governance-Code-FINAL.PDF>

⁵ <https://www.professionalstandards.org.uk/docs/default-source/publications/standards/standards-for-members-of-nhs-boards-and-ccgs-2013.pdf?sfvrsn=2>



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

3.1.3 The ICB recognises that:

- A perception of wrongdoing, impaired judgement or undue influence can be as detrimental as 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.

3.1.4 The ICB understands the requirement to consult upon major changes before decisions are reached and will be open with the public, patients and staff. Information supporting decisions will be made available in a way that is understandable and responses to requests for information in accordance with the Freedom of Information Act 2000 will be provided in this spirit.

3.1.5 Our business will be conducted in a way that is socially responsible, forging an open and positive relationship with the local community and in consideration of the impact of the organisation's activities on the environment.

3.2 Conflicts of Interest

3.2.1 A conflict of interest occurs where an individual's ability to exercise judgement, or act in a role is, could be, or is seen to be impaired or otherwise influenced by his or her involvement in another role or relationship. 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.

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

3.2.2 Staff may hold interests for which they cannot see any potential conflict. However, caution is always advisable because others may see it differently. It will be important to exercise judgement and to declare such interests where there is otherwise a risk of imputation of improper conduct.

3.2.3 Conflicts of interest can arise in many situations, environments and forms of commissioning, with an increased risk in primary care commissioning, out-of-hours commissioning and involvement with integrated care organisations, as clinical commissioners may here 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.



3.2.3 Categories of interest:

'Interests' can arise in a number of different contexts. A material interest is one which a reasonable person would take into account when making a decision regarding the use of taxpayers' money because the interest has relevance to that decision.

Financial interests: Where an individual may get direct financial benefits (a benefit may arise from the making of gain or avoiding a loss) from the consequences of a decision their organisation makes. This could include:

- A director (including a non-executive director) or senior employee in another organisation which is doing or is likely to do business with an organisation in receipt of NHS funding.
- A shareholder, a 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 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 research sponsorship. funding,

Non-financial professional interests: Where an individual may obtain a non-financial professional benefit (a benefit may arise from the making or gain or avoiding loss) from the consequences of a decision their organisation makes, such as increasing their professional reputation or status or promoting their professional career. This could 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 (CQC) or the National Institute for Health and Care Excellence (NICE)
- Undertaking a research role, particularly sponsored research.

Non-financial personal interests: This is where an individual may benefit (a benefit may arise from the making or gain or avoiding loss) personally from a decision their organisation makes 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:

- A member of a voluntary sector board or has a position of authority with 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 ((a benefit may arise from the making or gain or avoiding loss) from a decision they are involved in making. This would include:

- Close family member and relative
- Close friends and associates.
- Business partner(s).

A common-sense approach should be applied to these terms. It would be unrealistic to expect staff to know of all the interests that people in these classes might hold. However, if staff do know of material interests (or could be reasonably expected to know about them) then these should be declared.

3.2.4 Declaring interests

3.2.5 It is a statutory requirement for ICBs to make arrangements to ensure individuals declare any conflict or potential conflict in relation to a decision to be made by the organisation as soon as they become aware of it, and in any event within 28 days. ICBs must record the interest in the registers as soon as they become aware of it.

3.2.6 Declarations of interest must be made using the form (Appendix 2) as soon as possible and by law within 28 days after the interest arises. The ICB also expects individuals to declare interests they are pursuing. Declarations received will be checked against publicly accessible sites including hosted by Companies House, and Disclosure UK - with particular focus being directed to individuals holding decision making roles within this ICB:

- Declarations must be made **on appointment** to the ICB, the Board or any committees. When an appointment is made, a formal declaration of interests should be made using the Declarations of Interest Form.
- Individuals will be asked to confirm **annually** that declarations are accurate and up to date. Where there are no interests to declare, a “nil return” should be recorded.
- All board or committee members are required to declare any interests in agenda items in advance of the meeting. All **meeting attendees** are required to declare their interests as a standing agenda item for every board, committee, sub-committee or working group meeting, before the item is discussed. Even if an interest has been recorded in the register of interests, it should still be declared in meetings where matters relating to that interest are discussed. Declarations of interest and how they were managed should be recorded in minutes of meetings.
- Additionally, if a specialist or expert is invited to comment on a meeting paper in order to help the committee or group with their discussions, then that individual must be asked to complete a declaration of interest.
- **Whenever an individual's role, responsibility or circumstances change** in a way that affects the individual's interests (e.g., where an individual takes on a new role outside the ICB or enters into a new business or relationship), a further declaration should be made to reflect the change in circumstances as soon as possible, and in any event within 28 days. This could involve a conflict of interest ceasing to exist or a new one materialising. If an individual's circumstances change, it is their

responsibility to make a further declaration as soon as possible and in any event within 28 days, rather than waiting to be asked

- **Development of a new service or contract** - Conflicts of interest should be managed appropriately throughout the whole commissioning cycle and then within the ongoing management of existing contracts.

You should complete a conflict of interest form at the outset of any commissioning process, even if you have nothing to declare, and a record of this should be made available to relevant stakeholders as per the ICB policy around register of interests.

Where a potential conflict of interest has been identified, you are expected to take steps to declare this as soon as possible and work with the commissioning lead and/or ICB Chief of Staff C to agree the extent to which it's appropriate for you to be involved in the ongoing process and in some circumstances whether it's appropriate to be involved at all.

Similarly, this includes if your circumstances change at any point during the commissioning cycle, you should declare any potential conflict of interest as soon as possible and follow steps identified in your ICB's conflict of interest policy.

3.2.7 The appointment of board members, committee members and senior employees.

3.2.8 On appointment of board members, committee members and senior employees, the ICB will consider whether conflicts of interest should exclude individuals from being appointed to the relevant role. This will be considered on a case-by-case basis, with advice being sought from the Conflicts of Interest Guardian. In relation to any committees or sub-committees exercising ICB commissioning functions, and in compliance with the ICB Constitution - approval and appointment of members to such committees or sub-committees will be made by the ICB chair.

3.2.9 The ICB will assess the materiality of the interest, in particular whether the individual (or any person with whom they have a close association) could benefit (whether financially or otherwise) from any decision the ICB might make.

3.2.10 The ICB will 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 will not be appointed to the role.

3.2.11 Any individual who has a material interest in an organisation which provides, or is likely to provide, substantial services to an ICB should recognise the inherent conflict of interest risk that may arise and should not be a member of the Board or of a committee or sub-committee of the ICB. This is applicable if the nature and extent of their interest and the nature of their proposed role is such that they are likely to need to exclude themselves from decision-making on so regular a basis that it significantly limits their ability to effectively perform that role.



3.2.12 Additionally, the ICB constitution specifically prohibits appointment of individuals to the ICB board, committees or sub-committees if the appointment could reasonably be regarded as undermining the independence of the health services because of the candidate's involvement with the private healthcare sector or otherwise.

3.2.13 This would prevent, for example, directors of private healthcare companies or significant stakeholders of private healthcare companies from sitting on any board, committee or sub-committee exercising ICB commissioning functions.

3.2.14 However, employees/directors of voluntary organisations, social enterprises, and GPs and other clinicians may be appointed as members of the ICB board, committees or sub-committees provided they are not regarded as undermining the independence of the health services.

3.2.15 Register of Interest

3.2.16 It is a statutory requirement that ICBs must maintain one or more registers of interest of: the members of its board, members of its committees or sub-committees of its board, and its employees. ICBs must publish interests of decision-making staff and make arrangements to ensure that members of the public have access to these registers on request.

3.2.17 **In exceptional circumstances, an individual's name and/or other information can be redacted** from any publicly available registers where the public disclosure of information could give **rise to a real risk of harm or is prohibited by law**. Application of this exemption will be subject to Chief of Staff approval.

3.2.18 Declarations must be made by, and registers of interest will be created and maintained for the following staff:

- all full and part time staff;
- any staff on sessional or short-term contracts;
- any students and trainees (including apprentices);
- agency staff;
- seconded staff.

3.2.19 In addition, any self-employed consultants or other individuals working for the ICB under a contract for services should make a declaration of interest in accordance with this guidance, as if they were ICB employees.

3.2.20 **Members of the Board** and all members of the ICB's committees, sub-committees/sub-groups, including:

- co-opted members;
- appointed deputies;
- temporary appointments;
- any members of committees/groups from other organisations.

3.2.21 The ICB Chair may wish to require completion also by "participants", that is individuals who regularly attend and speak at board meetings but unlike board members do not have a vote and are not accountable for board decisions.



- 3.2.21 Where the ICB is participating in a joint committee, any interests which are declared by the committee members should be recorded on the register(s) of interest of each participating organisation.
- 3.2.22 All interests declared must be transferred to the relevant ICB register by the Corporate Governance team within 10 working days.
- 3.2.23 An interest should remain on the public register for a minimum of 6 months.
- 3.2.24 The ICB will retain a private record of historic interests for a minimum of 6 years after the date on which it expired. The ICB's published register of interests will state that historic interests are retained by the ICB for the specified timeframe, with details of whom to contact to submit a request for this information.

3.2.5 General management actions for managing conflicts of interests

The ICB should manage interests sensibly and proportionately. If an interest presents an actual or potential conflict of interest then management action is required, such as;

- requiring staff to comply with this guidance
- requiring staff to proactively declare interests at the point they become involved in decision-making
- considering a range of actions, which may include:
 - deciding that no action is warranted
 - restricting an individual's involvement in discussions and excluding them from decision-making
 - removing an individual from the whole decision-making process
 - removing an individual's responsibility for a whole area of work
 - removing an individual from their role altogether if the conflict is so significant that they are unable to operate effectively in the role
- keeping an audit trail of actions taken

Each case will be different. The general management actions, along with relevant industry/professional guidance should complement the exercise of good judgement. It will always be appropriate to clarify circumstances with individuals involved to assess issues and risks.

3.2.26 Managing conflicts of interests at meetings

- 3.2.27 The chair of a meeting of the ICB's 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.
- 3.2.28 The chair, with support of the ICB's Chief of Staff or their representative should 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 private sessions/meetings are not sent to conflicted individuals in advance of the meeting where relevant.
- 3.2.29 On circulation of the meeting agenda, delegates should be asked to confirm in writing prior to the meeting whether they believe themselves to be conflicted or



potentially conflicted regarding one or more of the agenda items.

3.2.30 The chair should 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 group should declare any interests which are relevant to the business of the meeting, whether or not those interests have previously been declared. Any new interests which are declared at a meeting must be included on the ICB's relevant register of interests to ensure it is up-to-date.

3.2.31 Any new offers of gifts or hospitality (whether accepted or not) which are declared at a meeting must be included on the ICB's register of gifts and hospitality to ensure it is up-to-date.

3.2.32 It is the responsibility of each individual member of the meeting to declare any relevant interests which they may have. However, should the chair or any other member of the meeting be aware of facts or circumstances which may give rise to a conflict of interests, but which have not been declared, then 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.

- Declarations of interest in respect to board and committee meeting agenda items should be declared at the time the agenda and papers are circulated to enable the chair to plan how any conflicts should be managed at the meeting.
- Perceptions of conflicts of interests should be considered even if an actual conflict does not exist: if there is a perception of a conflict of interest, the individual should consider recusing themselves from the meeting.
- On reviewing the committee or board agenda and accompanying papers, members should inform the chair and secretariat of details on the specific agenda items and the type of conflict

3.2.33 Interests that have previously been declared should also be included in the pre-meeting declaration. There is no need for partner members to make a general statement regarding the fact that they are practicing local clinicians or professionals. However, if their status in that role places them in conflict regarding a specific agenda item then they should state this, along with the type of interest, as listed above.

3.2.34 Managing conflicts when making joint decisions with other partners.

3.2.35 Conflicts of interest management is important in the context of joint decision-making processes, especially working with local partners, other ICBs or NHSE to jointly commission services. promising the ICB's ability to make robust commissioning decisions.

3.2.36 Appropriate governance arrangements must be put in place that ensure that conflicts of interest are identified and managed. Where independent providers (including the voluntary sector) hold contracts for services (for example, community services) it would be appropriate and reasonable for the body to



involve them in discussions (for example, about pathway design and service delivery, particularly at place-level). However, this would be clearly distinct from any considerations around contracting and commissioning, from which they would be excluded.

3.2.37 The chair of the meeting 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.

3.2.38 When a member of the meeting (including the chair or deputy chair) has a conflict of interest in relation to one or more items of business to be transacted at the meeting, the chair (or deputy chair or remaining non-conflicted members where relevant as described above) must decide how to manage the conflict. The appropriate course of action will depend on the particular circumstances but could include one or more of the following:

- Chairing by non-conflicted member - Where the chair has a conflict of interest, deciding that the deputy chair (or another non-conflicted member of the meeting if the deputy chair is also conflicted) should chair all or part of the meeting;
- Not attend - Requiring the individual who has a conflict of interest (including the chair or deputy chair if necessary) not to attend the meeting.
- Not receive papers or minutes - 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.
- Leave discussion - 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). 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.
- Partial attendance - 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). 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.
- Remain and participate - 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. 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.

3.2.39 At the start of meetings, the chair should summarise all interests received prior to the meeting and call for any other interests in respect of the agenda items. Just prior to individual agenda items being discussed, the chair should confirm



any declarations of interest referred to earlier in the meeting. The chair, in discussion with meeting attendees if appropriate, should agree on a course of action to manage those conflicts. This very much depends on an assessment of the facts at the time but a number of options are available to the chair of the meeting:

- Ask the individual to leave the meeting when the agenda item on which an individual is conflicted is discussed.
- Allow the individual to take part in the discussion but leave the meeting when the decision is made.
- Note the interest but allow them to take part in the discussion and the decision making.

3.2.40 Details on how individual conflicts of interest were managed should be reflected in the minutes of the meeting. Examples of where it may be appropriate to exclude the public include:

- Information about individual patients or other individuals which includes sensitive personal data is to be discussed.
- Commercially confidential information is to be discussed, for example the detailed contents of a provider's tender submission.
- Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings is to be discussed.
- To allow the meeting to proceed without interruption and disruption.

3.2.41 The chair of the meeting 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.

3.2.42 Minutes taking at meetings

3.2.43 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.
- Evidence that the conflict was managed as intended (for example recording the points during the meeting when individuals left or returned to the meeting).

3.3 Gifts, Hospitality and Sponsorship

This policy prohibits the offer or receipt of gifts, hospitality, payment or expenses whenever these could affect or be perceived to affect the outcome of business transactions and are not reasonable and bona fide expenditure.

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.



3.3.1 Gifts

- 3.3.2 A gift means any item of cash or goods, or any service, which is provided for personal benefit, free of charge, or at less than its commercial value. In all circumstances, staff should not accept gifts that may affect, or be seen to affect, their professional judgement.
- 3.3.3 Gifts offered to ICB staff, Board members or committee members by providers or contractors linked (currently or prospectively) to the ICB's business should be **declined**. The person to whom the gifts were offered should also declare the offer so the offer which has been declined can be recorded on the register.

Gifts from suppliers or contractors –

- Gifts from suppliers or contractors doing business (or likely to do business) with an organisation should be declined, whatever their value.
- Subject to this, low-cost branded promotional aids may be accepted where they are under the value of a common industry standard of £6 in total and need not be declared, such as promotional diaries, calendars, stationery and other gifts acquired from meetings, events or conferences, and items such as flowers and small tokens of appreciation from members of the public to staff for work well done. The £6 value has been selected with reference to existing industry [guidance issued by the ABPI](#).

Gifts from other sources (i.e. patients, families, service users) –

- Gifts of cash and vouchers should 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 an organisation (i.e. to an organisation's charitable funds), not in a personal capacity. These should be declared by staff.
- Modest gifts 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.

- 3.3.4 Gifts under £50 can be accepted from non-suppliers and non-contractors (please note the clear guidance referenced above concerning suppliers and contractors*), and do not need to be declared. Gifts with a value of over £50 can be accepted on behalf of the organisation, but not in a personal capacity and must be declared. Gifts offered from other sources should also be declined if accepting them might give rise to perceptions of bias or favouritism, and a common-sense approach should be adopted as to whether or not this is the case.
- 3.3.5 If you are in any doubt as to whether to accept a gift, it is better to politely decline the offer.
- 3.3.6 Any personal gift of cash or cash equivalents (e.g. vouchers, tokens, offers of remuneration to attend meetings whilst in a capacity working for or representing the ICB) must always be **declined**, whatever their value and whatever their source, and the offer which has been declined must be declared and recorded on the register.



3.3.8 Hospitality

- 3.3.9 Delivery of services across the NHS relies on working with a wide range of partners (including industry and academia) in different places and, sometimes, outside of 'traditional' working hours. As a result, staff will sometimes appropriately receive hospitality. Staff receiving hospitality should always be prepared to justify why it has been accepted and be mindful that even hospitality of a small value may give rise to perceptions of impropriety and might influence behaviour.
- 3.3.10 Hospitality means offers of meals, refreshments, travel, accommodation, and other expenses in relation to attendance at meetings, conferences, education and training events, etc.
- 3.3.11 The ICB does not wish to prevent people from accepting appropriate hospitality. However, individuals should be able to demonstrate that the acceptance or provision of hospitality would be of benefit to patients.

In all circumstances:

- Staff should not ask for or accept hospitality that may affect, or be seen to affect, their professional judgement.
- Hospitality must only be accepted when there is a legitimate business reason and it is proportionate to the nature and purpose of the event.
- Particular caution should be exercised when hospitality is offered by actual or potential suppliers or contractors – these can be accepted if modest and reasonable but individuals should always obtain senior approval and declare these.

Meals and refreshments:

- Under a value of £25 – may be accepted and need not be declared.
- Of a value between £25 and £75 – may be accepted and must be declared. The £75 value has been selected with reference to existing industry guidance issued by the ABPI.
- Over a value of £75 – should be refused unless (in exceptional circumstances) senior approval is given. A clear reason should be recorded on an organisation's register(s) of interest as to why it was permissible to accept.
- A common sense approach should be applied to the valuing of meals and refreshments (using an actual amount, if known, or an estimate that a reasonable person would make as to its value).

Travel and accommodation:

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



- 3.3.12 Modest hospitality provided in normal and reasonable circumstances is acceptable, although it should be on a similar scale to that which the ICB might offer in similar circumstances (e.g., tea, coffee, light refreshments at meetings). A common-sense approach should be adopted as to whether hospitality offered is modest or not. Hospitality of this nature does not need to be declared to the Chief of Staff, nor recorded on the register, unless it is offered by suppliers or contractors linked (currently or prospectively) to the ICB's business in which case all such offers (whether or not accepted) should be declared and recorded.
- 3.3.13 In the case of modest hospitality offered by pharmaceutical companies, the ICB requires clarity on what products are to be promoted. If the product(s) has been rejected for use in the Hertfordshire and West Essex ICB area, the offer should be declined. Advice should be sought from the Pharmacy and Medicines Optimisation Team where appropriate.
- 3.3.14 Offers of hospitality which go beyond modest, or are of a type that the ICB itself would not offer, should be politely **refused**. A non-exhaustive list of examples includes:
- hospitality of a value of above £75 per attendee;
 - in particular, offers of overseas travel and accommodation.
- 3.3.15 There may be some limited and exceptional circumstances where accepting the types of hospitality referred to in this paragraph may be contemplated. Hospitality of between £25 and £75 can be accepted, but must be declared to the Chief of Staff, and recorded on the register, whether accepted or not. Hospitality under £25 can be accepted and does not need to be declared. If the value of the hospitality is over £75, it must be declared and prior approval should be sought from the appropriate Director or the Chief of Staff before accepting such offers, and the reasons for acceptance should be recorded in the ICB's register of gifts and hospitality. Otherwise, such offers must be **refused**.
- 3.3.16 In addition, particular caution should be exercised where hospitality is offered by suppliers or contractors linked (currently or prospectively) to the ICB's business. Offers of this nature can be accepted if they are modest and reasonable but advice should always be sought from the Chief of Staff as there may be particular sensitivities, for example if a contract re-tender is imminent. All offers of hospitality from actual or prospective suppliers or contractors (whether or not accepted) should be declared and recorded.
- 3.3.17 The total value of hospitality provided by any specific company to the ICB must not exceed £1,000 in one financial year.
- 3.3.18 With regard to the provision of hospitality by the Integrated Care Board, The Code of Conduct: Code of Accountability in the NHS⁶ advises that the use of NHS monies for hospitality and entertainment, including hospitality at conferences or seminars, should be carefully considered. It advises that all expenditure on these items should be capable of justification, as reasonable in the light of general practice in the public sector. It reminds NHS

⁶ [chrome-extension://efaidnbnmnnibpcajpcglclefindmkaj/viewer.html?pdfurl=https%3A%2F%2Fwww.nhsbsa.nhs.uk%2Fsites%2Fdefault%2Ffiles%2F2017-02%2FSect_1_-_D_-_Codes_of_Conduct_Acc.pdf&clen=125735&chunk=true](https://efaidnbnmnnibpcajpcglclefindmkaj/viewer.html?pdfurl=https%3A%2F%2Fwww.nhsbsa.nhs.uk%2Fsites%2Fdefault%2Ffiles%2F2017-02%2FSect_1_-_D_-_Codes_of_Conduct_Acc.pdf&clen=125735&chunk=true)

organisations that hospitality or entertainment is open to challenge by auditors and that ill-considered actions can damage respect for the NHS in the eyes of the community.

3.3.19 Shareholding and Other Ownership Interests

3.3.20 Holding shares or other ownership interests can be a common way for staff to invest their personal time and money to seek a return on investment. However, conflicts of interest can arise when staff personally benefit from this investment because of their role with the ICB. For instance, if they are involved in their organisation's procurement of products or services which are offered by a company they have shares in then this could give rise to a conflict of interest.

3.3.21 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 ICB. If these shareholdings or other ownership give rise to risk of conflicts of interest they need to be considered and actions to mitigate risks need to be put in place.

3.3.22 There is no need to declare shares or securities held in collective investment or pension funds or units of authorised unit trusts.

3.3.23 Patents

3.3.24 The development and holding of patents and other intellectual property rights allows staff to protect something that they create, preventing unauthorised use of products or the copying of protected ideas. However, conflicts of interest can arise when staff that hold patents and other intellectual property rights are involved in decision making and procurement.

3.3.25 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).

3.3.26 Employees should seek prior permission from the ICB before entering into any agreement with bodies regarding product development, research, work on pathways, etc., where this impacts on the ICB's own time, or uses its equipment, resources or intellectual property. Where this gives rise to a conflict of interest then this risk needs to be mitigated.

3.3.26 Donations

3.3.27 A donation is a charitable financial payment, which can be in the form of direct cash payment or through the application of a will or similar directive. Charitable giving and other donations are often used to support the provision of health and care services. As a major public sector employer the NHS holds formal and informal partnerships with national and local charities. However, conflicts of interest can arise and the following applies:

- Acceptance of 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 a donation from a supplier may be



accepted but should receive prior written approval from the Chief of Staff or the projects lead executive director and always be declared.

- Staff should not actively solicit charitable donations unless this is a prescribed or expected part of their duties for the ICB or is being pursued on behalf of the ICB's registered charity (if it has one) or other charitable body and is not for their own personal gain
- Staff must obtain permission if in their professional role they intend to undertake fundraising activities on behalf of a pre-approved charitable campaign.
- 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 a professional fee they receive 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

3.3.28 Further, the ICB will not recommend alternative organisations or charities as recipients of the donation where it has deemed the offer as something the ICB will not accept. A clear reason should be recorded as to why it was deemed acceptable, alongside the actual or estimated value.

3.3.29 Loyalty interests

3.3.30 Conflicts of interest can arise when decision making is influenced through association with colleagues or organisations out of loyalty to the relationship they have, rather than through an objective process. 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 the ICB 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.

3.3.31 Where holding loyalty interests gives rise to a conflict of interest then they need to be considered and the risks mitigated.

3.3.32 Commercial Sponsorship

3.3.33 This section should be read in conjunction with section 3.5 "Joint working with the pharmaceutical industry."

3.3.34 ICB staff, the Board and committee members may be offered commercial sponsorship for events such as courses, conferences, post/project funding, meetings and publications in connection with the activities which they carry out



for or on behalf of the ICB. All such offers (whether accepted or declined) must be declared so that they can be included on the ICB's register of gifts, hospitality and commercial sponsorship, and the Chief of Staff should provide advice on whether or not it would be appropriate to accept any such offers. If such offers are reasonably justifiable then they may be accepted, with the written approval of a director or the Chief of Staff.

3.3.35 Acceptance of commercial sponsorship should not in any way compromise commissioning decisions of the ICB or be dependent on the purchase or supply of goods or services. Any payment that is received for speaking at events in organisation time should be paid to the NHS organisation.

3.3.36 Sponsors should not have any influence over the content of an event, meeting, seminar, publication or training event. The ICB should not endorse individual companies or their products. It should be made clear that the fact of sponsorship does not mean that the ICB endorses a company's products or services. Sponsorship of ICB events by appropriate external bodies should only be approved if a reasonable person would conclude that the event will result in clear benefit for the ICB and the NHS.

3.3.37 During dealings with sponsors there must be no breach of patient or individual confidentiality or data.

3.3.38 No information should be supplied to a company for their commercial gain and information which is not in the public domain should not normally be supplied unless there is a clear benefit to the NHS or patients.

3.3.39 At the ICB's discretion, sponsors or their representatives may attend or take part in the event, but they should not have a dominant influence over the content or the main purpose of the event. The involvement of a sponsor in an event should always be clearly identified in the interest of transparency.

3.3.40 For further information on what to do if offered sponsorship, see Appendix 3.

3.3.41 Sponsored research

3.3.42 Research is vital in helping the NHS to transform services and improve outcomes, however there is potential for conflicts of interest to occur, particularly when research funding by external bodies does or could lead to a real or perceived commercial advantage. There needs to be transparency and any conflicts of interest should be well managed, the following principles apply:

- funding sources for research 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 ICB, 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 ICB.



3.3.43 Sponsored posts

3.3.44 Sponsored posts can offer benefits to the delivery of care, providing expertise, extra capacity and capability that might not otherwise exist if funding was required to be used from the NHS budget, however, safeguards are required to ensure that the deployment of sponsored posts does not cause a conflict of interest between the aims of the sponsor and the aims of the ICB, particularly in relation to procurement, the following principles apply:

- staff who are establishing the external sponsorship of a post should seek formal prior approval from the ICB,
- rolling sponsorship of posts should be avoided unless appropriate checkpoints are put in place to review and confirm the appropriateness of arrangements continuing,
- 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. For the duration of the sponsorship, auditing arrangements should be established to ensure this is the case. 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 specific 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.

3.3.45 Clinical private practice

3.3.46 Service delivery in the NHS is done by a mix of public, private and not-for-profit organisations. The expertise of clinicians in the NHS is in high demand across all sectors and the NHS relies on the flexibility that the public, private and not-for-profit sectors can provide. It is therefore not uncommon for clinical staff to provide NHS funded care and undertake private practice work either for an external company, or through a corporate vehicle established by themselves.

3.3.47 Existing provisions in contractual arrangements make allowances for this to happen and professional conduct rules apply. However, these arrangements do create the possibility for conflicts of interest arising. Therefore, these provisions are designed to ensure the existence of private practice is known so that potential conflicts of interest can be managed. These provisions around declarations of activities are equivalent to what is asked of all staff in the section on outside employment.

3.3.48 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)
- hospital consultants are already required to provide their employer with this information by virtue of paragraph 3, schedule. 9 of Terms and conditions – consultants (England)



- 3.3.49 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 conflict of interest, NHS commitments take precedence over private work (these provisions already apply to hospital consultants by virtue of paragraphs 5 and 20, schedule 9 of the Terms and conditions – consultants (England))
 - not accept direct or indirect financial incentives from private providers
- 3.3.50 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 (these provisions already apply to hospital consultants by virtue of paragraphs 5 and 20, schedule 9 of the Terms and conditions – consultants (England)).
- 3.3.51 Where clinical private practice gives rise to a conflict of interest then the general management actions outlined in this guidance should be considered and applied to mitigate risks.

3.3.52 Outside employment

- 3.3.53 The NHS relies on staff with good skills, broad knowledge and diverse experience. Many staff bring expertise from sectors outside the NHS, such as industry, business, education, government and beyond. The involvement of staff in these outside roles alongside their NHS role can therefore be of benefit, but the existence of these should be well known so that conflicts can be either managed or avoided.
- 3.3.54 Outside employment means employment and other engagements, outside of formal employment arrangements. This can include directorships, non-executive roles, self-employment, consultancy work, charitable trustee roles, political roles and roles within not-for-profit organisations, paid advisory positions and paid honorariums which relate to bodies likely to do business with an organisation.
- 3.3.55 It is the responsibility of all staff, board and committee members, contractors and others engaged under contract to make the ICB aware if they are employed or engaged in, or wish to be employed or engage in, any employment or consultancy work in addition to their work with the ICB:
- staff should declare any existing outside employment on appointment, and any new outside employment when it arises, the declaration should include:
 - staff name and their role with the organisation
 - a description of the nature of the outside employment (eg who it is with, a description of duties, time commitment)
 - relevant dates
 - any other relevant information (eg action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this guidance)
 - where a risk of conflict of interest is identified, the general management



actions should be considered and applied to mitigate risks.

3.3.56 The purpose of this is to ensure that the ICB is aware of any potential conflict of interest. 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 a GP federation or primary care network;
- self-employment 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.

3.3.57 The ICB requires that individuals obtain prior written permission from a director to engage in outside employment and reserves the right to refuse permission where it believes a conflict will arise which cannot be effectively managed. ICBs should ensure that they have clear, and robust organisational policies in place to manage issues arising from outside employment.

3.3.58 In particular, it is unacceptable for pharmacy advisers or other advisers, employees or consultants to the ICB on matters of procurement to themselves to be in receipt of payments from the pharmaceutical or devices sector.

3.3.59 Declarations of offers of gifts, hospitality and sponsorship

3.3.60 Declarations of offers of gifts, hospitality and sponsorship should be made by completing the appropriate form (Appendix 3) and should include:

- staff name and their role with the organisation
- a description of the nature and value of the gift
- date of receipt
- any other relevant information (eg circumstances surrounding the gift, action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this guidance)

3.3.61 All declarations must be made promptly and will be transferred to a gifts and hospitality register.

3.3.62 The gifts and hospitality register will be published on the ICB public website.

3.3.63 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 removed from the publicly available registers. Where an individual believes that substantial damage or distress may be caused, to him/herself 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 hweicbwe.declarations@nhs.net.

3.3.64 Decisions not to publish information must be made by the Conflicts of Interest Guardian for the ICB, who should seek appropriate legal advice where required. The ICB should retain a confidential un-redacted version of the registers.

3.3.65 All individuals who are required to make a declaration of interests or a declaration of gifts or hospitality should be made aware that the registers will be published, prior to their publication. This should be done by the provision of a fair processing notice that details: the identity of the data controller; the purposes for which the registers are held and published; and contact details for the data protection officer. This information should additionally be provided to any individuals who have been named in the registers because they have a relationship with the person making the declaration.

3.3.66 The registers of interests (including the register of gifts and hospitality) will be published via a web link as part of the ICB's Annual Report and Annual Governance Statement and periodically updated, following review by the Audit and Risk Committee. Up to date copies of registers can be requested via a Freedom of Information request to the ICB.

3.3.67 Register of gifts, hospitality and sponsorship

3.3.68 The ICB will maintain registers of gifts, hospitality and sponsorship

3.3.69 All the individuals should consider the risks associated with accepting offers of gifts, hospitality, sponsorship and entertainment when undertaking activities for or on behalf of the ICB. This is especially important during procurement exercises, as the acceptance of gifts could give rise to real or perceived conflicts of interests, or accusations of unfair influence, collusion or canvassing.

3.4 Procurement

3.4.1 "Procurement" relates to any purchase of goods, services or works and the term "procurement decision" should be understood in a wide sense to ensure transparency of decision-making on spending public funds. The Public Contracts Regulations 2015 ('PCR 2015'), as amended, remains the key legislation for non-healthcare procurements.

3.4.2 The ICB will ensure that there are decision-making structures within the ICB that will allow for decisions around arranging healthcare services to be made in line with the NHS Provider Selection Regime. This includes ensuring that there are appropriate governance structures that will deal with any challenges that may follow decisions about provider selection. ICBs will need to evidence that they have properly exercised their responsibilities for arranging healthcare services set out in the NHS Provider Selection Regime. This will include publishing their intentions for arranging services in advance, publishing contracts awarded and keeping records of decision making. The ICB will ensure that local audit arrangements will be capable of auditing the decisions made under the NHS Provider Selection Regime⁷. The ICB will ensure that local audit arrangements will be capable of auditing the decisions made under the NHS Provider Selection Regime⁸.

3.4.3 The ICBs Procurement Policy applies to both the Public Contracts Regulations and Provider Selection Regime. The Procurement Policy sets out the specific

⁷ <https://www.gov.uk/government/consultations/provider-selection-regime-supplementary-consultation-on-the-detail-of-proposals-for-regulations>

⁸ <https://www.gov.uk/government/consultations/provider-selection-regime-supplementary-consultation-on-the-detail-of-proposals-for-regulations>

COI requirements for each of the regulations in relation to procurement of services and awarding contracts.

- 3.4.4 Conflicts of interest need to be managed appropriately through the whole procurement process. At the outset of any process, the relevant interests of individuals involved should be identified and clear arrangements put in place to manage any conflicts. This includes consideration as to which stages of the process a conflicted individual should not participate in, and in some circumstances, whether the individual should be involved in the process at all. Further guidance is provided in the ICB's [Standing Financial Instructions](#), and the ICB's [Procurement Policy](#).

3.4.5 Contract management

- 3.4.6 Any contract monitoring meeting needs to consider conflicts of interest as part of the process. The chair of a contract management meeting should: invite declarations of interests; record any declared interests in the minutes of the meeting; and manage any conflicts appropriately and in line with this policy. This equally applies where a contract is held jointly with another organisation or with other ICBs under lead commissioner arrangements.
- 3.4.7 The individuals involved in the monitoring of a contract should not have any direct or indirect financial, professional, or personal interest in the incumbent provider or in any other provider that could prevent them, or be perceived to prevent them, from carrying out their role in an impartial, fair and transparent manner.
- 3.4.8 The ICB will consider any potential conflicts of interest when circulating any contract or performance information/reports on providers and manage the risks appropriately.

3.5 Joint working with the pharmaceutical industry

- 3.5.1 This section should be read in conjunction with section 3.3.31 "Commercial sponsorship".
- 3.5.2 The Department of Health (DH) and the Association for British Pharmaceutical Industry (ABPI) seek to encourage collaborative working for the benefit of the local healthcare economy and ultimately the patient.
- 3.5.3 Pharmaceutical companies that are members of the ABPI are required to comply with the ABPI Code of Practice for the Pharmaceutical Industry 2016 , which regulates the promotion of prescription medicines and certain other non-promotional activities.
- 3.5.4 The ABPI guidance seeks to provide a framework and greater clarity for pharmaceutical companies about various aspects of Joint Working and Sponsorship.
- 3.5.5 This section of the policy is intended to:
- Ensure transparency for all our stakeholders on our approach to joint



working with the pharmaceutical industry.

- Promote ethical working relationships between the pharmaceutical industry and the NHS and should be used in conjunction with the DH/ABPI document “Moving beyond sponsorship: Interactive toolkit for joint working between the NHS and the pharmaceutical industry”

3.5.6 Joint working can be defined as “situations where, for the benefit of patients, one or more pharmaceutical companies and the NHS pool skills, experience and/or resources for the joint development and implementation of patient centred projects and share a commitment to successful delivery”.

3.5.7 The key requirements from this definition are:

- Any joint working project must be focused on benefits to patients
- There must be a “pooling” of resources between the pharmaceutical company or companies and the NHS organisation(s) involved. Each party must, therefore, make a significant contribution to the Joint Working project to avoid the arrangement being construed as merely a gift, benefit in kind, donation or some other non- promotional/commercial practice. Resources may come in various forms, including people, expertise, equipment, communication channels, information technology and finance.

3.5.8 Other principles to be applied to any instances of joint working and sponsorship are:

- All joint working and sponsorship will support projects that address local and national priorities and will maintain the freedom of clinicians to prescribe the most clinically appropriate and effective treatment for individual patients.
- Joint working and sponsorship will be conducted in an ethical, open and transparent manner.
- Joint working will take place at a corporate (organisational) level, and not with individual healthcare professionals or NHS administrative staff.
- Joint working contracts will be negotiated on fair and reasonable terms, in line with NHS values.
- Confidentiality of information received in the course of the joint working arrangement will be respected and never used outside the scope of the project. All patient identifiers will be removed from data to preserve and respect patient confidentiality in line with the Data Protection Act 2018.
- In the interests of transparency, the overall arrangements for joint working and sponsorship must be made public via the ICB website.
- Joint working and sponsorship is based on mutual trust and respect. Pharmaceutical companies must comply with the ABPI Code at all times. All NHS employed staff should comply with NHS, the ICB and relevant professional body codes of conduct at all times.
- Clinical and prescribing policies or guidelines must be based upon principles of evidence-based medicine and cost effectiveness. They will be consistent with national recommendations including the National Institute for Health and Clinical Excellence (NICE), expert bodies such as the Royal College of General Practitioners (RCGP) and local guidance.
- The Pharmaceutical industry should not have undue influence.
- Sponsorship must not provide personal benefit.



- 3.5.9 Any Joint Working/Sponsorship must ensure that all arrangements are neutral, free from preference regarding the use of the company's product over other more clinically appropriate or cost-effective products or services. In addition, arrangements must be in keeping with local guidelines and formularies.
- 3.5.10 The ICB will act in a transparent, objective manner, never endorsing any individual company or product through such agreements.
- 3.5.11 Where joint working is being contemplated, full consideration of the proposal must be given before any agreement is made. Advice should be sought from the Pharmacy and Medicines Optimisation Team and the Chief of Staff. Legal advice may also be necessary.
- 3.5.12 There must be a specific agreement for each joint working project which contains information on:
- The name of the joint working project, the parties to the agreement, the date and the term of the agreement.
 - The expected benefits for patients, the NHS and the pharmaceutical company.
 - How the success of the project will be measured, when and by whom. A set of baseline measurements must be established at the outset of the project to track and measure the success of the project aims, particularly patient outcomes. For longer term projects (>1 year) patient outcomes should be analysed at least every six months as a minimum to ensure that anticipated patient benefits are being delivered.
 - An outline of the financial arrangements.
 - The roles and responsibilities of the ICB and the pharmaceutical company. All aspects of input from the company should be included such as training, support for service redesign, business planning, data analysis etc.
 - The agreement should specify criteria that result in high certainty that both parties can meet their commitments. For example, both parties should be able to demonstrate that they have the capability, resource or track record to deliver on the commitments they are making.
 - The planned publication of any data or outcomes.
 - Procedures for dealing with Freedom of Information Act requests.
 - If a pharmaceutical company enters into a joint working agreement on the basis that its product is already included in an appropriate place on the local formulary, a clear reference to this should be included in the joint working agreement so that all the parties are clear as to what has been agreed.
 - The agreement should include contingency arrangements to cover possible unforeseen circumstances such as changes to summaries of product characteristics and updated clinical guidance. Agreements should include a dispute resolution clause and disengagement/exit criteria including an acknowledgement by the parties that the project might need to be amended or stopped if a breach of the ABPI Code is ruled.
- 3.5.13 Approval must be obtained from the Commissioning Committee or relevant sub-group before the project proceeds. This will allow a full evaluation of the joint working agreement including governance issues and the overall impact of the joint working to be assessed in relation to healthcare priorities.
- 3.5.14 Joint Working offers of any kind from pharmaceutical companies must be



declared and registered whether refused or accepted and be available for public scrutiny on request.

- 3.5.15 The ICB will encourage competitor companies to collaborate on any such ventures. If several companies are able to provide the same arrangements they should all – or at least a selection – be approached to ascertain their willingness to undertake joint working. If willing to do so, they could then share a joint working arrangement.
- 3.5.17 Any joint working arrangements will be reported to the Audit and Risk Committee.
- 3.5.18 A primary care rebate scheme (PCRS) is an agreement between an ICB and a pharmaceutical company that provides an economic benefit to the commissioner and, in theory, may increase the volume sales of a company's product. These are different to national patient access schemes which are negotiated nationally by the Department of Health to enable patient access for very high-cost drugs that have clear clinical benefits. PCRS could be seen to undermine national pricing agreements between the Department of Health and Industry.
- The ICB believes that the pharmaceutical industry should supply medicines to the NHS using transparent pricing mechanisms, wherever possible.
 - The ICB does accept rebates from pharmaceutical companies. The decision as to whether to accept a rebate is made by the Pharmacy & Medicines Optimisation Team based on the PrescQIPP⁹ operating model.

3.6 Raising concerns and breaches

- 3.6.1 It is the duty of every ICB employee, Board member, committee, sub-committee or group member to speak up about genuine concerns in relation to the administration of the ICB's policy on conflicts of interest management, and to report these concerns. These individuals should not ignore their suspicions or investigate themselves, but rather raise their concerns with the Conflicts of Interest Guardian, in line with the ICB's Whistleblowing Policy.
- 3.6.2 Any suspicions or concerns of acts of fraud or bribery can be reported to HWE ICB Local Counter Fraud Specialist (natalie.nelson@rsmuk.com) or the National Fraud and Corruption Line 0800 028 4060 for any concerns about fraud, Bribery and Corruption. For more information, please see the Counter Fraud Bribery and Corruption Policy
- 3.6.3 If conflicts of interest are not effectively managed, the ICB could face civil challenges to decisions made. 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

⁹ <https://www.prescqipp.info/umbraco/surface/authorisedmediasurface/index?url=%2fmedia%2f4228%2fpisgrb-operating-model-v44.pdf>



patients, waste public money and damage the ICB's reputation. In extreme cases, staff and other individuals could face personal civil liability.

- 3.6.4 Failure to manage conflicts of interest could lead to criminal proceedings including for offences such as fraud, bribery, and corruption. Under the Bribery Act 2010 it is an offence to:

- promise, offer or give a bribe;
- request, agree to receive or accept a bribe;
- bribe a foreign official;

It is also an offence for the organisation to fail to prevent bribery by not having adequate preventative procedures in place.

- 3.6.5 The ICB will ensure that 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 are subject to investigation and, where appropriate, to disciplinary action. ICB staff, Board and committee members in particular should be aware that the outcomes of such action may, if appropriate, result in the termination of their employment or position with the ICB.

- 3.6.6 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. The ICB will report statutorily regulated healthcare professionals to their regulator if they believe that they have acted improperly, so that these concerns can be investigated. Statutorily regulated healthcare professionals should be made aware that the consequences for inappropriate action could include fitness to practise proceedings being brought against them, and that they could, if appropriate, be struck off by their professional regulator as a result.

3.6.7 Investigation of potential breaches

- 3.6.8 Any potential breach of the conflicts of interest elements of this policy will be investigated and actual breaches published on the ICB website. This includes the treatment of service contracts where a breach of conflicts of interest was identified.

- 3.6.9 Potential breaches highlighted during the course of ICB business, reported to the Conflicts of Interest Guardian or identified in any other way, will be documented by the Chief of Staff and investigated.

- 3.6.10 Each breach needs to be investigated and judged on its own merits and this should start with those involved having the opportunity to explain and clarify any relevant circumstances.

- 3.6.11 A conflicts of interest panel will be assembled by the Chief of Staff. The panel will be chaired by a non-executive board member and a minimum of two other non-executive board members will be members of the panel.

- 3.6.12 All documented evidence will be compiled by the Chief of Staff or their representative and circulated to panel members at least five working days prior to the panel meeting.



- 3.6.13 There is an expectation that the individual being investigated will respond to questions and provide evidence sought in a timely manner to reduce possible delay.
- 3.6.14 The ICB recognises that receiving requests as part of the investigative process could be distressing for the individuals, and therefore HR will be approached to provide or sign-post relevant support.
- 3.6.15 Witnesses and the individual being investigated may be invited to the meeting if appropriate.
- 3.6.16 The panel meeting will be minuted by the Chief of Staff, or their representative. and minutes will be kept on file for a minimum of six years.
- 3.6.17 The role of the panel is to assess whether an actual breach has occurred and to decide on a course of action to reflect the consequences of that breach.
- 3.6.18 Legal or other appropriate advice may be sought prior to imposing sanctions which could have serious consequences for those involved, Appendix 5 outlines the 'Potential Sanctions' (as per NHS England Managing Conflicts of Interest Guidance 2024).
- 3.6.19 The potential courses of action available to the panel include:
- Stipulating how the risk of future similar breaches can be mitigated against;
 - Recommendation of disciplinary action;
 - Seek advice from local counter fraud services;
 - If appropriate, referral of the matter to the Counter Fraud Authority (CFA);
 - Referral to professional regulatory body.
- 3.6.20 In the case of a potential breach not being ruled as an actual breach, the panel may make recommendations to mitigate the risk of an actual breach occurring in the future.
- 3.6.21 Reports of any actual breaches will be anonymised and reported on the ICB website. If the matter has been reported to the CFA, the report will not be published until at a time advised by the CFA.



Appendix 1

The Seven Principles of Public Life (Nolan Principles)

Our management of conflicts of interest should be underpinned by principles set out by the Committee on Standards in Public Life, and sets out seven principles, which apply to everyone who works as a public office holder, including all staff who work for the NHS. They're also known as the Nolan principles. These seven principles underpin all aspects of public life, including our management of conflicts of interest.

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.

As well as upholding the Standards of Public Life, you should also apply the following key principles.

- **Be aware** – A perception of wrongdoing, impaired judgement or undue influence can be as significant as any of them actually occurring.
- **Be proactive** – Be proactive, not reactive in the management of conflicts of interest. Think about where and how conflicts might arise in your work and ensure that you take action to declare and manage them. If in doubt, it is better to assume the existence of a conflict of interest and manage it appropriately rather than ignore it.
- **Be transparent** – Be transparent at every stage of the commissioning cycle. Ensure any conflicts are declared and managed throughout the commissioning cycle. Ensure that any actions to manage conflicts are clearly recorded.
- **Be informed** – Financial gain is not necessary for a conflict of interest to exist.
- **Be supportive** – Make sure individuals feel supported when they declare relevant information and raise legitimate concerns.
- **Be proportionate** - Actions to mitigate conflicts of interest should seek to preserve the spirit of collective decision-making wherever possible.



Appendix 2 – Declarations of Interest



DECLARATIONS OF INTEREST FORM

Name:				
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):				
Type of Interest*	Description of Interest (including for indirect interests, details of the relationship with the person who has the interest)	Date interest relates		Actions to be taken to mitigate risk (to be agreed with line manager or a senior ICB manager)
		From	To	

Please note:

- The information submitted will be held by the ICB for personnel or other reasons specified on this form and to comply with the organisation's policies. This information will be held in electronic form in accordance with GDPR/Data Protection Act 2018. 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 completing and submitting this form you:
 - Confirm that the information provided above is complete and correct.
 - 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.
 - Are aware that civil, criminal or internal disciplinary action may result from a failure to make full, accurate or timely declarations.
- If you do declare interests, we are required to publish the information on the ICB website and/or make arrangements to ensure that members of the public have access to the registers on request.
- In exceptional circumstances, an individual's name and/or other information can be redacted from any publicly available registers where the public disclosure of information could give rise to a real risk of harm or is prohibited by law. Application of this exemption will be subject to Chief of Staff approval. Please provide further information below if you feel this exemption applies to any part of this declaration.
- Please note that ICB staff need this form to be signed by their line manager before submitting.

Signed:

Date:

Signed (Manager):

Date:

Position:

PLEASE RETURN THIS FORM TO: hweicbwe.declarations@nhs.net



***Types of Interest**

Types of Interest	Description
Financial Interests	<p>Where an individual may get direct financial benefits (a benefit may arise from the making of gain or avoiding a loss) from the consequences of a decision their organisation makes.</p> <p>This could include:</p> <ul style="list-style-type: none"> • a director (including a non-executive director) or senior employee in another organisation which is doing or is 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 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 research sponsorship
Non-Financial Professional Interests	<p>Where an individual may obtain a non-financial professional benefit (a benefit may arise from the making of gain or avoiding a loss) from the consequences of a decision their organisation makes, such as increasing their professional reputation or status or promoting their professional career.</p> <p>This could include situations where the individual is:</p> <ul style="list-style-type: none"> • an advocate for a particular group of patients • a clinician with a special interest • an active member of a particular specialist body • undertaking a research role, particularly sponsored research • an advisor for the Care Quality Commission or National Institute of Health and Care Excellence
Non-Financial Personal Interests	<p>This is where an individual may benefit (a benefit may arise from the making of gain or avoiding a loss) personally from a decision their organisation makes in ways which are not directly linked to their professional career and do not give risk to a direct financial benefit.</p> <p>This could include, for example, where the individual is:</p> <ul style="list-style-type: none"> • 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	<p>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 (a benefit may arise from the making of gain or avoiding a loss) from a decision they are involved in making.</p> <p>This would include:</p> <ul style="list-style-type: none"> • close family member and relatives • close friends and associates • business partners

Example Conflicts of Interest

Example	Category	To be declared?	Conditions / action required
I am a pharmacist and sit on the ICB's medicines optimisation group, which makes decisions about the medicines and devices we recommend. What are my responsibilities relating to conflicts of interest?	Financial Interest	Yes	<ul style="list-style-type: none"> Any group making key strategic decisions like this is subject to the guidance. Other examples would be groups making decisions around contracts, procurement or grants. You should make sure that all interests, or potential conflicts, are declared in accordance with local arrangements within 28 days of any changes. In meetings, you have a personal responsibility for declaring any material interests at the beginning of each meeting and as they arise, which will be added to the organisation's register if not already included. If the chair considers that your interest might create the risk of conflict with an item of the group's business, they might take a range of management actions relating to your participation in the group to make sure that this risk is properly managed
I am a GP Clinical Lead for the ICB. As well as declaring that I am a partner of a GP practice, do I need to declare that my practice is part of a wider PCN?	Financial	Yes	<ul style="list-style-type: none"> Yes, you should declare the details of the PCN as a separate interest. GPs could be both commissioners and providers of services. They could be responsible for selecting providers and deciding on spending, while potentially being involved in delivering some of those services.
I am employed by the ICB as a prescribing support dietician and am also a member of the British Diabetic Association. Do I need to declare my membership?	Non-Financial Professional Direct Interest	Yes	<ul style="list-style-type: none"> You should declare this interest for transparency and flag at any meetings you attend where this topic comes up for discussion.
I am a contracts officer for the ICB. A close relative is an employee of a provider that the ICB commissions services from. I attend contract, performance and quality meetings where matters pertaining to this provider are discussed but I am not part of the contract management process for this provider and do not influence or discuss commissions decisions relating to this contract.	Non-Financial Personal Indirect Interest	Yes	<ul style="list-style-type: none"> You should declare this interest for transparency
My husband is a director of a company which has supplied equipment to a provider commissioned by the ICB. Do I need to declare this?	Indirect Interest	Yes	<ul style="list-style-type: none"> As your husband has decision making responsibilities in the company, then yes, you should declare it.

Template Register for Declarations of Interests:

Surname	Forename	Current Position(s) held within HWE ICB	Team/Directorate	Interest Declared (Name of the organisation and nature of business)	Financial	Non-financial Professional	Non-financial personal	Direct Interest	Indirect Interest	Date of Interest From	Date of interest To	Action taken to mitigate risk	Date signed and confirmed

Template Register for Declarations of Interest raised at meetings:

Surname	Forename	Current Position within organisation	Role within the HWE ICB [insert committee]	Interest Declared	Financial	Non-financial Professional	Non-financial personal	Direct Interest	Indirect Interest	Date of Interest From	Date of interest To	Action taken to mitigate risk	Date signed and confirmed



Appendix 3 – Gifts, Hospitality and Sponsorship



DECLARATION OF HOSPITALITY/GIFTS/SPONSORSHIP

Name:

Position:

Date:

Directorate and Division:

PLEASE RETURN THIS FORM TO: hweicbwe.declarations@nhs.net

Link to the ICB policy: [hwe-integrated-governance-handbook \(icb.nhs.uk\)](https://www.hweicbwe.nhs.uk/hwe-integrated-governance-handbook/icb.nhs.uk)

For further questions: hweicbwe.declarations@nhs.net

ALL QUESTIONS TO BE COMPLETED

NATURE of the hospitality/ sponsorship/ gift offered to you	
Was the gift accepted or declined? REASON (for declining)	
TOTAL value (if you are unsure please ask the donor for an estimated cost)	£
NUMBER of items?	
REASON hospitality/sponsorship/gift was offered to you	
DONOR of hospitality/sponsorship/gift	
DATE of the hospitality/sponsorship/gift	

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<p>APPROVAL considered by</p> <p><i>(Refer to policy for authority levels)</i></p>	<p>Approval given: *Yes</p> <p>Name:</p> <p>Role:</p> <p><i>"I confirm that, to the best of my knowledge, 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, professional regulatory or internal disciplinary action may result."</i></p> <p>Signature:</p>
<p>Reason for non-approval <i>(If applicable)</i></p>	

Please return this form to the Governance Team at hweicbwe.declarations@nhs.net

Examples of Gifts, Hospitality, Commercial Sponsorship and Secondary Employment

Example	Category	Acceptable?	Conditions / action required
Chocolates or small gifts from members of public, patients or staff	Gifts/Offer	Yes	<ul style="list-style-type: none"> Must not exceed the value of £6. There is no need to declare or enter on the register.
Diaries, calendars, stationery, or other inexpensive office items	Gifts/Offer	Yes	<ul style="list-style-type: none"> Must not exceed the value of £6. Only acceptable if received at a conference, meeting or other organised event. There is no need to declare or enter on the register.
Gift offered by a current or prospective supplier / contractor	Gifts/Offer	No	<ul style="list-style-type: none"> Must be declined, declared and entered on the register
Personal gift of cash or cash equivalents (e.g. vouchers, tokens, offers of remuneration to attend meetings whilst in a capacity working for or representing the ICB)	Gifts/Offer	No	<ul style="list-style-type: none"> Must be declined, declared and entered on the register
Modest hospitality such as a working lunch in the course of working meetings, trade fairs or conferences	Hospitality	Yes	<ul style="list-style-type: none"> Must not exceed the value of £75. If received from a current or prospective supplier / contractor, must be declared and entered on the register
Dinner offered at high quality restaurant / hotel	Hospitality	No	<ul style="list-style-type: none"> If the value of hospitality is over £75, it must be declined, declared and entered on the register
Working lunch provided by a pharmaceutical company for a locality meeting.	Hospitality	Yes	<ul style="list-style-type: none"> A written agreement must be in place and the sponsorship disclosed in any papers relating to the meeting, including any minutes taken, as well as entered into the register. Advice should be sought from the Pharmacy and Medicines Optimisation Team as to the local status of the product(s) being promoted. The total value of hospitality provided by any specific company to the ICB must not exceed £1,000 in one financial year.
Entertainment from an existing supplier to mark a special occasion, e.g. the opening of new premises	Hospitality	Yes	<ul style="list-style-type: none"> Must be approved by a director in advance, declared and entered into the register All such special occasions must be discussed first with the Communications Team and approved by a director
Sponsorship for training courses, conferences, post/project funding, meetings and publications	Commercial sponsorship	Yes	<ul style="list-style-type: none"> Must be approved in advance by a director, declared and enter on the register
Sponsorship for attending conferences abroad	Commercial sponsorship	No	<ul style="list-style-type: none"> In general, all such offers should be declined. There may be exceptional circumstances in which an offer might be acceptable; the advice of the Chief of Staff should be sought. All offers must be declared and entered on the register.
Payment for advisory work for a pharmaceutical company	Secondary employment	No	<ul style="list-style-type: none"> Must be declined, declared and entered on the register
Offer of part-time employment with an existing or prospective supplier/contractor	Secondary employment	Yes	<ul style="list-style-type: none"> Must be approved by a director. The ICB may refuse permission if it is believed that an unacceptable conflict of interest arises as a result. All secondary employment must be declared and entered onto the register of declarations of interest.

Template Register for Declarations of Gifts, Hospitality and Sponsorship:

Position	Date of Offer	Declined or Accepted	Date of Receipt (if applicable)	Details of Gift/Hospitality Sponsorship	Estimated Value	Supplier/Offeror (or provider / giver's) Name and Nature of Business	Reason for Accepting or Declining



Appendix 4 - Procurement



Hertfordshire and
West Essex Integrated
Care System



Hertfordshire and
West Essex
Integrated Care Board

PROCUREMENT CHECKLIST

Service:	
Question	Comment/ Evidence
1. How does the proposal deliver good or improved outcomes and value for money – what are the estimated costs and the estimated benefits? How does it reflect the ICB's proposed commissioning priorities? How does it comply with the ICB's commissioning obligations?	
2. How have you involved the public in the decision to commission this service?	
3. What range of health professionals have been involved in designing the proposed service?	
4. What range of potential providers have been involved in considering the proposals?	
5. How have you involved your Health and Wellbeing Board(s)? How does the proposal support the priorities in the relevant joint health and wellbeing strategy (or strategies)?	
6. What are the proposals for monitoring the quality of the service?	
7. What systems will there be to monitor and publish data on referral patterns?	
8. Have all conflicts and potential conflicts of interests been appropriately declared and entered in registers?	
9. In respect of every conflict or potential conflict, you must record how you have managed that conflict or potential conflict. Has the management of all conflicts been recorded with a brief explanation of how they have been managed?	
10. Why have you chosen this procurement route e.g., single action tender? ¹	

¹Taking into account all relevant regulations (e.g. the NHS (Procurement, patient choice and competition) (No 2) Regulations 2013 and guidance (e.g. that of Monitor).

11. What additional external involvement will there be in scrutinising the proposed decisions?	
12. How will the ICB make its final commissioning decision in ways that preserve the integrity of the decision-making process and award of any contract?	
Additional question when qualifying a provider on a list or framework or pre selection for tender (including but not limited to any qualified provider) or direct award (for services where national tariffs do not apply)	
13. How have you determined a fair price for the service?	
Additional questions when qualifying a provider on a list or framework or pre selection for tender (including but not limited to any qualified provider) where GP practices are likely to be qualified providers	
14. How will you ensure that patients are aware of the full range of qualified providers from whom they can choose?	
Additional questions for proposed direct awards to GP providers	
15. What steps have been taken to demonstrate that the services to which the contract relates are capable of being provided by only one provider?	
16. In what ways does the proposed service go above and beyond what GP practices should be expected to provide under the GP contract?	
17. What assurances will there be that a GP practice is providing high-quality services under the GP contract before it has the opportunity to provide any new services?	

**DECLARATION OF CONFLICT OF INTERESTS FORM
FOR BIDDERS/CONTRACTORS**

Name of Relevant Person	<i>[complete for all Relevant Persons]</i>	
Details of interests held:		
Type of Interest	Details	Personal interest or that of a family member, close friend or other acquaintance?
Provision of services or other work for the ICB or NHSE/I		
Provision of services or other work for any other potential bidder in respect of this project or procurement process		
Any other connection with the ICB or NHSE/I, whether personal or professional, which the public could perceive may impair or otherwise influence the ICB's or any of its board or committee 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 the ICB or NHS England and Improvement(NHSE/I)		
Provision of services or other work for any other potential bidder in respect of this project or procurement process		
Any other connection with the ICB or NHSE/I, whether personal or professional, which the public could perceive may impair or otherwise influence the ICB's or any of its board or committee members' or employees' judgements, decisions or actions		

To the best of my knowledge and belief, the above information is complete and correct. I undertake to update as necessary the information.

Signed:

On behalf of:

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Template Register for Procurement

[illegible]

Appendix 5

Potential Sanctions (Breaches)

(Extract from NHSE Managing Conflicts of Interest Guidance 2024)

Disciplinary sanctions

Staff who fail to disclose any relevant interests or who otherwise breach an organisation's rules and policies relating to the management of conflicts of interest are subject to investigation and, where appropriate, to disciplinary action. This may include:

- employment law action such as:
 - informal action – such as reprimand or signposting to training and/or guidance
 - formal action – such as formal warning, the requirement for additional training, re-arrangement of duties, redeployment, demotion or dismissal
 - referring incidents to regulators
 - contractual action against organisations or staff
- where the staff member is not a direct employee, review of their appointment to the role that has given rise to the conflict

Professional regulatory sanctions

Statutorily regulated healthcare professionals who work for, or are engaged by, organisations are under professional duties imposed by their relevant regulator to act appropriately with regard to conflicts of interest. Organisations should consider reporting statutorily regulated healthcare professionals to their regulator if they believe that they have acted improperly, so that these concerns can be investigated. These healthcare professionals should be made aware that the consequences for inappropriate action could include fitness to practise proceedings being brought against them, and that they could, if appropriate be struck off by their professional regulator as a result.

Information and contact details for the healthcare professional regulators are accessible from the [Professional Standards Authority for Health and Social Care's website](#).

Civil sanctions

If conflicts of interest are not effectively managed, organisations could face civil challenges to decisions they make – for instance if interests were not disclosed that were relevant to the bidding for, or performance of contracts. If a decision-maker has a conflict of interest, then the decision is also potentially vulnerable and could be overturned on judicial review. In extreme cases, staff and other individuals could face personal civil liability, for example a claim for misfeasance in public office.

Criminal sanctions

Failure to manage conflicts of interest could lead to criminal proceedings including for offences such as fraud, bribery and corruption. This could have implications for the



organisation concerned and linked organisations, and the individuals who are engaged by them.

The Fraud Act 2006 created a criminal offence of fraud and defines 3 ways of committing it:

- fraud by false representation
- fraud by failing to disclose information
- 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 a cause a loss (or the risk of a loss) to another. Fraud carries a maximum sentence of 10 years imprisonment and/or a fine and can be committed by a body corporate.

The Bribery Act 2010 makes it easier to tackle this offence in public and private sectors. Bribery is generally defined as giving or offering someone a financial or other advantage to encourage a person to perform certain activities and can be committed by a body corporate.

Commercial organisations (including NHS bodies) will be exposed to criminal liability, punishable by an unlimited fine, for failing to prevent bribery.

The offences of bribing another person or accepting a bribe carry a maximum sentence of 10 years imprisonment and/or a fine. In relation to a body corporate the penalty for these offences is a fine.

Reputational consequences

A failure to manage conflicts of interest (including the perception of such a failure) can lead to reputational damage and undermine confidence in the integrity of the decision-making process and give the impression that the organisation or individual has not acted in the public interest.



Appendix 6

Equality Impact Assessment

Title of policy, service, proposal etc being assessed:

Standards of Business Conduct & Conflicts of Interest Policy
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What are the intended outcomes of this work?

This policy is intended to:

- Enable the ICB to deliver its statutory duty to manage conflicts of interest.
- Enable individuals to demonstrate that they are acting fairly and transparently and in the best interest of patients and the local population.
- Uphold confidence and trust in the NHS.
- Safeguard commissioning, whilst ensuring objective decision making.
- Support individuals to understand when conflicts of interest (whether actual or potential) may arise and how to manage them if they do.
- Ensure that the ICB operates within the legal framework.
- Uphold the reputation of the ICB and its staff in the way in conducts business.

How will these outcomes be achieved?

Reporting to the Audit and Risk Committee as outlined within in the policy, and the monitoring compliance with training and annual declaration refresh.

Who will be affected by this work?

The policy relates to internal stakeholders.

Evidence - Impact Assessment Not Required
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The purpose of this document is to ensure that the ICB maintains the highest standards of probity and that all business relationships lead to clear benefits for patients, therefore this policy will have no impact (positive or negative) on people from the equality and health inequality groups.

For your records

Name of person(s) who carried out these analyses: Governance Manager

Date analyses were completed: March 2024

Equality and Diversity Lead Sign off

Agreed. Paul Curry, Equality and Diversity Lead, 22 March 2024

