



North East London
Integrated Care Board

Standards of Business Conduct and Conflicts of Interest Policy

VERSION CONTROL

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Dissemination of this Policy	<p>This policy will be:</p> <ul style="list-style-type: none">• Contained in the ICB's Governance Handbook, published on the ICB's Website.• Referred to in terms of reference.• Published on the staff intranet.• Circulated by email to Board, Committee and Sub-Committee members and participants.• Proactively communicated to all staff in accordance with NHS England (NHSE) Requirements <p>In accordance with the ICB's constitution, individuals contracted to work on behalf of the ICB, or otherwise providing services or facilities to the ICB, will be made aware of their obligation to declare conflicts or potential conflicts of interest. This requirement will be written into their contract for services.</p>

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1. Introduction

1.1 Background

1.1.1 This policy describes the public service values, which underpin the work of the NHS and reflects current guidance and best practice to which all individuals within the NHS North East London Integrated Care Board (**‘the ICB’**) must have regard to in their work for the ICB.

1.1.2 As a publicly funded organisation, we have a duty to set and maintain the highest standards of conduct and integrity. The ICB aspires to the highest standards of corporate behaviour and responsibility.

1.1.3 The [NHS Constitution](#) sets out some of the key responsibilities for all NHS staff, and all Officers are expected to act in the spirit set out in the seven principles of public life, known as the Nolan Principles:

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

Integrity. Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might 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 awards or 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.

1.1.4 In addition, those to whom this policy applies shall comply with the Code of Conduct contained in the ICB’s Governance Handbook.

1.1.5 As well as promoting the standards of business conduct expected of public bodies, this policy aims to protect our organisation and Officers from any suggestion of corruption, partiality or dishonesty by providing a framework through which the organisation can provide guidance and assurance that its staff conduct themselves with honesty, integrity and probity.

1.1.6 The policy should be read in conjunction with all relevant organisational policies and governance documentation which are developed and agreed in line with the principles set out in this policy. In particular, the following key ICB policies will be relevant:

- a) The ICB's Constitution
- b) Standing Financial Instructions
- c) Procurement Policy
- d) Anti-Fraud and Bribery Policy
- e) Freedom to Speak Up Policy
- f) Disciplinary Policy

1.2 **Scope**

1.2.1 All our staff and those performing a role for the ICB or participating in its business are within the scope of this policy.

1.2.2 This includes members of the Board of the ICB, its committees, sub-committees and employees of the ICB. For the avoidance of doubt, this also includes those who are members of the Board or a governance structure of the ICB, but who are ordinarily employed or otherwise working for another organisation within the wider-ICS.

1.2.3 In addition, where an individual (including any individual directly involved with the business or decision making of the ICB, but who is not in one of the above categories) has an interest or becomes aware of an interest which could lead to a conflict of interests in the event of the ICB considering an action or decision in relation to that interest, that must be considered as a potential conflict, and is subject to the provisions of the ICB's Constitution and the individual falls within the scope of this policy.

1.2.4 This will include without limitation:

- a) Members of non-decision-making governance structures (e.g. task and finish/working groups);
- b) Members of joint committees where exercising ICB functions;
- c) Third parties acting on behalf of the ICB under any contract arrangement;
- d) Agency staff engaged by the ICB;
- e) Secondees and other associates and honorary appointees;
- f) Advisory group members (who may not be directly employed or engaged by the organisation);
- g) Jointly appointed roles.
- h) Independent Clinicians

1.2.5 In the context of this policy, all those to whom this policy applies are referred to as **Officers**.

1.3 Decision Making Officers

1.3.1 Some Officers are more likely than others to have a decision-making role or influence on the use of 'taxpayers' money because of the requirements of their role. In the context of this policy, such officers are referred to as 'Decision Making Officers.'

1.3.2 Without limitation, this category of Officers is likely to include:

- a) Members of the Board of the ICB and all the ICB's committees and sub-committees;
- b) Members of advisory groups which contribute to direct or delegated decision making on the commissioning or provision of taxpayer funded services such as working groups involved in service redesign or stakeholder engagement that will affect future service provision;
- c) Management, administrative and clinical staff who have the power to enter into contracts on behalf of the ICB and/or are involved in decision making concerning the commissioning of services, purchasing of goods, medicines, medical devices or equipment, and formulary decisions;
- d) Those at Agenda for Change Band 8D and above, or operating at that level on an interim basis;
- e) Executive and Senior Management Team roles;
- f) Budget holders, as set out in the ICB's Standing Financial Instructions and/or Scheme of Delegation.

1.3.3 There may be occasions where staff declare an interest but upon closer consideration it is clear that this is not material and so does not give rise to the risk of a conflict of interest. The team or individual responsible for managing organisational policy should decide whether it is necessary to transfer such declarations to an organisation's register(s) of interests.

2. Conflicts and declarations of interest

2.1 Legal and policy requirements

2.1.1 In accordance with section 14Z30 of the National Health Service Act 2006 ('2006 Act') (as reflected in the ICB's Constitution), the ICB must:

- a) maintain one or more **registers of the interests** of:
 - (i) members of the Board of the ICB
 - (ii) members of its committees or sub-committees, and
 - (iii) its employees.

- b) publish those registers or make arrangements to ensure that members of the public have access to them on request.
- c) make arrangements to ensure those mentioned above declare any conflict or potential conflict of interest that the person has in relation to a decision to be made in the exercise of the commissioning functions¹ of the ICB. Such 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. Once made they must be entered on to the ICB's registers.
- d) make arrangement for managing conflicts and potential conflicts in such a way as to ensure that they do not, and do not appear to, affect the integrity of the ICB's decision-making processes.
- e) Management of conflicts of interest is subject to independent review by Internal Audit and/or Counter Fraud.

2.1.2 In accordance with paragraph 13 of Schedule 1B of the 2006 Act, the ICB's Constitution includes provision made by the ICB to give effect to the above, and contains a statement of principles to be followed by the ICB in implementing those arrangements. In addition, the Constitution requires that:

- a) Terms of office and/or employment for all Board, committee and sub-committee members, and employees of the ICB require that they will comply with the ICB policy on conflicts of interest;
- b) All delegation arrangements made by the ICB under Section 65Z5 of the 2006 Act will include a requirement for transparent identification and management of interests and any potential conflicts, in accordance with suitable policies and procedures comparable with those of the ICB.
- c) Individuals' declared interests will be considered as part of the appointment process for members of the Board to determine whether, in line with any guidance issued by NHS England or other relevant bodies, there are any conflicts that warrant individuals being excluded from appointment to the Board.
- d) In accordance with paragraph 4 of schedule 1B of the 2006 Act, the person(s) appointing someone as a member of the Board must not do so if they consider that the appointment could reasonably be regarded as undermining the independence of the health service because of the individual's involvement with the private healthcare sector or otherwise. Similarly, the Chair must approve the membership of the ICB's committees and sub-committees and must not grant approval where they consider that the independence of the health service could reasonably be regarded as being undermined by the appointment.

2.1.3 NHS England also has a duty under section 14Z51 of the 2006 Act to issue guidance to ICBs relating to the discharge of their functions, which each ICB

¹ i.e. the functions of the ICB in arranging for the provision of services as part of the health service.

must have regard to. Accordingly, Managing Conflicts of Interest in the NHS: Guidance for Staff and Organisations has been updated during 2024/25 and the current version of that document should be construed accordingly and complied with by Officers. This ICB policy must be read alongside the nationally applicable guidance as updated or replaced from time to time. If in doubt, a copy of the current guidance that is in force can be requested from the Head of Governance.

2.1.4 Further guidance published by NHS England is also relevant to the management of conflicts of interest and must have regard to by Officers. For instance, national guidance published in relation to the provider selection regime and guidance on joint working and delegation arrangements.

2.2 Principles for managing conflicts of interest

2.2.1 The ICB and its Officers will subscribe to the following seven principles which have been recommended by NHS England:

- a) Decision-making must be geared towards meeting the statutory duties of ICBs at all times, and 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.
- b) ICBs have been created to give trust/foundation trust, local authority, and primary medical services (general practice) provider nominees a role in decision-making. These individuals will be expected to act in accordance with the first principle above, and while it should not be assumed that they are personally or professionally conflicted just by virtue of being an employee, director, partner or otherwise holding a position with 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 these outweigh the value of the knowledge they bring to the process.

- c) The personal and professional interests of all ICB board members, ICB committee members and ICB staff who are involved in decision-taking 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 them 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.
- d) If an interest is declared but there is no risk of a conflict arising, then no further action need be taken (although the interest will still need to be recorded). However, if a material interest is declared, then it should be considered to what extent it 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.

- e) ICBs should consider the composition of decision-making forums and 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 resident needs and deliver care for their populations. The way conflicts of interest are managed should reflect this distinction. For example, where independent providers (including the VCSE sector) hold contracts for services, it would be appropriate and reasonable for the ICB to involve them in discussions, eg 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.

- f) Actions to mitigate 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.

- g) 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.

2.2.2

Furthermore, and in addition to the Nolan Principles and other principles set out in the ICB's Constitution which should guide the management of Conflicts of Interest, the ICB and its Officers will comply with the following additional principles to support the management of conflicts of interest, which have been adopted by the ICB:

- a) **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;
- b) **Be proactive, not reactive:** Officers should seek to identify and minimise the risk of conflicts of interest at the earliest possible opportunity;
- c) **Be balanced, sensible and proportionate:** Rules should be clear and robust but not overly prescriptive or restrictive. They should ensure that decision-making is transparent and fair whilst not being overly constraining, complex or cumbersome;
- d) **Be transparent:** Document clearly the approach and decisions taken at every stage in the commissioning cycle so that a clear audit trail is evident;
- e) Create an **environment and culture** where individuals feel supported and confident in declaring relevant information and raising any concerns;
- f) **Be prudent:** A perception of wrongdoing, impaired judgement or undue influence can be as detrimental as any of them actually occurring. If in doubt, it is better to assume the existence of a conflict of interest, ensure a declaration in the fullest terms and manage it appropriately.

2.2.3 Moreover, individuals shall NOT:

- a) Misuse their position to further their interests or the interests of those related to them.
- b) Be influenced, or give the impression that they have been influenced, by outside interests.
- c) Allow outside interests to inappropriately affect the decisions.
- d) Interpret policies and procedures with a view to stifling collaboration and innovation.

2.3 What are conflicts of interest?

2.3.1 A conflict of interest is 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 carrying out their role is, or could be, impaired or influenced by another interest they hold.

2.3.2 A conflict of interest may be **Actual** (there is a relevant and material conflict between one or more interests) or **Potential** (there is the possibility of a material conflict between one or more interests in the future).

- 2.3.3 Officers may hold interests for which they cannot see a potential conflict. However, caution is always advisable because others may see it differently. It is important to exercise judgement and to declare such interests where there is otherwise a risk of suggestion of improper conduct.
- 2.3.4 Interests can arise in a number of different contexts. Financial gain is not necessary. 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. A benefit may arise from the making of a gain or the avoidance of a loss.
- 2.3.5 Conflicts can arise from personal or professional relationships with others, e.g. where the role or interest of a family member, friend or acquaintance may influence an individual's judgement or actions, or could be perceived to do so.
- 2.3.6 Interests can generally be considered in the following categories, which are explained further at Appendix 1:
- a) Financial interests
 - b) Non-financial professional interests
 - c) Non-financial personal interests
 - d) Indirect interests

2.4 Declarations

- 2.4.1 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.
- 2.4.2 Interests must also be declared:
- a) before appointment to a role;
 - b) when an individual moves to a new role or their responsibilities change significantly;
 - c) at the beginning of a new project/piece of work;
 - d) at the commencement of meetings;
 - e) as soon as circumstances change and new interests arise (for instance: in a meeting when interests held are relevant to the matters under discussion);
 - f) at least annually, in accordance with the arrangements for made by the ICB set out at paragraph 2.5 below;
 - g) in any formal appraisal/annual reviews.
- 2.4.3 ICB employees, Officers and any external partners involved in ICB decision-making are required to complete a declaration of interests form annually as set out in paragraph 2.5. The declaration of interest submission will be

completed through the electronic system, Disclose, which ICB employees access via the Workforce application. External staff that are required to complete a form can do so at the website <https://nhsnel.disclose.org.uk/>. A guide on how to complete the form can be found [on the staff intranet here - Disclose User Guide](#) or can requested through the conflicts of interest mailbox nelondonicb.coi@nhs.net.

- 2.4.4 Declaration of interests templates (Appendix 4 and Appendix 6) should only be used in the event that the electronic system is unavailable. ICB staff need to inform their line manager and appropriate director of the declaration they have made. Individuals should seek advice from the governance team if required at nelondonicb.coi@nhs.net.

2.5 Annual declarations

- 2.5.1 As a matter of course, to ensure declarations of interest are made, confirmed or updated at least annually, the ICB's governance team will ask staff to review their previous declarations and provide any new declarations in order that the register(s) of interest can be updated accordingly. A response is required from all employees, Officers and decision-makers, even where they have no interest to declare.
- 2.5.2 Staff will also be reminded periodically (at least once per year) of their obligations to declare their interests within the required timeframe.
- 2.5.3 Notwithstanding the above, it is the responsibility of all staff to regularly consider what interests they have in the context of the role they are performing, and to declare their interest as they arise.
- 2.5.4 All staff completing declaration forms should include trading names of interests as opposed to the registered company name solely. This would prevent the ICB from being misled inadvertently.

2.6 Register of Interests

- 2.6.1 Once made, declarations must be entered on to the register of interests. The interests of all staff will be recorded.
- 2.6.2 After expiry of a declaration, an interest will remain on the register for a minimum of six months and a private record of historic interests will be retained for a minimum of six years.
- 2.6.3 Such information may be made available to the public on request, subject to any applicable information governance safeguards and per the ICB's [Privacy Policy](#). Additionally, the interests of Decision Making Officers will be published prominently on the ICB's website (at least annually).
- 2.6.4 In exceptional circumstances, where the public disclosure of information could give rise to a real risk of harm or is prohibited by law, an individual's name and/or other information may be redacted from the publicly available register. Where an individual believes that substantial damage or distress may be caused (i.e. 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. Decisions not to publish information must be made by the Conflicts of Interest Guardian, who

should seek appropriate legal advice where required, and the ICB should in such circumstances retain a confidential un-redacted version of the registers.

2.7 Management of conflicts - general

- 2.7.1 All declarations of interest must be reviewed by the appropriate line manager, with consideration given to any actions required to mitigate the conflict in the individual circumstances.
- 2.7.2 Decisions about how declarations are managed will be taken by the Head of Governance with input from the ICB's in-house legal adviser, who will seek advice or escalate matters for senior input depending on the materiality of the interests. Matters can also be raised with the Conflicts of Interest Working Group which is a sub-committee of the Audit and Risk Committee.
- 2.7.3 If an interest is declared but there is no risk of a conflict arising then no action is warranted. However, if a material interest is declared then the general management actions that could be applied include:
- a) restricting an individual's involvement in associated discussions and excluding them from decision making;
 - b) removing an individual from the whole decision making process;
 - c) removing an individual's responsibility for an entire area of work;
 - d) removing an individual from their role altogether if they are unable to operate effectively in it because the conflict is so significant.
- 2.7.4 Each case will be different and context-specific, and the ICB will always clarify the circumstances and issues with the individuals involved.
- 2.7.5 However, there are a number of common situations which can give rise to risk of conflicts of interest, these being:
- gifts
 - hospitality
 - outside employment
 - shareholdings and other ownership interests
 - patents
 - loyalty interests
 - donations
 - sponsored events
 - sponsored research
 - sponsored posts
 - clinical private practice

2.7.6 An audit trail of the actions taken must be maintained by the ICB and the individuals concerned should maintain their own written record of the information considered and actions taken.

2.8 Management of meetings and strategic decision-making groups

2.8.1 The ICB uses the Board, committees, sub-committees, advisory groups and procurement panels to make key strategic decisions or recommendations about things such as:

- a) entering into (or renewing) large scale contracts
- b) awarding contracts
- c) making procurement decisions
- d) selection of medicines, equipment and devices

2.8.2 These are referred to in this policy as 'strategic decision-making groups'.

2.8.3 It is important that the interests of those who are involved in these meetings and groups are documented and understood. The ICB must therefore identify relevant strategic decision-making groups and ensure they operate in a manner consistent with the following principles, which reflect wider standards of good governance:

- a) chairs should consider any known interests of members in advance and begin each meeting with a standing agenda item asking for declarations of relevant interests
- b) those present should take personal responsibility for declaring material interests at the beginning of each meeting and as they arise
- c) where an actual or potential conflict of interest arises during the course of any meeting it is the responsibility of the relevant individual to notify the chair at the soonest possible opportunity
- d) any new interests identified should be added to the relevant register of interest
- e) the vice-chair (or other non-conflicted member) should chair all or part of the meeting if the chair has an interest that may prejudice their judgement. If the vice-chair is also conflicted, then the remaining non-conflicted voting members of the meeting should unanimously agree how to manage the conflict(s)
- f) terms of reference for such groups should refer to the ICB's policy and procedures for managing conflicts of interest and should set out any specific requirements which apply to the group

2.8.4 If a member has an actual or potential interest the chair should consider the following approaches and ensure that the reason for the chosen action is documented in minutes or records:

- a) requiring the member to not attend the meeting

- b) ensuring that the member does not receive meeting papers relating to the nature of their interest
- c) requiring the member to not attend all or part of the discussion and decision on the related matter
- d) noting the nature and extent of the interest, but judging it appropriate to allow the member to remain and participate
- e) remove the member from the group or process altogether

2.8.5 The default response should not always be to exclude members with interests, as this may have a detrimental effect on the quality of the decision being made. An example is the need for clinical involvement, when clinicians may hold and represent a diversity of interests. Good judgement is required to ensure proportionate management of risk. The composition of groups should be kept under review to ensure effective participation.

2.8.6 To ensure transparency in decision-making, declarations of interest should be recorded in minutes of meetings. The chair of the relevant meeting (with support from the relevant secretariat) must ensure minutes record as a minimum:

- a) Who has the interest.
- b) The nature and magnitude of the interest.
- c) The agenda items to which the interest relates.
- d) How the conflict was agreed to be managed.
- e) Evidence that the conflict was managed as intended.

2.8.7 Template meeting minutes which aim to accommodate the above can be found at Appendix 4:.

2.9 Procurement decisions

2.9.1 Procurement should be managed in an open and transparent manner, compliant with procurement and other relevant law. Procurement processes should be conducted in the best interest of patients.

2.9.2 The ICB should keep records that show a clear audit trail of how conflicts of interest have been identified and managed as part of procurement processes. At every stage of procurement, steps should be taken to identify and manage conflicts of interest to ensure and to protect the integrity of the process.

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

- 2.9.4 Organisations² need to comply with the PSR when arranging for the provision of “relevant health care services,”³ either on their own or as part of a “mixed procurement”⁴.
- 2.9.5 Organisations need to take appropriate measures to effectively prevent, identify and remedy conflicts of interest arising in the conduct of procurement processes under The Health Care Services (Provider Selection Regime) Regulations 2023 (‘PSR Regulations’). The definition of conflicts of interest for the purposes of the PSR is set out in regulation 21(2)(a) of the PSR Regulations⁵. Integrated care board (ICBs) should note the specific carve-out from this definition in regulation 21(3) relating to ICB board members. Further information about the PSR, including about the management of conflicts of interest, can be found within the PSR statutory guidance.
- 2.9.6 Organisations need to comply with the rules on public procurement set out in the Public Contracts Regulations 2015 (‘PCR’) when arranging for the provision of goods and services that are not “relevant health care services”, unless they form part of a “mixed procurement,” which meets the test for the application of the PSR.
- 2.9.7 The Procurement Act 2023 (‘Procurement Act’) is expected to come into force later in 2024, at which point it will replace the PCR. Organisations will need to take all reasonable steps to identify, and keep under review, in relation to any procurement under the Procurement Act any conflicts of interest or potential conflicts of interest. “Conflict of interest” is defined for the purposes of the Procurement Act in Section 81. The Procurement Act will impose new duties on organisations with regards to the assessment and management of conflicts of interest⁶.
- 2.9.8 For the avoidance of doubt, nothing in this section or this policy waives or modifies any existing legal requirements relating to conflicts of interest and procurement decisions.

2.10 Conflict of Interest Guardian

- 2.10.1 Staff should be aware that the ICB has appointed the Chair of its Audit and Risk Committee to be its conflict of interest guardian. In accordance with the ICB’s constitution their role is to:
- a) act as a conduit for members of the public and members of the ICB who have any concerns with regards to conflicts of interest;

² NHS England, integrated care boards, NHS trusts and foundation trusts, local authorities and combined authorities are defined as “relevant authorities” for the purposes of the PSR.

³ See regulation 2(1) of The Health Care Services (Provider Selection Regime) Regulations 2023

⁴ See Regulation 3(2) of The Health Care Services (Provider Selection Regime) Regulations 2023

⁵ This definition is substantively the same as the definition of conflicts of interest contained in the Public Contracts Regulations 2015 (Regulation 24(2)).

⁶ See for example Sections 82 and 83

- b) be a safe point of contact for employees or workers to raise any concerns in relation to conflicts of interest;
- c) support the rigorous application of conflict of interest principles and policies;
- d) 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;
- e) provide advice on minimising the risks of conflicts of interest.

2.10.2 To that end, the Conflict of Interest Guardian contact details can be found in section 5.2.3 of this policy.

2.10.3 Further information about raising concerns connected with matters set out in this policy can be found at paragraph 5.2 below.

3. Gifts, hospitality and sponsorship

3.1 Gifts

3.1.1 Officers should ensure that they are not placed in a position that risks, or appears to risk, compromising their role or the ICB's public and statutory duties or reputation. The over-arching principle that ICB staff should not accept gifts that may affect, or be seen to affect, their professional judgement should apply in all circumstances. Staff in the NHS offer support during significant events in people's lives. For this work they may sometimes receive gifts as a legitimate expression of gratitude. We should be proud that our services are so valued. But situations where the acceptance of gifts could give rise to conflicts of interest should be avoided. Staff should be mindful that even gifts of a small value may give rise to perceptions of impropriety and might influence behaviour if not handled in an appropriate way.

3.1.2 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.

3.1.3 Officers should not ask for or accept gifts, gratuities or honoraria (such as grants, scholarships) from any individual or organisation that may be capable of being construed as being able to influence any decision or cast doubt on the integrity of such decisions. Officers are reminded that it may be considered to be a breach of the organisation Disciplinary Policy to solicit gifts. It may also be illegal, under the Bribery Act 2010 and staff that are found to have done so may face disciplinary action and prosecution.

3.1.4 The Bribery Act 2010 makes it a criminal offence to give or offer a bribe, or to request, offer to receive or accept a bribe. The Act reformed the criminal law of bribery, making it easier to tackle this offence proactively in both the public and private sectors. It introduced a corporate offence which means that commercial organisations, including NHS bodies, will be exposed to criminal liability, punishable by an unlimited fine, for failing to prevent bribery.

- 3.1.5 Officers should always refuse gifts or other benefits which might reasonably be seen to compromise their personal judgement or integrity. Under no circumstances should Officers accept a personal gift of cash or cash equivalents (e.g. tokens, vouchers, gift cards, lottery tickets or betting slips) regardless of value. If for any reason it has not been possible to decline the gift at source (e.g it has arrived by post) then this should be given immediately to the Head of Governance who will arrange for its return via a recorded delivery or transfer.
- 3.1.6 A common sense approach should be applied to the valuing of gifts, using the actual amount if known, or an estimate that a reasonable person would make as to its value. If there is any doubt about the appropriateness of accepting a gift, Officers should either politely decline or consult their line manager or the governance team.

3.2 Gifts from suppliers and contractors

- 3.2.1 gifts from suppliers or contractors doing business (or likely to do business) with an organisation should be declined, whatever their value
- 3.2.2 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. The £6 value has been selected with reference to the Association of the British Pharmaceutical Industry's (ABPI) Code of practice for the pharmaceutical industry 2021.

3.3 Gifts from other sources

- 3.3.1 This section applies to gifts from those who are neither suppliers nor contractors. For example, gifts from patients, families, service users, foreign dignitaries. The following shall apply:
- a) The acceptance of gifts with a value of over £50 should be treated with caution and only accepted on behalf of the organisation, not in a personal capacity. A clear reason should be recorded as to why it was considered permissible to accept the gift, alongside the actual or estimated value and include line manager approval. Accepted gifts should be sent to the Head of Governance who will consider the following options:
 - (i) share the gift with all staff;
 - (ii) raffle the gift for charity;
 - (iii) donate the gift to charity; or
 - (iv) make an equivalent donation to charity and keep the gift.
 - b) Multiple gifts from the same source over a 12-month period with a cumulative value exceeding £50 should be treated in the same way as single gifts over £50 value.
 - c) Modest gifts under £50 can be accepted from non-suppliers and non-contractors and do not need to be declared.

3.3.2 The ICB does not purchase or provide gifts or hospitality to patients, staff or other third parties. The ICB is developing a policy that sets out how local people should be recognised, rewarded and valued for helping to improve local health and health services.

3.4 Hospitality

3.4.1 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.

3.4.2 Hospitality in this context means the provision of meals and refreshments, invitations to functions such as ceremonies, receptions, presentations and conferences as well as invitations to social, cultural and sporting events. Some offers may include overnight accommodation and travel to and from a venue at which an event is being held.

3.4.3 Hospitality must only be accepted when there is a legitimate business reason and it is proportionate to the nature and purpose of the event. Officers should exercise discretion in accepting offers of hospitality in case it would, or might appear to:

- a) place them under any obligation to the individual or organisation making the offer;
- b) compromise their professional judgement and impartiality; or
- c) otherwise be improper.

3.4.4 A common sense approach should be applied to the valuing of hospitality, using the actual amount if known, or an estimate that a reasonable person would make as to its value. If there is any doubt about the appropriateness of accepting a hospitality, staff should either politely decline or consult their line manager or the governance team.

3.5 Hospitality from suppliers and contractors

3.5.1 Particular caution should be exercised when hospitality is offered by actual or potential suppliers or contractors. The following shall apply:

- a) Modest and reasonable hospitality (meals/refreshments) (under £25) provided in normal and reasonable circumstances during the course of working visits may be accepted and need not be declared. However, it should be on a similar scale to that which the ICB might offer in similar circumstances, (e.g. hospitality provided at meetings, events, seminars).
- b) Hospitality (meals/refreshments) between £25 and £75 can be accepted but must be declared. The £75 value has been selected with reference to existing industry guidance issued by the ABPI.

- c) Hospitality (meals/refreshments) of a value in excess of £75 must be declared and should be refused unless (in exceptional circumstances) Chief Officer approval is given. A clear reason should be recorded on the declaration as to why it was permissible to accept hospitality of this value.
- d) Modest offers to pay some or all travel and accommodation costs related to attendance at events may be accepted and must be declared.
- e) Offers which go beyond modest or are of a type that the ICB itself might not usually offer, should be declined unless (in exceptional circumstances) senior approval is given. A non-exhaustive list of examples includes business class/first class travel and accommodation and foreign travel. These should be declared with a clear reason for acceptance and a copy of any senior approval.

3.6 Commercial sponsorship/Sponsored events

3.6.1 Sponsorship of NHS events by external parties is valued. Offers to meet part of the cost of running an event secures their ability to take place, benefitting NHS staff and residents. However, there is potential for conflicts of interest between the organiser and the sponsor, particularly regarding the ability to market commercial products or services. As a result, the ICB has safeguards in place to prevent conflicts occurring.

3.6.2 When sponsorships are offered, the following principles must be adhered to:

- a) Sponsorship of ICB events by appropriate external bodies should only be approved if a reasonable person would conclude that the event will result in a clear benefit for the ICB or the NHS.
- b) 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. Therefore sponsorship should by any existing or potential contractor or supplier should not be accepted.
- c) During dealings with sponsors there must be no breach of patient or individual confidentiality or data protection legislation. Moreover, no information should be supplied to a company for their commercial gain unless there is a clear benefit to the NHS. As a general rule, information which is not in the public domain should not normally be supplied.
- d) 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.
- e) The involvement of a sponsor in an event should always be clearly identified in the interests of transparency.

- f) The ICB will make it clear that sponsorship does not equate to endorsement of a sponsor or its products and this needs to be made visibly clear on any promotional or other materials relating to the event.

3.6.3 Staff may accept commercial sponsorship for courses, conferences, post/project funding, meetings and publications if they are reasonably justifiable and in accordance with the spirit of, and principles set out in, this policy. Staff members should declare their involvement with arranging sponsored events to their line manager (with details of the proposed sponsorship) and permission must be obtained from the Head of Governance in writing in advance.

3.7 Sponsored research

3.7.1 Research is vital in helping the NHS to transform services and improve outcomes. Without sponsorship of research some beneficial projects might not happen. More broadly, partnerships between the NHS and external bodies on research are important for driving innovation and sharing best practice. 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.

- a) funding sources for research must be transparent
- b) any proposed research must go through the relevant health research authority or other approvals process
- c) there must be a written protocol and written contract between staff, the organisation, and/or institutes at which the study will take place and the sponsoring organisation, which specifies the nature of the services to be provided and the payment for those services
- d) the study must not constitute an inducement to prescribe, supply, administer, recommend, buy or sell any medicine, medical device, equipment or service
- e) staff should declare involvement with sponsored research to their organisation

3.8 Sponsored posts

3.8.1 Sponsored posts are positions with an organisation that are funded, in whole or in part, by organisations external to the NHS. 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 organisation, particularly in relation to procurement.

- a) staff who are establishing the external sponsorship of a post should seek formal prior approval from the ICB

- b) rolling sponsorship of posts should be avoided unless appropriate checkpoints are put in place to review and confirm the appropriateness of arrangements continuing
- c) 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
- d) sponsored post holders must not promote or favour the sponsor's specific products, and information about alternative products and suppliers should be provided
- e) 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

3.8.2 The ICB will maintain records regarding sponsored events in line with the above principles and rules.

3.9 How to declare

3.9.1 All declarations relating to hospitality, gifts and sponsorship must be made, as soon as is practicable, through the electronic system, Disclose as outlined in paragraph 2.4.3.

3.9.2 Consistent with paragraph 2.5 above, as a matter of course, the governance team will seek confirmation that declarations have been made but the responsibility to declare falls to individual members of staff.

3.10 Gifts, Hospitality and Sponsorship Register

3.10.1 Declarations will be entered on to the Gifts, Hospitality and Sponsorship Register which is maintained by the governance team.

3.10.2 The Gifts, Hospitality and Sponsorship register of decision making staff will be published on the ICB's website and maintained by the ICB's governance team.

3.10.3 Such information may be made available to the public on request, subject to any applicable information governance safeguards. Additionally, the interests of Decision Making Officers will be published prominently on the ICB's website (at least annually).

3.10.4 In exceptional circumstances, where the public disclosure of information could give rise to a real risk of harm or is prohibited by law, an individual's name and/or other information may be redacted from the publicly available register. 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. Decisions not to publish information must be made by the Conflicts of Interest Guardian, who should seek appropriate legal advice where required, and the ICB should in such circumstances retain a confidential un-redacted version of the registers.

4. Other conduct

This section sets out the ICB's expectations of Officers in relation to other areas of personal and professional conduct which may be relevant.

4.1 Outside employment and private practice

- 4.1.1 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.
- 4.1.2 Outside employment means employment and other engagements, outside of formal employment arrangements. Employees of the ICB (depending on the details of their contract as regards outside employment and private practice) are required to inform the ICB if they are engaged in or wish to engage in outside employment in addition to their work with the ICB. This shall include standing for election as a member of parliament, or in local elections. The purpose of this is to ensure that the ICB is to be aware of any potential conflict of interest with their ICB employment.
- 4.1.3 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. (Clinical private practice is considered in a separate section).
- 4.1.4 Examples of work which might conflict with the business of the ICB include:
- a) employment with another NHS body;
 - b) employment with another organisation which might be in a position to supply goods/services to the ICB; and
 - c) self-employment, including private practice, in a capacity which might conflict with the work of the ICB or which might be in a position to supply goods/services to the ICB.
- 4.1.5 The ICB will send an annual reminder to all ICB staff about this requirement.
- 4.1.6 Permission to engage in outside employment/private practice will be required and the ICB reserves the right to refuse permission where it believes a conflict will arise.

4.2 Clinical private practice

- 4.2.1 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.
- 4.2.2 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.
- 4.2.3 Clinical staff should declare all private practice on appointment, and/or any new private practice when it arises including:
- a) where they practise (name of private facility)
 - b) what they practise (specialty, major procedures)
 - c) when they practise (identified sessions/time commitment)
 - d) 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)
- 4.2.4 Clinical staff should (unless existing contractual provisions require otherwise or unless emergency treatment for private patients is needed):
- a) seek prior approval of the ICB before taking up private practice
 - b) 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)
 - c) not accept direct or indirect financial incentives from private providers
- 4.2.5 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)).
- 4.2.6 Where clinical private practice gives rise to a conflict of interest then the general management actions outlined in this policy should be considered and applied to mitigate risks.

4.3 Shareholding and other ownership interests

- 4.3.1 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 an organisation. For instance, if they are involved in the ICB'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. In these cases, the existence of such interests should be well known so that they can be effectively managed.
- 4.3.2 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.
- 4.3.3 There is no need to declare shares or securities held in collective investment or pension funds or units of authorised unit trusts.
- 4.3.4 Where shareholdings or other ownership interests are declared and give rise to risk of conflicts of interest then the general management actions outlined in this policy should be considered and applied to mitigate the risks.

4.4 Initiatives

- 4.4.1 As a general principle any financial gain resulting from external work where use of ICB time or title is involved (e.g., speaking at training events/conferences, writing articles etc) and/or which is connected with ICB business must be forwarded to the governance team.
- 4.4.2 Any patents, designs, trademarks, or copyright resulting from the work (e.g., research) of an employee of the ICB carried out as part of their employment by the ICB shall be the Intellectual Property of the ICB.
- 4.4.3 Approval from the appropriate line manager or the governance team should be sought prior to entering into an obligation to undertake external work connected with the business of the ICB, e.g. writing articles for publication, speaking at conferences.
- 4.4.4 Where the undertaking of external work, gaining patent or copyright or the involvement in innovative work, benefits or enhances the ICB's reputation or results in financial gain for the ICB, consideration will be given to rewarding employees subject to any relevant guidance for the management of Intellectual Property in the NHS issued by the Department of Health.

4.5 Patents

- 4.5.1 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. Staff are encouraged to be innovative in their practice and therefore this activity is welcomed.

- 4.5.2 However, conflicts of interest can arise when staff who hold patents and other intellectual property rights are involved in decision making and procurement. In addition, where product development involves use of time, equipment or resources from the ICB, then this too could create risks of conflicts of interest, and it is important that the ICB is aware of this and it can be managed appropriately.
- 4.5.3 Staff should declare patents and other intellectual property rights they hold (either individually, or by virtue of their association with a commercial or other organisation), including where applications to protect have started or are ongoing, which are, or might be reasonably expected to, related to items to be procured or used by the ICB.
- 4.5.4 Staff 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.
- 4.5.5 Where holding of patents and other intellectual property rights give rise to a conflict of interest then the general management actions outlined in this policy should be considered and applied to mitigate risks.

4.6 Loyalty interests

- 4.6.1 As part of their jobs, staff need to build strong relationships with colleagues across the NHS and in other sectors. These relationships can be hard to define as they may often fall in the category of indirect interests. They are unlikely to be directed by any formal process or managed via any contractual means – it can be as simple as having informal access to people in senior positions. However, loyalty interests can influence decision making.
- 4.6.2 Conflicts of interest can arise when decision making is influenced subjectively through association with colleagues or organisations out of loyalty to the relationship they have, rather than through an objective process. The scope of loyalty interests is potentially huge, so judgement is required for making declarations.
- 4.6.3 Loyalty interests should be declared by Officers involved in decision-making where they:
- a) 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
 - b) sit on advisory groups or other paid or unpaid decision-making forums that can influence how the ICB spends taxpayers' money
 - c) are, or could be, involved in the recruitment or management of close family members and relatives, close friends and associates, and business partners

- d) are aware that the ICB does business with an organisation with whom close family members and relatives, close friends and associates, and business partners have decision making responsibilities
- e) where holding loyalty interests gives rise to a conflict of interest then the general management actions outlined in this policy should be considered and applied to mitigate risks

4.7 Donations

- 4.7.1 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. Staff will, in their private lives, undertake voluntary work or fundraising activities for charity. A supportive environment across the NHS and charitable sector should be promoted. However, conflicts of interest can arise.
- 4.7.2 Donations made by suppliers or bodies seeking to do business with an organisation should be treated with caution and not routinely accepted. In exceptional circumstances a donation from a supplier may be accepted but should always be declared. A clear reason should be recorded as to why it was deemed acceptable, alongside the actual or estimated value.
- 4.7.3 Staff should not actively solicit charitable donations unless this is a prescribed or expected part of their duties or is being pursued on behalf of the ICB's registered charity or other charitable body and is not for their own personal gain.
- 4.7.4 Staff must obtain permission from the ICB if in their professional role they intend to undertake fundraising activities on behalf of a pre-approved charitable campaign.
- 4.7.5 Donations, when received, should be made to a specific charitable fund (never to an individual) and a receipt should be issued.
- 4.7.6 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.
- 4.7.7 The ICB maintains records in line with their wider obligations under charity law, in line with the above principles and rules.

4.8 Lending or borrowing

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

4.9 Gambling

4.9.1 No member of staff may bet or gamble when on duty or on ICB premises, with the exception of small lottery syndicates or sweepstakes related to national events such as the World Cup or Grand National among immediate colleagues.

4.10 Trading on official premises

4.10.1 Trading on official premises is prohibited, whether for personal gain or on behalf of others. Canvassing within the office by, or on behalf of, outside bodies or firms (including non-ICB interests of staff or their relatives) is also prohibited. Trading does not include small tea or refreshment arrangements solely for staff.

4.11 Collection of money

4.11.1 Charitable collections must be authorised by the director responsible for governance. Collection tins or boxes must not be placed in offices. With line management agreement, collections may be made among immediate colleagues and friends to support small fundraising initiatives, such as raffle tickets and sponsored events. Permission is not required for informal collections amongst immediate colleagues on an occasion like retirement, marriage or a new job.

4.12 Bankrupt or insolvent staff

4.12.1 Any Officer who becomes bankrupt, insolvent, has active CCJ, or has made individual voluntary arrangements with organisations must inform Human Resources and the Head of Governance, as soon as possible. Officers who are bankrupt or insolvent cannot be employed, or otherwise engaged, in posts that involve duties which might permit the misappropriation of public funds or involve the approval of orders or handling of money.

4.13 Arrest or conviction

4.13.1 An Officer who is arrested, subject to continuing criminal proceedings, or convicted of any criminal offence must inform Human Resources as soon as is practicably possible.

4.14 Social media

4.14.1 Officers should be aware that social networking websites are public forums and should not assume that their entries will remain private. Officers communicating via social media must not:

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

4.14.2 For further details please see the [Employee use of social media and digital content policy](#).

4.15 Political activities

- 4.15.1 Any political activity should not identify an individual as an officer of the ICB. Conferences or functions run by a party-political organisation should not be attended in an official capacity, except with prior written permission from the Chief Executive or Chair of the ICB.

4.16 Pharmaceutical Industry transparency initiatives

- 4.16.1 In relation to declarations of conflicts, gifts, hospitality and sponsorship, particular care should be taken when in contact with the pharmaceutical and devices sector.
- 4.16.2 A code of practice is published by the [Association of British Pharmaceutical Industry \('ABPI'\)](#), which sets out arrangements which ABPI members must comply with. This includes prohibitions against inducements and a scheme of disclosure of certain transfers of value made directly or indirectly to health professionals and relevant decision-makers (e.g. within healthcare organisations such as the ICB).
- 4.16.3 Officers working in or with the pharmaceutical and devices sector should familiarise themselves with the requirements of the ABPI's scheme.
- 4.16.4 Officers are reminded that it is mandatory that when undertaking work with the Pharmaceutical Industry, in whatever capacity, and receiving any transfer of value or benefit in kind, they should consent for this to be declared on the [ABPI Disclosure UK Database](#), as well as making any other declarations in accordance with the usual requirements of the ICB policy as set out above. Failure to provide the necessary consent will be considered as a breach of this policy and appropriate action will be taken.
- 4.16.5 The ICB will consider ABPI data as part of its periodic counter fraud reviews.

5. Compliance and investigation

5.1 Failure to comply with this policy

- 5.1.1 Failure to comply with the requirements set out in this policy may result in action being taken in accordance with the ICB's Disciplinary Policy procedures. Such disciplinary action may include termination of employment (or such other arrangement or engagement as applicable).
- 5.1.2 Additionally, where an individual is a regulated professional, a regulatory referral may be made and where an act or omission may constitute a criminal offence, it will be referred for criminal investigation.
- 5.1.3 In particular, any financial or other irregularities or impropriety which involve evidence or suspicion of fraud, bribery or corruption by any Officer, will be reported in accordance with Standing Financial Instructions and the [Anti-Fraud and Bribery Policy](#), with a view to an appropriate investigation being conducted and potential prosecution being sought.

5.1.4 The governance team will actively follow up on any missing declarations and will monitor the number of gifts/hospitality that have been declared including those that have been accepted or declined and raise any concerns with the executive management team where appropriate.

5.1.5 The Conflicts of Interest Working Group which reports into the ICB Audit and Risk Committee will monitor compliance with the policy and will provide the Committee with assurances and escalate any issues.

5.2 Raising concerns and breaches

5.2.1 There will be situations when interests will not be identified, declared or managed appropriately and effectively. This may happen innocently, accidentally, or because of the deliberate actions of staff or organisations. For the purpose of this policy these situations are referred to as breaches.

5.2.2 Officers shall speak up about any genuine concerns in relation to compliance with this policy, or otherwise relating to criminal activity, breach of a legal obligation (including negligence, breach of contract or breach of administrative law), danger to health and safety or the environment, and the cover up of any of these in the workplace. This shall also include concerns relating to interests that have not been identified, declared or managed appropriately and effectively.

5.2.3 Concerns should be raised without delay, as follows:

Contact	Scope	Contact details
Head of Governance	<p>The Head of Governance can:</p> <ul style="list-style-type: none"> • Offer advice about the application of this policy or related policies; • Discuss concerns in general terms on an informal basis; • Escalate concerns (e.g. to the Conflict of Interest Guardian, to Local Counter Fraud Specialist) and raise breach reports; • Identify team or individual to investigate breach. 	Annemarie.keliris@nhs.net
Conflict of Interest Guardian	<p>Actual or suspected failures to manage conflict of interest matters appropriately and effectively should be raised with the Conflict of Interest Guardian, either via the Head of Governance in the first instance or directly.</p> <p>The Conflict of Interest Guardian provides impartial and unconflicted advice and judgement to the ICB in cases where it is not obvious whether a material conflict exists or how best to manage it. The Conflict of Interest Guardian is also the chair of the ICB's Audit & Risk Committee and a non-executive member of the Board of the ICB.</p>	Chair of the Audit and Risk Committee – can be contacted via Annemarie.keliris@nhs.net

Contact	Scope	Contact details
Freedom to Speak up Guardian Service	<p>The Freedom to Speak up (FTSU) Guardian Service supports the organisation in becoming a more open and transparent place to work, where all staff are actively encouraged and enabled to speak up safely.</p> <p>The Freedom to Speak up Guardian Service has been designated by the ICB to act as an independent and impartial source of advice to staff at any stage of raising a concern, and for the purposes of fulfilling their role has access to anyone in the organisation (including the Chair of the ICB and the Chief Executive) or if necessary others outside the ICB. The Freedom to Speak up Guardian Service will be supported by an Executive and Non-executive member of the Board in fulfilling its responsibilities.</p> <p>To ensure that interests and offers of gifts, hospitality and sponsorship are effectively managed, individuals are encouraged to speak up about actual or suspected breaches. Every individual has a responsibility to do this.</p> <p>The ICB has developed a Freedom to Speak Up Policy setting out the arrangements for raising and handling staff concerns.</p>	<p>The NHS NEL FTSU Guardian is Anuska Casas Pinto 0333 577 5588 contact@theguardianservice.co.uk</p> <p>Executive lead responsible for Freedom to Speak Up –Charlotte Pomery, Chief Participation and Place Officer, charlotte.pomery@nhs.net</p> <p>Clinical Executive Lead, Diane Jones, Chief Nursing Officer, diane.jones11@nhs.net</p> <p>Non-executive member responsible for Freedom to Speak Up - Diane Herbert, diane.herbert3@nhs.net</p>
Local Counter Fraud Specialist and/or Chief Finance and Performance Officer	<p>The ICB has an accredited, nominated and appropriately trained person to conduct the full range of counter fraud, bribery and corruption work its behalf.</p> <p>It will be the duty of all Officers having evidence of, or reason to suspect, financial or other irregularities which may amount to or involve fraud, bribery or corruption, to report these suspicions to the Chief Finance and Performance Officer and/or the Local Counter Fraud Specialist. Officers should not investigate matters themselves.</p> <p>Unless the circumstances require otherwise, the Local Counter Fraud Specialist will inform the Chief Finance and Performance Officer (or failing that the Chief Executive or Chair of the ICB).</p> <p>Concerns may also be referred directly to the Chief Finance and Performance Officer, who will involve the Local Counter Fraud Specialist as required.</p> <p>As referred in the Standing Financial Instructions, the ICB has developed a comprehensive Anti-fraud and Bribery Policy which contains further relevant information.</p>	<p>Mark Kidd 07528 970 251 mark.kidd@nhs.net</p> <p>Henry Black henryblack@nhs.net</p>

Contact	Scope	Contact details
NHS Fraud and Corruption Reporting Line	<p>The reporting line provides an easily accessible and confidential route for the reporting of genuine suspicions of fraud within or affecting the NHS.</p> <p>All calls are dealt with by experienced trained staff and any caller who wishes to remain anonymous may do so.</p>	<p>https://cfa.nhs.uk/reportfraud</p> <p>0207 404 6609</p>

- 5.2.4 The ICB will review and if necessary identify a team or individual to investigate the breach. Following the investigation the ICB will:
- decide if there has been or is potential for an actual breach and the severity
 - assess whether further action is required in response – this is likely to involve any staff member involved and their line manager, as a minimum
 - consider who else inside and outside the organisation should be made aware of the breach
 - take appropriate action, such as clarifying existing policy, taking action against the staff member(s) responsible for the breach, or escalating to external parties such as auditors, the NHS Counter Fraud Authority, the Police, statutory health bodies and/or regulatory bodies.
- 5.2.5 When dealing with instances of breach, organisations may want to take legal or other appropriate advice prior to imposing sanctions which could have serious consequences for those involved. A range of responses should be considered in terms of proportionate sanctions for breaches, including:
- employment law action
 - reporting incidents to external bodies
 - contractual or legal consequences
- 5.2.6 The Public Interest Disclosure Act (PIDA) 1998 - This act provides protection for workers who raise legitimate concerns about specified matters:
- A criminal offence has been committed, is being committed or is likely to be committed;
 - A person has failed, is failing, or is likely to fail to comply with any legal obligation to which the worker is subject;
 - A miscarriage of justice has occurred, is occurring or is likely to occur;
 - The health or safety of any individual has been, is being, or is likely to be damaged;
 - Information tending to show any matter falling within any one of the preceding paragraphs has been, is being or is likely to be deliberately concealed.

These are called “qualifying disclosures”. A qualifying disclosure of information is a disclosure that, in the reasonable belief of the worker, is made in the public interest. In order for the disclosure to be protected, the worker must show that he or she reasonably believed that the malpractice falls within the matters for which the person is prescribed and that the information disclosed, and any allegation contained in it, are substantially true. It is not necessary for the worker to have proof that such an act is being, has been, or is likely to be committed, a reasonable belief is sufficient. PIDA only offers protection to workers.

- 5.2.7 The process for managing Conflict of Interest policy breaches is at Appendix 2. Further information on the consequences of breaches and the range of potential sanctions is at [Appendix 3](#).

5.3 Anonymous reports

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

5.4 Investigation

- 5.4.1 All reported concerns will be treated with the appropriate confidentiality, and escalated and investigated appropriately according to their specific facts and merits. Human Resources, the Local Counter Fraud Specialist, NHS England, senior Officers and auditors and/or independent advisors will be involved as required.
- 5.4.2 All reports, referrals, investigations and notes of related meetings will be documented and an appropriate audit trail maintained.
- 5.4.3 The Head of Governance may maintain and make available on request standard form templates to facilitate consistency of record keeping (e.g. breach reporting forms).

6. Training

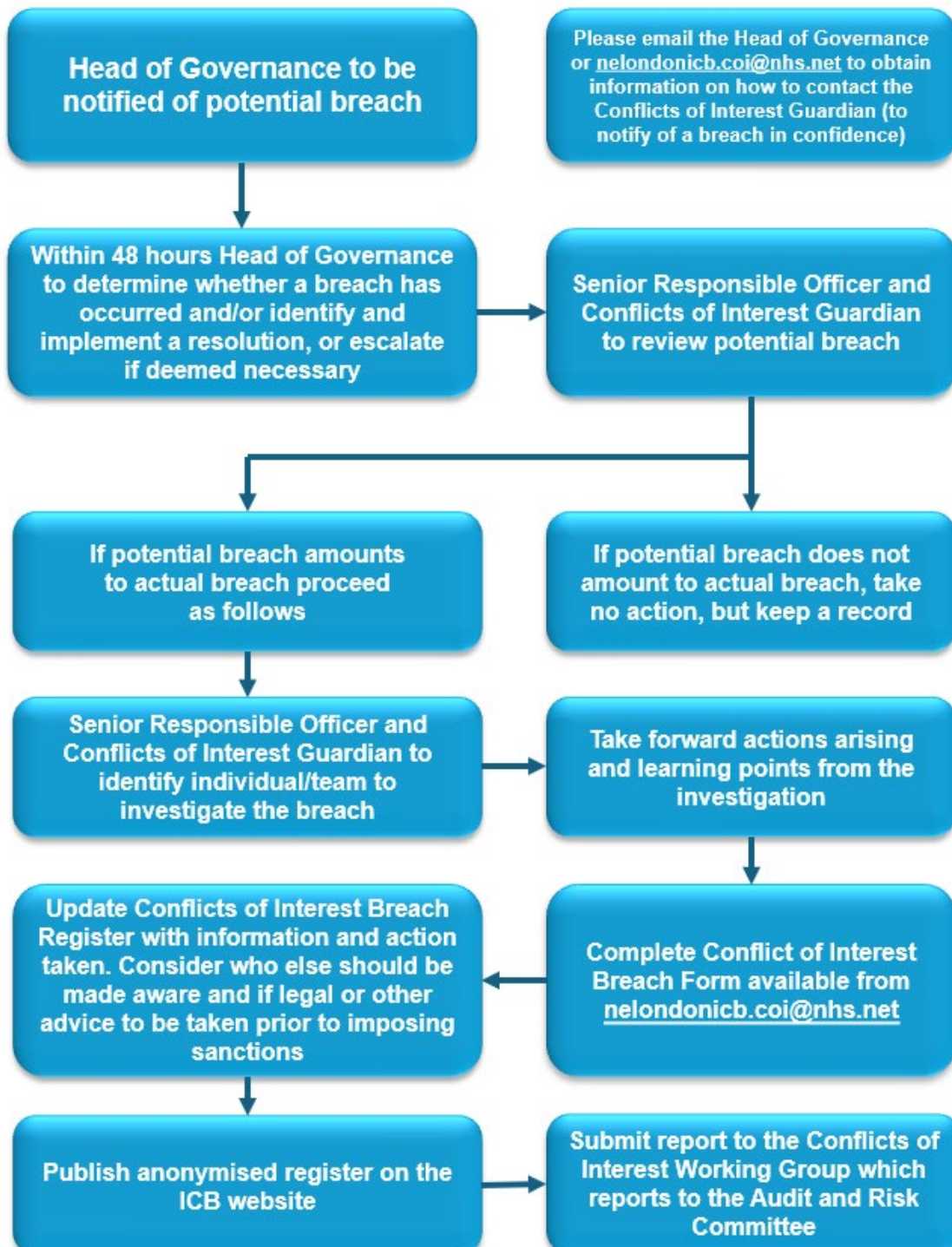
- 6.1 An annual training package to raise awareness and understanding of this policy is provided to staff by the ICB’s internal audit counter fraud service. Updated national training has been made available and is available via the internal Workforce system. Training is monitored by the executive management team to ensure compliance and to escalate areas of non compliance.

Appendix 1: Guidance on types of interest

Type of Interest	Description
Financial Interests	<p>This is where an individual may get direct financial benefits from the consequences of a commissioning decision they are involved in making. This could, for example, include being:</p> <ul style="list-style-type: none"> • A director, including a non-executive member, or senior employee in a private company or public limited company or other organisation which is doing, or which is likely, or possibly seeking to do, business with a business in receipt of NHS funding. This includes involvement with a potential provider of a new care model; • A shareholder (or similar ownership interests), a partner or owner of a private or not-for-profit company, business, partnership or consultancy which is doing, or which is likely, or possibly seeking to do, business with an organisation in receipt of NHS funding; • A management consultant for a provider; or • A provider of clinical private practice. <p>This could also include an individual being:</p> <ul style="list-style-type: none"> • In employment outside of the ICB; • In receipt of secondary income; • In receipt of a grant from a provider; • In receipt of any payments (for example honoraria, one-off payments, day allowances or travel or subsistence) from a provider; • In receipt of research funding, including grants that may be received by the individual or any organisation in which they have an interest or role; and • Having a pension that is funded by a provider (where the value of this might be affected by the success or failure of the provider).
Non-Financial Professional Interests	<p>This is where an individual may obtain a non-financial professional benefit (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. This may, for example, include situations where the individual is:</p> <ul style="list-style-type: none"> • An advocate for a particular group of patients; • A clinician with a special interests e.g., in dermatology, acupuncture etc.; • An active member of a particular specialist professional body (although routine GP membership of the Royal College of General Practitioners (RCGP), British Medical Association (BMA) or a medical defence organisation would not usually by itself amount to an interest which needed to be declared); • An advisor for the Care Quality Commission (CQC) or the National Institute for Health and Care Excellence (NICE); • Engaged in a research role, particularly if sponsored; • The development and holding of patents and other intellectual property rights which allow staff to protect something that they create, preventing unauthorised use of products or the copying of protected ideas; or • Medical practitioners, who are members of the committees of the ICB, should declare details of their roles and responsibilities held within their GP practices.
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 in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit. This could include, for example, where the individual is:</p>

	<ul style="list-style-type: none"> • A volunteer or a voluntary sector champion for a provider; • A member of a voluntary sector board or has any other position of authority in or connection with a voluntary sector organisation; • Suffering from a particular condition requiring individually funded treatment; • A member of a lobby or pressure group with an interest in health and care.
Indirect Interests	<p>This is where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest in a commissioning decision (as those categories are described above) for example, a:</p> <ul style="list-style-type: none"> • Spouse / partner; • Close family member or relative e.g., parent, grandparent, child, grandchild or sibling; • Close friend or associate; or • Business partner.

Appendix 2: Process for managing Conflict of Interest policy breaches



Appendix 3: Potential Sanctions

Type of sanction	Description
Disciplinary sanctions	<p>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:</p> <ul style="list-style-type: none"> • employment law action such as: <ul style="list-style-type: none"> ○ 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	<p>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.</p>
Civil sanctions	<p>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.</p>

<p>Criminal sanctions</p>	<p>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.</p> <p>The Fraud Act 2006 created a criminal offence of fraud and defines 3 ways of committing it:</p> <ul style="list-style-type: none"> • fraud by false representation • fraud by failing to disclose information • fraud by abuse of position. <p>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.</p> <p>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.</p> <p>Commercial organisations (including NHS bodies) will be exposed to criminal liability, punishable by an unlimited fine, for failing to prevent bribery.</p> <p>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.</p>
<p>Reputational consequences</p>	<p>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.</p>

Appendix 4: Template Declaration of Interest form

To only be used in the event that the electronic system is unavailable

Return this form to: nelondonicb.coi@nhs.net

Name:				
Position(s) within or relationship with the ICB				
Type of Interest* (Per Appendix 1)	Description of Interest, including nature of business; and for indirect Interests, details of the relationship with the person who has the interest. Details of other work e.g. GP Federation, time commitment of such external roles, patents, shareholdings/ownership issues and loyalty interests.	Date interest relates From & To		Actions to be taken to manage and mitigate risk

The information submitted will be held by the ICB to comply with the ICB's Constitution, Standards of Business Conduct and Conflicts of Interest Policy and in accordance with the law. This information may be held in both manual and electronic form. Information may be disclosed to third parties in accordance with the Freedom of Information Act 2000 or other applicable law and, in the case of 'Decision Making Officers' may be published.

I confirm that:

- I have read the ICB's Standard of Business Conduct and Conflicts of Interest Policy;
- The information provided above is complete and correct;
- Any changes to 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 such matters may be treated as a breach of the policy; and disciplinary or other action may result

Signed by declarant:

Date:

Signed by recipient:

Date:

Appendix 5: Template meeting minutes

Minutes of the NHS North East London ICB meeting [NAME OF COMMITTEE / SUB-COMMITTEE]

[date of meeting]

Members:	
Eg Jane Smith (JS)	Chair of the X Committee
Attendees:	
Eg Carl Jones (CJ)	XYX practice
Apologies:	

Item No.	Item title	Action
1.0	Welcome, introductions and apologies	
	The chair welcomed all to the meeting and apologies were noted as above.	
1.1	Declaration of conflicts of interest	
	<p><i>The Chair reminded members of their obligation to declare any interest they may have on any issues arising at the meeting which might conflict with the business of the [insert board/committee].</i></p> <p><i>No additional conflicts were declared. [or]</i></p> <p><i>The following update was received at the meeting:</i></p> <ul style="list-style-type: none"> <i>With reference to business to be discussed at this meeting, CJ declared that he is a shareholder in XXX Care Ltd.</i> <p><i>The Chair declared that the meeting is quorate and that CJ would not be included in any discussions on agenda item X due to a direct conflict of interest which could potentially lead to financial gain for CJ.</i></p> <p><i>The Chair and CJ had discussed the conflict of interest, which is recorded on the register of interest, before the meeting and CJ agreed to remove himself from the table and not be involved in the discussion around agenda item X.</i></p>	
1.2	Minutes of the last meeting	
2.0	XX Item relating to the conflict above	
	<i>CJ left the meeting, excluding himself from the discussion regarding xx.</i>	
3.0	AOB	
	Date of Next meeting – XX	

Appendix 6: Template Gifts, Hospitality and Sponsorship Declaration Form

To only be used in the event that the electronic system is unavailable

Recipient Name	Position(s)	Date of Offer	Date of Receipt (if applicable)	Details of Gift/Hospitality/ Sponsorship	Estimated Value	Supplier/ Offeror name and nature of business	Details of previous offers or acceptance by this Offeror/ Supplier	Details of the officer reviewing and approving the declaration made and date	Declined or Accepted	Reason for Accepting or Declining	Other Comments

The information submitted will be held by the ICB to comply with the ICB's Constitution, Standards of Business Conduct and Conflicts of Interest Policy and in accordance with the law. This information may be held in both manual and electronic form. Information may be disclosed to third parties in accordance with the Freedom of Information Act 2000 or other applicable law and, in the case of 'Decision Making Officers' may be published.

I confirm that:

- I have read the ICB's Standard of Business Conduct and Conflicts of Interest Policy;
- The information provided above is complete and correct;
- Any changes to 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 such matters may be treated as a breach of the policy, and disciplinary or other action may result

Signed by declarant:

Date:

Signed by recipient:

Date:

Return this form to: nelondonicb.coi@nhs.net

Appendix 7: Equality Impact Assessment

Title of the change proposal or policy:

Standards of Business Conduct and Conflicts of Interest Policy

Brief description of the proposal:

This document sets out the ICB's policy and advice to employees in managing conflicts of interest including gifts and hospitality. The policy details the requirements and processes in place by the ICB.

Name and role of staff completing this assessment:

Anne-Marie Keliris, Head of Governance

Date of Assessment:

9 October 2024

Please answer the following questions in relation to the proposed change:

Will it affect employees, customers, and/or the public? Please state which.

This policy applies to all ICB employees, board members and its committees, sub-committees, working groups and any person working on behalf of the ICB, employees and committee members of organisations funded by the ICB, employees and principals of partner organisations and agency staff. It also applies to consultants, vendors, contractors and any other parties who have a business relationship with the ICB and service users

Is it a major change affecting how a service or policy is delivered or accessed?

No

Will it have an effect on how other organisations operate in terms of equality?

No

If you conclude that there will not be a detrimental impact on any equality group, caused by the proposed change, please state how you have reached that conclusion:

There is no anticipated detrimental impact on any equality group. The policy adheres to the NHSE current policy and organisational arrangements. It makes all reasonable provision to ensure equity to all individuals. There are no statements, conditions or requirements that disadvantage any particular group of people with a protected characteristic.