



West and North London
Integrated Care Board

West and North London Integrated Care Board

Conflicts of Interest and Standards of
Business Conduct Policy

**West and North London Integrated Care Board
Conflicts of Interest and Standards of Business Conduct Policy - Control Sheet**

No	Title	Description
1.	Summary	This policy sets out the Integrated Care Board's Conflicts of Interest arrangements and management process and Standards of Business Conduct.
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3.	Accountable Director	Sarah Morgan, Chief People Officer.
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Document Control

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West and North London Integrated Care Board Conflicts of Interest and Standards of Business Conduct Policy

A. INTRODUCTION

A1. Introduction

This document sets out the Conflicts of Interest and Standards of Business Conduct Policy of West and North London Integrated Care Board ('ICB'). It provides guidance on the policy, processes and procedures for conflicts of interest.

The responsibility of the ICB Board of Members ('Board') includes the stewardship of significant public resources and the commissioning of health care services to the local population. Therefore, it is determined to ensure the ICB inspires confidence and trust amongst the Board, officers, office holders, staff, stakeholders, suppliers and the public.

The ICB will ensure it manages conflicts and potential conflicts of interest in such a way as to ensure that they do not, and do not appear to, affect the integrity of the ICB's decision making processes. This includes the risk that if conflicts of interest are not managed appropriately the ICB may commission/buy inappropriate healthcare, goods or services, which is contrary to the best interests of patients and service users.

A2. Equalities

This policy has been created and written in accordance with the provisions of the Equality Act 2010 ('EA 2010'). In addition, it supports the achievement of the aims of the EA 2010 and the Public Sector Equality Duty contained therein.

A3. Fraud and Bribery

The ICB is required to maintain proportionate and adequate procedures to mitigate the risk of fraud and bribery, in accordance with the Economic Crime and Corporate Transparency Act 2023 and Bribery Act 2010. This includes the appropriate management of gifts, hospitality, sponsorship and interests and is applicable to all persons associated with the ICB, as outlined in this policy. This policy helps to reduce the risk of fraud and bribery by providing a robust system of conflicts of interest management. This policy supports and complements the ICB's Counter Fraud, Bribery and Corruption Policy and has been reviewed by the ICB's Local Counter Fraud Specialist.

A4. Help and Support

For any support with this policy please contact the Governance, Risk and Legal Services Team (see Schedule 1). Schedule 1 does not form part of this policy and may be amended or updated as necessary without the need to formally approve this policy.

A5. Scope

This policy applies to all:

- Members of the Board, including Partner Members;
- Members and Participants of the Board's Committees and Sub-Committees;
- Officers of the ICB;
- Clinical Directors of Place and Clinical Leads, both referred to in the policy as 'Clinical Leads'; and,
- ICB employees, self-employed consultants, contractors, sub-contractors, secondees, those working on ICB business whether paid or unpaid, volunteers and others involved/engaged in ICB commissioning activity.

'ICB employees' includes salaried employees (both full and part time, including those on fixed term contracts), students, trainees, agency staff, seconded staff, and those with honorary contracts, prospective staff and joint appointments.

For the avoidance of doubt, nominees from NHS providers, local authorities and general practice providers of primary medical service must act in accordance with this policy.

A6. Policy review

The Policy will be reviewed every three years or sooner if required. This includes if there is new or amended legislation or guidance and/or evolution in best practice.

B. AIMS AND PRINCIPLES

B1. Policy Aims

The aims of this policy are to:

- Promote organisational success and help the ICB and wider Integrated Care System ('ICS') to achieve its objectives;
- Provide a structured approach for conflicts of interest management, particularly in the development and approval of the business cases and throughout the commissioning cycle;
- Protect the ICB, its decision-making, investments and stewardship of public funds from impropriety and/or accusations of impropriety;
- Support the ICB and the wider ICS to manage conflicts of interest effectively in line with English law and NHS England guidance;
- Have organisational grip of conflicts of interest, including gifts, hospitality and sponsorship;
- Empower staff to manage conflicts of interest effectively;
- Promote and support proactive conflicts of interest management;
- Identify and promote compliance with the highest standards of business conduct;
- Empower staff to conduct themselves in line with the highest standards of business conduct;
- Provide clear guidance to staff;
- Have a consistent, visible and repeatable approach to conflicts of interest management;
- Support good governance and provide internal controls;
- Evidence the importance of conflicts of interest management to the ICB.

B2. Aims of Conflicts of Interest Management

The ICB is committed to commissioning high quality, cost-efficient, sustainable and effective healthcare services for its population and meeting its organisational objectives. Further the ICB is committed to ensuring the integrity of its decision-making by preventing any perceived or actual undue bias, undue influence and/or wrongdoing.

To achieve this the ICB recognises and appreciates that it must have robust procedures and processes in place for the effective management of conflicts of interest and offers of gifts, hospitality and sponsorship, and to support an organisational culture that pro-actively and positively manages any conflicts and offers. Good conflicts of interest management is a tool that supports and empowers staff in this regard by enabling them to identify, assess and manage conflicts of interest in a way that is visible, consistent and makes best use of resources.

When applying this Policy, staff are to pay attention to the spirit of the Policy, as well as the letter.

B3. Proactive management

Effective conflicts of interest management is a tool that is used proactively and forms a key part of planning, as well as business as usual. The work is front loaded with the time staff invest in properly identifying, considering, assessing, and managing conflicts of interest paying dividends as work progresses, as problems are dealt with before they become issues.

B4. Type of Interests

This policy applies to all interest which include but are not limited to:

Type	Definition
Financial Interests	Where an individual may financially benefit ¹ from the consequences of a decision they are involved in making, such as a commissioning decision (for example, as a provider of services).
Non-financial Professional Interests	Where an individual may obtain a non-financial professional benefit from the consequences of a decision they are involved in making, such as increasing their professional reputation or status or promoting their professional career
Non-financial Personal Interests	Where an individual may benefit personally, because of decisions they are involved in making in their professional career, in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit.
Indirect Interests	Where an individual has a close association ² with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest in a decision (as described above).

B5. Definition of 'Conflict of Interest'

A 'conflict of interest' is defined as "a set of circumstances by which a reasonable person would consider that an individual's ability to apply judgement or act, in the context of delivering, commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold."

A conflict of interest may be actual, where there is a material conflict between one or more interests, or potential, where there is the possibility of a material conflict between one or more interests in the future.

The perception of a conflict of interest, wrongdoing, impaired judgement or undue influence can be as detrimental as any of them actually occurring.

B6. Definition of 'Gift', 'Hospitality', and 'Sponsorship'

A 'gift' is defined as "any item of cash or goods, or any service, which is provided for personal benefit, free of charge, or at less than its commercial value."

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

Sponsorship can be defined as the provision or pledge of money or hospitality to help fund an event. This may include but is not limited to payment for a venue or food and/or drinks at a meeting where ICB business is conducted.

B7. When can conflicts of interest arise?

Conflicts of interest can arise in many situations and environments. This includes, but is not limited to, occasions where staff:

- Have outside employment;
- Hold a position of authority in another NHS organisation or commercial company, charity, voluntary, professional, statutory or other body which could be seen to influence decisions they take in their NHS role;

¹ This may be a financial gain, or avoidance of a loss.

² A common sense approach should be applied to the term 'close association'. Such an association might arise, depending on the circumstances, through relationships with close family members and relatives, close friends and associates, and business partners.

- Sit on advisory groups or other paid or unpaid decision making forums that can influence how an organisation spends taxpayers' money;
- Are, or could be, involved in the recruitment or management of close family members and relatives, close friends and associates, and business partners;
- Are aware that the ICB does business with an organisation in which close family members and relatives, close friends and associates, and business partners have decision making responsibilities.

Conflicts of interest can also arise in the commissioning cycle. They can arise at any point throughout the whole commissioning cycle from needs assessment, to procurement exercises, to contract monitoring.

There is an increased need for the ICB to carefully manage conflicts of interest as individuals may find themselves in the position of either both commissioner and provider of services, or have responsibilities towards both commissioner and provider(s) of services.

If in doubt it is better to assume a conflict of interest exists and manage it, where necessary with the assistance of the Governance, Risk and Legal Services Team and/or a Board Secretary, rather than ignore it.

B8. ICB conflicts of interest general approach

The ICB's approach to conflicts of interest is governed by a matrix of legislation, regulation, guidance, and governance best practice. This is summarised in Schedule 2. Schedule 2 does not form part of this policy and may be amended or updated as necessary without the need to formally approve this policy.

The principle pieces of legislation the ICB must comply with when commissioning and decommissioning services are:

- National Health Service Act 2006;
- The Health Care Services (Provider Selection Regime) Regulations 2023 (PSR);
- Procurement Act 2023 (PA 2023); and,
- Public Contracts Regulations 2015 (PCR 2015).

In line with NHS England Statutory Guidance, the ICB will take a principles based approach to managing conflicts of interest. The ICB Constitution sets out the principles in accordance with which the ICB must act, and upon which this policy is based. The principles are:

- a) Decision making will be geared towards meeting the statutory duties of the ICB at all times including the triple aim;
- b) 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 any direct or indirect financial, personal, professional or organisational interests;
- c) ICBs have been created to give statutory NHS providers, local authorities and general practice providers of primary medical service nominees a role in decision making. These individuals will be expected to act in accordance with principles a) and b) above. Whilst it should not automatically 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 interest arising will remain. For all decisions ICBs will need to carefully consider whether an individual's role in another organisation could result in actual or perceived conflicts of interest and whether or not that outweighs the value of the knowledge they bring to the decision making process;
- d) The personal and professional interests of all ICB Board Members, ICB committee members and ICB staff who are involved in decision making need to be declared, recorded and managed appropriately;
- e) Declarations of Interest must be made as soon as practicable after the person becomes aware of the conflict or potential conflict and, in any event, within 28 days of the person

becoming aware. This includes being clear and specific about the nature of any interest and about the nature of any conflict that may arise regarding a particular decision and/or item under consideration;

- f) All Declarations of Interest will be recorded. If an interest is declared but there is no risk of a conflict arising then no further action need be taken. However, if a material interest is declared it should be considered to what extent this material interest affects the balance of the discussion and decision-making process. In doing so the ICB should ensure actual and potential conflicts of interest do not, and do not appear, to affect the integrity of the ICB's decision making processes;
- g) The ICB shall consider the composition of its decision-making forums and will clearly distinguish between those individuals who will a) be involved in formal decision making and b) those whose input informs decisions. The ICB shall consider the perspective individuals bring and the value they add to both items under discussion and decision making. This includes the ability to shape the ICB's understanding of how best to meet patients' needs and deliver care for the ICB's population;
- h) Actions to mitigate any conflicts of interest shall be proportionate and will seek to preserve the spirit of collective decision making wherever possible. Any mitigating actions shall take into account a range of factors which may include but is not limited to:
 - i. The perception of any conflicts of interest;
 - ii. How a decision may be received if an individual with an actual or a perceived conflict of interest is involved in making the decision;
 - iii. The risks and benefits of having a particular individual involved in making the decision;
- i) Options in relation to mitigation may include, but is not limited to:
 - 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 making where there is a clear benefit to them being included in both. Including a conflicted person in the actual decision making shall be done after careful consideration of the risks and with proper mitigations in place. The rationale for inclusion shall also be properly documented and included in minutes;
 - iv. Excluding a conflicted individual and securing technical or local expertise from an alternative, unconflicted source;
- j) The way conflicts of interest are declared and managed shall contribute to a culture of transparency about how decisions are made. The minutes or record of meetings shall include declarations of any actual or perceived conflicts of interest, how the conflict of interest shall be mitigated together with the rationale and how the conflict of interest was managed;
- k) Conflicts of interest shall be managed in accordance with NHS England guidance including for the provider selection regime and for joint working and delegation arrangements. For the provider selection regime this includes the situation where decisions are being taken as part of a formal competitive procurement of services with any individual who is associated with an organisation that has a vested interest in the procurement recusing themselves from the process.

B9. Approval of Business Cases for Services and Procurement

The establishment of Integrated Care Boards under the Health and Care Act 2022 marked a significant shift in the commissioning landscape across the NHS in England. Integrated Care Boards are responsible for planning and commissioning healthcare services to meet the needs of their local populations. In fulfilling these duties, the ICB is subject to a range of procurement legislation that governs how services, goods, and works are procured, and how conflicts of interest must be managed throughout these processes.

Two major legislative developments have reshaped the procurement framework, PSR and PA 2023. In addition, PCR 2015 continues to apply in certain transitional and legacy contexts. For details of these regimes see below and Schedule 2 of this Policy

Provider Selection Regime

PSR, which came into force on 1 January 2024, applies specifically to the procurement of healthcare services provided to individuals, as well as 'mixed procurements' (for a contract(s) that include(s) both relevant healthcare services and other services or goods, where the main contract subject matter (by value) is healthcare services). The PSR replaces previous procurement rules for healthcare services and introduces a more flexible and proportionate approach, with a focus on continuity, collaboration, and patient choice.

Procurement Act 2023

PA 2023, effective from 24 February 2025, applies to the procurement of goods, works, and non-healthcare services. It replaces PCR 2015 for new procurements in these categories and introduces a streamlined, principles-based framework for public procurement.

For all PA 2023 procurements, the ICB must identify and review actual or potential conflicts of interest, taking reasonable steps to mitigate them. Crucially, before publishing any procurement notice, a Conflicts Assessment must be prepared, documenting identified conflicts and management actions. The ICB must also consider perceived conflicts and, where necessary, exclude suppliers who have gained an unfair advantage. All conflicts and mitigation steps should be recorded and referenced in procurement documentation to ensure transparency and integrity throughout the process.

Public Contract Regulations 2015

PCR 2015 remain applicable to non-healthcare services procurements (where PSR does not apply) in limited circumstances, including:

- Contracts awarded under PCR 2015 prior to 24 February 2025.
- Call-offs from framework agreements or Dynamic Purchasing Systems established under PCR 2015.
- Modifications to existing PCR 2015 contracts.

These legacy arrangements will continue to be governed by PCR 2015 until the relevant contracts expire or are terminated.

When the ICB is developing business cases for services, approving business cases and procuring services it will a) manage conflicts of interest robustly b) ensure compliance with the relevant procurement regime, and c) act in as far as possible within the spirit of the principles contained in B8 above.

To support this approach the ICB may take any such action as it deems necessary which may include (but is not limited to):

- Recognising that not all business cases will require the same approach to the management of conflicts of interest and ensuring that an appropriate approach is taken;
- Presenting business cases to forums with information which may cause an actual or potential conflict of interest for that specific audience removed and/or otherwise limiting access to information which may provide an undue competitive advantage;
- Remitting decisions on business cases and procurements to the Business Case Review Group (or equivalent forum) or to other non-conflicted forums or individuals;
- Excluding conflicted individuals from discussions and/or decision making as appropriate;
- Ensuring for the development of business cases both the Clinical Lead and the lead manager are non-conflicted;
- That appropriate checks and balances are in place to manage conflicts of interest- particularly for complex and system wide services;
- Ensuring the approach the ICB has taken to managing conflicts of interest is properly documented in accordance with the provisions in this policy;
- Ensuring that where an individual is both a member of the ICB Board and an employee, director, partner or other equivalent position within a provider organisation that is taking part in the procurement process, that individual recuses themselves from the decision-making process in a Competitive Process under PSR;

- Seeking support and guidance from the ICB's Governance, Risk and Legal Services Team and Procurement Team.

Under the PSR and PA 2023, the ICB will not treat providers from Voluntary, Community and Social Enterprise (VCSE) and independent sectors differently from NHS trusts and foundation trusts or local authorities solely based on that status.

The Procurement Team should ensure that they maintain records that show a clear audit trail of how conflicts of interest have been identified and managed as part of business case and procurement processes, including the obtaining of declarations of interest from all individuals supporting any individual procurement.

B10. ICB conflicts of interest approach to the commissioning cycle and meetings

The ICB will 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, the ICB will consider the perspective the individual brings and the value they add to both discussions around particular decisions and in taking part in the decision including the ability to shape the ICB's understanding of how best deliver care for their populations. The way conflicts of interest are managed should reflect this distinction.

For ease of reference please see paragraph C2 of this policy for management of declarations of interest. See paragraph B9 and C5 of this policy for management actions in relation to the commissioning cycle. See paragraph C6 of this policy for management of conflicts of interest within a meeting, including minuting requirements. However and regardless of references to these paragraphs, all relevant provisions in this policy apply.

B11. Openness, Honesty, Transparency and Continued Learning

Conflicts of interest at the ICB will be managed in an open, honest and transparent way within a culture that supports and encourages this approach.

B12. Training

The ICB aims to manage conflicts of interest effectively and create an open and transparent in order to do so. To achieve this all staff will be provided with appropriate training.

It is the responsibility of all staff and their line managers to ensure they are available for and receive conflicts of interest training.

All staff are able to request additional conflicts of interest training if they feel it will help support them in their role or are interested in developing their skills further. All requests should be made to the Governance, Risk and Legal Services Team.

C. CONFLICT OF INTEREST MANAGEMENT AND PROCESS

C1. Making a declaration of interest

All individuals referred to in paragraph A5 of this policy (Scope) must complete a declaration of interest (including nil returns if appropriate) using the 'Declare' online portal.

When to make a declaration:

Trigger	Explanation
On appointment, or engagement	Applicants for any appointment to, or engagement by, the ICB should be asked to declare any relevant interests as part of the nomination/recruitment process.

	<p>When an appointment is made, or when an individual is engaged by the ICB, a formal declaration of interests should be made.</p> <p>Appointments or engagements should not be made if the declared interests are such that they could not be managed under this policy, and consequently the applicant would be unable to make a full and proper contribution to the ICB and its decision-making.</p>
At meetings	<p>Attendees should be asked, under a standing item on the agenda of the meeting, to declare any interest they have in any agenda item before it is discussed or as soon as it becomes apparent.</p> <p>Declarations of interest made should be recorded in the minutes of the meeting.</p> <p>Where an individual is unable to provide a declaration in writing, e.g. if a conflict becomes apparent in the course of a meeting, they will make an oral declaration before witnesses, which will be recorded in the minutes of the meeting, and complete a written declaration form as soon as possible thereafter but no later than 28 days.</p>
On changing role or responsibility	<p>Where an individual changes role or responsibility within the ICB, any change to the individual's interests should be declared immediately.</p>
On change of circumstance	<p>Wherever an individual's circumstances change in a way that affects the individual's interests, a further declaration should be made to reflect the change in circumstances. This could involve a conflict of interest ceasing to exist or a new one materialising.</p> <p>Declarations must be made within 28 days of identification of the change or identification of the conflict.</p>
When prompted by the ICB, annually	<p>The ICB will renew its registers of interests annually. The ICB requires all staff to complete a declaration of interest form annually.</p> <p>Where there is no declaration to be made, a nil return will be required.</p> <p>Declarations of interest must be made promptly in order to support this renewal. There is a process of reminders and escalation to ensure that all staff comply with this requirement.</p>

Where the ICB is participating in a joint committee, or other governance arrangement with any other ICB:

- Any interests should be recorded on the register(s) of interest of each participating ICB; and
- Any offer, acceptance or refusal of gifts, hospitality or sponsorship should be recorded on the register of gifts, hospitality, and sponsorship of each participating ICB.

All declarations must be reviewed by the declarant's line manager, with consideration given to any appropriate mitigations (see section C2 below). The Governance, Risk and Legal Services Team may undertake conflict of interest reviews from time to time. In the event that the Governance, Risk and Legal Services Team's assessment is different from the declarant's line manager the view of the Governance, Risk and Legal Services Team shall prevail.

Staff are to be aware of other wider transparency initiatives that may apply to them, such as the Association of the British Pharmaceutical Industry Disclosure UK scheme.

For further guidance, see Schedule 3 for guidance on specific interests. Schedule 3 does not form part of this policy and may be amended or updated as necessary without the need to formally approve this policy.

C2. Management of declared interests

Declared interests must be managed by means of one or more of the following options, which are to be recorded in the Declaration:

- Take no further action;
- Ensure appropriate mitigations in place to enable Declarant to continue in their role;
- Restrict the declarant's access to key papers/documents and/or involvement in discussions and/or decision making;
- Remove the declarant from decision making where appropriate;
- Remove the declarant's responsibility for an area of work;
- Remove the declarant from their role altogether if the conflict is so significant that they are unable to operate effectively in their role.

Where a voting member is conflicted with regards to one or more agenda item in the course of a meeting, and their conflict of interest cannot be appropriately mitigated in accordance with the principles set out in B8 above, they will not count towards the quorum for that item of business. If this renders a meeting or part of a meeting inquorate a non-conflicted person may be temporarily appointed or co-opted onto the Committee to satisfy the quorum requirements. This may also be used reduce the weighting of the conflicted individual's vote, if they are permitted to vote at all.

The ICB will work with Integrated Care System partners as closely and as integrated as the law provides. For a summary of the currently legislative framework see Schedule 2 of this policy.

C3. Making a declaration of a gift, hospitality, or sponsorship

Gifts, hospitality, and sponsorship, whether accepted or declined, may need to be declared depending on the specific circumstances. The necessary management steps in relation to such offers is set out below.

Staff should also note that in some circumstances an offer of gifts or hospitality may constitute a bribe. Therefore, offers should be carefully considered in order to protect individuals and the ICB from criminal prosecution.

Nature of gift	Management action
Any gift that may affect, or be seen to affect, the recipient's professional judgement, that is not otherwise permitted under the Conflicts of Interest Policy	Gift to be declined and a Declaration of gifts, hospitality, and sponsorship be submitted.
Personal gift of cash or cash equivalent (e.g. vouchers).	Gift to be declined and a Declaration of gifts, hospitality, and sponsorship be submitted.
Gifts from suppliers or contractors doing business, or likely to do business with the ICB, with the exception of low cost branded promotional items (as detailed below).	Gift to be declined and a Declaration of gifts, hospitality, and sponsorship be submitted.
Low cost branded promotional items from suppliers or contractors doing business, or likely to do business with the ICB, valued £6 ³ or less.	Gift may be accepted and need not be declared.
Gifts valued £50 or under, from sources other than suppliers or contractors doing	Gift may be accepted and need not be declared.

³ The £6 value has been selected with reference to existing industry guidance issued by the ABPI: <https://www.pmcpa.org.uk/media/r0anf5ya/2024-abpi-code.pdf>

business, or likely to do business with the ICB.	
Gifts valued in excess of £50, from sources other than suppliers or contractors doing business, or likely to do business with the ICB.	Gift may only be accepted on behalf of the ICB, and not in a personal capacity, and a Declaration of gifts, hospitality, and sponsorship be submitted.
Donations from suppliers or contractors doing business, or likely to do business with the ICB.	Donation to be declined and a Declaration of gifts, hospitality, and sponsorship be submitted. Directors can authorise the acceptance of such donations in exceptional circumstances. The reason for the acceptance must be recorded. In the Declaration.
Multiple gifts received from the same source over a 12 month period, where the cumulative value of the gifts exceeds £50.	Gifts may only be accepted on behalf of the ICB, and a Declaration of gifts, hospitality, and sponsorship be submitted.

Nature of hospitality	Management action
Any hospitality that may affect, or be seen to affect, the recipient's professional judgement, that is not otherwise permitted under the Conflicts of Interest Policy	Hospitality to be declined and a Declaration of gifts, hospitality, and sponsorship be submitted.
Valued under £25.	Hospitality may be accepted and need not be declared.
Valued between £25 and £75 ⁴ (inclusive).	Hospitality may be accepted and a Declaration of gifts, hospitality, and sponsorship be submitted, whether accepted or declined.
Valued in excess of £75.	Hospitality to be declined and a Declaration of gifts, hospitality, and sponsorship be submitted. Directors can authorise the acceptance of such hospitality in exceptional circumstances. The reason for the acceptance must be recorded. In the Declaration.
Hospitality offered by actual or potential suppliers or contractors, where it is reasonable and proportionate.	Hospitality may be accepted and a Declaration of gifts, hospitality, and sponsorship be submitted, where authorised by a Director. The reason for the acceptance must be recorded. In the Declaration.
Hospitality offered by actual or potential suppliers or contractors in the following circumstances: <ul style="list-style-type: none"> • During a related tendering exercise; • Where a related contract is due to come to an end; 	Hospitality to be declined and a Declaration of gifts, hospitality, and sponsorship be submitted.

⁴ The £75 value has been selected with reference to existing industry guidance issued by the ABPI <https://www.pmcpa.org.uk/media/r0anf5ya/2024-abpi-code.pdf>

<ul style="list-style-type: none"> • Where the performance of a contract is in question; • 'Linked sponsorship arrangements' where external sponsorship is linked to the ICB procurement of goods and services; and • Other circumstances where acceptance might compromise the staff member or ICB. 	
Modest travel and accommodation costs, related to attendance at events.	Hospitality may be accepted and a Declaration of gifts, hospitality, and sponsorship be submitted.
Travel and accommodation costs, beyond modest or of a type the ICB would not usually offer.	<p>Hospitality to be declined and a Declaration of gifts, hospitality, and sponsorship be submitted.</p> <p>The Assistant Director of Governance, Risk and Legal Services can authorise the acceptance of such hospitality in exceptional circumstances. The reason for the acceptance must be recorded. In the Declaration.</p>

Staff should not ask for any gifts or hospitality.

A common sense approach should be applied to the valuing of gifts and hospitality (an estimate that a reasonable person would make as to its value, if the actual value is not known).

For the avoidance of doubt, and to prevent double payment, any payment that is received for speaking at conferences etc. (sometimes referred to as an Honorarium) in ICB time is to be surrendered to the ICB for disposal at its discretion or paid to a nominated charity upon the agreement of the Governance, Risk and Legal Services Team.

Nature of sponsorship	Management action
Any sponsorship received by staff, or offer, whether accepted or declined.	<p>A Declaration of gifts, hospitality, and sponsorship and a Declaration of an Interest must be submitted.</p> <p>It should be made clear that sponsorship does not equate to endorsement of a company or its products and this should be made clearly visible on any promotional or other materials.</p>
Sponsorship of ICB events.	<p>A Director can authorise the acceptance of the sponsorship if there is a clear benefit for the ICB. The reason for the acceptance must be recorded.</p> <p>The ICB must prevent any data breaches arising from the event.</p> <p>The ICB must ensure no commercial advantage is given to the sponsor.</p> <p>The involvement of the sponsor in an event must be clearly identified in the interest of transparency</p>

	<p>At the ICB's discretion sponsors may attend or take part in an ICB event, but should not have dominant influence over the content or purpose of the event.</p> <p>Staff involvement in arranging sponsorship ought to be declared.</p>
Sponsorship of research.	<p>A Director can authorise the acceptance of the sponsorship if there is a clear benefit for the ICB. The reason for the acceptance must be recorded</p> <p>The proposed research must go through the relevant health research authority or other approvals process.</p> <p>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.</p> <p>Funding sources for research should be transparent.</p> <p>The study must not be an inducement to prescribe, supply, administer, recommend, buy or sell medicine, equipment or services.</p> <p>Staff involvement in sponsorship ought to be declared.</p>
Sponsorship of posts	<p>Directors can authorise the acceptance of such sponsorship. The reason for the acceptance must be recorded.</p> <p>Written confirmation that the arrangements will have no effect on purchasing decisions or prescribing and dispensing habits are required. The Agreement should detail the circumstances under which organisations have the ability to exit sponsorship arrangements if conflicts of interest which cannot be managed arise. Sponsors should not influence the duties of the role.</p> <p>Rolling sponsorship of posts should be avoided unless appropriate checkpoints are put in place.</p> <p>Sponsored post holders must not promote or favour the sponsor's specific products, and information about alternative products and suppliers ought to be provided.</p>

Sponsorship of ICB events by pharmaceutical companies.	See specialist guidance in the Sponsorship and Joint Working With The Pharmaceutical Industry Policy.
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A declaration of a gift, hospitality, or sponsorship should be made using the 'Declare' online portal

All declarations must be approved by the declarant's line manager or Director as necessary, before receipt, or as soon as is feasible. An email is sent automatically to the line manager from the 'Declare' portal. The Governance, Risk and Legal Services Team may undertake conflict of interest reviews from time to time. In the event that the Governance, Risk and Legal Services Team's assessment is different from the declarant and/or the declarant's line manager the view of the Governance, Risk and Legal Services Team shall prevail.

In January 2019 the Association of British Pharmaceutical Industry (ABPI) published guidelines relating to Inducements and Inappropriate payments, and the provision of items for patients, Health Professionals and other relevant Decision Makers.⁵ When working with the Pharmaceutical Industry, and receiving any transfer of value or benefit in kind, you must give consent for this to be declared on the ABPI Disclosure UK database. Failure to do so will be considered as a breach of this policy and may result in disciplinary action. As part of the ICB's annual counter fraud review into Conflicts of Interest, the ABPI data will be reviewed. The granting of consent for disclosure does not negate the requirement to declare these payments to the ICB in accordance with this policy.

C4. Fundraising and Receipt of Charitable Funds

Staff must obtain permission from the ICB if in their ICB role, or in any event where there may be a negative impact on the management of Conflicts of Interest, they intend to undertake fundraising activities on behalf of a pre-approved charitable campaign for a charity other than the ICB's own. Donations, when received, should be made to a specific charitable fund (never to an individual) and a receipt should be issued.

Staff wishing to make a donation to a charitable fund in lieu of receiving a professional fee may do so, subject to ensuring that they take personal responsibility for ensuring that any tax liabilities related to such donations are properly discharged and accounted for.

See also F3 below.

C5. Conflicts of interest management during the commissioning cycle

The ICB must manage conflicts or potential conflicts of interest that may arise in relation to procurement and throughout the commissioning cycle.

Procurement and commissioning is managed in an open and transparent manner, compliant with procurement and other relevant law, to ensure there is no unlawful discrimination against or in favour of any provider upon the basis of ownership.

Anyone participating in the procurement, or otherwise engaging with the ICB, in relation to the provision of services or facilities, will be required to make a declaration of interest. This includes those who will take part in any tender evaluation or decision making with regards to the award of a contract. Records must 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.

The ICB will consider the following points when engaging with potential service providers:

- Use engagement to help shape the requirement but take care not to gear the requirement in favour of any particular provider(s);

⁵ <https://www.pmcpa.org.uk/media/r0anf5ya/2024-abpi-code.pdf>

- Ensure at all stages that potential providers are aware of how the service will be commissioned, e.g. through PSR, PS 2023 or PCR 2015;
- Work with participants on an equal basis, e.g. ensure openness of access to employees and information;
- Be transparent about procedures; and
- Maintain commercial confidentiality of information received from providers.

The ICB will, as far as possible, specify the outcomes to be delivered through a new service, rather than the way in which these outcomes are to be achieved.

Practical steps to manage conflicts of interest may include:

- Identifying and discussing any actual or potential Conflicts of Interest at all stages of the commissioning cycle, including but not limited to the production of procurement specifications, bid scoring, and decision-making meetings;
- Conflicts of Interest as a standing item at all procurement and or contract meetings, with Terms of References referring to this Policy;
- Advertising the fact that a service design/re-design exercise is taking place widely (e.g. on Contracts Finder) and inviting comments from any potential providers and other interested parties (ensuring a record is kept of all interactions);
- As the service design develops, engaging with a wide range of providers on an ongoing basis to seek comments on the proposed design, e.g. via the ICB's website or workshops with interested parties;
- If appropriate, engaging the advice of an independent clinical adviser on the design of the service.

C6. Conflicts of interest management during meetings

The ICB Chair will appoint or approve appointments to ICB committees and sub-committees. The ICB Chair must not agree such appointments where they consider that the appointment could reasonably be regarded as undermining the independence of the health service because of the candidate's involvement with the private healthcare sector or otherwise.

The meeting chair should, with the support of the secretariat, Governance, Risk and Legal Services Team, and if necessary the Conflicts of Interest Guardian, proactively manage conflicts of interest in relation to the meeting's business.

The meeting chair should ensure the declarations of interest, declarations of interest in relation to agenda items, and declarations of gifts, hospitality, and sponsorship are standing items on the meeting's agenda. The Board, Committee, Sub-Committee, Group's register of interests must be included in the circulated papers.

The meeting chair will determine how any conflict of interest will be managed. The meeting secretariat will record in the minutes:

- Individual declaring the interest;
- At what point the interest was declared;
- The nature of the interest;
- The chair's decision and resulting action taken;
- The point during the meeting at which any individuals retired from and returned to the meeting - even if an interest has not been declared;

Where the meeting chair has a conflict of interest, they must make a declaration and the deputy chair/vice-chair will act as chair for the relevant part of the meeting. If both are conflicted the voting members who are not conflicted, provided the meeting then remains quorate, shall decide and agree how to manage the conflict(s) upon the advice of the Board Secretary and/or the Governance, Risk and Legal Services Team and, where necessary, in consultation with the Conflicts of Interests Guardian.

Where the meeting is not quorate, discussions may take place but any decisions will be deferred until such time as a quorum can be convened. Where a quorum cannot be convened from the membership of the meeting the chair may adjourn the meeting to permit the co-option of additional members. Where this is not possible the matter shall be referred to an appropriate grouping within the decision-making ICB structure.

D. KEY ROLES

D1. Board and Committees

The Board of Members will:

- Support the development and maintenance of a culture of openness, transparency, and proactivity in regards to conflicts of interest reporting and management;
- Set the strategic direction for conflicts of interest management;
- Ensure the ICB's Conflicts of Interest Policy is being adhered to.

The Audit Committee will:

- Provide independent assurance to the ICB Board on the effectiveness of the conflicts of interest management process and compliance with this policy;
- Receive independent reports on the effectiveness of the conflicts of interest management;
- Challenge the way in which conflicts of interest is managed where there is uncertainty or concerns over the effectiveness management arrangements;
- Formally assess on an annual basis the overall effectiveness of the conflicts of interest management processes in the ICB and report to the ICB Board;
- Review the conflicts of interest management arrangements for the purposes of the Annual Report and the Annual Governance Statement;
- Review this policy every three years or sooner if required;
- Horizon scan and communicate findings for action.

All Committees will:

- Ensure that agendas setting complies with the terms of this policy by including standing items for declarations of interest as well as gifts, hospitality, sponsorship;
- Ensure conflicts of interest are declared and managed in accordance with the provisions of this policy.

D2. Chief Executive and Executive Management Team

The Chief Executive has overall accountability for the ICB's approach to managing conflicts of interest and gifts, hospitality and sponsorship.

The Executive Management Team will:

- Have day to day responsibility for the ICB's management of conflicts of interest and gifts, hospitality and sponsorship;
- Ensure that appropriate administrative processes are put in place; and
- Ensure that appropriate governance arrangements are in place, particularly where the ICB is working in collaboration with others (e.g. within and without the Integrated Care System);
- Support the Conflicts of Interest Guardian to enable them to carry out the role effectively.
- Provide feedback on the conflicts of interest management processes and policy to the Governance, Risk and Legal Services Team;
- Be held to account by the Chief Executive and Chief Finance Officer for effective conflicts of interest management.

D3. Non-Executive Member with responsibility for Audit, and Conflict of Interest Guardian

The Non-Executive member with responsibility for Audit will be the ICB's Conflicts of Interest Guardian and Audit Committee Chair, in accordance with clause 33.6 of the ICB's Constitution. They have a lead role in conflicts of interest management and ensuring that the ICB Board and the wider ICB behaves with the utmost probity at all times.

Non-Executive member with responsibility for Audit will:

- Ensure an audit of management of conflicts of interest and gifts, hospitality and sponsorship is undertaken annually as part of the internal audit programme;
- Be consulted where necessary on the management of conflicts where the Chair and Vice-Chair of a meeting at which ICB business is conducted are conflicted;
- Champion conflicts of interest best practice at Board level.

In their capacity as Conflict of Interest Guardian, and as provided by Standing Order 30, they will:

- Act as a conduit for members of the public, healthcare professionals and wider Integrated Care System partners who have any concerns with regards to conflicts of interest;
- Be a safe point of contact for employees or workers of the ICB to raise any concerns in relation to conflicts of interest;
- Support the rigorous application of conflict of interest principles and policies;
- Provide independent advice and judgment to staff and ICB Board members where there is any doubt about how to apply conflicts of interest policies and principles in an individual situation;
- Provide advice on minimising the risks of conflicts of interest.

D4. Chairs of ICB meetings

The Chair of an ICB committee, sub-committee or other meeting will:

- Ensure the management of the meeting is conducted in accordance with this policy, and in line with the declaration of interest checklist. This checklist is at Schedule 4. Schedule 4 does not form part of this policy and may be amended or updated as necessary without the need to formally approve this policy;
- Identify as far as possible in advance of meetings where a conflict of interests may arise;
- Ensure interests are declared at the start of a meeting, and any declared interests are recorded in the minutes of the meeting;
- Ensure there are arrangements for the management of the meeting's business in the event the Chair has a conflict of interests;
- Ensuring that where members of a meeting have conflicts of interests the meeting remains quorate and if not to follow the processes set out in this policy, in the meeting's terms of reference, and in the ICB's Constitution.

D5. Meeting Secretariat

The Secretariat for the meeting will:

- Ensure the management of the meeting is conducted in accordance with this policy, and in line with the declaration of interest checklist (Schedule 4);
- Ensure declared conflicts of interest are recorded accurately in the minutes;
- Support transparency in the ICB's decision making processes through robust record keeping.

D6. Commissioning/Procurement Leads

The Chief Finance Officer, as Senior Responsible Officer for Procurement, and any staff leading on any relevant procurements will:

- Ensure service re-design and procurement processes reflect the procedures set out in this policy;
- Ensure that bidders, contractors and direct service providers adhere to this policy;
- Ensure there are arrangements for the identification and management of conflicts of interest and offers of gifts, hospitality and sponsorship throughout the commissioning cycle;
- Ensure that conflicts of interest are managed robustly throughout the commissioning cycle
- Ensure the ICB decision making is recorded and reported, including the publishing of notices, in accordance with the provisions of the PSR, PA 2023, or PCR 2015, as appropriate. For further details see the relevant policy and legislation.

D7. Managers and Staff

The ICB's managers and staff will:

- Work within this policy;
- Use public funds entrusted to them appropriately;
- Ensure the teams and staff under their control manage conflicts of interest effectively and follow this policy;
- Ensure they and their teams receive conflicts of interest management training;
- Be transparent and declare any interests in a timely way in accordance with the provisions of this policy;
- Work with the Governance, Risk and Legal Services Team to ensure the smooth operation of the conflicts of interest management system.

D8. Governance, Risk and Legal Services Team

The Governance, Risk and Legal Services Team provides:

- Central oversight of the conflicts of interest management process and system in the ICB and this policy;
- Annual training for all individuals in scope of this policy in relation to conflicts of interest management;
- Support to the Conflicts of Interest Guardian, including briefing them on conflicts of interests, gifts, hospitality and sponsorship matters and issues arising;
- Expertise, and is responsible for the drafting and amending of this policy;
- Assurance that breaches of this policy are managed appropriately.

D9. Head of Governance

The Head of Governance will:

- Ensure that the register required by this policy are reviewed regularly, updated and published as necessary;
- Support the proper management of conflicts of interest at meeting and provide advice and guidance to meeting chairs in this regard;
- Ensure that declared interests have identified management arrangements in place;
- Ensure that the ICB makes its self-certification return to NHS England on the management of conflicts of interest and gifts, hospitality and sponsorship as required e.g. quarterly reporting for self-certification purposes, and that this includes an explanation for any non-compliance with NHS England's guidance on the management of conflicts of interests.

D10. Local Counter Fraud Specialist ('LCFS')

The LCFS is responsible for taking forward all anti-fraud work locally in accordance with the national NHS Counter Fraud Authority requirement to comply with the Government Functional Standard for Counter Fraud. Adherence to these requirements is important in ensuring that the organisation has appropriate counter fraud, bribery and corruption arrangements in place.

The LCFS will:

- Represent the ICB when dealing with matters relating to fraud, bribery and corruption, with work being carried out in line with NHS Counter Fraud Authority guidance;
- Investigate all reports of potential or actual fraud, bribery and corruption;
- Report directly to the Chief Finance Officer;
- Work with key colleagues and stakeholders to promote anti-fraud work and effectively respond to system weaknesses and investigate allegations of fraud and corruption. This will include the undertaking of risk assessments to identify fraud, bribery and corruption risks at the ICB. .

The LCFS' contact details can be found in Schedule 1 of this policy, on the counter fraud and bribery intranet pages or in the Counter Fraud, Bribery and Corruption Policy.

E REGISTERS AND CONFLICT OF INTEREST MANAGEMENT OVERSIGHT

E1. Registers of Interests, and of Gifts, Hospitality and Sponsorship

The ICB will maintain the following registers of interests:

- Members of the ICB;
- Members of the Board's Committees and Sub-Committees;
- Officers of the ICB;
- Clinical Leads; and,
- ICB employees, Contractors, and others involved/engaged in ICB commissioning activity.

The ICB will maintain a register of gifts, hospitality and sponsorship.

Registers will be populated with information from completed Declarations of Interest, or Declarations of gifts, hospitality, and sponsorship, and include sufficient information about the nature and holder or recipient of the interest or gifts, hospitality and sponsorship, as well as details of deliberations and subsequent decisions about conflicts of interest management.

Registers will be maintained for each financial year and will be circulated to the Audit Committee at least once a year.

The information submitted for the registers of Interest and of Gifts, Hospitality and Sponsorship will be held by the ICB for personnel or other reasons specified on the form and to comply with the organisation's policies. This information may be held in electronic form in accordance with the Data Protection Act 2018. Information may be disclosed to third parties in accordance with the Freedom of Information Act 2000 and may be published in registers that the ICB holds.

E2. Publication of Registers

The registers listed are available, as well as being made available at the ICB's headquarters. They will be included in the ICB's Annual Report and Annual Governance Statement.

Interests, gifts, hospitality and sponsorships shall remain on the respective public register for a minimum of 6 months after the expiration of the interest. The ICB will retain a private record of historic interests for a minimum of 6 years after expiration. Prior to the publication of the Registers, Fair Processing Notices should be provided to the subject individual.

Only the minimum necessary information about an individual will be included on the registers. However, further information may be requested by anyone under the provisions of the Freedom of Information Act and each such request will be considered on its own merits in line with the ICB's Freedom of Information Policy.

Requests for redaction of the published registers must be made in writing by the subject individual to the ICB's Conflicts of Interest Guardian, but sent to the Governance, Risk and Legal Services Team. In exceptional circumstances, for instance where publication of information might put a member of staff at risk of harm, information may be withheld or redacted on public registers. However, this would be the exception and information will not be withheld or redacted merely because of a personal preference.

At the discretion of the Assistant Director of Governance, Risk and Legal Services, if a declared risk is not material, then the risk may not need to be reported on the published registers.

Interests, gifts, hospitality and sponsorship registers will be made available to the procurement team to ensure that all conflicts are identified and can be appropriately managed,

F STANDARDS OF BUSINESS CONDUCT

F1. Personal Conduct

Public Comment

All Individuals must respect, promote, and act consistently with the ICB's corporate decisions, whether agreed with or otherwise. The private views of Individuals can be made public, however, it must be made clear that they are expressing their personal view and not that of the ICB.

In speaking in public for and on behalf of the ICB, whether to the media, in a public forum, in a private forum or informal discussion (including expressing views on or through Social Media), Individuals should ensure that they reflect current policies or the view of the ICB. For any public forum or media interview approval is required from the ICB Board, the Chair and/or Chief Executive or nominated deputies, and the ICB's Communication Team prior to the event or as soon as is practical thereafter.

Comments made in the circumstances outlined in the paragraphs above ought to be well considered, sensible, well informed and made in good faith. They are to be made in the public interest, without malice, and that they may enhance the reputation of the ICB. Nothing in this policy generally or this section prohibits or restricts an individual's ability to make a protected disclosure in line with the Counter Fraud, Bribery and Corruption Policy or the ICB's Speaking Up (Whistleblowing) Policy.

Confidentiality

Individuals must at all times act in accordance with the Data Protection Act 2018 and the General Data Protection Regulations 2016 and maintain the confidentiality of information of any type, including but not restricted to patient information; personal information relating to officers; and commercial information. This duty remains after the Individual leaves the ICB, however previously retained.

For the avoidance of doubt, the provisions of the Policy do not prevent the disclosure of information where there is a lawful basis for doing so. Staff should refer to the suite of ICB Information Governance policies for detailed information.

Private Financial matters

No individual may gamble when on duty or on ICB premises, with the exception of small lottery inter-colleague syndicates or sweepstakes related to national events such as the World Cup or Grand National where no profits are made or the lottery is wholly for purpose that are not for private or commercial gain (e.g. for charitable purposes -see C4 and F3 below).

Individuals are encouraged not to lend or borrow money, whether informally or as a business, to or from their work colleagues.

Trading on the ICB's premises is prohibited, whether for personal gain or on behalf of others. This prohibition includes but is not limited to flyers advertising services/products in common areas.

Individuals are to familiarise themselves with and act in accordance with any People Services Team policy or guidance in relation to Individual Voluntary Arrangements, County Court Judgments, Bankruptcy/Insolvency and or Criminal convictions.

Arrest or conviction

A member of staff who is arrested, subject to continuing criminal proceedings, or convicted of any criminal offence must inform their line manager as soon as is practicably possible.

Sexual Safety Charter

As signatories to this charter, we commit to a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours towards our workforce. Individuals must act in accordance with the Sexual Safety in Healthcare Organisation Charter, and support the ICB delivering the Charter's 10 core principles. Individual will also take responsibility in accordance with the ICB's Sexual Misconduct Policy.

F2. Political activity

Any political activity should not identify an individual's relationship with the ICB. Conferences or functions run by a party political organisation should not be attended in an official capacity, except where the same has been authorised in writing by a director in advance of the event.

Nothing in this section prevents ICB staff from participating in political activity or running for political office. Any such activity however must be done with the prior approval of the staff member's line manager, and any conflicts of interest must be appropriately managed in line with this Policy.

All individuals within the scope of this policy should declare any formal links to political parties on their Declaration of Interests Form.

F3. Charitable Collections

The ICB supports individuals who wish to undertake charitable collections amongst immediate colleagues. The ICB's authorisation of such charitable collections does not equate to endorsement of the charity in question or its principles, methods, or outcomes.

Any charitable collections which reference the ICB must be authorised in writing by a director in advance of the event and/or collection(s). See C4 and F1 above.

G. BREACHES OF THE CONFLICTS OF INTEREST POLICY

G1. Identifying and raising concerns

Full compliance with the requirements of this policy is expected of all individuals in scope of the policy in order to demonstrate the ICB's commitment to openness and transparency, as well as protecting the ICB and individuals from civil and/or criminal sanctions.

To ensure that interests are effectively managed staff are encouraged to speak up about actual or suspected breaches. Every individual has a responsibility to do this.

Concerns regarding a suspected breach of, or non-compliance with, this policy should be referred to the Governance, Risk and Legal Services Team in the first instance, as soon as is reasonably possible. Any suspicion of fraud relating to a breach of this policy should be reported to the Local Counter Fraud Specialists for investigation.

The Assistant Director of Governance, Risk and Legal Services (or a nominated deputy) will investigate and determine whether a breach has occurred and/or identify and implement a resolution. The Assistant Director of Governance, Risk and Legal Services may escalate the matter to the responsible director and the Conflicts of Interest Guardian for further investigation. The Assistant Director of Governance, Risk and Legal Services will assess whether it is necessary to report the breach further, internally or externally.

If a breach is identified and it is not possible to implement a resolution, the Assistant Director of Governance, Risk and Legal Services will complete a Conflict of interest policy breach form, and record it on the Conflicts of interest breach register. Anonymised details of breaches will be published on the ICB's website for the purpose of learning and development. If the breach is material NHS England is to be notified using the normal reporting mechanisms, and reported to the ICB Audit Committee. The flowchart at Schedule 5 sets out the process of managing breaches of this policy.

Schedule 5 does not form part of this policy and may be amended or updated as necessary without the need to formally approve this policy.

Schedule 68 is the register. Schedule 68 does not form part of this policy and may be amended or updated as necessary without the need to formally approve this policy.

G2. Taking action in response to breaches

Action taken in response to breaches of this policy will be in accordance with the ICB's disciplinary procedures and could involve organisational leads for staff support (e.g. Human Resources), fraud (e.g. Local Counter Fraud Specialists), members of the management or executive teams and the ICB's auditors.

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

- Clarification or strengthening of existing policy, process and procedures;
- Legal action and/or informal or formal disciplinary action taken against staff or others. This includes dismissal and termination of contract;
- Escalation to external parties. This might include referral of matters to external auditors, the NHS Counter Fraud Authority, the Police, statutory health bodies (such as NHS England, NHS Improvement or the CQC), and/or health professional regulatory bodies;
- The Assistant Director of Governance, Risk and Legal Services may provide reports on breaches including the impact and actions taken to the ICB Board, Audit Committee, Executive Management Team, as needed.

G3. Breaches and Fraud

The Fraud Act 2006 defines a number of offences including:

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

The offender's conduct must have been dishonest and their intention was to make a gain, or cause a loss (or the risk of a loss) to another. Fraud carries a maximum sentence of 10 years imprisonment and /or a fine if convicted in the Crown Court or 6 months imprisonment and/or a fine in the Magistrates' Court.

Therefore, if an individual becomes aware of any financial or other irregularities or impropriety which involve evidence or suspicion of fraud, bribery or corruption they should contact the Local Counter Fraud Specialists in accordance with the Counter Fraud, Bribery and Corruption Policy with a view to an appropriate investigation being conducted and potential prosecution being sought. Local Counter Fraud Specialists' contact details are set out in Schedule 1 of this policy.

Reports of fraud and bribery can also be made directly to the NHS Counter Fraud Authority:

<https://cfa.nhs.uk/reportfraud> or 0800 028 4060

G4. Breaches

As an organisation and as individuals, the ICB has a duty to ensure that all our dealings are conducted to the highest standards of integrity and that NHS monies are used wisely so that the ICB is using its finite resources in the best interests of patients.

As set out in the ICB's Counter Fraud, Bribery and Corruption Policy the ICB has a zero-tolerance attitude towards fraud and bribery. Circumstances around gifts, hospitality and interests could be considered a bribe and all members of staff should consider this in all actions involving gifts, hospitality or interests to protect themselves and the ICB from criminal prosecution.

Offences cover the offering, promising or giving of a financial or other advantage and the requesting, agreeing to receive or accepting of a financial or other advantage where the overall intention of such an action is to bring about an improper performance or a relevant function or activity.

The corporate offences mean that commercial organisations, including the NHS, will be exposed to criminal liability, which may result in a penalty of up to ten years' imprisonment, a fine, or both. The ICB may also be exposed to a conviction punishable with an unlimited fine.

Furthermore, the Economic Crime and Corporate Transparency Act 2023 (ECCTA) has introduced an offence of failure to prevent fraud by persons associated with a business. NHS bodies now face a potentially unlimited fine where:

- An associate of the organisation commits a specified fraud offence; and
- The fraud is intended to benefit the organisation, directly or indirectly, or a person to whom services are provided on behalf of the organisation.

The definition of 'associate' casts the net very wide and includes employees, suppliers, subsidiaries, and anyone performing a service for or on behalf of the ICB.

The ICB will have a defence to the corporate offences if it can show that, despite a particular case of fraud or bribery, it nevertheless had 'adequate procedures' in place to prevent persons associated with it from committing fraud or bribery offences in line with the Home Office⁶ and Ministry of Justice guidance⁷. The adequate procedures should be informed by the following six principles:

- Proportionate procedures;
- Top-level commitment;
- Risk assessment;
- Due diligence;
- Communication (including training);
- Monitoring and review.

⁶ <https://www.gov.uk/government/publications/offence-of-failure-to-prevent-fraud-introduced-by-eccta/economic-crime-and-corporate-transparency-act-2023-guidance-to-organisations-on-the-offence-of-failure-to-prevent-fraud-accessible-version>

⁷ <https://www.justice.gov.uk/downloads/legislation/bribery-act-2010-guidance.pdf>

Schedule 1
Key Contacts

This schedule sets out the names and contact details of key contacts.

Name	Role	Telephone	E-mail
Andrew Spicer	Deputy Director of Governance, Risk and Legal Services		Andrew.spicer1@nhs.net
Kerry Doyle	Head of Governance		kerry.doyle6@nhs.net
Chris Hanson	Deputy Head of Legal Services and Risk		Christopher.hanson1@nhs.net
Kasia Gruszka	The Local Counter	07800 617 261	kasia.gruszka@nhs.net
Matt Wilson	Fraud Specialists	07484 040691	matt.wilson2@nhs.net

Schedule 2

Summary of relevant legislation, regulation, guidance and governance best practice

Legal framework

The ICB Conflicts of Interest policy is to assist with ICB compliance with its obligations under Sections 14Z30 and 14Z51 of the National Health Service Act 2006 ('Act') as well as NHS England's 'Guidance on integrated care board constitutions and governance' and 'Managing conflicts of interest in the NHS'.

The Act and guidance set out clear requirements for the ICB to make arrangements for managing actual and potential conflicts of interests and offers of gifts, hospitality and sponsorship to ensure they do not affect, or appear to affect, the integrity of the ICB's decision-making processes.

These requirements are supplemented by procurement-specific requirements in The Health Care Services (Provider Selection Regime) Regulations 2023, the Procurement Act 2023 and the Public Contracts Regulations 2015. The scope and relevant provisions of the legislation (in relation to the management of conflicts of interest) are set out in the table below:

Legislation	Procurement scope	Effective date	Conflict of interest provisions
Health Care Services (Provider Selection Regime) Regulations 2023	Procurement of relevant healthcare services. Also applies where healthcare is the dominant element in mixed procurements.	1 January 2024	Regulation 21 requires identification, management, and documentation of conflicts. Emphasises transparency, fairness, and record-keeping.
Procurement Act 2023	All public sector procurements except those covered by the PSR. Applies to goods, services, and works across government and public bodies.	24 February 2025	Sections 81–83 require identification, mitigation, and exclusion of suppliers where conflicts exist. Mandates a Conflicts Assessment and addresses perceived conflicts.
Public Contracts Regulations 2015	Legacy procurements of non-healthcare services. Still applies to procurements started before 24 Feb 2025 and where PSR does not apply.	26 February 2015 (still applicable in limited cases)	Regulation 24 requires prevention, identification, and remedy of conflicts involving procurement staff. Covers direct and indirect interests affecting impartiality.

The ICB and individuals within scope of the ICB's Conflicts of interest policy have obligations and duties under both the Fraud Act 2006, the Bribery Act 2010 and Economic Crime and Corporate Transparency Act 2023.

The ICB Conflicts of Interest policy is to work alongside national and local guidance on child and adult safeguarding, as applicable.

Governance principles

The ICB Conflicts of Interest policy encourages compliance with:

- Appointment Commission's Code of Accountability and Code of Conduct for NHS Boards;
- The 'Seven Principles of Public Life' (the 'Nolan Principles');
- Good Governance Standards of Public Services principles; and
- The Seven Key Principles of the NHS constitution, and the Equality Act 2010.

The Nolan Principles

- Selflessness – Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends.
- Integrity – Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.
- Objectivity – In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.
- Accountability – Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.
- Openness – Holders of public office should be as open as possible about all the decisions and actions they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.
- Honesty – Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.
- Leadership – Holders of public office should promote and support these principles by leadership and example.

ICB Constitution

The ICB Constitution sets out the principles in accordance with which the ICB must act, and upon which this policy is based. The relevant sections are as follows:

33. CONFLICTS OF INTEREST

- 33.1 As required by section 14Z30 of the 2006 Act, the ICB has made arrangements to manage any actual and potential conflicts of interest to ensure that decisions made by the ICB will be taken and seen to be taken without being unduly influenced by external or private interest and do not, (and do not risk appearing to) affect the integrity of the ICB's decision-making processes.
- 33.2 The ICB has agreed policies and procedures for the identification and management of conflicts of interest which are published on the ICB's website.
- 33.3 All Board, Committee and Sub-Committee members, officers and employees of the ICB, will comply with the ICB policy on conflicts of interest in line with their terms of office and/ or

employment. This will include but not be limited to declaring all interests on a register that will be maintained by the ICB.

- 33.4 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.
- 33.5 Where an individual, including any individual directly involved with the business or decision-making of the ICB and not otherwise covered by one of the categories above, 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 this Constitution, the Conflicts of interest Policy and the Standards of Business Conduct Policy.
- 33.6 The ICB has appointed the Audit Committee Chair to be the Conflicts of Interest Guardian. In collaboration with the ICB's governance lead, their role is to:
- Act as a conduit for members of the public, healthcare professionals and wider Integrated Care System partners who have any concerns with regards to conflicts of interest;
 - Be a safe point of contact for employees or workers to raise any concerns in relation to conflicts of interest;
 - Support the rigorous application of conflict of interest principles and policies;
 - Provide independent advice and judgment to staff and members where there is any doubt about how to apply conflicts of interest policies and principles in an individual situation;
 - Provide advice on minimising the risks of conflicts of interest.

34. PRINCIPLES FOR CONFLICT OF INTEREST MANAGEMENT

- 34.1 In discharging its functions the ICB will abide by the following principles:
- Decision making will be geared towards meeting the statutory duties of the ICB at all times including the triple aim;
 - Any individual involved in decisions relating to ICB functions must be acting clearly in the interests of the ICB and of the public, rather than furthering any direct or indirect financial, personal, professional or organisational interests;
 - ICBs have been created to give statutory NHS providers, local authorities and general practice providers of primary medical service nominees a role in decision making. These individuals will be expected to act in accordance with principles a) and b) above. Whilst it should not automatically 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 interest arising will remain. For all decisions ICBs will need to carefully consider whether an individual's role in another organisation could result in actual or perceived conflicts of interest and whether or not that outweighs the value of the knowledge they bring to the decision making process;
 - The personal and professional interests of all ICB Board Members, ICB committee members and ICB staff who are involved in decision making need to be declared, recorded and managed appropriately;
 - Declarations of Interest must be made as soon as practicable after the person becomes aware of the conflict or potential conflict and, in any event, within 28 days of the person becoming aware. This includes being clear and specific about the nature of any interest and about the nature of any conflict that may arise regarding a particular decision and/or item under consideration;
 - All Declarations of Interest will be recorded. If an interest is declared but there is no risk of a conflict arising then no further action need be taken. However, if a material interest is declared it should be considered to what extent this material interest affects

the balance of the discussion and decision-making process. In doing so the ICB should ensure actual and potential conflicts of interest do not, and do not appear, to affect the integrity of the ICB's decision making processes;

- g. The ICB shall consider the composition of its decision-making forums and will clearly distinguish between those individuals who will a) be involved in formal decision making and b) those whose input informs decisions. The ICB shall consider the perspective individuals bring and the value they add to both items under discussion and decision making. This includes the ability to shape the ICB's understanding of how best to meet patients' needs and deliver care for the ICB's population;
- h. Actions to mitigate any conflicts of interest shall be proportionate and will seek to preserve the spirit of collective decision making wherever possible. Any mitigating actions shall take into account a range of factors which may include but is not limited to:
 - The perception of any conflicts of interest;
 - How a decision may be received if an individual with an actual or a perceived conflict of interest is involved in making the decision;
 - The risks and benefits of having a particular individual involved in making the decision;
- i. Options in relation to mitigation may include, but is not limited to:
 - Including a conflicted person in the discussion but not in decision making;
 - Excluding a conflicted person from both the discussion and the decision making;
 - Including a conflicted person in the discussion and decision making where there is a clear benefit to them being included in both. Including a conflicted person in the actual decision making shall be done after careful consideration of the risks and with proper mitigations in place. The rationale for inclusion shall also be properly documented and included in minutes;
 - Excluding a conflicted individual and securing technical or local expertise from an alternative, unconflicted source;
- j. The way conflicts of interest are declared and managed shall contribute to a culture of transparency about how decisions are made. The minutes or record of meetings shall include declarations of any actual or perceived conflicts of interest, how the conflict of interest shall be mitigated together with the rationale and how the conflict of interest was managed;
- k. Conflicts of interest shall be managed in accordance with NHS England guidance including for the provider selection regime and for joint working and delegation arrangements. For the provider selection regime this includes the situation where decisions are being taken as part of a formal competitive procurement of services with any individual who is associated with an organisation that has a vested interest in the procurement recusing themselves from the process.

35. DECLARING AND REGISTERING INTERESTS

35.1 The ICB maintains registers of the interests of:

- a. Members of the ICB;
- b. Members of the Board's Committees and Sub-Committees;
- c. Officers of the ICB including Clinical Leads;
- d. Its employees.

35.2 In accordance with section 14Z30(2) of the 2006 Act registers of interest are published on the ICB's website.

35.3 All relevant persons as per 33.3 and 33.5 above must declare any conflict or potential conflict of interest relating to decisions to be made in the exercise of the ICB's commissioning functions.

35.4 Declarations should be made as soon as reasonably practicable after the person becomes aware of the conflict or potential conflict and in any event within 28 days. This could include interests an individual is pursuing. Interests will also be declared on appointment and during relevant discussion in meetings.

35.5 All relevant declarations will be entered in the registers as per 35.1 above.

35.6 The ICB will ensure that, as a matter of course, declarations of interest are made and confirmed, or updated at least annually.

35.7 Interests (including gifts and hospitality) of decision-making staff will remain on the public register for a minimum of six months. In addition, the ICB will retain a record of historic interests and offers/receipt of gifts and hospitality for a minimum of six years after the date on which it expired. The ICB's published register of interests states that historic interests are retained by the ICB for the specified timeframe and details of whom to contact to submit a request for this information.

35.8 Activities funded in whole or in part by third parties who may have an interest in ICB business such as sponsored events, posts and research will be managed in accordance with the ICB policy to ensure transparency and that any potential for conflicts of interest are well-managed.

36. STANDARDS OF BUSINESS CONDUCT

36.1 Board members, employees, Committee and Sub-Committee members of the ICB will at all times comply with this Constitution and be aware of their responsibilities as outlined in it. They should:

- a. Act in good faith and in the interests of the ICB;
- b. Follow the Seven Principles of Public Life; set out by the Committee on Standards in Public Life (the Nolan Principles);
- c. Comply with the ICB Standards of Business Conduct Policy, and any requirements set out in the policy for managing conflicts of interest.

36.2 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 and is also outlined in the ICB's Standards of Business Conduct policy.

ICB Governance

The ICB Conflicts of Interest policy is designed to be as clear and comprehensive as possible. However, we operate in a dynamic and evolving work environment and, when applying or interpreting any of the ICB's policies, attention should be paid to the spirit of the policy as well as the letter. Good practice informed by policy and guidance, rather than policies alone, guarantees effective behaviour and the delivery of key objectives.

This policy should be read in conjunction with the ICB's Constitution, with particular reference to the Conflicts of Interest section, and the following policies:

- Speaking Up (Whistleblowing) Policy;
- Counter Fraud, Bribery and Corruption Policy;
- Disciplinary Policy;
- Equality & Diversity Policy; and
- Joint Working With The Pharmaceutical Industry Policy;
- Clinical Procurement Policy;
- Healthcare Services and Provider Selection Regime Policy;
- Any Qualified Provider Policy;

Commented [CH1]: This is likely to be replaced by the Non-Clinical procurement policy (largely covering PA23)

- Standing Financial Instructions;
- Sexual Safety in Healthcare Organisation Charter;
- ICB's Sexual Misconduct Policy.

In the event of a conflict of interpretation between policies in the area of conflicts of interest and/or gifts, hospitality and sponsorship the provisions of the ICB Conflicts of Interest policy shall prevail except to the extent that it applies to joint working with the pharmaceutical industry. The ICB has a supplementary policy which builds upon and strengthens the provisions of the Conflicts of Interest policy.

The NHS recognises the need for joint working with the pharmaceutical industry where this benefits patients. However, joint working with the pharmaceutical industry has the potential to increase the risk of conflicts of interest and/or fraud. The ICB has established the Sponsorship and Joint Working with the Pharmaceutical Industry policy to manage these risks, provide a framework within which staff and other partners may work effectively with the pharmaceutical industry and ensure the ICB complies with all relevant legislation and official guidance. Staff must follow both the Conflicts of Interest policy and the Sponsorship and Joint Working with the Pharmaceutical Industry policy when working, or proposing to work, with the pharmaceutical industry.

Schedule 3

Guidance on specific interests

Partnerships and companies

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.

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

Outside Employment

Individuals are not precluded from having secondary employment but the ICB must be informed of such employment. Employees of the ICB are reminded that they must seek permission from their line manager if they are seeking to undertake any additional work or employment. The ICB reserves the right to refuse permission where it reasonably believes a conflict will arise that cannot be appropriately managed.

Staff must declare any outside employment or engagements on appointment and as they arise. Where a risk of conflict is identified, appropriate management actions must be taken, and prior approval may be required. Declarations should include the nature of the employment, relevant dates, and any mitigation steps.

Secondary or outside employment is defined as:

- Paid employment or work outside of the ICB;
- Voluntary employment or work outside of the ICB;
- Self-employment/private work;
- Reservist occupations;
- Bank/locum/agency work outside of the ICB.

Employees are prohibited from undertaking any other work, paid or unpaid, during their ICB hours. Where staff are employed on a full-time basis, unless stated otherwise, their core hours are assumed to be Monday to Friday 09:00-17:00, and no other work can be conducted during these hours.

Loyalty interests

Loyalty interests should be declared by staff involved in decision-making where they:

- Hold a position of authority in another NHS organisation or commercial, charity, voluntary, professional, statutory or other body which could be seen to influence decisions they take in their NHS role;
- Sit on advisory groups or other paid or unpaid decision-making forums that can influence how an organisation spends taxpayers' money;
- Are, or could be, involved in the recruitment or management of close family members and relatives, close friends and associates, and business partners;
- Are aware that their organisation does business with an organisation in which close family members and relatives, close friends and associates, and business partners have decision making responsibilities
- Where loyalty interests gives rise to a conflict of interest then the general management actions outlined in the Policy are to be considered and applied.

Intellectual property

Staff should declare patents and other intellectual property rights they hold (either individually, or by virtue of their association with a commercial or other organisation), including where applications to protect have started or are ongoing, which are, or might be reasonably expected to be, related to items to be procured or used by the ICB.

Director approval is required 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.

Clinical Private Practice

Clinical staff should declare all private practice at the earliest opportunity.

Clinical staff should (unless existing contractual provisions require otherwise or unless emergency treatment for private patients is needed):

- Seek prior approval of their organisation before taking up private practice;
- Ensure that, where there would otherwise be a conflict or potential conflict of interest, NHS commitments take precedence over private work.⁸
- Not accept direct or indirect financial incentives from private providers other than those allowed by Competition and Markets Authority [guidelines](#).

Donations and Charitable Giving

Donations from suppliers or those seeking business should be treated with caution and only accepted in exceptional cases, with reasons and value clearly recorded. Staff must not solicit donations for personal gain and need permission before fundraising in a professional role. All donations must go to a charitable fund, not individuals, and be properly receipted and recorded in line with charity law. Staff making donations in lieu of fees are responsible for any tax liabilities.

⁸ These provisions already apply to Hospital Consultants by virtue of Paras.5 and 20, Sch. 9 of the Terms and Conditions – Consultants (England) 2003: https://www.bma.org.uk/-/media/files/pdfs/practical_advice_at_work/contracts/consultanttermsandconditions.pdf

**Schedule 4
Declaration of Interest checklist**

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

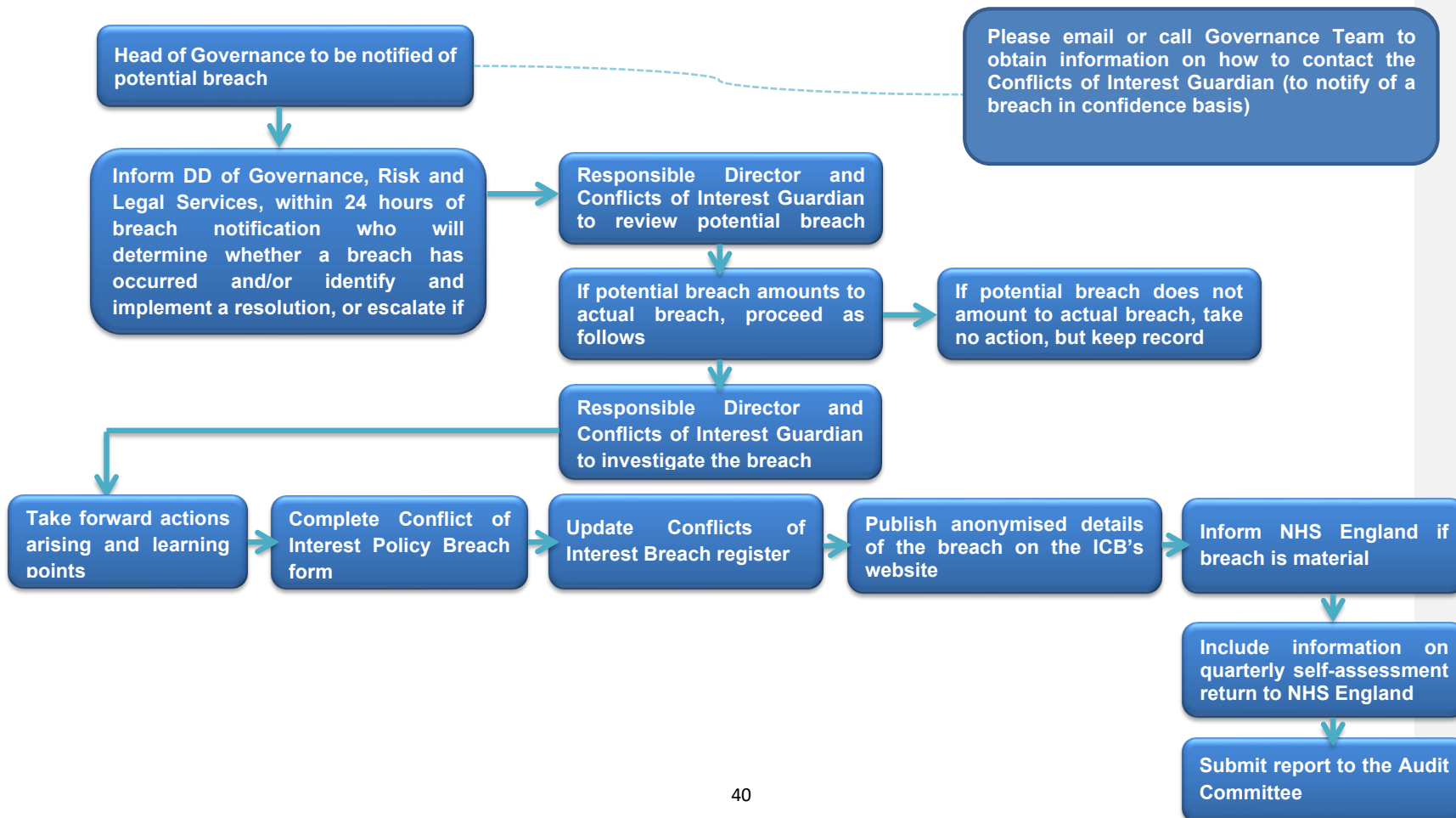
Timing	Checklist for Chairs	Responsibility
During the meeting	<p>7. Check and declare the meeting is quorate and ensure that this is noted in the minutes of the meeting.</p> <p>8. Chair requests members to declare any interests in agenda items- which have not already been declared, including the nature of the conflict.</p> <p>9. Chair makes a decision as to how to manage each interest which has been declared, including whether / to what extent the individual member should continue to participate in the meeting, on a case by case basis, and this decision is recorded.</p> <p>10. As minimum requirement, the following should be recorded in the minutes of the meeting:</p> <ul style="list-style-type: none"> • Individual declaring the interest; • At what point the interest was declared; • The nature of the interest; • The Chair's decision and resulting action taken; • The point during the meeting at which any individuals retired from and returned to the meeting - even if an interest has not been declared; • Visitors in attendance who participate in the meeting must also follow the meeting protocol and declare any interests in a timely manner. <p>A template for recording any interests during meetings is detailed below.</p>	<p>Meeting Chair</p> <p>Meeting Chair</p> <p>Meeting Chair and secretariat</p> <p>Secretariat</p>
Following the meeting	<p>11. All new interests declared at the meeting should be promptly updated onto the declaration of interest form;</p> <p>12. All new completed declarations of interest should be transferred onto the register of interests.</p>	<p>Individual(s) declaring interest(s)</p> <p>Designated person responsible for registers of interest</p>

Template for recording any interests during meetings

Report from <insert details of sub-committee/ work group>	
Title of paper	<insert full title of the paper>
Meeting details	<insert date, time and location of the meeting>

Report author and job title	<insert full name and job title/ position of the person who has written this report>
Executive summary	<include summary of discussions held, options developed, commissioning rationale, etc.>
Recommendations	<include details of any recommendations made including full rationale> <include details of finance and resource implications>
Outcome of Impact Assessments completed (e.g. Quality IA or Equality IA)	<Provide details of the QIA/EIA. If this section is not relevant to the paper state 'not applicable'>
Outline engagement – clinical, stakeholder and public/patient:	<Insert details of any patient, public or stakeholder engagement activity. If this section is not relevant to the paper state 'not applicable'>
Management of Conflicts of Interest	<Include details of any conflicts of interest declared> <Where declarations are made, include details of conflicted individual(s) name, position; the conflict(s) details, and how these have been managed in the meeting> <Confirm whether the interest is recorded on the register of interests- if not agreed course of action>
Assurance departments/ organisations who will be affected have been consulted:	<Insert details of the people you have worked with or consulted during the process : Finance (insert job title) Commissioning (insert job title) Contracting (insert job title) Medicines Optimisation (insert job title) Clinical leads (insert job title) Quality (insert job title) Safeguarding (insert job title) Other (insert job title)>

**Schedule 5
Process for managing breaches of the Conflicts of Interest Policy**



**Schedule 6
Conflicts of Interest Policy breach register**

Last Update:

ICB Contact: Head of Governance

Telephone:

Email:

Date of breach	Details of breach of the conflicts of interest policy	Details of how and by whom the breach was investigated	Action taken to mitigate breach	Date breach reported to Audit Committee	Date of breach reported to NHS England if material as defined by the Policy