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|  | | **Agenda Item No:** | **15** |
| **Report to:** | Humber and North Yorkshire Integrated Care Board | | |
| **Date of Meeting:** | 11 December 2024 | | |
| **Subject:** | **Conflict of Interest Policy  (incl Gifts, Hospitality & Sponsorship)** | | |
| **Director Sponsor:** | Karina Ellis, Executive Director of Corporate Affairs | | |
| **Author:** | Governance & Compliance Team | | |
| **STATUS OF THE REPORT:**  Approve ☒ Discuss ☐ Assurance ☐ Information ☐ A Regulatory Requirement ☒ | | | |

**SUMMARY OF REPORT:**

This report presents the revised Conflicts of Interest (COI) Policy for the Humber and North Yorkshire Integrated Care Board (HNY ICB), updated to align with the latest guidance from NHS England and the updates to the new model Constitution.

The ICB is committed to maintaining the highest standards of integrity and transparency in its operations. Effectively managing conflicts of interest is crucial to upholding public trust and ensuring fair decision-making processes. The recent updated guidance necessitated a thorough review of the COI policy to incorporate new requirements and recommendations.

**Key changes include:**

* **Provider Selection Regime (PSR):** Emphasises the importance of managing conflicts of interest during procurement to ensure compliance with The Health Care Services (Provider Selection Regime) Regulations 2023.
* **Partnerships and Collaboration:** Acknowledges the advantages of partnerships and collaboration and ensures that the ICB's approach to managing conflicts of interest preserves these benefits. It is expected that all individuals, including partner members, will adhere to the primary principle of their role within the ICB.
* **Governance and Compliance:** Ensures alignment with the updated ICB constitution and governance guidance, incorporating recommendations for managing conflicts of interest.

The revised policy ensures transparency, fairness, and compliance with regulatory requirements, thereby safeguarding the integrity of the ICB's decision-making processes.

**RECOMMENDATIONS:**

Members are asked to:

* Approve the revised Conflicts of Interest Policy.

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| **ICB STRATEGIC OBJECTIVE** | |
| Leading for Excellence | ☒ |
| Leading for Prevention | ☐ |
| Leading for Sustainability | ☐ |
| Voice at the Heart | ☐ |

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| **IMPLICATIONS** | |
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| Finance | The policy includes detail of limits regarding the management of procurement, gifts, and hospitality. |
| Quality | There are several quality implications that are crucial for maintaining the integrity and effectiveness of the organisation's operations. |
| HR | The policy has HR implications due to the requirement for pre-employment checks and the need for formal written declarations of interests during the appointment process. |
| Legal / Regulatory | The policy has legal implications due to the need for compliance with regulatory requirements and managing conflicts of interest effectively. |
| Data Protection / IG | The policy has IG implications related to managing and processing personal data in accordance with data protection legislation. |
| Health inequality / equality | Integrated Impact Assessment (IIA) completed. No adverse effects on people who share Protected Characteristics, and no further actions required. |
| Conflict of Interest Aspects | The revised policy ensures robust management of conflicts of interest, safeguarding the integrity of the ICB's decision-making processes. |
| Sustainability | There are no sustainability implications to consider within this report. |

**ASSESSED RISK:**

Failure to implement and manage conflicts of interest effectively would significantly impair the ability of the ICB to achieve safe, effective, and efficient decision, this can lead to unfair decisions that do not serve the best interests of patients and the public

**MONITORING AND ASSURANCE:**

The Audit Committee is required to monitor the management of conflict of interests. The ICB has established a comprehensive structure for management and assurance of conflicts of interest (COI).

**ENGAGEMENT:**

This policy will be circulated to staff and included on various communication and staff sites once approved by the Board.

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| **REPORT EXEMPT FROM PUBLIC DISCLOSURE** No ☒ Yes ☐ |
| If yes, please detail the specific grounds for exemption. |