Conflicts of Interests Policy

(including Gifts, Hospitality, and Sponsorship)

**December 2024**

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# 1.0 Introduction

1.1 NHS Humber and North Yorkshire ICB (the ICB) is required to make arrangements to manage conflicts of interest. This policy sets out the arrangements, based on the section 6 of the ICB Constitution, taking account of the relevant statutory requirements and guidance documents outlined in Sections 21 and 22 of this policy.

1.2 The policy has been developed in accordance with guidance issued by NHS England and to the NHS-wide guidance,  [Managing conflicts of interest in the NHS: guidance for staff and organisations](https://www.england.nhs.uk/publication/managing-conflicts-of-interest-in-the-nhs-guidance-for-staff-and-organisations/) and organisations and principles as set out in [Guidance on integrated care board constitutions and governance](https://www.england.nhs.uk/long-read/guidance-on-integrated-care-board-constitutions-and-governance/).

1.3 Specific additional guidance with respect to providers of ICB commissioned services will be covered in the ICB’s Procurement Policy. This should be read in conjunction with other relevant NHS England statutory guidance, including guidance on the provider selection regime (PSR) and guidance on joint working and delegation arrangements,

1.4 All delegation arrangements made by the ICB under the Health and Social Care Act 2021 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.

1.5 In addition to the arrangements set out in this policy, the ICB will embody public service values and principles in all its business transactions as outlined in the Code of Conduct and Behaviours Policy.

# Policy statement

* 1. NHS Humber and North Yorkshire ICB strives to always achieve the highest standards of business conduct and is committed to conducting its business with honesty and impartiality. One of the overriding objectives of the ICB is to ensure that decisions made by the ICB are both taken, and taken to be seen, without any possibility of the influence of external or private interest.

# 3.0 Purpose/aims and failure to comply

* 1. NHS Humber and North Yorkshire ICB recognise that conflicts of interest are unavoidable and therefore has in place arrangements to seek to manage them. The Health and Social Care Act 2022 (“the Act”) sets out the minimum requirements of what both NHS England and NHS Humber & North Yorkshire must do in terms of managing conflicts of interest. The measures outlined in this policy are aimed at ensuring that decisions made by the ICB will be taken, and be seen to be taken, uninfluenced by external or private interests.
  2. The aim of this policy is to protect both the organisation, and the individuals involved from any impropriety or appearance of impropriety and demonstrate transparency to the public and other interested parties.
  3. Breaches of this policy will be investigated and may result in the matter being treated as a disciplinary offence under the ICB’s disciplinary procedure. Failure to adhere to the provisions of this policy may constitute a criminal offence of fraud, as an individual could be gaining unfair advantages of financial rewards for themselves, a family member, or a close associate. Any suspicion that a relevant interest may not have been declared should be reported to the Senior Governance Lead.
  4. Where disciplinary action is taken, a breach of this policy may be regarded as gross misconduct and could result in the individual being dismissed or removed from office.
  5. Where a failure to declare an interest has resulted in legal proceedings being taken against the organisation, the person in breach of the policy may be joined as a respondent to such proceedings.

The conflicts of interest arrangements are intended to be read and understood in conjunction with the following:

* All individuals within the scope of this policy are expected to act in accordance with the seven [Nolan Principles of Public Life.](https://www.good-governance.org.uk/publications/insights/the-nolan-principles#:~:text=You%20won%27t%20find%20many,%2C%20openness%2C%20honesty%20and%20leadership)
  + - [The Good Governance Standards for Public Services (2004)](https://www.cipfa.org/policy-and-guidance/reports/good-governance-standard-for-public-services), [Office for Public](https://traverse.ltd/) [Management (OPM)](https://traverse.ltd/)(T/A Traverse) and [Chartered Institute of Public Finance](https://www.cipfa.org/policy-and-guidance/reports/good-governance-standard-for-public-services) [and Accountancy (CIPFA)](https://www.cipfa.org/policy-and-guidance/reports/good-governance-standard-for-public-services).
    - The seven key principles of the NHS Constitution [The NHS Constitution for](https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england) [England - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england);
    - The [Equality Act 2010 (legislation.gov.uk)](https://www.legislation.gov.uk/ukpga/2010/15/contents);
    - [The UK Corporate Governance Code](https://www.frc.org.uk/directors/corporate-governance-and-stewardship/uk-corporate-governance-code).
    - [Standards for members of NHS boards and CCG governing bodies in England](https://www.professionalstandards.org.uk/publications/detail/standards-for-members-of-nhs-boards-and-clinical-commissioning-group-governing-bodies-in-england).

# 4.0 Principles

**4.1** Decision-making processes must be aligned to always meeting the statutory duties of the ICB, particularly the triple aim[[1]](#footnote-2). Individualsinvolved indecisions for Humber & North Yorkshire ICB will act in the public interest and the interest of the ICB, avoiding any personal, financial, professional, or organisational interests.

4.2 ICBs are designed to bring together partners from across the ICS in the interests of the local population, enabling trusts/foundation trusts, local authorities, and primary care to have a role in decision-making. It is expected these individuals will act in accordance with the first principle (their role on the ICB), and while it should not be assumed that they are personally or professionally conflicted just by virtue of being an employee, director, partner or otherwise holding a position with one of these organisations, the possibility of actual and perceived conflicts of interests arising remains.

4.3 The ICB’s approach to the management of conflicts of interest will ensure these benefits of partnership are not lost. and will be both acknowledged and managed accordingly with consideration given as to whether an individual’s role in another organisation could result in actual or perceived conflicts of interest and whether or not these outweigh the value of the knowledge they bring to the process and appropriate controls are in place in the event of a decision being made.

4.4 These partnerships have many benefits and should help ensure that public money is spent efficiently and wisely. However, there is a risk that conflicts of interest may arise. The ICB will ensure that those who are members of ICB board, committees/ joint committees of the ICB board (or an individual given delegated decision-making authority by the ICB board) have registered their interests as well as comply with this policy more broadly. This includes those employed by other organisations. Where this is the case, the individuals should consider both the ICB’s and their employing organisation’s policies on conflicts of interest and declaration requirements accordingly.

4.5 The ICB Chair must ensure staff effectively communicate the importance of these requirements. Appointees need to fully understand the ICB’s policy and the necessity of registering and updating their interests, regardless of the duration of their committee service.

4.6 The personal and professional interests, including any directorships of all ICB board members, ICB committee members and ICB staff need to be declared, recorded, and managed appropriately.

4.7 A Declaration of Interests Register will be held by the ICB detailing all conflicts of interest declared; decision making roles will be included on a published version of the register available on the ICB’s website.

<https://humberandnorthyorkshire.icb.nhs.uk/governance/conflicts-of-interest/>

4.8 The ICB will assess the composition of decision-making forums and clearly identify those who make formal decisions versus those providing input to inform those decisions.

4.9 Actions to address conflicts of interest will be balanced and aim to maintain collective decision-making. Mitigation will consider a range of factors, including how conflicts are perceived and the potential impact on decisions if someone with a perceived conflict is involved.

4.10 NHS Humber & North Yorkshire ICB will ensure transparency in decision-making by documenting how conflicts of interest are declared and managed, including the reasons for any actions taken.

# 5.0 Definition / explanation of terms

5.1 A conflict of interest is defined as ‘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 potential for competing interests and / or a perception of impaired judgement or undue influence can also be a conflict of interest.

A conflict of interest may be:

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

Individuals may hold interest for which they cannot see potential conflict. However, caution is always advisable because others may see it differently and perceived conflict of interest can be damaging. All interests should be declared where there is a risk of perceived improper conduct.

5.2 Categories of interest can be defined.

* + **A financial interest**: where an individual may get direct financial benefits from the consequences of an ICB commissioning/contractual decision (for example, A director, including a non-executive director, or senior employee in a private company or public limited company or other organisation which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations;).
  + **A non-financial professional interest**: where an individual may obtain a non-financial professional benefit from the consequences of an ICB commissioning or contractual decision, such as increasing their professional reputation or status or promoting their professional career. (for example, An advocate for a particular group of patients);
  + **A non-financial personal interest**: where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit. (for example, A member of a voluntary sector board or has any other position of authority in or connection with a voluntary sector organisation)
  + **An indirect interest**: Where an individual has a close association with another individual who has a financial interest, a non-financial professional interest or a non-financial personal interest and could stand to benefit from a decision they are involved in making.[[2]](#footnote-3)

Whether an interest held by another person gives rise to a conflict of interest will depend upon the nature of the relationship between that person and the individual, and the role of the individual within the ICB.

It should be noted that:

* **The above categories and examples are not exhaustive** and the ICB will exercise discretion on a case-by-case basis.
* **The possibility of the perception of wrongdoing**, impaired judgement or undue influence shall also be considered a conflict of interest for the purposes of this Policy and should be declared and managed; accordingly, and
* **Where there is doubt** as to whether a conflict of interest exists, it should be assumed that there is a conflict of interest and declared and managed accordingly.
* **Financial gain** is not necessary for a conflict to exist.

Where an individual has any queries with respect to conflicts of interest, they should seek advice from the ICB Governance & Compliance Team. ([hnyicb.declarationsofinterest@nhs.net](mailto:hnyicb.declarationsofinterest@nhs.net))

# 6.0 Scope of the policy

6.1 This policy applies to:

All ICB employees, including:

* + - All full and part-time staff.
    - Any staff on sessional or short-term contracts.
    - Any students and trainees (including apprentices).
    - Agency staff; and
    - Seconded staff.

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

* + - Members of the ICB, all members of the ICB’s committees, sub-committees, and sub-groups, including:
    - Co-opted members.
    - Appointed deputies; and
    - Any members of committees/groups from other organisations. (Who may not be directly employed or engaged by the organisation, for example staff employed/engaged by member organisations of Humber & North Yorkshire Integrated Care Board).
  1. Where the ICB is participating in a joint committee alongside other ICBs, any interests which are declared by the committee members should be recorded on the register(s) of interest of each participating ICB.
  2. Individuals working on behalf of NHS Humber and North Yorkshire ICB or providing services or facilities to the ICB may also have distinct or separate roles as providers of services or roles, responsibilities, or accountabilities to another statutory organisation. High standards of probity and transparency are required when fulfilling both roles, however activities undertaken as providers of services are regulated and governed by the appropriate professional and regulatory bodies. While this policy relates to activities undertaken in relation to fulfilling NHS Humber and North Yorkshire responsibilities, see 6.1 for further guidance.

# Duties, accountabilities, and responsibilities

7.1 **NHS Humber and North Yorkshire ICB**

The ICB has ultimate responsibility for all actions carried out by staff and committees throughout the ICB’s activities. This responsibility includes the stewardship of significant public resources and the securing of healthcare services to the local community.

7.2 **The Audit Committee**

The ICB Audit Committee is responsible for ensuring an effective system to manage and protect the ICB’s reputation from conflicts or potential conflicts of interest, including gifts and hospitality. The Committee will review the arrangements for declaring and managing conflicts of interest by receiving regular reports that highlight any non-compliance with ICB policy. These reports will provide assurances to the ICB Board that adequate systems and processes are in place to ensure compliance.

7.3 **The Chief Executive**

The ICB’s Chief Executive has overall accountability for the ICB’s management of conflicts of interest.

7.4 **The Conflicts of Interest Guardian**

The ICB has appointed the Audit Chair to be the Conflicts of Interest Guardian. They are supported by the ICB’s Senior Governance Lead who has responsibility for the day-to-day management of conflicts of interest matters and queries. The ICB’s Senior Governance Lead will keep the Conflicts of Interest Guardian well briefed on conflicts of interest matters and issues arising.

The Conflicts of Interest Guardian will

* + - Act as a conduit for members of the public who have concerns with regards to a conflict of interest.
    - Be a safe point of contact for whistleblowing.
    - Support the rigorous application of conflict-of-interest principles and policies.
    - Provide independent advice and judgment 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.

Whilst the Conflicts of Interest Guardian has a key role within the management of conflicts of interest, executive members of the ICB have an ongoing responsibility for ensuring the robust management of conflicts of interest, and all ICB employees and committee members will continue to have individual responsibility in playing their part.

7.5 **The Senior Governance Lead Responsibilities**

The Senior Governance Lead will oversee arrangements to ensure that the ICB’s registers of interests are publicly accessible and will advise on how declarations of interest should be made and how interests are managed. They will also develop procedures for managing those interests that are common to a number of individuals or to specific activities of the ICB.

7.6 **Employees / Staff Working on Behalf of the Humber and North Yorkshire ICB**

All staff, members, and individuals working for or on behalf of Humber and North Yorkshire ICB must comply with this policy. They should familiarise themselves with its principles and procedures and understand their relevance to their roles. They are required to declare interests, manage potential conflicts of interest, report gifts, hospitality, and sponsorship, and comply with all other policy requirements.

Decision-Making Staff

Due to the nature of their roles, some staff members have a greater influence on decisions involving the use of taxpayers’ money. These individuals are referred to as ‘decision-making staff’ for the purposes of this policy.”

Decision making staff are:

* Executive and non-executive directors (or equivalent roles)
* Members of the Board, committees, sub-committees, and advisory groups which contribute to direct or delegated decision making;
* Staff at Agenda for Change (AfC) band 8a and above;
* Management, administrative and clinical staff who have the power to enter into contracts on behalf of the organisation and / or involved in decision making concerning the procurement of services, purchasing of good, medicines, medical devices or equipment, and formulary decisions.

# 8.0 Policy details

## 8.1 Declaring and review of interests

8.1.1 Individuals must declare any interest that they have, in relation to the exercise of the commissioning functions of the ICB in writing as soon as they become aware of it and in any event no later than **28 days** after becoming aware. Any changes to interests declared must also be registered within **28 days** of the relevant event, or knowledge of a relevant event, by completing and submitting a new declaration form.

8.1.2 Interests should be declared using the DOI template used for this purpose available as a separate document on the ICB’s website.

<https://humberandnorthyorkshire.icb.nhs.uk/governance-publications/>.

This is required to be emailed to [hnyicb.declarationsofinterest@nhs.net](mailto:hnyicb.declarationofinterest@nhs.net) including if this is a nil return / nothing to declare.

8.1.3 Where an individual is unable to provide a declaration in writing, for example, if a conflict becomes apparent during a meeting, they must make an oral declaration at the meeting and provide a written declaration as soon as possible thereafter. The declaration will be minuted.

Declarations should be made:

* On appointment of an individual to the ICB, its Board or any committee or sub-committee or other advisory or decision-making group or panel.
* At meetings - everyone shall be asked to declare any interest they have in any agenda item at the start of the meeting and before it is discussed or as soon as it becomes apparent, even if the same interest has previously been declared in the Register or at another meeting. This is a standard agenda item for ICB meetings. Declarations of interest will be recorded in minutes of the meetings.
* Annually.
* At the beginning of a new project/piece of work.
* On an individual changing role or responsibility within a ICB or its Board; and on any other change of circumstances that affects the individual’s interests (e.g., where the individual takes on a new role outside the ICB or sets up a new business or relationship). This could involve a conflict of interest ceasing to exist or a new one materialising.

8.1.4 Individuals applying for posts at the ICB or seeking appointment to the ICB Board and any of its committees will be required to declare any potential conflicts of interest during the appointment process a formal written declaration of interests should be made and recorded as part of standard pre-employment checks (form will be sent via HR team).

8.1.5 Where members declare interests, this shall include the interests of all relevant individuals within their organisation who have a relationship with the ICB and who would potentially be in a position to benefit from the ICB’s decisions.

8.1.6 The ICB will require all Individuals covered by the scope of this policy to formally review and update their declaration of interest at least annually

8.1.7 Failure to complete a declaration within the agreed time will be escalated to the respective line manager and Executive Director. This could result in disciplinary action in accordance with the ICB’s Disciplinary Policy.

8.1.8 If any help is required, please contact the Governance & Compliance Team at [hnyicb.declarationsofinterest@nhs.net](mailto:hnyicb.declarationsofinterest@nhs.net)

## Managing conflicts of interest at meetings

8.2.1 In common with other NHS Bodies Humber and North Yorkshire ICB uses a variety of distinct groups to make key strategic decisions. The interests of those who are involved in these groups should be well known so that they can be managed effectively. These groups include the ICB Board, committees, and sub-committees. Meetings of any such groups should operate in accordance with the principles detailed in this policy.

* + 1. The Chair of a meeting holds ultimate responsibility for determining whether a conflict of interest exists and for taking the appropriate action to manage it. The Chair’s decision is final, and the individual must comply with these arrangements, which must be recorded in the minutes of the meeting.
    2. If the Chair of a meeting has a conflict of interest, they must make a declaration, and the Vice Chair will act as Chair for the relevant part of the meeting and is responsible for deciding the appropriate course of action to manage the conflict of interest. Where there is no Vice Chair, or the Vice Chair is also conflicted, then the remaining non- conflicted voting members of the meeting will select another member to act as Chair. In making such decisions, the Chair or Vice Chair / remaining non-conflicted members may wish to consult with the Conflicts of Interest Guardian.

8.2.4 It is good practice for the Chair to proactively consider potential conflicts of interest before meetings. At the start of each meeting, the Chair should ask attendees to declare any relevant material interests and discuss how these should be managed. This may include ensuring that supporting papers are not sent to individuals with conflicts.

8.2.5 To support the Chair, in their role, the meeting secretariat will provide the Chair with access to a copy of the register of interests and will share a declarations of interest checklist to be used for all meetings. This ensures good governance in managing conflicts of interest.

8.2.6 There should be a standing agenda item on every meeting agenda asking for declarations of interest. Each member (including any Partner/Participant members) and any attendees of the meeting should declare any interests which are relevant to the business of the meeting, whether those interests have been previously declared. It is the responsibility of everyone in the meeting to declare any interests.

8.2.7 All attendees at meetings should be asked to declare any interest they have in any agenda item before it is discussed or as soon as it becomes apparent. Even if an interest is declared in the register of interests, it should be declared in meetings where matters relating to that interest are discussed. Declarations of interest must be recorded in minutes.

8.2.8 Any interests which are declared at a meeting must be included within the minutes of the meeting, the individual with the conflict must ensure that the interest is added (if not already the case) to their declaration as soon as is practicable following the meeting and within 28 days.

8.2.9 When a member / attendee of the meeting (including the Chair or Vice Chair) has a conflict of interest in relation to one or more items of business to be transacted at the meeting, but there is no risk of a conflict arising then no action is warranted. However, if a material interest is declared then the Chair (or Vice Chair / remaining non-conflicted members) must manage that conflict. This could include one or more of the following:

* Where the Chair has a conflict, deciding that the Vice Chair or a non- conflicted member chair all or part of the meeting.
* The individual will not attend the meeting.
* Exclude the individual from all or part of the relevant section of the meeting.
* Allowing the individual to participate in the discussion but not in decision making.
* Noting the interest and ensuring all attendees are aware of the nature and extent but allowing the individual to participate in both the discussion and any decisions where there is a clear benefit to them being included in both
* Ensuring the relevant person does not receive documentation and / or minutes in relation to the relevant matter (s) which give risk to the conflict.

Examples of scenarios and how to manage them are included as [Appendix 2](#appendix2).

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

## 8.3 Minute Taking

8.3.1 It is imperative that the ICB ensures complete transparency in its decision-making processes through robust record-keeping. If any conflicts of interest are declared or otherwise arise in a meeting, the Chair must ensure the following information is recorded in the minutes:

* Who has the interest?
* The items on the agenda to which the interest relates.
* The nature of the interest and why it gives rise to a conflict, the magnitude of any interest
* How the conflict was agreed to be managed, resulting action taken and
* Evidence that the conflict was managed as intended (for example recording the points during the meeting when individuals left or returned to the meeting

An example for recording interests in committee minutes is available as a separate document on the ICB’s website.

<https://humberandnorthyorkshire.icb.nhs.uk/governance-publications/>

## 8.4 Managing conflicts of interest in ICB activities

8.4.1 While the COI duties of the ICB cover various functions and activities, there is a greater risk of conflicts of interest arising in the commissioning of services. This is particularly true when the ICB engages clinicians or other representatives of provider organisations to advise on its activities.

These activities include:

* + - Pre-procurement work.
    - Work during procurement; and
    - Work following procurement.

8.4.2 The ICB acknowledges that its engagement with clinicians or representatives from partner practices, hospitals, or other providers who have an interest in providing services to the ICB is likely to differ depending on which stage of the procurement process the organisation is at.

8.4.3 In managing conflicts or potential conflicts of interest, the ICB may distinguish between those individuals or organisations that have an interest and those that are deemed to have a material interest. Please refer to section 8.7 of this policy or the ICB Procurement policy

## 8.5 **Registers of interest**

8.5.1 The Senior Governance Lead, on behalf of the Conflicts of Interest Guardian, will maintain registers of all relevant and material interests and positions of influence declared by all individuals covered by the scope of this policy

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8.5.2 Registers will be reviewed annually by the Audit Committee with an assurance report provided to the ICB Board, to include explanations of any concerns and how these were managed.

8.5.3 We will publish the interests declared by decision-making staff on the conflict of interest register which will be refreshed at least annually. All information may need to be disclosed, if requested, under the Freedom of Information Act.

Register is available on the ICB website.

<https://humberandnorthyorkshire.icb.nhs.uk/governance/conflicts-of-interest/>

8.5.4 The Register for decision-making staff will be reviewed not less than annually and republished as required.

8.5.6 In exceptional circumstances, where the public disclosure of information could give rise to a real risk of harm or is prohibited by law, an individual’s name and/or other information may be redacted from the publicly available register(s). If individual believes that substantial damage or distress may be caused, to him/herself or somebody else by the publication of information about them, they are entitled to request that the information is not published. Requests must be made in writing to the Executive Director of Corporate Affairs who will consult with the Conflicts of Interest Guardian for the ICB, as well as appropriate legal advice where required, prior to final decision. The ICB will retain a confidential un-redacted version of the register(s). All information may have to be disclosed, if required under relevant legislation.

8.5.7 Everyone will be made aware, in advance, that the register(s) will be kept, how the information on the register(s) may be used or shared, and that the register (s) will be published (if applicable). This will be done by the provision of the ICB Privacy Notice. <https://humberandnorthyorkshire.icb.nhs.uk/privacy-policy/>

8.5.8 An interest should remain on the public register for a minimum of 6 months, after the interest has expired. Declaration of interest records will be retained and disposed of appropriately and securely as specified in the ICB Corporate Records Management Standards and Procedural Policy. Any request for historical information must be submitted to the Corporate Affairs Team ([hnyicb.declarationsofinterest@nhs.net](mailto:hnyicb.declarationsofinterest@nhs.net)).

## 8.6 Effects of withdrawal

Where 50% of members of a meeting are required to withdraw from a meeting or part of it the Chair (or Vice Chair) will determine whether the discussion can proceed. This decision will be based on whether the meeting is quorate, as set out in the terms of reference. Where the meeting is not quorate, due to the absence of certain members, the discussion will be deferred until a quorum is convened. Where a quorum cannot be convened, the Chair will consult with the Audit Committee Chair to ensure timely management of the issue. Actions are set out in section 6 of the ICB Constitution,

Any arrangements made or agreed in a meeting will be recorded in the minutes.

## 8.7 Procurement

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

8.7.2 Individuals will be expected to declare any interest early in the procurement process if they are to be a potential bidder in that process. In addition, where someone is to be part of the tender evaluation panel or decision-making process regarding the award of the contract, any potential conflict of interest must be declared at the earliest opportunity. Failure to do so could result in the procurement process being declared invalid and possible suspension of the relevant individual from the ICB.

8.7.3 Where decisions are being taken as part of a formal competitive procurement, any individual associated with an organisation that has a vested interest in the procurement should recuse themselves from the process. The ICB takes appropriate measures to effectively prevent, identify, and remedy conflicts of interest arising in the conduct of procurement processes

8.7.4 The ICB will put in place a register of procurement decisions. The procurement decision register will be updated whenever a procurement decision is taken; the register is available on the ICB website. <https://humberandnorthyorkshire.icb.nhs.uk/governance/conflicts-of-interest/>

8.7.5 The procedure for managing conflicts of interest during procurements is set out in the ICB’s Procurement Policy.

8.7.6 Any advice can be sought from the Procurement & Contracting team, or the Governance & Corporate Affairs Team.

## 8.8 Gifts, Hospitality and Sponsorship

8.8.1 The ICB will maintain a register of gifts, hospitality and sponsorship and robust processes must be in place to ensure individuals do not accept gifts, hospitality or other benefits which might reasonably be seen to compromise their professional judgment or integrity.

* + 1. The register will be reviewed by the Audit Committee at least annually with an assurance report provided annually to the ICB.
    2. All individuals need to consider the risks associated with accepting gifts, hospitality and sponsorship, or other benefits, particularly during procurement exercises.

The acceptance of gifts could give rise to real or perceived conflicts of interests or accusations of unfair influence, collusion, or canvassing.

## 8.9 **Gifts**

8.9.1 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.

8.9.2 All gifts of any nature, whatever their value, offered to any member of ICB staff or committee member by a contractor or supplier (current or prospective) to the ICB’s business should be declined. The person to whom the gifts were offered must declare said offer to the Governance & Compliance Team ([hnyicb.declarationsofinterest@nhs.net](mailto:hnyicb.declarationsofinterest@nhs.net)) for inclusion on the register.

The declaration should also be signed off by the relevant line manager. Interests should be declared using the DOI template used for this purpose available as a separate document on the ICB’s website. <https://humberandnorthyorkshire.icb.nhs.uk/governance-publications/>

8.9.3 Subject to this, low cost branded promotional aids (diaries, calendars, etc.) may be accepted where they are under the value of the common industry standard of £6 in total and need not be declared.

The offer of gifts must be declared, even when they are declined, within **28 days** of the gift being offered.

8.9.4 Gifts from other sources should also be declined if acceptance could be perceived as favouritism or bias. The only exceptions relate to low cost branded promotional gifts as detailed at 15.6.

8.9.5 Any personal gift of cash or cash equivalent, i.e., vouchers, tokens, remuneration to attend meetings whilst working for / representing the ICB must always be declined whatever their value and whatever their source. The person to whom the gifts were offered must declare said offer to the Governance & Compliance Team ([hnyicb.declarationsofinterest@nhs.net](mailto:hnyicb.declarationsofinterest@nhs.net)) for inclusion on the register.

In relation to gifts from patients, families, service users, etc.:

* + 1. Gifts of cash and vouchers to individuals must always be declined. Staff should not accept any gifts.
    2. Gifts valued at over £50 should be treated with caution and only be accepted on behalf of the ICB, i.e., a charitable trust, and not in a personal capacity. These should always be declared.
    3. Modest gifts accepted under a value of £50 need not be declared. A commonsense approach to the value of the gift should be applied, i.e. using the actual value if known.
    4. Multiple gifts from the same source over a period of 12 months should be treated in the same way as a single gift over £50 where the cumulative value exceeds £50.
    5. treated in the same way as a single gift over £50 where the cumulative value exceeds £50.

## 8.10 Provision of Hospitality

8.10.1 NHS funds for hospitality should be used sparingly and modestly and only after each case has been carefully considered. All expenditure on these items should be capable of justification as reasonable and authorised by the relevant budget holder. Petty cash should not be used to provide hospitality.

8.10.2 Whenever possible, meetings should be arranged within ICB premises. If this is not possible, other NHS establishments should be the preferred choice. If this is not possible the meeting should be arranged at the most economic rate, considering room and refreshment charges.

Meetings during the lunch period should be avoided.

## 8.11 Accepting Hospitality

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

8.11.2 To be acceptable, hospitality must be secondary to the purpose of the meeting or event. The level of hospitality offered in these circumstances should be appropriate and not out of proportion to the occasion e.g., a meal during an event or visit away from base. Hospitality cannot in these circumstances be extended to spouses / partners. Modest hospitality, e.g., tea / coffee, and light refreshments at meetings need not be declared. Utmost discretion should be exercised in accepting offers of hospitality from contractors or their representatives, other organisations or individuals concerned with the supply of goods or services. Individuals should be especially cautious of accepting small items of value, or hospitality over that afforded in a normal meeting environment (i.e., beverages) during a procurement process or from bidders/potential bidders. This avoids any potential claim of unfair influence, collusion, or canvassing.

8.11.3 Individuals need to be aware that accepting hospitality may compromise their strict independence and impartiality. If in doubt, advice should be sought from their line manager. Further advice is available from the Governance & Compliance Team. ([hnyicb.declarationsofinterest@nhs.net](mailto:hnyicb.declarationsofinterest@nhs.net))

Overarching principles applying in all circumstances:

* + 1. Staff should not ask for, or accept, hospitality that may affect, or be seen to affect, their professional judgement.
    2. Hospitality must only be accepted when there is a legitimate business reason, and it is proportionate to the nature and purpose of the event.
    3. Caution must be exercised when hospitality is offered by actual, or potential, suppliers, or contractors. Hospitality can, however, be accepted if modest and reasonable but individuals must always obtain senior approval

and declare the hospitality on the relevant form.

In relation to meals and refreshments:

* + 1. Under a value of £25 may be accepted and need not be declared.
    2. Of a value between £25 - £75 may be accepted but must be declared.
    3. Over a value of £75 must be refused unless (in extreme circumstances) Senior Officer approval is given. A clear reason for acceptance must be recorded on the ICB’s gifts and hospitality register.
    4. A common-sense approach must be applied in the valuing of meals and refreshments, using the actual amount if known.

In relation to travel and accommodation:

* + 1. Modest offers to pay some or all the travel and accommodation costs relating to attendance at events may be accepted but must be declared.
    2. Offers which go beyond modest or are of a type that the ICB itself might not usually offer (i.e., foreign travel and accommodation, first class / business class travel, etc.) need senior approval and should only be accepted in exceptional circumstances and must be declared. A clear reason for acceptance must be entered onto the ICB’s Gifts and Hospitality Register.

Individuals should decline all other offers of hospitality or entertainment even if they would occur in their own time. All offers of hospitality with a value of over £25 which have been accepted, must be reported on the relevant template used for this purpose available as a separate document on the ICB’s website. <https://humberandnorthyorkshire.icb.nhs.uk/governance-publications/>

**8.12 Sponsorship**

Sponsorship of NHS events by external parties is valued. if there is a clear benefit for the ICB, benefiting NHS staff and patients. with opportunities for learning, development and partnership working. If such offers are reasonably justifiable and otherwise in accordance with the statutory guidance “Commercial Sponsorship: Ethical Standards for the NHS” (November 2000), then they may be accepted The ICB must ensure no commercial advantage is given to the sponsor and must ensure we prevent any data breaches arising from the event.

Line Manager approval and any governance advice must be sought before accepting any type of sponsorship. All such offers, whether accepted or declined, must be declared to the Governance & Compliance Team ([hnyicb.declarationsofinterest@nhs.net](mailto:hnyicb.declarationsofinterest@nhs.net)) on the relevant template used for this purpose available as a separate document on our website for inclusion in the register. <https://humberandnorthyorkshire.icb.nhs.uk/governance-publications/>

## 8.13 Sponsored Events

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

## 8.14 Sponsored Research

* funding sources for research must be transparent
* any proposed research must go through the relevant health research authority or other approvals process
* there must be a written protocol and written contract between Humber & North Yorkshire ICB, and/or institutes at which the study will take place and the sponsoring organisation, which specifies the nature of the services to be provided and the payment for those services
* the study must not constitute an inducement to prescribe, supply, administer, recommend, buy, or sell any medicine, medical device, equipment, or service
* any proposals / offers of sponsored research should be discussed with the relevant Director. The relevant Director, or staff member with explicit approval from their director, should consult with the Senior Governance lead on the appropriateness of accepting any such sponsorship before approving any such arrangement. The governance lead may consult the Conflicts of Interest Guardian when considering the proposal. Any involvement with sponsored research must be declared.

## 8.15 Sponsored Posts

* staff who are considering entering into an agreement regarding the external sponsorship of a post must seek formal prior approval from the relevant Executive Director.
* rolling sponsorship of posts should be avoided unless appropriate checkpoints are put in place to review and confirm the appropriateness of arrangements continuing
* written confirmation that the arrangements will have no effect on any commissioning or other management decisions for the duration of the sponsorship, auditing arrangements should be established to ensure this is the case. Written agreements should detail the circumstances under which organisations have the ability to exit sponsorship arrangements if conflicts of interest which cannot be managed arise
* sponsored post holders must not promote or favour the sponsor’s specific products, and information about alternative products and suppliers should be provided. Sponsors should not have any undue influence over the duties of the post or have any preferential access to services, materials or intellectual property relating to or developed in connection with the sponsored posts

## 8.16 Outside Employment

8.16.1 NHS Humber and North Yorkshire ICB employed staff are advised not to engage in outside employment which may conflict with their NHS work. They are advised to tell their employer if they think they may be risking a conflict of interest in this area and the declaration can be made on the form for declarations of interest. The ICB reserves the right to refuse permission where it believes a conflict will arise which cannot be effectively managed. Please refer to the ICB Code of Conduct and Behaviours (Standards of Business Conduct Policy).

## 8.17 Shareholding and other ownership interests

* 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 their organisation
* where shareholdings or other ownership interests are declared and give rise to risk of conflicts of interest then the general management actions outlined in this policy should be considered and applied to mitigate the risks.

## 8.18 Donations

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

## 8.19 Clinical Private Practice

8.19.1 Clinical staff should declare all private practice on appointment, and/or any new private practice when it arises [[3]](#footnote-4) including:

* Where they practise (name of private facility);
* What they practise (specialty, major procedures);
* When they practise (identified sessions/time commitment).

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

* Seek prior approval of their organisation before taking up private practice
* Ensure that, where there would otherwise be a conflict or potential Conflicts of Interest, NHS commitments take precedence over private work; [[4]](#footnote-5)
* Not accept direct or indirect financial incentives from private providers other than those allowed by Competition and markets Authority guidance. <https://assets.publishing.service.gov.uk/media/542c1543e5274a1314000c56/Non-Divestment_Order_amended.pdf>

Hospital Consultants should not initiate discussions about providing their Private Professional Services for NHS patients, nor should they ask other staff to initiate such discussions on their behalf.



# 9.0 Raising concerns and Breaches

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

9.2 It is the duty of every ICB employee, ICB member and committee / sub-committee member to report genuine concerns in relation to conflicts of interest.

9.3 In the first instance, suspected or actual breaches of the ICB’s conflicts of interest policy should be raised with the Conflicts of Interest Guardian. All such notifications will be treated in the strictest confidence. Anyone who is aware of actual breaches of this policy, or who is concerned that there has been or might be a breach, should report these concerns as detailed in [appendix 3](#appendix3)

9.4 ICB staff and other individuals should also report any concerns to the NHS Fraud and Corruption Reporting Line on 0800 028 40 60.

# 10.0 Policy implementation

10.1 Following approval by the ICB, this policy will be distributed by the Communications Team to staff, the ICB Board its committee and sub-committee Members.

10.2 This policy will be published on the ICB’s website. Notice of all approved policies placed on the website will be included in ICB briefing processes. The policy will be brought to the attention of all new Members and staff via the induction process. Advice on this policy can be obtained the Senior Governance Lead.

# 11.0 Training and awareness

* 1. All individuals within scope of this policy will be required to undertake the statutory and mandatory training on the management of conflict of interest (module 1) mandated by NHS England.
  2. Additional training needs may be identified for decision-making staff or staff providing advice and support regarding conflict of interest (including Senior Governance Lead, other governance staff and the Conflict of Interest Guardian)

# 12.0 Monitoring and audit

12,1 The Audit Committee will:

* Keep the arrangements for the management of conflicts of interest under review.
* Annually review the registers of interest
* Provide an annual assurance report to the ICB board.

12.2 Monitoring of this policy may form part of the Internal Audit review of governance compliance.

12.3 The ICB is required to include an annual audit of conflicts of interest management within their internal audit plans and to publish the internal audit findings within their annual end-of-year governance statement.

# 13.0 Policy review

13.1 This policy will be reviewed every three years. An earlier review may be required in response to exceptional circumstances, organisational change, or relevant changes in legislation / guidance, as instructed by the senior manager responsible for this policy.

13.2 If only minor changes are required, the sponsoring executive director (executive director of Corporate Affairs) has authority to makes these changes on behalf of the ICB board. Significant or substantial changes that are required, the policy will require formal approval by the ICB board.

# 14.0 Consultation

Engagement/discussions have taken place with Senior and supporting staff within the Governance and Compliance team including the Executive Director of Corporate Affairs.

No further engagement is deemed necessary.

# 15.0 References

* Managing Conflicts of Interest Mandatory Training for ICBs
* Managing conflicts of interest in the NHS: for staff guidance
* NHS England principles as set out in Guidance…on preparing integrated care board constitutions and governance
* Managing Conflicts of Interest in ICBs – NHS Federation & RCGP Centre for Commissioning
* Best Practice Update on Conflicts of Interest Management – Call to Action for ICBs February 2019
* BMA’s Ensuring Transparency & Probity Guidance
* Section 14O of the National Health Service Act 2006, as inserted by section 25 of the 2012 Act.
* The Health Care Services (Provider Selection Regime) Regulations 2023
* The Procurement Act
* Bribery Act 2010
* The Seven Principles of Public Life (known as the Nolan Principles)
* The Good Governance Standards of Public Services
* The Seven Key Principles of the NHS Constitution

# 16.0 Associated ICB policies

* Constitution
* Scheme of Reservation and Delegation
* Code of Conduct and Behaviours Policy
* Policy for the Sponsorship of activities and Joint Working with the pharmaceutical medical appliances and health technology industries
* Whistleblowing Policy
* Local Anti-Fraud, Bribery and Corruption Policy
* Procurement Policy
* Induction Policy
* Data Protection and Confidentiality
* Disciplinary Policy

# 17 Impact assessments

## 17.1 Equality

NHS Humber and North Yorkshire ICB is committed to creating an environment where everyone is treated equitably and the potential for discrimination is identified and mitigated. It aims to design and implement services, policies and measures that meet the diverse needs of our service, population, and workforce, ensuring that none are placed at a disadvantage over others.

It is required that an integrated impact assessment (IIA) be carried out on a new policy that is likely to impact on patients, carers, communities, or staff.

As a result of performing the screening analysis, the policy does not appear to have any adverse effects on people who share Protected Characteristics, and no further actions are recommended at this stage.

## 17.2 Sustainability

A Sustainability Impact Assessment is not required for this policy

## 17.3 Bribery Act 2010

Consideration has been given to the Bribery Act 2010 in the development (or review, as appropriate) of this policy document, further details can be found in [appendix 1](#appendix1).

## 17.4 General Data Protection Regulations (GDPR)

The UK General Data Protection Regulation (GDPR)/ Data Protection Act 2018 includes the requirement to complete a Data Protection Impact Assessment for any processing that is likely to result in a substantial risk to individuals.

Consideration should be given to any impact the policy may have on individual privacy; please consult NHS Humber and North Yorkshire ICB Data Protection Impact Assessment Policy. If you are commissioning a project or undertaking work that requires the processing of personal data, you must complete a Data Protection Impact Assessment.

The ICB is committed to ensuring that all personal information is managed in accordance with current data protection legislation, professional codes of practice and records management and confidentiality guidance. More detailed information can be found in the Data Protection & Confidentiality Policy and related policies and procedures.

# 18.0 Contact Details

All queries can also be directed via [hnyicb.declarationsofinterest@nhs.net](mailto:hnyicb.declarationsofinterest@nhs.net)

# Appendix 1 - Anti-fraud, bribery, and corruption

If fraud, bribery, and corruption are particularly relevant include the following:

The ICB has a responsibility to ensure that all staff are made aware of their duties and responsibilities arising from the Bribery Act 2010. Under the Bribery Act 2010 there are four criminal offences:

* Bribing or offering to bribe another person (Section 1)
* Requesting, agreeing to receive, or accepting a bribe (Section 2)
* Bribing, or offering to bribe, a foreign public official (Section 6)
* Failing to prevent bribery (Section 7)

These offences can be committed directly or by and through a third person and, in many cases, it does not matter whether the person knows or believes that the performance of the function or activity is improper.

It should be noted that there need not be any actual giving and receiving for financial or other advantage to be gained, to commit an offence.

All individuals should be aware that in committing an act of bribery they may be subject to a penalty of up to ten years imprisonment, an unlimited fine, or both. They may also expose the organisation to a conviction punishable with an unlimited fine because the organisation may be liable where a person associated with it commits an act of bribery.

Individuals should also be aware that a breach of this Act renders them liable to disciplinary action by the ICB, whether the breach leads to prosecution. Where a material breach is found to have occurred, the likely sanction will be loss of employment and pension rights.

To raise any suspicions of bribery and / or corruption please contact the Executive Director of Finance and Investment. Staff may also contact the Local Counter Fraud Specialist (LCFS) at Audit Yorkshire – email: [nikki.cooper1@nhs.net](mailto:nikki.cooper1@nhs.net) or mobile 07872 988939.

The LCFS or Executive Director of Finance and Investment should be the contact for any suspicions of fraud. The LCFS will inform the Executive Director of Finance and Investment if the suspicion seems well founded and will conduct a thorough investigation. Concerns may also be discussed with the Executive Director of Finance and Investment or the audit committee chair.

If staff prefer, they may call the NHS counter fraud reporting line on 0800 028 40 60 between 8am – 6pm Monday – Friday or report online at [www.reportnhsfraud.nhs.uk](http://www.reportnhsfraud.nhs.uk). This would be the suggested contact if there is a concern that the LCFS or the Executive Director of Finance and Investment themselves may be implicated in suspected fraud, bribery, or corruption.

# Appendix 2 – ICB Business Cycle and Potential Conflict of Interest

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**Notes:**

* The illustrations given below should not be considered to be prescriptive in every instance.
* These are guidelines and both the materiality of the conflict, and the significance of the issue should be considered carefully by the Chair in deciding on how to manage the conflict.
* It is the responsibility of the Chair to review the agenda and operate caution in terms of deferment or referral if necessary.
* Chairs to also consider potential conflicts of interest arising from verbal reports.
* Links should be considered to strategy direction e.g., is the introduction of a LES in line with the strategy?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Interest | Financial (Self, partner or  close associate) | Personal (Self) | Personal (Partner or close | Competing Loyalties |
| Needs  assessment | Fully participate | Fully participate | Fully participate | Fully participate |
| Decide priorities | Discuss but cannot vote | Discuss and vote | Discuss and vote | Discuss and vote |
| Review service  Proposals | Remain but cannot speak or vote | Remain but cannot speak or vote | Remain but cannot speak or vote | Discuss and vote |
| Design services (ensure a fully inclusive process) | Discuss and vote | Discuss and vote | Discuss and vote | Discuss and vote |
| Review prioritised business cases | Leave the room | Remain but cannot speak or vote (unless interest is deemed not  prejudicial) | Remain but cannot speak or vote (unless interest is  deemed not prejudicial | Discuss and vote |
| Procurement/ contracting | Leave the room | Remain but cannot speak or vote (unless  interest is deemed not prejudicial) | Remain but cannot speak or vote  (Unless interest is deemed not prejudicial) | Discuss and vote |
| Performance Management | Remain but cannot speak or vote (unless significant and then leave the room | Remain but cannot speak or vote (unless significant and then leave the room | Remain but cannot speak or vote (unless significant and then leave the room | Discuss and vote |
| Review Health Outcomes | Fully participate | Fully participate | Fully participate | Fully participate |

* If significant/complete conflict of interest at a locality level the matter could be referred to the ICB for decision.

# Appendix 3 – Management of Breaches

1. It is the duty of everyone (ICB employee, ICB member, committee, or sub-committee member) to speak up about genuine concerns in relation to the administration of the ICB’s policy on Conflicts of Interest management. If an individual has any such concerns, they should not ignore such suspicions or investigate the matter themselves.
2. Any NHS Humber and North Yorkshire ICB employee, ICB member, committee or sub- committee member should also refer to the ICB’s Whistleblowing Policy which can be found on the ICB’s website at [humberandnorthyorkshire.icb](https://humberandnorthyorkshire.icb.nhs.uk/meetings-and-papers/01-july-2022/)
3. Concerns about the management of Conflicts of Interest should be raised with the Senior Governance Lead and / or the Conflicts of Interest Guardian.
4. When raising a concern, the individual must advise whether they wish to remain anonymous whilst the concern is being investigated.
5. If someone has any concerns as to confidentiality, they may raise the matter solely with the Conflicts of Interest Guardian who, in the first instance, will discuss the matter with the individual and consider how to retain confidentiality.
6. The concern will be investigated by the Conflicts of Interest Guardian and the Senior Governance Lead. The individual raising the concern will be asked to provide details. The Conflicts of Interest Guardian and Senior Governance Lead will consider the concern and take further steps to investigate the concern.
7. The individual raising the concern will be kept informed of any decisions taken as a result of any investigation.
8. The decision on the outcome of the investigation will be made by the Senior Governance Lead. If a breach of this policy is identified, the Senior Governance Lead will consider whether any further action is required, taking all the details of the concern and this policy into consideration.
9. All concerns raised will be reported anonymously to the Audit Committee who will receive updates as the investigation progresses and be notified of the final outcome of the investigation. Any breaches identified and any action taken will be reported to the Audit Committee.
10. Where a breach is identified, the Senior Governance Lead will be responsible for reporting the breach to NHS England. A confidential record of the breach will be retained by the Senior Governance Lead.
11. An anonymised record of any breaches of this policy will be made available on the ICB’s website.
12. Providers, patients and other third parties can make a complaint to NHS England at: [NHS England](https://www.england.nhs.uk/) in relation to a commissioner’s conduct.

**Humber & North Yorkshire Integrated Care Board**

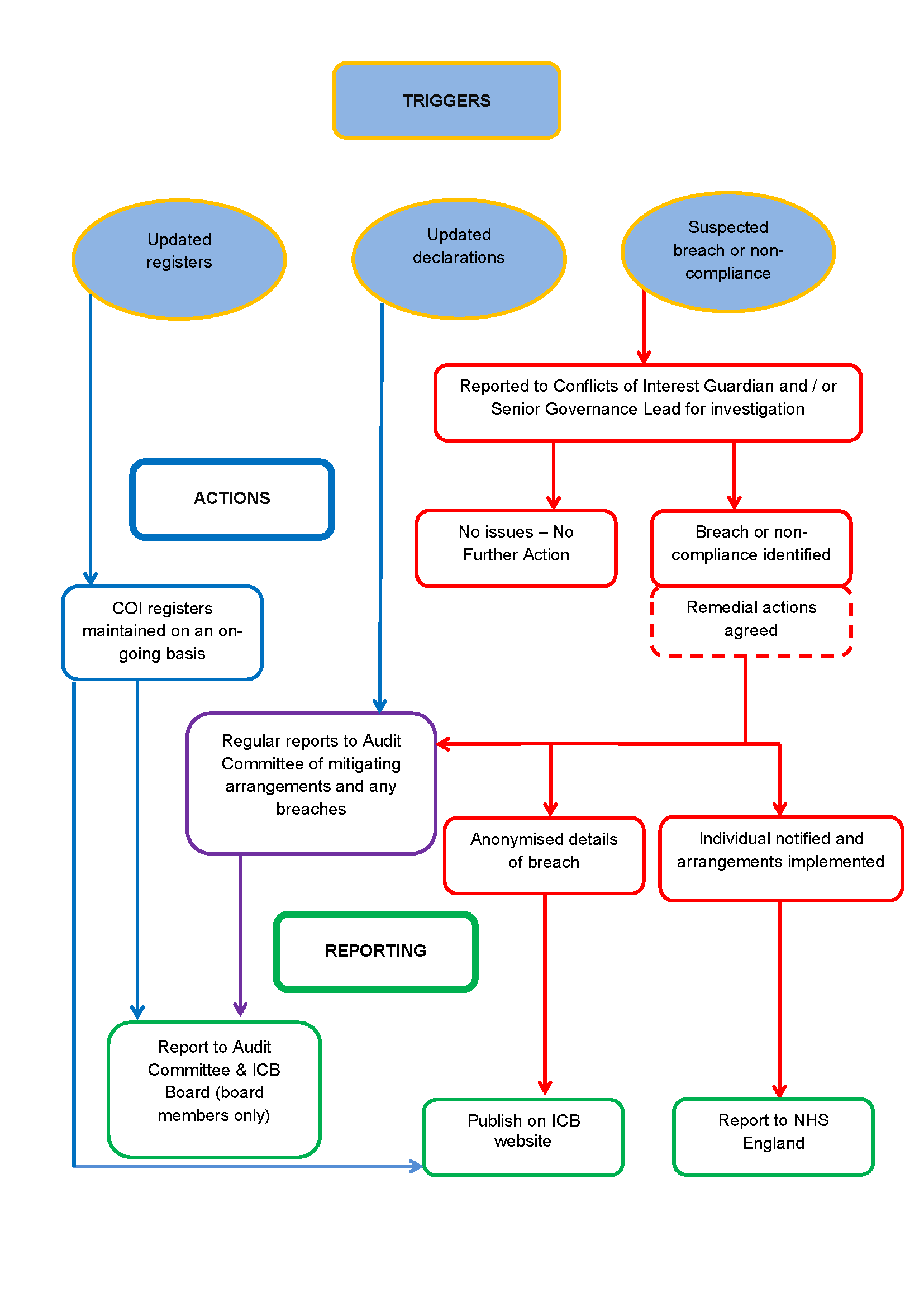
**Conflict of Interest Breaches Register**

Definition of 'breach': There will be situations when interests will not be identified, declared, or managed appropriately and effectively. This may happen innocently, accidentally, or due to the deliberate actions of staff or organisations. These situations are referred to as ‘breaches.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Details of the Breach | Date Breach Identified | How the Breach was Managed | Learning / Improvements Made Following the Breach | Date NHS England Informed of the Breach |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

# Appendix 4 – Flowchart for Processing Conflict of Interest Breaches

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1. The triple aim is a common duty for NHS bodies that plan and commission services (NHS England and ICBs) and that provide services (trusts and foundation trusts). It will oblige these bodies to consider the effects of their decisions on:

   • the health and wellbeing of the people of England

   • the quality of services provided or arranged by both themselves and other relevant bodies

   • the sustainable and efficient use of resources by both themselves and other relevant bodies. [↑](#footnote-ref-2)
2. These associations may arise through relationships with close family members and relatives, close friends and associates, and business partners. A common-sense approach should be applied to these terms. It would be unrealistic to expect staff to know of all the interests that people in these classes might hold. However, if staff do know of material interests (or could be reasonably expected to know about these) then these should be declared. [↑](#footnote-ref-3)
3. Hospital Consultants are already required to provide their employer with this information by virtue of Para.3 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](https://www.bma.org.uk/-/media/files/pdfs/practical%20advice%20at%20work/contracts/consultanttermsandconditions.pdf) [↑](#footnote-ref-4)
4. 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](https://www.bma.org.uk/-/media/files/pdfs/practical%20advice%20at%20work/contracts/consultanttermsandconditions.pdf)) [↑](#footnote-ref-5)