

# Managing Conflicts of Interest Policy and Procedures (Incorporating Gifts and Hospitality)

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	Agency and other temporary staff engaged by the ICB; and Secondees engaged by the ICB
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*This policy can only be considered valid when viewed via the ICB website or ICB staff intranet. If this document is printed into hard copy or saved to another location, you must check that the version number on your copy matches that of the one published.*

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## 1. POLICY SUMMARY

1.1. Adhering to this policy will help to ensure that we use NHS money wisely, providing best value for taxpayers and accountability to our patients for the decisions we take.

As a member of staff you should...	As an organisation we will...
<ul style="list-style-type: none"> <li>• Familiarise yourself with this policy and follow it. Refer to the guidance for the rationale behind this policy; <a href="https://www.england.nhs.uk/wp-content/uploads/2017/02/guidance-managing-conflicts-of-interest-nhs.pdf">https://www.england.nhs.uk/wp-content/uploads/2017/02/guidance-managing-conflicts-of-interest-nhs.pdf</a></li> <li>• Use your common sense and judgement to consider whether the interests you have could affect the way taxpayers' money is spent</li> <li>• Regularly consider what interests you have and declare these as they arise. If in doubt, declare.</li> <li>• <b>NOT</b> misuse your position to further your own interests or those close to you</li> <li>• <b>NOT</b> be influenced, or give the impression that you have been influenced by outside interests</li> <li>• <b>NOT</b> allow outside interests you have to inappropriately affect the decisions you make when using taxpayers' money</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure that this policy and supporting processes are clear and help staff understand what they need to do.</li> <li>• Identify a team or individual with responsibility for: <ul style="list-style-type: none"> <li>○ Keeping this policy under review to ensure they are in line with the guidance.</li> <li>○ Providing advice, training and support for staff on how interests should be managed.</li> <li>○ Maintaining register(s) of interests.</li> <li>○ Auditing this policy and its associated processes and procedures annually.</li> </ul> </li> <li>• <b>NOT</b> avoid managing conflicts of interest.</li> <li>• <b>NOT</b> interpret this policy in a way which stifles collaboration and innovation with our partners.</li> </ul>

## **2. INTRODUCTION**

- 2.1.** This policy sets out the arrangements that NHS Lancashire and South Cumbria Integrated Care Board (the ICB) has made for the management of conflicts of interest.
- 2.2.** The principles of collaboration, transparency and subsidiarity will be at the centre of any decision making, and this policy aims to support the ICB to function as intended (managing conflicts whilst taking into account the different perspectives individuals will bring from their respective sectors to help inform decision making and ensuring that the decisions of the ICB are well informed from a range of perspectives) and, to maintain the confidence of the public and other stakeholders that decisions are sound and made in the best interests of local people.
- 2.3.** The ICB and the people who work with and for us, collaborate closely with other organisations, delivering high quality care for our patients. These partnerships have many benefits and should help ensure that public money is spent efficiently and wisely. Whilst there is a risk that conflicts of interest may arise, it should not be assumed that the board will always be conflicted; the composition of the Board and its committees has been composed to take into account the different perspectives individuals bring from their respective sectors to inform decision making.
- 2.4.** Providing best value for taxpayers and ensuring that decisions are taken transparently and clearly, are both key principles in the NHS Constitution. We are committed to maximising our resources for the benefit of the whole community. As an organisation and as individuals, we have 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 we are using our finite resources in the best interests of patients.

## **3. PURPOSE**

- 3.1.** The purpose of this policy is to help our staff manage conflicts of interests risks effectively; it:
- Introduces consistent principles and rules;
  - Provides simple advice about what to do in common situations;
  - Supports good judgement about how to approach and manage interests.

This policy should be considered alongside these other organisational policies:

- Standards of Business Conduct Policy
- Standing Financial Instructions
- Policy for Relations with the Pharmaceutical Industry and other Commercial Organisations
- Local Anti-Fraud Bribery and Corruption Policy
- Freedom to Speak Up Policy

## **4. PRINCIPLES**

#### 4.1. In discharging its functions, the ICB will abide by the following principles:

- Decision-making will be focused 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 direct or indirect financial, personal, professional or organisational interests.
- For all decisions, the ICB will carefully consider whether an individual's role in another organisation could result in actual or perceived conflicts of interest and whether or not that outweighs the value of the knowledge they bring to the process.
- The personal and professional interests of all ICB board members, ICB committee members and ICB staff who are involved in decision taking will be declared, recorded and managed appropriately in accordance with the ICB's Conflict of Interest Policy
- If a material interest is declared, then it will be considered to what extent this material interest affects the balance of the discussion and decision-making process. In doing so the ICB will ensure conflicts of interest (and potential conflicts of interest) do not, (and do not appear), to affect the integrity of the ICB's decision making processes.
- 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.
- Whilst considering the perspective the individual brings and the value they add to both discussions around particular decisions and in actually taking part in the decision including the ability to shape the ICB's understanding of how best to meet patients' needs and deliver care for their populations.
- Actions to mitigate CoIs will be proportionate, balanced and transparent to preserve the spirit of collective decision-making wherever possible and the management of such will contribute to a culture of transparency about how decisions are made.
- Where decisions are being taken as part of a formal competitive procurement of services, the ICB will ensure that any individual who is associated with an organisation that has a vested interest in the procurement recluses themselves from the process.
- The ICB's Conflict of Interest Policy will provide guidance on the declaration, consideration, management, and publication of any conflicts of interest

## 5. DEFINITIONS

### 5.1. A 'conflict of interest' is:

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

### 5.2. A conflict of interest may be:

- Actual - there is a material conflict between one or more interests
- Potential – there is the possibility of a material conflict between one or more

interests in the future

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

## **6. ROLES AND RESPONSIBILITIES**

### **6.1. Chief Executive**

The Chief Executive is accountable for all corporate governance processes within the organisation including the management of conflicts of interest; this also includes all related issues including declarations, gifts, hospitality and corporate sponsorship, anti-fraud, bribery and corruption and Freedom to Speak Up.

### **6.2. Conflicts of Interest Guardian**

The ICB has appointed the Audit 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 and members of the partnership who have any concerns with regards to conflicts of interest;
- Be a safe point of contact for employees or workers to raise any concerns in relation to conflicts of interest;
- Support the rigorous application of conflict of interest principles and policies;
- Provide independent advice and 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.

### **6.3. All staff**

All staff (as defined in section 8) are required to familiarise themselves with the contents of this policy. They must act in accordance with the principles set out, and the process for the identification and declaration of interests. Where training is identified as a necessary requirement, staff will be required to participate in this as directed.

## **7. INTERESTS**

**7.1.** Interests fall into the following categories:

- **Financial interests:**  
Where an individual may get direct financial benefit<sup>1</sup> from the consequences of a decision they are involved in making.
- **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 promoting their professional career.
- **Non-financial personal interests:**  
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, because

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<sup>1</sup> This may be a financial gain, or avoidance of a loss.

of decisions they are involved in making in their professional career.

- **Indirect interests:**

Where an individual has a close association<sup>2</sup> 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.

## **8. STAFF**

**8.1.** NHS Lancashire and South Cumbria ICB use the skills of many different people, all of whom are vital to our work. This includes people on differing employment terms, who for the purposes of this policy we refer to as 'staff' and are listed below:

- All board, committee and sub-committee members, and employees of the ICB, in line with their terms of office and/ or employment.
- All delegation arrangements made by the ICB under the 2006 Act to ensure transparent identification and management of interests and any potential conflicts in accordance with suitable policies and procedures comparable with this policy.
- Individuals, including any individual directly involved with the business or decision-making of the ICB and not otherwise covered by one of the categories above, who has an interest, or becomes aware of an interest which could lead to a conflict of interest or potential conflict.

## **9. DECISION MAKING STAFF**

**9.1.** Some staff are more likely than others to have a decision-making influence on the use of taxpayers' money, because of the requirements of their role. For the purposes of this guidance these people are referred to as 'decision making staff.'

**9.2.** The ICB has defined decision making staff as:

- All Board Members
- Members of all committees of the ICB
- Members of advisory groups which contribute to direct or delegated decision making on the commissioning or provision of taxpayer funded services such as working groups involved in service redesign or stakeholder engagement that will affect future provision of services;
- Members of procurement (sub-) committees or panels;
- Those at Agenda for Change Band 8D and above;
- Individuals who have the power to enter into contracts on behalf of the ICB; and
- Individuals involved in decision making concerning the commissioning of services, purchasing of goods, medicines, medical devices or equipment and formulary decisions

## **10. IDENTIFICATION, DECLARATION AND REVIEW OF INTERESTS**

### **10.1. Identification & declaration of interests (including gifts and hospitality)**

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<sup>2</sup> 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.

**10.1.1.** All staff should identify and declare material interests at the earliest opportunity (and in any event within 28 days). If staff are in any doubt as to whether an interest is material then they should declare it, so that it can be considered. Declarations should be made:

- On appointment with the organisation.
- When staff move to a new role, or their responsibilities change significantly.
- At the beginning of a new project/piece of work.
- As soon as circumstances change and new interests arise (for instance, in a meeting when interests staff hold are relevant to the matters in discussion).

**10.1.2.** The ICB Senior Governance lead will be responsible for implementing this policy and ensuring arrangements are in place for:

- Reviewing current policies and bringing them in line with this guidance;
- Providing advice, training and support for staff on how interests should be managed;
- Maintaining register(s) of interests;
- Auditing policy, process and procedures relating to this guidance at least annually.

**10.1.3.** For advice or guidance on the materiality of an interest please contact the ICB Senior Governance lead.

**10.1.4.** After expiry, an interest will remain on register(s) for a minimum of 6 months and a private record of historic interests will be retained for a minimum of 6 years.

## **10.2. Proactive review of interests**

**10.2.1.** The Conflicts of Interest Administrator will prompt decision making staff at least annually to review declarations they have made and, as appropriate, update them or make a nil return.

## **11. RECORDS AND PUBLICATION**

### **11.1. Maintenance**

**11.1.1.** The ICB will maintain separate registers of interests of:

- Members of the Board
- Members of the Board's Committees, sub-committees or decision making groups
- Its employees

**11.1.2.** All declared interests that are material will be promptly transferred to the registers by the Conflicts of Interest Administrator.

### **11.2. Publication**

**11.2.1.** We will:

- Publish the interests declared by decision making staff held in the Registers of Interests and Registers of Gifts, Hospitality and Commercial Sponsorship;
- Refresh this information at least annually;
- Make this information available via the ICB's website:  
[www.lancashireandsouthcumbria.icb.nhs.uk](http://www.lancashireandsouthcumbria.icb.nhs.uk)

**11.2.2.** Templates of the ICB's Declaration of Interest Forms, Registers of Interests and Registers of Gifts and Hospitality are attached as appendices to this policy.

**11.2.3.** In some cases, it might not be appropriate to publish information about the interests of some decision-making staff, or their personal information might need to be redacted.

**11.2.4.** If decision making staff have substantial grounds for believing that publication of their interests should not take place, then they should contact the ICB's Conflicts of Interest Guardian to explain why. 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.

### **11.3. Wider transparency initiatives**

**11.3.1.** The ICB fully supports wider transparency initiatives in healthcare, and we encourage staff to engage actively with these.

**11.3.2.** Relevant staff are strongly encouraged to give their consent for payments they receive from the pharmaceutical industry to be disclosed as part of the Association of British Pharmaceutical Industry (ABPI) Disclosure UK initiative. These "transfers of value" include payments relating to:

- Speaking at and chairing meetings
- Training services
- Advisory board meetings
- Fees and expenses paid to healthcare professionals
- Sponsorship of attendance at meetings, which includes registration fees and the costs of accommodation and travel, both inside and outside the UK
- Donations, grants and benefits in kind provided to healthcare organisations

Further information about the scheme can be found on the ABPI website:

<http://www.abpi.org.uk/our-work/disclosure/about/Pages/default.aspx>

## **12. MANAGEMENT OF INTERESTS – GENERAL**

**12.1.** If an interest is declared but there is no risk of a conflict arising, then no action is warranted. However, if a material interest is declared then the general management actions that could be applied include:

- Restricting staff involvement in associated discussions and excluding them from decision making
- Removing staff from the whole decision-making process
- Removing staff responsibility for an entire area of work
- Removing staff from their role altogether if they are unable to operate effectively in it because the conflict is so significant

**12.2.** Each case will be different and context-specific, and the ICB will always clarify the circumstances and issues with the individuals involved. Staff should maintain a written audit trail of information considered and actions taken.

**12.3.** Staff who declare material interests should make their line manager or the person(s) they are working to aware of their existence.

**12.4.** Should there be a dispute on the potential management action to mitigate the interest, the ICB's Lead for Governance or Conflicts of Interest Guardian will be available to provide advice and guidance.

### **13. MANAGEMENT OF INTERESTS – COMMON SITUATIONS**

**13.1.** This section sets out the principles and rules to be adopted by staff in common situations, and what information should be declared.

#### **13.2. Gifts**

- Staff should not accept gifts that may affect, or be seen to affect, their professional judgement.

#### **13.3. Gifts from suppliers or contractors**

- Gifts from suppliers or contractors doing business (or likely to do business) with the organisation should be declined, whatever their value.
- Low cost branded promotional aids such as pens or post-it notes may, however, be accepted where they are under the value of £6<sup>i</sup> in total and need not be declared.

<sup>3</sup> The £6 value has been selected with reference to existing industry guidance issues by the ABPI <http://www.pmcpa.org.uk/thecode/Pages/default.aspx>

#### **13.4. Gifts from other sources (e.g., patients, families, service users)**

- Gifts of cash and vouchers to individuals should always be declined.
- Staff should not ask for any gifts.
- Gifts valued at over £50 should be treated with caution and only be accepted on behalf of the ICB not in a personal capacity. These should be declared by staff.
- Modest gifts accepted under a value of £50 do not need to be declared.
- A common sense approach should be applied to the valuing of gifts (using an actual amount, if known, or an estimate that a reasonable person would make as to its value).
- Multiple gifts from the same source over a 12 month period should be treated in the same way as single gifts over £50 where the cumulative value exceeds £50.

##### **13.4.1. What should be declared**

- Staff name and their role with the organisation.
- A description of the nature and value of the gift, including its source.
- Date of receipt.
- Any other relevant information (e.g., circumstances surrounding the gift, action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

#### **13.5. Hospitality**

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

### **13.6. Meals and refreshments:**

- Under a value of £25 - may be accepted and need not be declared.
- Of a value between £25 and £75 - may be accepted and must be declared.
- Over a value of £75 - should be refused unless (in exceptional circumstances) senior approval is given. A clear reason should be recorded on the organisation's register(s) of interest as to why it was permissible to accept.
- A common sense approach should be applied to the valuing of meals and refreshments (using an actual amount, if known, or a reasonable estimate).

### **13.7. Travel and accommodation:**

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

#### **13.7.1. What should be declared**

- Staff name and their role with the organisation.
- The nature and value of the hospitality including the circumstances.
- Date of receipt.
- Any other relevant information (e.g., action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

### **13.8. Outside Employment**

- Staff should declare any existing outside employment on appointment and any new outside employment when it arises.
- Where a risk of conflict of interest arises, the general management actions outlined in this policy should be considered and applied to mitigate risks.
- Where contracts of employment or terms and conditions of engagement permit, staff may be required to seek prior approval from the organisation to engage in outside employment.

**13.8.1.** The organisation may also have legitimate reasons within employment law for knowing about outside employment of staff, even when this does not give rise to risk of a conflict.

#### **13.8.1.1. What should be declared**

- Staff name and their role with the organisation.
- The nature of the outside employment (e.g., who it is with, a description of duties, time commitment).
- Relevant dates.
- Other relevant information (e.g., action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

### **13.9. Shareholdings and other ownership issues**

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

#### **13.9.1. What should be declared**

- Staff name and their role with the organisation.
- Nature of the shareholdings/other ownership interest.
- Relevant dates.
- Other relevant information (e.g., action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

### **13.10. Patents**

- 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 organisation.
- Staff should seek prior permission from the organisation before entering into any agreement with bodies regarding product development, research, work on pathways etc, where this impacts on the organisation's own time, or uses its equipment, resources or intellectual property.
- Where holding of patents and other intellectual property rights give rise to a conflict of interest then the general management actions outlined in this policy should be considered and applied to mitigate risks.

#### **13.10.1. What should be declared**

- Staff name and their role with the organisation.
- A description of the patent.
- Relevant dates.
- Other relevant information (e.g., action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy)

### **13.11. Loyalty interests**

**13.11.1.** 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.

#### **13.11.2. What should be declared**

- Staff name and their role with the organisation.
- Nature of the loyalty interest.
- Relevant dates.
- Other relevant information (e.g., action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

### **13.12. 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 they 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 own registered charity 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 the 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 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.

#### **13.12.1.1. What should be declared**

- The organisation will maintain records in line with the above principles and rules and relevant obligations under charity law.

### **13.13. Sponsored events**

- Sponsorship of events by appropriate external bodies will only be approved if a reasonable person would conclude that the event will result in clear benefit the organisations 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 whom they could gain a commercial advantage, and information which is not in the public domain should not normally be supplied.
- At the 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.
- 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.

#### **13.13.1.1. What should be declared**

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

### **13.14. Sponsored research**

- Funding sources for research purposes must be transparent.
- Any proposed research must go through the relevant health research authority or other approvals process.
- There must be a written protocol and written contract between staff, the 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.
- The study must not constitute an inducement to prescribe, supply, administer, recommend, buy or sell any medicine, medical device, equipment or service.
- Staff should declare involvement with sponsored research to the organisation.

#### **13.14.1. What should be declared**

- The organisation will retain written records of sponsorship of research, in line with the above principles and rules.
- Staff should declare:
  - their name and their role with the organisation.
  - Nature of their involvement in the sponsored research.
  - relevant dates.
  - Other relevant information (e.g., what, if any, benefit the sponsor derives from the sponsorship, action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

### **13.15. Sponsored posts**

- External sponsorship of a post requires prior approval from the organisation.
- Rolling sponsorship of posts should be avoided unless appropriate checkpoints are put in place to review and withdraw if appropriate.
- Sponsorship of a post should only happen where there is written confirmation that the arrangements will have no effect on purchasing decisions or prescribing and dispensing habits. This should be audited for the duration of the sponsorship. 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 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.

#### **13.15.1. What should be declared**

- The organisation will retain written records of sponsorship of posts, in line with the above principles and rules.
- Staff should declare any other interests arising as a result of their association with the sponsor, in line with the content in the rest of this policy.

### **13.16. Clinical private practice**

**13.16.1.** Clinical staff should declare all private practice on appointment, and/or any new private practice when it arises\* including:

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

**13.16.2.** 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. †
- Not accept direct or indirect financial incentives from private providers other than those allowed by Competition and Markets Authority guidelines:  
[https://assets.publishing.service.gov.uk/media/542c1543e5274a1314000c56/\\_Non-Divestment\\_Order\\_amended.pdf](https://assets.publishing.service.gov.uk/media/542c1543e5274a1314000c56/_Non-Divestment_Order_amended.pdf)

#### **13.16.2.1. What should be declared**

- Staff name and their role with the organisation.
- A description of the nature of the private practice (e.g., what, where and when staff practise, sessional activity, etc).
- Relevant dates.
- Any other relevant information (e.g., action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

\* 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)

† 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)

## **14. MANAGEMENT OF INTERESTS – ADVICE IN SPECIFIC CONTEXTS**

### **14.1. Strategic decision making groups**

**14.1.1.** In common with other NHS bodies NHS Lancashire and Cumbria Integrated Care Board uses a variety of different groups to make key strategic decisions about things such as:

- Entering into (or renewing) large scale contracts.
- Awarding grants.
- Making procurement decisions.
- Selection of medicines, equipment, and devices.

**14.1.2.** The interests of those who are involved in these groups should be well known so that they can be managed effectively.

**14.1.3.** The Board has adopted the following principles:

- Chairs should consider any known interests of members in advance and begin each meeting by asking for declaration of relevant material interests.
- Members should take personal responsibility for declaring material interests at the beginning of each meeting and as they arise.
- Any new interests identified should be added to the ICB's register(s).
- The vice chair (or other non-conflicted member) should chair all or part of the meeting if the chair has an interest that may prejudice their judgement.

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

- Requiring the member to not attend the meeting.
- Excluding the member from receiving meeting papers relating to their interest.
- Excluding the member from all or part of the relevant discussion and decision.
- Noting the nature and extent of the interest but judging it appropriate to allow the member to remain and participate.
- Removing the member from the group or process altogether.

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

### **14.2. Procurement**

**14.2.1.** Procurement should be managed in an open and transparent manner, compliant with procurement and other relevant law, 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.

**14.2.2.** Those involved in procurement exercises for and on behalf of the organisation should keep records that show a clear audit trail of how conflicts of interest have been identified and managed as part of procurement processes. At every stage of procurement steps should be taken to identify and manage conflicts of

interest to ensure and to protect the integrity of the process. Staff should refer to the ICB Procurement Policy.

## **15. DEALING WITH BREACHES**

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

### **15.2. Identifying and reporting breaches**

**15.2.1.** Staff who are aware about actual breaches of this policy, or who are concerned that there has been, or may be, a breach, should report these concerns to the ICB Governance Lead or Conflicts of Interest Guardian.

**15.2.2.** 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. For further information about how concerns should be raised refer to the ICB's Freedom to Speak Up Policy or the Local Anti-Fraud, Bribery and Corruption Policy.

**15.2.3.** The organisation will investigate each reported breach according to its own specific facts and merits and give relevant parties the opportunity to explain and clarify any relevant circumstances.

**15.2.4.** Following investigation, the organisation will:

- Decide if there has been or is potential for a breach and if so what the severity of the breach is.
- Assess whether further action is required in response – this is likely to involve any staff member involved and their line manager, as a minimum.
- Consider who else inside and outside the organisation should be made aware
- Take appropriate action as set out in the next section.

### **15.3. Taking action in response to breaches**

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

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

- Clarification or strengthening of existing policy, process and procedures.
- Consideration as to whether HR/employment law/contractual action should be taken against staff or others.
- Consideration being given to escalation to external parties. This might include referral of matters to auditors, NHS Counter Fraud Authority (NHS CFA), the Police, statutory health bodies (such as NHS England/NHS Improvement or the CQC), and/or health professional regulatory bodies.

**15.3.3.** Inappropriate or ineffective management of interests can have serious implications for the organisation and staff. There will be occasions where it is

necessary to consider the imposition of sanctions for breaches.

**15.3.4.** Sanctions should not be considered until the circumstances surrounding breaches have been properly investigated. However, if such investigations establish wrong- doing or fault then the organisation can and will consider the range of possible sanctions that are available, in a manner which is proportionate to the breach. This includes:

- Employment law action against staff, which might include:
  - Informal action (such as reprimand or signposting to training and/or guidance).
  - Formal disciplinary action (such as formal warning, the requirement for additional training, re-arrangement of duties, re-deployment, demotion, or dismissal).
- Reporting incidents to the external parties described above for them to consider what further investigations or sanctions might be.
- Contractual action, such as exercise of remedies or sanctions against the body or staff which caused the breach.
- Legal action, such as investigation and prosecution under fraud, bribery and corruption legislation.

#### **15.4. Learning and transparency concerning breaches**

**15.4.1.** Reports on breaches, the impact of these, and action taken will be considered by the ICB's Audit Committee.

**15.4.2.** To ensure that lessons are learnt and management of interests can continually improve, anonymised information on breaches, the impact of these, and action taken will be prepared and published on the ICB's website: [www.lancashireandsouthcumbria.icb.nhs.uk](http://www.lancashireandsouthcumbria.icb.nhs.uk) appropriate, or made available for inspection by the public upon request.

### **16. TRAINING**

**16.1.1.** All staff will be required to complete the Conflicts of Interest online training for ICBs (Module 1). This will be deemed an annual mandatory training requirement in accordance with the ICB's Statutory and Mandatory training policy. The module is accessed via the national ESR platform however, if staff who are required to complete the module do not have access to the ESR platform, the Corporate Governance Team will provide alternative access.

**16.1.2.** The ICB Senior Governance lead will ensure arrangements are in place as required to provide local advice, training and support for staff on how interests should be managed.

### **17. REVIEW**

**17.1.** This policy will be reviewed as a minimum every three years unless an earlier review is required. This will be led by the ICB Lead for Governance.

### **18. REFERENCES**

- Standards of Business Conduct Policy
- Anti-Fraud, Bribery and Corruption Policy
- Freedom to Speak Up Policy

- Relations with the Pharmaceutical Industry and other Commercial Organisations
  - Conflicts of Interest in the NHS – Guidance for Staff and Organisations ([NHS England » Managing conflicts of interest in the NHS](#))
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**Annex B: Template Register of interests**

Name	Current position (s) held in the ICB ie: Board Member; Committee member;; Employee or other	Declared Interest (Name of the organisation and nature of business)	Type of Interest					Nature of Interest	Date of Interest		Action taken to mitigate risk
			Financial Interest	Non-Financial Professional	Non-Financial Personal	Indirect	From		To		

