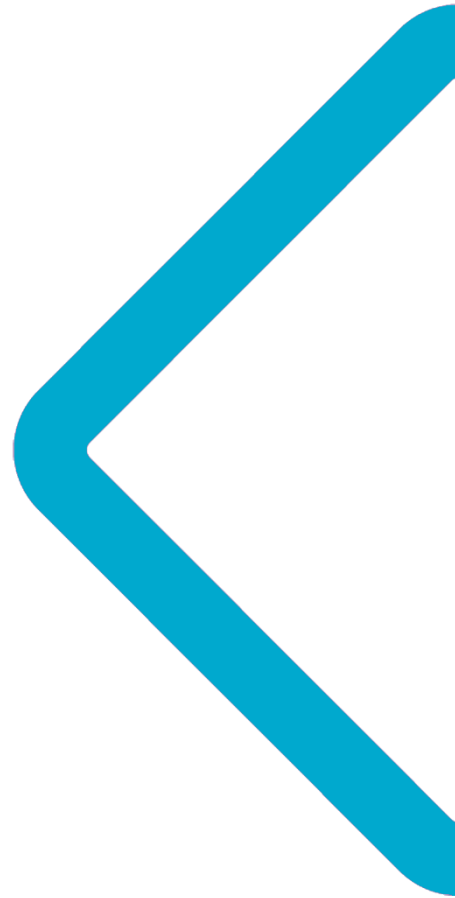


Conflicts of Interest Policy & Procedure



Contents

1. Organisational Context.....	3
2. Introduction	3
3. Scope	4
4. Principles	4
5. Definitions	5
6. Roles and Responsibilities	7
7. Declaring Interests	8
8. Gifts, Hospitality and Sponsorship.....	9
9. Secondary Employment.....	13
10. Maintaining Registers of Interest and Gifts and Hospitality.....	14
11. Appointments.....	15
12. Primary Care Commissioning.....	16
13. Making Declarations at Meetings	16
14. Raising Concerns.....	18
15. Breach of the Policy	20
16. Monitoring and Reporting.....	21
17. Training and Awareness	21
18. Dissemination and Implementation	21
19. Review.....	21

Appendices:

Appendix 1	The Committee on Standards in Public Life's Seven Principles of Public Life (known as the Nolan Principles)
Appendix 2	Declaration of interests' form
Appendix 3	Definition of types of interest
Appendix 4	Register of declared interests
Appendix 5	Guidance on standard treatment of potential conflicts of interest
Appendix 6	Gifts, hospitality and sponsorship form
Appendix 7	Gifts, hospitality and sponsorship register
Appendix 8	Guidance on considering acceptance of hospitality (including meals/refreshments; travel and/or accommodation)
Appendix 9	Guidance on considerations when accepting gifts

Document Owner: Associate Director Corporate Affairs & Governance	Approval date: 01/07/2022	First published: 01/07/2022
	Next review date: June 2023	Version: 1.1

1. Organisational Context

- 1.1 NHS Cheshire and Merseyside Integrated Care Board (referred to in the policy as “NHS C&M”) was established as a statutory body on 1 July 2022. NHS C&M operates in the 9 geographical areas of Cheshire, Halton, Knowsley, Liverpool, Sefton, St Helens, Southport & Formby, Warrington, and Wirral (referred to in the policy as “Places”).
- 1.2 NHS C&M is a member of the C&M Integrated Care Partnership (“C&M ICP”) alongside representatives from the local authorities, NHS providers, Healthwatch, and the voluntary and community sector across Cheshire and Merseyside.
- 1.3 All employees and members operate in accordance with agreed policies and the principles relating to business conduct which can be found in [NHS C&M Standards of Business Conduct Policy](#).

2. Introduction

- 2.1 The guiding principle for this policy is to ensure that decisions are made in the public interest by avoiding any undue influence.
- 2.2 Effective handling of conflicts of interest is crucial to give confidence to patients, taxpayers, healthcare providers and parliament that NHS C&M decisions are robust, fair and transparent and offer value for money. It is essential in order to protect healthcare professionals and maintain public trust in the NHS. Failure to manage conflicts of interest could lead to legal challenge and even criminal action in the event of fraud, bribery and corruption.
- 2.3 NHS C&M acknowledges that conflicts of interest will be inevitable, and it is how they are managed that matters. The Health and Social Care Act 2022 (“the Act”) sets out the minimum requirements of what both NHS England and NHS C&M must do in terms of managing conflicts of interest.
- 2.4 This policy adheres to the NHS-wide guidance, **Managing conflicts of interest in the NHS: Guidance for staff and organisations**¹, and principles as set out in **Guidance...on preparing integrated care board constitutions**².
- 2.5 In addition to complying with this guidance, NHS C&M staff and members must adhere to guidance issued by relevant professional bodies on conflicts of interest, including the British Medical Association (BMA) the Royal College of General Practitioners and the General Medical Council (GMC). Procurement rules including The Public Contract Regulations 2015 and The National Health Service (procurement, patient choice and competition) (no.2) regulations 2013, as well as the Bribery Act 2010.
- 2.6 All individuals within NHS C&M must abide by the Seven Principles of Public Life as set out by the Committee on Standards in Public Life (attached at Appendix 1).

¹ [NHS England » Managing Conflicts of Interest in the NHS: Guidance for staff and organisations](#)

² [www.england.nhs.uk/wp-content/uploads/2021/06/B1551--Guidance-to-Clinical-Commissioning-Groups-on-the-preparation-of-Integrated-Care-Board-constitutions.pdf](#)

3. Scope

3.1 Who does the policy apply to?

Some staff/ post-holders are more likely than others to have an influence on the use of taxpayers' money, because of the requirements of their role. For the purposes of this policy these people are referred to as "decision-makers".

Though the training requirements may differ, dependent on individuals' roles, this policy applies to all individuals involved with the business or decision-making of NHS C&M. This includes:

3.1.1 All NHS C&M staff members, including:

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

3.1.2 In addition, any self-employed consultants or other individuals working for NHS C&M under a contract for services should make a declaration of interest in accordance with this guidance, as if they were NHS C&M staff members.

3.1.3 Members of the Board and members of NHS C&M committees and sub-committees. All members of NHS C&M's committees, sub-committees/sub-groups, including:

- Co-opted members
- Appointed deputies; and
- Any members of committees/ groups from other organisations.

3.2 Where NHS C&M is participating in a joint committee alongside other organisations, any interests which are declared by the committee members should be recorded on the register(s) of interest of each participating organisation.

3.3 It is recognised that individuals, with a role within NHS C&M, 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 C&M responsibilities, in practice it may be difficult to draw a distinction between the two roles – see 4.2 below for further guidance.

4. Principles

4.1 The principles of collaboration, transparency and subsidiarity should be at the centre of all decision making. Decision-making will be geared towards meeting the statutory duties of ICBs at all times, including the triple aim³. Any individual involved in decisions relating to ICB functions will 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.

³ 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.

4.2 Separation of Functions

ICBs enable trusts/foundation trusts, local authorities, and primary medical services (general practice) provider nominees 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, and will be both **acknowledged and managed** by NHS C&M – 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.

Using the separation of functions basis - a conflict would only arise if the individual or their organisation would benefit **specifically and directly** to the exclusion of some other organisations and as such would need appropriate controls in the event of a decision being made.

- 4.3 The personal and professional interests of all ICB board members, ICB committee members and ICB staff who are involved in decision-taking need to be declared, recorded and managed appropriately. 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 public website. See section 10.1 for further information.
- 4.4 NHS C&M 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.
- 4.5 Actions to mitigate conflicts of interest will be proportionate and seek to preserve the spirit of collective decision-making wherever possible. Mitigation will take account of a range of factors including the perception of any conflicts and how a decision may be received if an individual with a perceived conflict is involved.
- 4.6 The way conflicts of interest are declared and managed within NHs C&M will contribute to a culture of transparency about how decisions are made. In particular, when adopting a specific approach to mitigate any conflicts of interest (including perceived conflicts), NHs C&M will ensure that the reason for the chosen action is documented in the minutes or records.

5. Definitions

5.1 What do we mean by “an interest”?

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 Four categories of interest can be defined:

Financial interests

Where an individual may get *direct financial benefits* from the consequences of a decision. For example, this could include being:

- A director, including a non-executive director, or senior employee in a company (public or private) or other organisation which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations

- A shareholder (or similar ownership interests), a partner or owner of a private or not-for-profit company, business, partnership or consultancy which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations
- A management consultant for a provider
- In secondary employment (see section 9)
- In receipt of secondary income from a provider
- In receipt of a grant from a provider
- In receipt of any payments (for example honoraria, one-off payments, day allowances or travel or subsistence) from a provider
- In receipt of research funding, including grants that may be received by the individual or any organisation in which they have an interest or role; and
- Having a pension that is funded by a provider (where the value of this might be affected by the success or failure of the provider).

Non-financial professional interests

Where an individual may obtain a non-financial professional benefit from the consequences of a decision, such as increasing their *professional reputation or status* or promoting their professional career. For example, including situations where the individual is:

- An advocate for a particular group of patients
- A provider with special interests e.g., in dermatology, acupuncture etc.
- A member of a particular specialist professional body (excluding routine memberships – RCGP, BMA or a medical defence organisation)
- An advisor for the Care Quality Commission (CQC) or the National Institute for Health and Care Excellence (NICE)
- A medical researcher

All members of the ICB or committees of NHS C&M, should declare details of their roles and responsibilities held within other organisations. These may be financial or non-financial in nature.

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. For example, where the individual is:

- A voluntary sector champion for a provider
- A volunteer for a provider
- A member of a voluntary sector board or has any other position of authority in or connection with a voluntary sector organisation
- Suffering from a particular condition requiring individually funded treatment
- A member of a lobby or pressure group with an interest in health

Indirect interests

Where an individual has a close association with someone who has a financial interest, a non-financial professional interest or a non-financial personal interest in a decision (as those categories are described above) for example, a:

- Spouse/ partner
- Close relative e.g., parent, grandparent, child, grandchild or sibling
- Close friend
- Business partner.

Whether an interest held by another person gives rise to a conflict of interests will depend upon the nature of the relationship between that person and the individual, and the role of the individual within NHS C&M. Further guidance can be sought from the Conflicts of Interest Guardian, or Governance Team.

- 5.3 A conflict of interest may be:
- **Potential** – i.e. there is the possibility of a material conflict between one or more interests in the future;
 - **Actual** - i.e. there is a material conflict between one or more interests; or
 - **Perceived** – i.e. an observer could reasonably suspect there to be a conflict of interest regardless of whether there is one or not.
- 5.4 Further guidance on what might constitute a conflict of interest and example case studies can be found on the NHS England website:
<https://www.england.nhs.uk/commissioning/pc-co-%20comms/coi/>
<https://www.england.nhs.uk/publication/managing-conflicts-of-interest-ccg-case-studies/>
and within the NHS C&M ICB COI Awareness Training Slides on the [Staff Hub](#).

6. Roles and Responsibilities

This section outlines the roles and responsibilities of key individuals and significant groups with responsibility for managing conflicts of interest.

6.1 All staff and members

All staff and members should ensure they are aware of the principles and procedures outlined in this and other NHS C&M policies and take responsibility for ensuring they are familiar with the contents and the relevance to their role. They must comply with the requirements to declare interests; manage potential conflicts of interests; declare gifts, hospitality and sponsorship; and abide by all other requirements set out in the policy.

Staff and members will need to complete conflicts of interest training to raise awareness of the risks of conflicts of interest and to support them in managing conflicts of interest. See Section 17 for further information.

6.2 Chief Executive

The Chief Executive has overall accountability for NHS C&M's management of conflicts of interest. Operational responsibility for the management of conflicts of interest, declarations of interest and Hospitality register sits within NHS C&M's governance team led by the Assistant Chief Executive.

6.3 The Conflicts of Interest Guardian

The Conflicts of Interest Guardian role is to be undertaken by NHS C&M's Audit Committee Chair, provided they have no significant material provider interests, as this role already has a key role in conflicts of interest management. They are supported in this role by NHS C&M's Associate Director Corporate Affairs & Governance. The Conflicts of Interest Guardian shall:

- act as a conduit for all staff, members of the public and healthcare professionals who have any concerns with regards to conflicts of interest
- be a safe point of contact for staff or workers of NHS C&M to raise any concerns in relation to this policy
- 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
- attest annually that NHS C&M has had due regard to the statutory guidance on managing conflicts of interest

6.4 Associate Director Corporate Affairs & Governance

The Associate Director Corporate Affairs & Governance responsibilities include being the designated governance lead for NHS C&M; responsible for the development and delivery of operational procedures to deliver the requirements of this policy. They are also responsible for keeping the Conflicts of Interest Guardian well briefed on conflicts of interest matters and supporting them deliver their role.

6.5 Non-Executive Board Members

Non-Executive Board members play a critical role in providing scrutiny, challenge and an independent voice in support of robust and transparent decision-making and management of conflicts of interest. Individual non-executive members play particular roles in chairing the Audit Committee and acting as the conflicts of interest guardian.

6.6 The Audit Committee

The Audit Committee has oversight of the arrangements in place to manage conflicts of interest.

7. Declaring Interests

7.1 **Written Declarations** – All persons referred to in section 3.1 must declare any interests they hold which are relevant to the work of NHS C&M. Declarations should be made as soon as reasonably practicable and, in any event, within 28 days after the interest arises (this could include an interest an individual is pursuing). Interests should be declared using the form attached at Appendix 2.

7.2 Declarations should be submitted to the Governance Team for review and sign off by the Associate Director Corporate Affairs & Governance; prior to being input on to the NHS C&M Register of Interests, and any necessary mitigations agreed.

7.3 Formal declarations should be submitted:

On appointment

Applicants for any appointment to NHS C&M or its Board or any committees should be asked to declare any relevant interests prior to undertaking the role. When an appointment is made, a formal written declaration of interests should again be made and recorded.

Annually

Formal, written declarations of interest should be submitted by all relevant individuals every year. Where there are no interests or changes to declare, a “nil return” should be made.

On changing role, responsibility or circumstances

Whenever an individual's role, responsibility or circumstances change in a way that affects the individual's interests (e.g., where an individual takes on a new role outside NHS C&M or enters into a new business or relationship), a further formal, written declaration should be made to reflect the change in circumstances as soon as possible, and in any event *within 28 days*.

7.4 Where an interest has been declared, the declarer will ensure that before participating in any activity connected with NHS C&M's exercise of its commissioning or other functions, they have received confirmation of and understand the arrangements to manage the conflict of interest or potential conflict of interest from the Associate Director Corporate Affairs & Governance and/ or COI Guardian (as described below). In cases of doubt or where the declarer is yet to receive details of the arrangements to mitigate the conflict, the declarer should withdraw from any such activity until the arrangements have been clarified.

7.5 Verbal Declarations

In addition to the written declarations described above, relevant verbal declarations must be made at meetings, as appropriate. All attendees are required to declare their interests as a standing agenda item for every Board, committee, sub-committee or working group meeting, before the business is discussed. Even if an interest has been recorded in the register of interests, it should still be declared in meetings *where matters relating to that interest are discussed*. Declarations of interest should be recorded in minutes of meetings.

8. Gifts, Hospitality and Sponsorship

8.1 Gifts

8.1.1 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.

8.1.2 All **gifts offered** to individuals within the scope of this policy **by current or prospective suppliers or contractors** linked to NHS C&M's business should be declined and the offer should be declared. The only exceptions to the presumption to decline such gifts relates to items of low financial value (i.e., less than £6) such as diaries, calendars, stationery and other gifts acquired from meetings, events or conferences.

8.1.3 Such gifts may be accepted and do not need to be declared.

8.1.4 **Gifts offered from other sources** (i.e. not from suppliers/contractors or potential suppliers/contractors) should also be declined if accepting them might give rise to perceptions of bias or favouritism, and a common sense approach should be adopted as to whether or not this is the case. The general rules around the acceptance of such gifts are:

- a) Modest gifts under a value of £50 may be accepted and do not need to be declared;
- b) Gifts valued at over £50 should be treated with caution and only be accepted on behalf of an organisation, not in a personal capacity. Such gifts should be declared.
- c) 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.

8.1.5 **Any personal gift of cash or cash equivalents** (e.g. vouchers, tokens, offers of remuneration to attend meetings whilst in a capacity working for or representing NHS C&M) must always be declined, whatever their value and whatever their source. The offer which has been declined must be declared to the governance lead for inclusion on the register of gifts and hospitality.

8.1.6 Bequests from patients

Where a clinician who is subject to this policy due to their role/relationship with NHS C&M is the beneficiary of the estate of a patient who was under their care (due to their clinical role as a provider of services), they should comply with the relevant professional and regulatory guidance issued by bodies including the British Medical Association and General Medical Council. Such instances should be declared to NHS C&M where they are relevant to that individuals' role with NHS C&M and could be considered to represent a conflict of interest in carrying out that role.

8.1.7

Donations to the organisation

Staff members must check with the Associate Director of Corporate Affairs & Governance before making any requests for donations to clarify appropriateness and/or financial or contractual consequences of acquisition. Requests for equipment or services should not be made without the express permission of a senior manager.

- 8.1.8 **Donations/ Gifts from individuals, charities, companies** (as long as they are not associated with known health-damaging products) – often related to individual pieces of equipment or items – provide additional benefits to patients but may have resource implications for NHS C&M. Further guidance regarding charitable funds and gifts and donations can be requested from the Executive Director of Finance.
- 8.1.9 Any gifts to the organisation should be receipted, through the finance team and a letter of thanks should be sent.

8.2 Hospitality

- 8.2.1 A blanket ban on accepting or providing hospitality is neither practical nor desirable from a business point of view. However, individuals should be able to demonstrate that the acceptance or provision of hospitality would benefit the NHS or NHS C&M.
- 8.2.2 Modest hospitality provided in normal and reasonable circumstances may be acceptable, although it should be on a similar scale to that which NHS C&M might offer in similar circumstances (e.g. tea, coffee, light refreshments at meetings). A common sense approach should be adopted as to whether hospitality offered is modest or not. “Modest” hospitality may be considered hospitality with an estimated value under £25. Hospitality of this nature does not generally need to be declared to the governance lead.
- 8.2.3 Exceptions to this include, when offers of modest hospitality should be declared and recorded on the register, are where:
- Such hospitality is offered by current or prospective suppliers or contractors linked to NHS C&M’s business (whether or not such an offer is accepted). Offers of this nature can be accepted if they are modest and reasonable but advice should be sought from a senior member of NHS C&M (e.g. a Director or ICB Chair) as there may be particular sensitivities, for example if a contract re-tender is imminent.
 - Several such offers from the same or a closely related source amounting to an estimated value above £100 in a 12 month period.
- 8.2.4 Offers of meals and refreshments valued at between £25 and £75 may be accepted and must be declared for inclusion on the register.
- 8.2.5 There is a presumption that the following should be politely refused:
- offers of hospitality which go beyond a value of £75 (for meals and refreshments); or
 - offers of travel or accommodation that go beyond a type that NHS C&M itself might offer, such as business or first class travel and accommodation and offers of foreign travel and accommodation.
- 8.2.6 There may be some limited and exceptional circumstances where accepting such hospitality may be contemplated. **Express prior approval should be sought from a senior manager or officer of NHS C&M (e.g. a Director or the ICB Chair)** before accepting such offers, and the reasons for acceptance should be recorded in NHS C&M’s register of gifts and hospitality. Hospitality of this nature should be declared to the governance lead and recorded on the register, whether accepted or not.
- 8.2.7 The acceptance of such hospitality may be perceived as a potential conflict of interest. In these circumstances, a written declaration of interests return should also be made.

8.3 Sponsorship

8.3.1 In recognition that NHS bodies work together, and in collaboration with other agencies, to improve health services for the populations they serve, the Department of Health published guidance “Commercial Sponsorship: Ethical Standards for the NHS” (November 2000). The guidance acknowledges that collaborative partnerships with industry can have a number of benefits. It advises that it is important to have a transparent approach about any proposed sponsorship which would benefit NHS C&M and for NHS C&M to consider fully the implications of a proposed sponsorship deal before entering into any arrangement. If any such partnership is to work, there must be trust and reasonable contact between the sponsor and the NHS.

8.4 Sponsored Posts

8.4.1 Staff who are considering entering into an agreement regarding the external sponsorship of a post within NHS C&M or a place-based partnership must seek formal approval from the Chief Executive. Staff will be required to demonstrate acceptance of a sponsored post is transparent and does not stifle competition.

8.4.2 There should be written confirmation that the sponsorship arrangements will have no effect on any commissioning or other management decisions over the duration of the sponsorship and auditing arrangements should be established to ensure that this is the case. These written arrangements should set out the circumstances under which sponsorship arrangements can be exited if conflicts of interest arise which cannot be mitigated.

8.4.3 Rolling sponsorship of posts should be avoided unless appropriate checkpoints are put in place to review and confirm the appropriateness of the arrangements continuing.

8.4.4 Holders of sponsored posts must not promote or favour the sponsor’s specific products or organisation and information about alternative suppliers must be provided. Sponsors must not have any influence over the duties of the post or have any preferential access to services, materials or intellectual property related to or developed in connection with the sponsored post.

8.4.5 **All such arrangements, including offers of sponsorship from external parties that are subsequently declined – must be declared to NHS C&M’s governance lead so they can be included on NHS C&M’s register of gifts, hospitality and sponsorship.**

8.5 Sponsored events

8.5.1 Sponsorship of events, including courses, conferences and meetings, by external bodies should only be approved if it can be demonstrated that the event will result in clear benefits for NHS C&M and the wider NHS. Sponsorship should not in any way compromise any of NHS C&M’s decisions or be dependent on the purchase or supply of goods or services. Sponsors should not have any influence over the content of an event, meeting, seminar, publication or training event – NHS C&M is not to appear to endorse individual companies or their products or services because of the sponsorship.

8.5.2 During dealings with sponsors there must be no breach of patient or individual confidentiality or data protection (or other) legislation. As a rule, information which is not in the public domain should not be supplied and no information should be supplied to a company for its commercial gain.

8.5.3 At the discretion of NHS C&M, 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 interests of transparency.

- 8.5.4 NHS C&M staff should discuss any proposals/ offers of sponsorship of events with the relevant Director. The Director, or staff member following approval from the relevant Director, should consult with the 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.
- 8.5.5 ICB / committee members should discuss any proposals / offers of sponsorship of events with the ICB Chair. The Chair, or ICB / committee member with explicit approval from the Chair, should consult with the 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.
- 8.5.6 **All such arrangements – including offers of sponsorship from external parties that are subsequently declined - must be declared to NHS C&M’s governance lead so they can be included on NHS C&M’s register of gifts, hospitality and sponsorship.**

8.6 Sponsored research

- 8.6.1 Funding sources for research purposes must be transparent.
- 8.6.2 There must be a written protocol and written contract between NHS C&M and the institute 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. Where the contract includes provision of people this, and accompanying arrangements, must be clearly articulated.
- 8.6.3 The study must not constitute an inducement to commission any service.
- 8.6.4 NHS C&M staff should discuss any proposals / offers of sponsored research with the relevant Director. The relevant Director, or staff member with explicit approval from their Director, should consult with the 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.
- 8.6.5 ICB / committee members should discuss any proposals / offers of sponsored research with the ICB Chair. The Chair, or ICB/committee member with explicit approval from the Chair, should consult with the 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.
- 8.6.6 **All such arrangements – including offers of sponsorship from external parties that are subsequently declined - must be declared to NHS C&M’s governance lead so they can be included on NHS C&M’s register of gifts, hospitality and sponsorship.**

8.7 Joint Working with the Pharmaceutical Industry (PI)

- 8.7.1 Joint working between NHS C&M and the PI must be for the benefit of patients or the NHS and preserve patient care, the main beneficiary being the patient. Joint working arrangements must be entered into at a corporate level and not with any individual member of staff or ICB member. All pharmaceutical companies entering into sponsorship agreements must comply with the [Code of Practice for the Pharmaceutical Industry](#).
- 8.7.2 NHS C&M staff member considering entering discussion with the PI about joint working (referred to subsequently as “the designated lead”) should:
- First discuss the outline proposal with their line manager and relevant clinical leads.
 - If that proposal is supported by the line manager / clinical leads, the designated lead should consult the Director of Nursing and governance lead on the appropriateness of pursuing any such arrangement.

- If that proposal is supported by the Director of Nursing and governance lead, the designated lead should provide an outline proposal for the arrangements in accordance with **NHS C&M's Standards of Business Conduct Policy Appendix 3: Working with the Pharmaceutical Industry Policy** and submit a summary to the Audit Committee for consideration and formal approval.

8.7.3 All such arrangements must be declared to NHS C&M's governance lead so they can be included on NHS C&M's register of gifts, hospitality and sponsorship.

8.8 Rewards for Initiative

8.8.1 NHS C&M will identify potential intellectual property rights (IPR), as and when they arise, so that they can protect and exploit them properly, and thereby ensure that they receive any rewards or benefits (such as royalties), in respect of work commissioned from third parties, or work carried out by individuals in the course of their NHS duties. Most IPR are protected by statute; e.g. patents are protected under the Patents Act 1977 and copyright (which includes software programmes) under the Copyright Designs and Patents Act 1988. To achieve this, NHS organisations and employers should build appropriate specifications and provisions into the contractual arrangements which they enter into before the work is commissioned, or begins. They should always seek legal advice if in any doubt, in specific cases.

8.8.2 With regard to patents and inventions, in certain defined circumstances the Patents Act gives staff or individuals in the course of their duties a right to obtain some reward for their efforts, and NHS C&M will see that this is affected. Other rewards may be given voluntarily to staff or other individuals who, within the course of their employment or duties, have produced innovative work of outstanding benefit to the NHS.

8.8.3 In the case of collaborative research and evaluative exercises with manufacturers, NHS C&M will obtain a fair reward for the input they provide. If such an exercise involves additional work for an NHS C&M employee or individual outside that paid for by NHS C&M under his or her contract of employment, or sessional arrangements, arrangements may be made for some share of any rewards or benefits to be passed on to the employee(s) or individuals concerned from the collaborating parties. Care will, however, be taken that involvement in this type of arrangement with a manufacturer does not influence the purchase of other supplies from that manufacturer.

9. Secondary Employment

9.1 For the purposes of this section, "secondary employment" includes part-time, temporary and fixed term contract work as well as "one-off" payments for advice or services provided and ad hoc/ occasional sessional cover within another organisation e.g. locum work.

9.2 Individuals must obtain prior permission to engage in secondary employment, and NHS C&M reserve the right to refuse permission where it believes a conflict will arise which cannot be effectively managed.

9.3 In particular, it is unacceptable for pharmacy advisers or other advisers, staff or consultants to NHS C&M on matters of procurement to themselves be in receipt of payments from the pharmaceutical or devices sector.

9.4 Staff members should not engage in outside employment during any periods of sickness absence from NHS C&M. To do so may lead to a referral being made to the Local Counter Fraud Specialist for investigation which may lead to criminal and/or disciplinary action in accordance with NHS C&M's Anti-Fraud Policy.

9.5 **Additional Employment/ Consultancy Work**

All individuals identified at Section 3.1, are required to inform NHS C&M if they are employed or engaged in, or wish to be employed or engage in, any employment or consultancy work in addition to their work with NHS C&M. The purpose of this is to enable the appropriate check on any potential conflict of interest related to secondary/additional employment. Examples of work which might conflict with the business of NHS C&M include:

- Employment with another NHS body
- Employment with another organisation which might be in a position to supply goods/services to NHS C&M
- Employment within a Provider Collaborative
- Directorship of a Primary Care Network/ Alliance or Federation; and
- Self-employment, including private practice, in a capacity which might conflict with the work of NHS C&M or which might be in a position to supply goods/services to NHS C&M.

9.6 All individuals declaring secondary or additional employment, as above, should clearly state the agreed or approximate hours expected to be worked each week, and details of the value e.g. income (hourly rate or one of payment). Such details may not be published in the register of interests, but will be used to assess the level of risk and ensuing mitigations applied.

9.7 **Payment for speaking at a meeting/conference**

Staff acting on behalf of NHS C&M, who are asked to speak at an event relating to NHS C&M business for which a payment is offered must have agreement in advance from their line manager, and any payment should be credited to NHS C&M.

9.8 When considering such offers, consideration must be given to the general principles outlined in this policy around the appropriateness of accepting any such offer (either to speak or to accept payment).

10. **Maintaining Registers of Interest and Gifts and Hospitality**

10.1 NHS C&M will maintain one or more registers of interest and one or more registers of gifts and hospitality. Register(s) of interest shall be maintained for each of the groups identified at section 4. NHS C&M will publish the register(s) of interest of the following groups in a prominent place on NHS C&M's websites:

- Members of the Board
- Members of NHS C&M committees and sub-committees; and
- Other senior NHS C&M staff members / decision-makers.

10.2 An interest shall remain on the public register for a minimum of 6 months after the interest is deemed to have expired. In addition, NHS C&M will retain a private record of historic interests for a minimum of 6 years after the date on which they are deemed to have expired. NHS C&M's published register of interests shall state that historic interests are retained by NHS C&M for the specified timeframe, with details of whom to contact to submit a request for this information.

10.3 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). Where an individual believes that substantial damage or distress may be caused, to him/herself or somebody else by the publication of information about them, they are entitled to request that the information is not published. Such requests must be made in writing.

Decisions not to publish information must be made by the Conflicts of Interest Guardian who should seek appropriate legal advice where required, and NHS C&M should retain a confidential un-redacted version of the register(s).

10.4 The Audit Committee will review the registers at least annually.

11. Appointments

11.1 Candidates for Appointment

11.1.1 Candidates for any appointment with NHS C&M must disclose in writing if they are related to or in a significant relationship with (e.g. spouse or partner to) any Board member or employee of NHS C&M. The NHS Jobs application form requests this information and therefore must be disclosed before submission.

11.1.2 A member of an appointment panel which is to consider the employment of a person to whom he/she is related must not take part in the interview process.

11.1.3 Candidates for any appointment with NHS C&M shall, when applying, also disclose cases where they or their close relatives or associates have a controlling and/or significant financial interest in a business (including a private company, public sector organisation, other NHS employer and/or voluntary organisation), or in any other activity or pursuit, which may compete for an NHS contract to supply either goods or services to NHS C&M.

11.2 Canvassing for Appointment

11.2.1 It is acknowledged that informal discussions concerning an advertised post can be part of the recruitment process. Canvassing or lobbying of NHS C&M's staff members, Board members or any members of an appointments committee, either directly or indirectly, shall disqualify a candidate. This shall not preclude a member from giving a written reference or testimonial of a candidate's ability, experience or character for submission to an appointments panel. Jobs will be awarded on the merit of the individual candidate and not through any such canvassing or lobbying.

11.3 Appointing Board or committee members and senior staff members

11.3.1 On appointing Board, committee or sub-committee members and senior staff, NHS C&M will consider whether conflicts of interest should exclude individuals from being appointed to the relevant role. This will be considered on a case-by-case basis.

11.3.2 NHS C&M will assess the materiality of the interest, in particular whether the individual (or any person with whom they have a close association) could benefit (whether financially or otherwise) from any decision NHS C&M might make. This will be particularly relevant for Board, committee and sub-committee appointments, but will also be considered for all staff and especially those operating at senior level.

11.3.3 NHS C&M will also determine the extent of the interest and the nature of the appointee's proposed role within NHS C&M. If the interest is related to an area of business significant enough that the individual would be unable to operate effectively and make a full and proper contribution in the proposed role, then that individual should not be appointed to the role.

11.3.4 Any individual who has a material interest in an organisation which provides, or is likely to provide, substantial services to a NHS C&M (whether as a provider of healthcare or support services, or otherwise) should recognise the inherent conflict of interest risk that may arise and should not be a member of the Board or of a committee or sub-

committee of NHS C&M, in particular if the nature and extent of their interest and the nature of their proposed role is such that they are likely to need to exclude themselves from decision-making on so regular a basis that it significantly limits their ability to effectively perform that role.

12. Primary Care Commissioning

- 12.1 Arrangements for managing conflicts of interest in the commissioning of primary medical care services will accord with any requirements set out in the Delegation Agreement with NHS England.

13. Making Declarations at Meetings

- 13.1 NHS C&M 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.

- 13.2 Conflicts of interest could potentially arise at various stages of the development, review and approval process. The interests of those involved in this process and the associated groups involved in development/ decision-making should be well known so they can be managed effectively. Meetings of any such groups should operate in accordance with the principles detailed in this policy.

13.3 Formal Declarations at Meetings

- 13.3.1 Each Board, committee and sub-committee agenda will include an item for the Declaration of Interests. It is the responsibility of individuals to declare any interest they have which may represent a conflict of interest in the business of any such meeting they attend.

- 13.3.2 Wherever possible, potential conflicts of interests should be brought to the attention of the meeting chair in advance of the meeting. At the very least, they must be declared at the beginning of the meeting and the individual must comply with the agreed treatment of the potential conflict at the appropriate point in the meeting.

- a) Where an individual declares an interest relating to the scheduled or likely business of the meeting **which they have previously declared in writing**, the individual concerned will bring this to the attention of the chair of the meeting, together with details of arrangements which have been confirmed for the management of the conflict of interests or potential conflict of interests.

The chair of the meeting will then determine how this should be managed and inform the member of their decision, taking into account any such arrangements already confirmed for the management of the conflict of interests or potential conflict of interests. The chair of the meeting may require the individual to withdraw from the meeting or part of it and/or may direct that such an individual will not be able to vote on the issue. The chair's decision will be final in the matter and the individual will then comply with these arrangements, which must be recorded in the minutes of the meeting.

- b) Where an individual declares an interest relating to the scheduled or likely business of the meeting **which they have not previously declared in writing**, the individual concerned will bring this to the attention of the chair of the meeting.

The chair of the meeting will then determine how this should be managed and inform the member of their decision. The chair of the meeting may require the individual to withdraw from the meeting or part of it and/or may direct that such an individual will not be able to vote on the issue. The Chair's decision will be final in the matter and the individual will then comply with these arrangements, which must be recorded in the minutes of the meeting.

13.3.3 Where the chair of a meeting has a potential conflict of interest, whether previously declared or otherwise, in relation to the scheduled or likely business of the meeting, they must make a declaration and the deputy chair will act as chair for the relevant part of the meeting. Where there is no deputy chair, or the deputy chair also has a potential conflict of interest, the members of the meeting will select another individual to act as chair.

13.3.4 Any verbal declarations of interests not previously declared in writing must be followed by the submission of a written declaration (using the declarations of interest form attached at Appendix 2), and signed off by the Associate Director Corporate Affairs & Governance; including any mitigations agreed by the Committee Chair.

13.4 Declarations and issues with Quorum

13.4.1 Where more than 50% of the members of a meeting are required to withdraw from a meeting or part of it, owing to the arrangements agreed for the management of conflicts of interests or potential conflicts of interests, the chair (or deputy) will determine whether or not the discussion can proceed.

13.4.2 In making this decision the chair will consider whether the meeting is quorate, in accordance with the number and balance of membership set out in NHS C&M standing orders. Where the meeting is not quorate, owing to the absence of certain members, the discussion will be deferred until such time as a quorum can be convened. Where a quorum cannot be convened from the membership of the meeting, owing to the arrangements for managing conflicts of interest or potential conflicts of interests, the chair of the meeting shall consult with the Associate Director Corporate Affairs and Governance and/ or Chief Executive on the action to be taken.

13.4.3 This action may include requiring another of the groups' committees or sub-committees, Board or its committees or sub-committees (as appropriate) which can be quorate to progress the item of business or inviting another individual (who is permitted to be a member of the committee, sub-committee or Board as appropriate) to attend on a temporary basis to progress the item of business. These arrangements must be recorded in the minutes.

13.4.4 Where appropriate, the Chief Executive will also put into place any further arrangements as a result of application of this Policy, in order to ensure that decisions and the business of NHS C&M may continue. Such steps may involve co-opting individuals onto the Board (e.g. from another NHS C&M or the Health and Wellbeing Board) or asking them to review the proposal.

13.5 Minute Taking

- 13.5.1 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 nature of the interest and why it gives rise to a conflict, including the magnitude of any interest

- the items on the agenda to which the interest relates
- how the conflict was agreed to be managed; and
- evidence that the conflict was managed as intended (for example recording the points during the meeting when particular individuals left or returned to the meeting).

13.6 Register of procurement decisions

13.6.1 NHS C&M needs to be able to identify and manage any conflicts or potential conflicts of interest that may arise in relation to the procurement of any services, or the administration of grants. “Procurement” relates to the purchase of goods, services and works, and the term “procurement decision” should be understood in a wide sense to ensure transparency of decision making on spending of public funds. It should include:

- Entering into a new contract
- Extending an existing contract or
- Materially altering the terms of an existing contract

13.6.2 The ICB will put in place a register of procurement decisions, which will include information on:

- the details of the decision
- who was involved in making the decision (i.e. Board or committee members and others with decision-making responsibility); and
- a summary of any conflicts of interest in relation to the decision and how this was managed by the ICB

13.6.3 The procurement decision register will be updated whenever a procurement decision is taken; and an updated version uploaded to the public website each quarter. The register will also be available upon request for inspection.

13.6.4 Whenever interests are declared during the procurement process, they will be reported to the Associate Director Corporate Affairs & Governance who will then ensure the Declarations of Interest is updated accordingly.

14. Raising Concerns

14.1.1 Staff should not be afraid of raising concerns and will not experience any blame or recrimination as a result of making any reasonably held suspicion known.

14.1.2 Individuals who have concerns regarding conflict of interest or ethical misconduct either in respect of themselves or colleagues should raise it in the first instance with their manager. If the concern relates to any suspected fraudulent practice, staff should follow the advice given in section below on Fraud/Theft.

14.2 Confidentiality

14.2.1 Staff, NHS C&M members, members of the Board, or a member of a committee or a sub-committee of NHS C&M are bound by the Data Protection Act 1998 NHS C&M’s policies relating to confidential information and (as applicable) professional and ethical rules, guidelines and codes of conduct on confidentiality.

14.2.2 Disclosure of information which counts as “commercial in confidence” and which might prejudice the principle of a purchasing system based on fair competition may be subject to scrutiny and disciplinary, professional and/or criminal action.

14.3 Fraud/Theft/Bribery

14.3.1 If you suspect theft, fraud, or other untoward events (including bribery) taking place at work you should:

- Make a note of your concerns; and
- In the case of theft contact your Local Security Management Specialist;
- In the case of suspected fraud and/or bribery contact the Local Counter Fraud Specialist on 0151 285 4500
- You can also report to the national NHS Fraud and Corruption Reporting Line on 0800 028 40 60 or www.reportnhsfraud.nhs.uk.
- You should not investigate the issue yourself.

14.3.2 NHS England's *Tackling Fraud, Bribery & Corruption: Policy & Corporate Procedures* document defines fraud as "the dishonest intent to obtain a financial gain from, or cause a financial loss to, a person or party through false representation, failing to disclose information or abuse of position". Examples of fraud include:

- For staff - Use of false qualification certificates and references in order to gain employment; Claiming for hours not worked; Working whilst off sick; Claiming for travel and other expenses not incurred; Managers obtaining goods and services for personal use; Creation of ghost employees. This list is not exhaustive.
- For contractors – GPs: creating ghost patients; claiming for services provided to ghost employees including production of false prescriptions; claiming for services not provided (enhanced services); raising false prescriptions for self-medicating; Accepting bribes to register overseas visitors/ Pharmacists: claiming for medication not dispensed; claiming for services not provided; failure to declare prescription charges collected; creation of claims for ghost patients/ Dentists and opticians: claiming for higher number of Units of Dental Activity than provided; Optician claiming NHS allowances for individuals who are not entitled. This list is not exhaustive.

14.3.3 The Guidance to the Bribery Act 2010 offers the following definition of bribery: "Very generally, this is defined as giving someone a financial or other advantage to encourage that person to perform their functions or activities improperly or to reward that person for having already done so. So this could cover seeking to influence a decision-maker by giving some kind of extra benefit to that decision maker rather than by what can legitimately be offered as part of a tender process". The Act also introduces a corporate offence of failing to prevent bribery by an organisation not having adequate preventative procedures in place. NHS C&M's Anti-Bribery Strategy makes clear that NHS C&M "do not, and will not, pay bribes or offer improper inducements to anyone for any purpose; nor do we, or will we, accept bribes or improper inducements. This approach applies to everyone who works for us, or with us. To use a third party as a conduit to channel bribes to others is a criminal offence. We do not, and will not, engage indirectly in, or otherwise encourage, bribery."

14.4 Concerns regarding conflicts of interest

14.4.1 It is the duty of every NHS C&M employee, Board member, committee or sub-committee member and GP practice member to speak up about genuine concerns in relation to the administration of NHS C&M's policy on conflicts of interest management, and to report these concerns. These individuals should not ignore their suspicions or undertake investigations themselves but should generally speak to NHS C&M's designated Conflicts of Interest Guardian to raise any concerns in the first instance.

14.4.2 Non-compliance with NHS C&M's conflicts of interest policy should be reported in accordance with this policy, NHS C&M's whistleblowing policy (where the breach is being reported by an employee or worker of NHS C&M) or the whistleblowing policy of

the relevant employer organisation (where the breach is being reported by an employee or worker of another organisation).

- 14.4.3 All such notifications will be treated with appropriate confidentiality at all times in accordance with NHS C&M's policies and applicable laws, and the person making such disclosures should expect an appropriate explanation of any decisions taken as a result of any investigation.
- 14.4.4 Anonymised details of breaches will be published on NHS C&M's website for the purpose of learning and development.

15. Breach of the Policy

- 15.1 In accordance with NHS C&M's Constitution, NHS C&M will uphold "the highest standards of propriety involving impartiality, integrity and objectivity in relation to the stewardship of public funds, the management of the organisation and the conduct of its business".
- 15.2 Compliance with all NHS C&M policies, procedures, protocols, guidelines, guidance and standards is a condition of employment. Breach of policy may result in disciplinary action. Failure to comply with this Policy, including failure to notify NHS C&M of a conflict of interest, additional employment or business may lead to disciplinary or regulatory action against the individual and/or criminal action (including prosecution) under the relevant legislation.
- 15.3 Individuals who fail to disclose any relevant interests or who otherwise breach NHS C&M's rules and policies relating to the management of conflicts of interest are subject to investigation and, where appropriate, to disciplinary action or referral to the relevant regulatory body.
- 15.4 It is the duty of every staff member, Board/ Committee member, 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, and to report these concerns to the Associate Director: Corporate Affairs & Governance, or the Conflict of Interest Guardian.
- 15.4 The Conflicts of Interest Guardian, with support from Associate Director Corporate Affairs & Governance, will undertake an initial investigation of the alleged breach. In doing so, they will maintain an appropriate record of the potential breach and the subsequent investigation; establishing:
- If a breach has actually occurred
 - The nature of that breach
 - The impact of the breach
 - The arrangements in place at that time that could have prevented the breach
 - The learning as a consequence
 - What remedial action is required
 - What other policies may need to be engaged to address the breach e.g., but not limited to, Anti-Fraud, Bribery and Corruption Policy, HR related policies or the Whistleblowing (Freedom to Speak Up) Policy.
- 15.5 If necessary, support will be sought from Human Resources and a referral will be made to the local counter fraud team to undertake further investigation. Anonymised reports on any alleged breaches will be submitted to the Audit Committee. Anonymised reports

on breaches of the policy will be published and reported to NHS England as appropriate (in accordance with national guidance).

- 15.6 All breaches will be published on the ICB website as part of an annual publication in April each year.
- 15.6 Open source audit checks by NHS C&M and/ or a Local Counter Fraud Specialist will take place on a regular basis.

16. Monitoring and Reporting

- 16.1 Compliance with this policy will be reviewed by the Audit Committee.

17. Training and Awareness

- 17.1 NHS C&M will ensure training is made available to all Board members, employees and members of its committees and sub-committees as relevant, both on appointment with the ICB and ongoing throughout their employment with the ICB. This will ensure staff and others within the ICB understand what conflicts of interest are and how to manage them effectively.
- 17.2 NHS C&M will use NHS England's online training tool, which will be completed annually. A record of completion rates will be part of the annual conflicts of interest audit; and reported to NHSE through end of year conflict of interest returns. This training can be accessed through the online ESR portal. For individuals without an ESR account, the training can be accessed through the e-Learning for Healthcare Hub, which is hosted by [Health Education England](#). Copies of compliance through HEE should be sent to NHS C&M's Governance Team.
- 17.3 NHS C&M's governance team will co-ordinate the delivery of additional conflicts of interest training for Board members and other key staff / attendees of NHS C&M Committees and sub-committees as required. This training will provide opportunity for attendees to discuss and work through potential scenarios for conflicts of interest pertinent to local systems.

18. Dissemination and Implementation

- 18.1 This policy will be disseminated throughout C&M via the regular communication channels and will be available on both the intranet and public website.
- 18.2 Generic responsibilities in relation to standards of business conduct are included in individuals' job / role descriptions. Specific responsibilities in relation to managing conflicts of interest will be outlined in job / role descriptions of relevant members of staff.

19. Review

- 19.1 This policy will be reviewed in 3 years, or earlier if there are changes to national guidance or there are significant changes to the structure or operation of NHS C&M which impact on this policy.

Appendix 1: The Committee on Standards in Public Life's Seven Principles of Public Life (known as the Nolan Principles)

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

Appendix 2: Declaration of interests' form

Name:			
Position within, or relationship with, NHS C&M:			
Are you a Voting member of an ICB Committee – if YES please specify	COMMITTEE(s):	VOTING MEMBER:	NON VOTING MEMBER:
Are you a Voting member of a Place-based Committee – if YES please specify	COMMITTEE(s):	VOTING MEMBER:	NON VOTING MEMBER:

Type of Interest*	Description of the Interest, including:	The dates the interest remains valid		Actions to be taken to mitigate the conflict of interest
*See attachment for details <i>(If Indirect, please explain your relationship with the person that holds the interest)</i>	<ul style="list-style-type: none"> • Name and details of the organisation (or subject); • The nature of the role / relationship with it which constitutes an interest. <i>(Please include positions within any provider organisation or GP practice; directorships; ownership / part-ownership of companies; shareholdings in companies in the field of health & social care; positions of authority in any organisation linked with health & social care; any research or funding grants received; any other role or relationship which could be perceived to influence your judgement when acting for NHS C&M) For secondary employment please state time & value impact of role(s).</i>	(e.g. the length of tenure in a particular position) From: To:		<i>(If already agreed with Associate Director Corporate Affairs/ Chief Executive or COI Guardian)</i>

The information submitted will be held by NHS C&M for personnel or other reasons specified on this form and to comply with the organisation's policies. This information may be held in both manual and electronic form in accordance with the Data Protection Act 1998. Information may be disclosed to third parties in accordance with the Freedom of Information Act 2000 and published in registers that NHS C&M holds.

I confirm that the information provided above is complete and correct. I acknowledge that any changes in these declarations must be notified to NHS C&M as soon as practicable and no later than 28 days after the interest arises. I am aware that if I do not make full, accurate and timely declarations then civil, criminal, or internal disciplinary action may result.

I do / do not [delete as applicable] give my consent for this information to published on registers that NHS C&M holds. If consent is NOT given please give reasons:

Signed:
(Individual)

Date:

Please return completed, approved form to **ICB Governance Team**

Reviewed & Added to Register – Mitigation agreed where relevant

Signed:
(Associate Director Corporate Affairs & Governance)

Date:

Appendix 3: Definition of types of interest

Type of Interest	Description
<p>Financial Interests</p> <p>See following sections in the policy for further information:</p> <p>Section 8 (8.1.5 & 8.8) Section 9 (9.6 & 9.7)</p>	<p>This is where an individual may get direct financial benefits from the consequences of a decision. This could, for example, include being:</p> <ul style="list-style-type: none"> • 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 shareholder (or similar owner interests), a partner or owner of a private or not-for-profit company, business, partnership or consultancy which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations. • A management consultant for a provider • In secondary employment: details of secondary/ additional employment must include value (hourly rate or one-off payment) & time commitment in that role • In receipt of income from a provider • In receipt of a grant from a provider • In receipt of any payments (for example honoraria, one off payments, day allowances or travel or subsistence) from a provider • In receipt of research funding, including grants that may be received by the individual or any organisation in which they have an interest or role; and • Having a pension that is funded by a provider (where the value of this might be affected by the success or failure of the provider).
<p>Non-Financial Professional Interests</p>	<p>This is where an individual may obtain a non-financial professional benefit from the consequences of a decision, such as increasing their professional reputation or status or promoting their professional career. This may, for example, include situations where the individual is:</p> <ul style="list-style-type: none"> • An advocate for a particular group of patients • A provider with special interests e.g., in dermatology, acupuncture etc. • A member of a particular specialist professional body (although routine GP membership of the RCGP, BMA or a medical defence organisation would not usually by itself amount to an interest which needed to be declared); • An advisor for Care Quality Commission (CQC) or National Institute for Health and Care Excellence (NICE) • A medical researcher.
<p>Non-Financial Personal Interests</p>	<p>This is 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. This could include, for example, where the individual is:</p> <ul style="list-style-type: none"> • A voluntary sector champion for a provider • A volunteer for a provider • A member of a voluntary sector board or has any other position of authority in or connection with a voluntary sector organisation • Suffering from a particular condition requiring individually funded treatment • A member of a lobby or pressure groups with an interest in health.
<p>Indirect Interests</p>	<p>This is where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest in a decision (as those categories are described above). For example, this should include:</p> <ul style="list-style-type: none"> • Spouse/ partner • Close relative e.g., parent, grandparent, child, grandchild or sibling • Close friend • Business partner.

Appendix 5: Guidance on standard treatment of potential conflicts of interest

Where it may be perceived that your interests could adversely influence your ability to act in an open and transparent manner:

In all cases:

- You should alert the chair of any meeting you are scheduled to attend where the business of that meeting relates to the interests you hold. You should do this in advance of the meeting whenever possible. In doing so, you should confirm the agreed treatment of the potential conflict of interest with the chair (with reference to the guidance set out below);
- You should declare the interest at any such meeting.
- You should alert the appropriate NHS C&M lead on any working group, project work or other activity you are involved in, or are invited to be involved in, of any interests you hold which may constitute a potential conflict of interest while undertaking that role.

If you have an interest which represents a direct financial interest either to you, or someone you are closely associated with (i.e. where you as an individual, or someone you have a close relationship with, may benefit financially from a decision. This includes potential financial benefits received as a partner, member or shareholder in an organisation):

- You should participate in general discussion on related topics at the discretion of the chair. If it is considered that you should not participate in the discussion the chair may direct that you leave the meeting for the duration of any such discussion;
- You should withdraw from discussion(s) on the awarding of contracts, or the making of recommendations on the awarding of contracts, which relate to the interests you hold; You should do this by not participating in the discussion / leaving the meeting for the duration of any such discussion (as directed by the chair of the meeting);
- You should withdraw from the making of decisions on the awarding of contracts which relate to the interests you hold; You should do this by not participating in the decision / leaving the meeting for the duration of any such discussion (as directed by the chair of the meeting).
- You should participate in working groups, project work or other activity undertaken on behalf of NHS C&M which relate to the interest you hold, as directed by NHS C&M. If you have not received directions from NHS C&M and become aware of a potential conflict of interest you should withdraw from any such activity.

If you have an interest which represents a non-financial professional interest to you, or someone you are closely associated with (i.e. where you, or they, may obtain a non-financial professional benefit from the consequences of a decision):

- You should participate in discussion relating to the interests you hold at the discretion of the chair of the meeting;
- You should withdraw from discussion(s) on the awarding of contracts, or the making of recommendations on the awarding of contracts, which relate to the interests you hold; You should do this by not participating in the discussion / leaving the meeting for the duration of any such discussion (as directed by the chair of the meeting);
- You should withdraw from the making of decisions on the awarding of contracts which relate to the interests you hold; You should do this by not participating in the decision / leaving the meeting for the duration of any such discussion (as directed by the chair of the meeting).

- You should participate in working groups, project work or other activity undertaken on behalf of NHS C&M which relate to the interest you hold, as directed by NHS C&M. If you have not received directions from NHS C&M and become aware of a potential conflict of interest you should withdraw from any such activity.

If you have an interest which represents a non-financial personal interest to you, or someone you are closely associated with (e.g. where you, or they, may benefit personally in ways which are not directly linked to your role in /relationship with NHS C&M and which do not give rise to direct financial benefits):

- You should participate in discussion relating to the interests you hold at the discretion of the chair of the meeting
- You should withdraw from discussions and decisions on the awarding of contracts which relate to the interests you hold; You should do this by not participating in the discussion / leaving the meeting for the duration of any such discussion (as directed by the chair of the meeting).

If you may receive some other benefit which could be perceived as a conflict of interest (e.g. where you may derive some qualitative, non-monetary benefit from the consequences of a decision which does not obviously fit in one of the categories described above but you feel should be declared):

- You should participate in the discussion and any associated decisions at the discretion of the chair of the meeting.
- You should participate in working groups, project work or other activity undertaken on behalf of NHS C&M which relate to the interest you hold, as directed by NHS C&M.

Should your circumstances change, please remember to inform your line manager and NHS C&M governance lead in accordance with the conflicts of interest policy.

Appendix 6: Gifts, hospitality and sponsorship form

Name:							
Position within, or relationship with, NHS C&M:							
Date of Offer	Details of gift / hospitality / sponsorship, including estimated value	Supplier / Offeror Name and Nature of Business	Was the offer accepted or declined? If accepted, Include date of receipt.	Reasons for Acceptance	If accepted, who approved the acceptance?	Other Comments	Details of Previous Offers or Acceptance by this Offeror/ Supplier

The information submitted will be held by NHS C&M for personnel or other reasons specified on this form and to comply with the organisation's policies. This information may be held in both manual and electronic form in accordance with the Data Protection Act 1998. Information may be disclosed to third parties in accordance with the Freedom of Information Act 2000 and published in registers that NHS C&M holds.

I confirm that the information provided above is complete and correct. I acknowledge that any changes in these declarations must be notified to NHS C&M as soon as practicable and no later than 28 days after the interest arises. I am aware that if I do not make full, accurate and timely declarations then civil, criminal, professional regulatory or internal disciplinary action may result.

I **do / do not (delete as applicable)** give my consent for this information to published on registers that NHS C&M holds. If consent is NOT given please give reasons:

Signed:
(Individual Staff Member)

Date:

Signed:
(Line Manager or senior NHS C&M manager)

Date:

Please return completed, approved form to **ICB Governance Team**

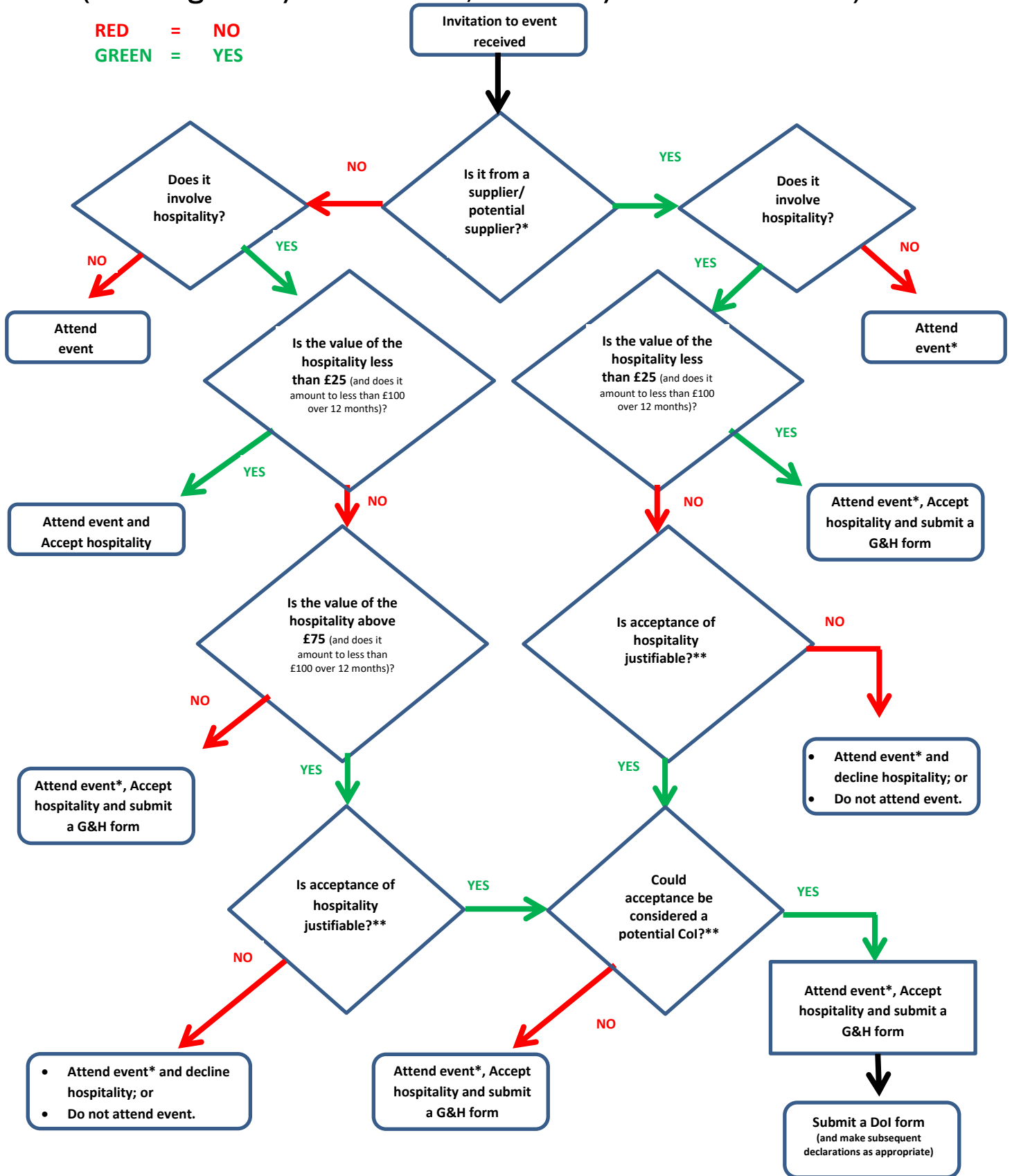
Reviewed & Added to Register

Signed:
(Associate Director Corporate Affairs & Governance)

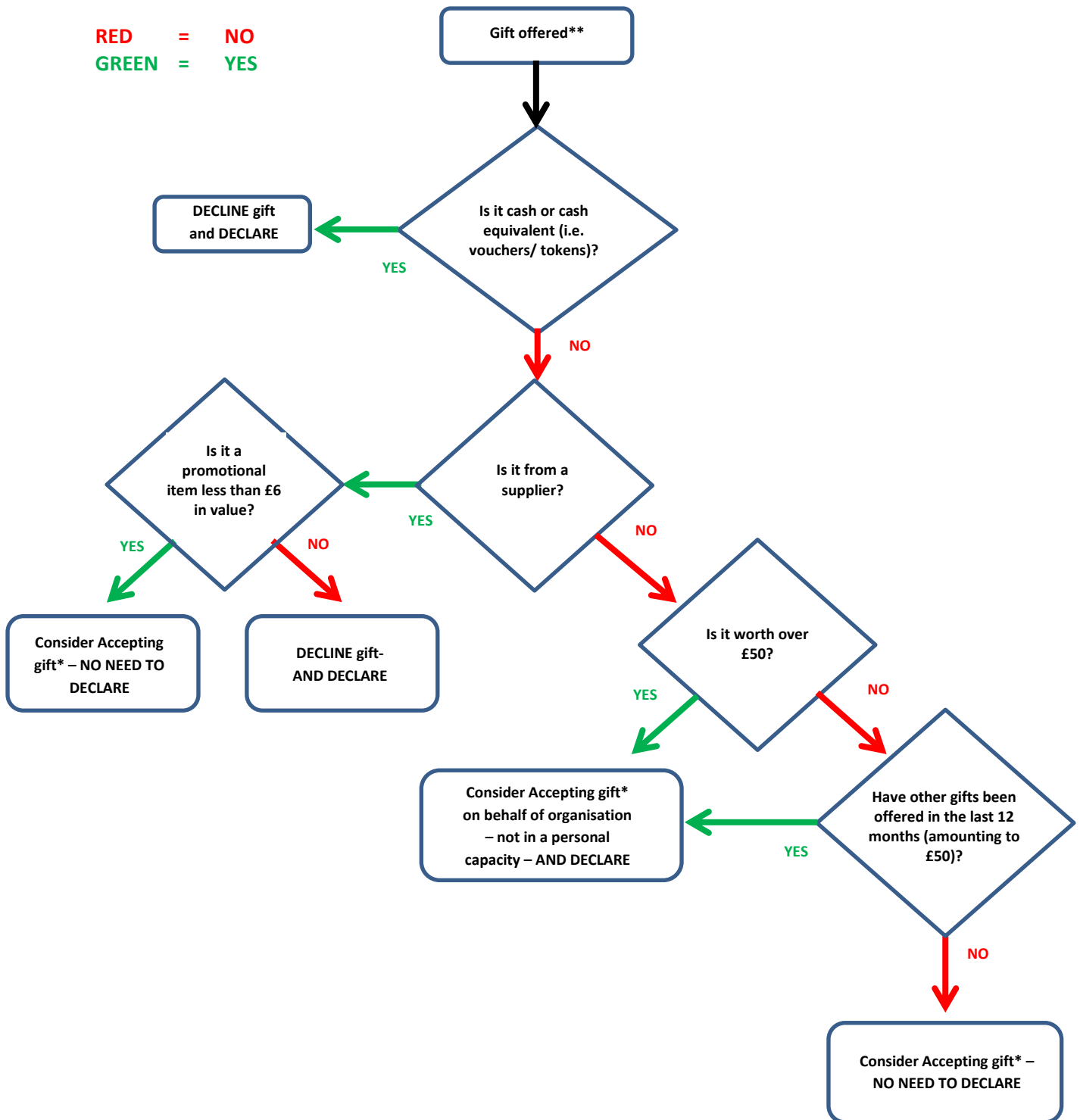
Date:

Appendix 8: Guidance on considering acceptance of hospitality (including meals/refreshments; travel and/or accommodation)

RED = NO
GREEN = YES



* Consideration should be given to the appropriateness of attending any event run by a supplier or potential supplier whether or not hospitality is provided.
 **Discussion required with senior member of NHS C&M (i.e. Director or ICB Chair) who may wish to consult the Conflicts of Interest Guardian or NHS C&M governance lead.



* Consideration should always be given to the appropriateness of accepting any gifts. Acceptance should be agreed with a Line Manager or Senior NHS C&M Manager.

**For bequests and donations to the organisation (of equipment etc.) please consult the relevant sections of the Policy