

**Final v0.7 24.06.2022
Approved by ICB Board 1 July 2022**

NHS Cambridgeshire and Peterborough Integrated Care Board

Conflict of Interest and Standards of Business Conduct Policy and Procedure

Document Control Sheet

Development and Consultation:	The Health and Care Act 2022 established provisions for NHS organisations to manage conflicts of interests and maintain registers of those interests. This Policy sets out how the ICB will comply with those provisions and has been developed with regard to the 'Managing Conflicts of Interest: Statutory Guidance for NHS organisations' published by NHS England and 'Best Practice Update on Conflicts of Interest Management: Call to Action for Clinical Commissioning Groups (CCGs): February 2019.
Dissemination	The Policy will be communicated to all staff and managers via the ICB extranet and public website.
Implementation	This Policy will be implemented across the ICB.
Training	Training will be provided as relevant and in line with this Policy.
Monitoring	A report monitoring arrangements for effectiveness and compliance will be provided to the approving Committee (Audit Committee).
Review	ICB Audit Committee.
Links with other documents	The Policy should be read in conjunction with: ICB Constitution and Standing Orders ICB Governance Handbook ICB Protocol for Sponsorship and Joint Working between the ICB and the Pharmaceutical Industry and other non-NHS organisations ICB Scheme of Reservation and Delegation ICB Standing Financial Instructions ICB Prime Financial Policies ICB Counter Fraud and Anti-Bribery Policy ICB Records Management Policy ICB Report Writing Standard Operating Procedure ICB Policy for the Involvement of External Clinical Advisors in Commissioning
Equality and Diversity	The Policy has been subjected to an Equality Impact Assessment.

Version Control

Version	Status	Author	Date Approved
1.0	Approved by ICB Board	Kevin Smith	1 July 2022

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1.0 Introduction

- 1.1 NHS Cambridgeshire and Peterborough Integrated Care Board (the ICB) aims to ensure robust governance through its formal written procedural documents, such as this document, which communicate standard organisational ways of working. These documents help clarify operational requirements and consistency within day-to-day practice. They can improve the quality of work, increase the successful achievement of objectives and support patient safety, quality and experience. The ICB aims to ensure its procedural documents are user friendly, up-to-date and easily accessible.
- 1.2 The ICB must design and implement procedural documents that meet the diverse needs of our service and workforce, ensuring that none is placed at a disadvantage over others, in accordance with the Equality Act 2010. The Equality Impact Assessment initial screening, which was used to determine the potential impact this policy might have with respect to the individual protected characteristics is incorporated at Appendix 1.
- 1.3 The purpose of this Policy is to ensure exemplary standards of business conduct are adhered to, by Board members, Committee and Sub-Committee members and employees of the ICB, as well as individuals contracted to work on behalf of the ICB or otherwise providing services or facilities to the ICB.
- 1.4 The Health and Care Act 2022 established provisions for all NHS organisations to manage conflicts of interests and maintain registers of those interests. This policy sets out how the ICB will comply with those provisions and has been developed with regard to the 'Managing Conflicts of Interest: Statutory Guidance for NHS organisations' published by NHS England and 'Best Practice Update on Conflicts of Interest Management: Call to Action for Clinical Commissioning Groups (CCGs): February 2019.
- 1.5 The underpinning legal framework is provided by the Bribery Act 2010 and the Fraud Act 2006.
- 1.6 The Bribery Act 2010 creates two general offences covering the offering, promising or giving of an advantage, and requesting, agreeing to receive or accepting an advantage and creates a new offence of failure by a commercial organisation to prevent a bribe being paid for or on its behalf

(it will be a defence though if the organisation has adequate procedures in place to prevent bribery).

- 1.7 It is an offence under the Fraud Act 2006 for an employee to disclose false information to the organisation to make a gain for themselves or another or to cause a loss or expose the organisation to the risk of loss. Additionally, the Act also provides that it is an offence for an employee who occupies a position in which they are expected to safeguard or not act against the financial interests of the organisation, to abuse that position to cause a loss or expose the organisation to the risk of loss.
- 1.8 A number of staff members will also be duty-bound by the professional codes of conduct of their respective professions, which contain conflicts of interest principles, for example, the General Medical Council, the General Pharmaceutical Council, the Nursing & Midwifery Council, etc.
- 1.9 The intention of this Policy is to maintain the highest standards of probity and to provide assurance that any relationships entered into lead to clear benefit for the NHS, and that they represent value for money. In order for this to be achieved the process must be conducted in the context of openness and within the Code of Conduct for NHS Managers.

2.0 Scope

- 2.1 This Policy applies to all ICB Board members and employees.
- 2.2 This Policy applies, as appropriate, to:
 - ICB workers who are not ICB employees.
 - All NHS employees, who are not ICB employees, when serving on a joint committee/ Committee or Sub-Committee with the ICB or when involved in a joint procurement / commissioning/ decision making project.
 - All non-NHS employees (for example Local Authority staff) when serving on a joint committee/ Committee or Sub-Committee with the ICB or when involved in a joint procurement/ commissioning/ decision making project.
 - All voluntary individuals, for example, patient or public representatives who serve as members of ICB Committees or Sub-Committees or are regular participants of the same.
 - Use of the words 'staff', 'employees' or 'Individuals' in this Policy shall be construed to include all of the above categories, unless the context dictates otherwise.

3.0 Definitions

3.1 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."

3.2 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.
- **Perceived** – where an observer could reasonably suspect there to be a conflict of interest regardless of whether there is one or not. Individuals 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.

3.3 It is not possible, or desirable, to define all instances in which an interest may be a potential, actual or perceived conflict. The aim of this Policy is to protect both the organisation and the individuals involved from any appearance of impropriety and demonstrate transparency to the public and other interested parties.

3.4 The following table describes the categories of interests; examples for each are detailed in the Declaration of Interest form at Appendix 3:

Category	Description
Financial Interests	This is where an individual may get direct financial benefits from the consequences of a commissioning decision.
Non-Financial Personal Interests	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.
Non-Financial Professional Interests	This is where an individual may obtain a non-financial professional benefit from the consequences of a commissioning decision, such

	as increasing their professional reputation or status or promoting their professional career.
Indirect Interests	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 commissioning decision.

- 3.5 A declaration of interest for a “business partner” in a GP Partnership should include all relevant collective interests of the partnership, and all interests of their fellow GP partners (which could be done by cross referring to the separate declarations made by those GP Partners, rather than by repeating the same information verbatim).
- 3.6 Whether an interest held by another person gives rise to a conflict of interest will depend upon the nature of the relationship between that person and the individual, and the role of the individual within the ICB.
- 3.7 It should be noted that:
- The above categories and examples are not exhaustive and the ICB will exercise discretion on a case by case basis.
 - The possibility of the perception of wrongdoing, impaired judgement or undue influence shall also be considered a conflict of interest for the purposes of this Policy and should be declared and managed accordingly.
 - Where there is doubt as to whether a conflict of interest exists, it should be assumed that there is a conflict of interest and declared and managed accordingly.
- 3.8 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 policy these people are referred to as ‘decision making staff.’
- 3.9 Decision making staff in the ICB are:
- Board Members
 - Members of the Board’s Committees and Sub-Committees.
 - Its employees and workers on Agenda for Change Band 8d or above.
- 3.10 Bribery 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.

- 3.11 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.
- 3.12 'Hospitality' means offers of meals, refreshments, travel, accommodation, and other expenses in relation to attendance at meetings, conferences, education and training events etc.
- 3.13 Commercial sponsorship is defined as including "NHS funding from an external source, including funding of all, or part of, the costs of a member of staff, NHS research, staff training, pharmaceuticals, equipment, meeting rooms, costs associated with meetings, meals, gifts, hospitality, hotel and transport costs (including trips abroad), provision of free services (speakers), buildings or premises".

4.0 Policy Statement

- 4.1 Individuals contracted to work on behalf of the ICB or otherwise providing services or facilities to the ICB will be made aware of their obligation to declare conflicts or potential conflicts of interest.
- 4.2 To ensure the integrity and probity of decision-making, individuals will act independently and will not be influenced by social or business relationships. No-one should use their public position to further their private interests. Where there is potential for private interests to be material and relevant to NHS business, they will be declared, recorded in the minutes or action notes of the relevant meeting, and entered into a register of interests.
- 4.3 All individuals will consider the risks associated with accepting offers of gifts, hospitality and entertainment when undertaking activities for or on behalf of the ICB.
- 4.4 The ICB will maintain registers of the interests (including a register of gifts and hospitality) – see Appendix 4 and Appendix 5. They will be available for public inspection via the ICB's public website.
- 4.5 The ICB will ensure that, as a matter of course, declarations of interest are updated at least annually.
- 4.6 The ICB will include an annual audit of conflicts of interest management within their internal audit plans and will also include the findings of this audit within their Governance Statement in the Annual Report.

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

5.0 Roles and Responsibilities

5.1 Chief Executive

5.1.2 The Chief Executive is accountable to the Board for conflict of interest management and standards of business conduct.

5.2 Conflicts of Interest Guardian

5.2.1 The ICB has appointed the Audit Committee Chair as the Conflicts of Interest Guardian. In collaboration with the ICBs Chief of Staff/ Board Secretary, their role is to:

- Act as a conduit for members of the public and members of staff who have any concerns with regards to conflicts of interest.
- Be a safe point of contact for individuals to raise any concerns in relation to conflicts of interest.
- Support the rigorous application of conflicts of interest principles and policies.
- Provide independent advice and judgment to individuals 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.

5.3 Chief of Staff

5.3.1 The Chief of Staff (in their own right and through the Corporate Governance Team) will:

- Support the Conflicts of Interest Guardian in their role.
- Hold, maintain and publish the registers of interest.
- Monitor the ICBs publication of other registers e.g., procurement, contracts awarded etc., which will form part of its Publication Scheme.

5.4 All Individuals working for or on behalf of the ICB

5.4.1 It is the responsibility of all individuals to declare, and keep up-to-date, details of any interests which may influence or may be perceived to

influence their judgement. This must be done as soon as is reasonably practicable and within 28 days after the interest arises, using the 'Declaration of Interest' form – at Appendix 3.

- 5.4.2 To support the ICBs agile working arrangements, it will accept email as a signature/ authorisation.
- 5.4.3 The Declaration of Interest form provides examples of interests which should be declared.
- 5.4.4 Individuals should exercise their judgment in deciding whether to register any interests and seek advice and guidance from the Corporate Governance Team. If in doubt, the individual concerned should assume that a potential conflict of interest exists and must declare this and manage it appropriately rather than ignore it.
- 5.4.5 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.
- 5.4.6 For the avoidance of doubt; directorships, including non-executive directorships, held in private companies or public limited companies (except for those of dormant companies), must be declared.
- 5.4.7 Individuals should consider the risks associated with accepting gifts, hospitality and entertainment, especially during procurement exercises, as the acceptance of gifts could give rise to real or perceived conflicts of interests, or accusations of unfair influence, collusion or canvassing.

5.4.8 The Seven Principles of Public Life (otherwise known as the Nolan Principles) outline the ethical standards those working in the public sector (referred to in the principles as 'holders of public office') are expected to adhere to. They are:

The Seven Principles of Public Life	
Selflessness	Holders of public office should act solely in terms of the public interest.
Integrity	Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.
Objectivity	Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.
Accountability	Holders of public office are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this.
Openness	Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.
Honesty	Holders of public office should be truthful.
Leadership	Holders of public office should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs.

6.0 Processes and Procedures

6.1 Declaring and managing conflicts of interest

6.1.1 As detailed in section 5 above, staff must declare interests as soon as is reasonably practicable and **within 28 days** after the interest arises.

6.1.2 The Corporate Governance Team conducts a Conflicts of Interest Renewal Exercise every 12 months. This exercise requires all 'Decision Making Staff' (as defined in section 3 above) to update their declarations of interest or make a nil return where there are no interests to declare. Previously declared interests will be overwritten.

6.1.3 In addition to the above exercise individuals are required to review and declare interests at the points detailed below.

6.2 Completion of application for appointment

6.2.1 Applicants for any appointment with the ICB must disclose in writing if they are related to or in a significant relationship with any Board member or employee of the ICB. The NHS Jobs application form requests this information and therefore must be disclosed before submission.

6.2.2 A member of an appointment panel which is to consider the employment of a person to whom he/ she is related must declare the relationship before an interview is held.

6.3 On appointment or when moving to a new role

6.3.1 As part of the recruitment process for potential new starters, Human Resources is responsible for ensuring interests are identified at the earliest opportunity in the recruitment/ new starter process.

6.3.2 All applicants for any position within the ICB (as Board members or employees) will be required as part of the recruitment process to declare any relevant interests by completing a Declaration of Interest form – at Appendix 3.

6.3.3 Only individuals being recruited to roles defined in this policy as 'decision making staff' (see definition in section 3) are required to return a completed and signed declaration form, even if they have no interest to declare (a 'nil return').

6.3.4 Where an interest is declared, the Human Resources Team is required to forward the form to the Recruiting Manager. This will enable the recruiting manager to assess and decide how the interest should be managed.

6.3.5 Where the interest is such that it cannot be managed under this Policy and would prevent the individual from making a full and proper

contribution to the ICB, consideration should be given to the materiality of the declared interest and the extent to which the individual could benefit or not from any decision of the ICB. If the interest cannot be managed in accordance with this policy, the individual may be debarred from appointment.

- 6.3.6 The Recruiting Manager should complete the relevant section of the Declaration form, sign it and forward it to the Corporate Governance Team who will update the Register of Interests.

6.4 Change in responsibilities or personal circumstances

- 6.4.1 Whenever an individual's responsibilities change in a way that affects the ICB or sets up a new business or relationship, a further declaration may need to be made to reflect the change in circumstances. This could involve a conflict of interest ceasing to exist or a new one materialising.

- 6.4.2 As previously noted in this policy, interests should be declared as soon as is reasonably practicable and within 28 days after the interest arises using the 'Declaration of Interest' form – at Appendix 3.

6.5 Prior to and at meetings

- 6.5.1 All individuals are required to declare their interests in relation to any items on the agenda. For meetings of the ICB Board or its Committees or Sub-Committees, in particular, individuals are required to declare interests in advance.

- 6.5.2 Where the conflict is material to the discussion, the chair of the meeting will decide how the conflict should be managed. They may decide that the individual should withdraw from discussions pertaining to that agenda item. The conflict and the action taken will be recorded in the minutes of the meeting.

- 6.5.3 If, after a meeting, a member realises that they have contributed to a discussion in which they had an interest, they must notify the chair of the meeting at the earliest opportunity and, if there is time, the interest will be noted in the minutes, otherwise it will be raised as a Matter Arising at the next meeting.

6.6 Managing conflicts of interests at meetings

- 6.6.1 To support chairs in their role at ICB Board meetings and its Committees and Sub-Committees, the Meeting Secretariat will provide the chair with access to relevant entries in the Register of Interests prior to meetings. This should include details of any declarations of conflicts, which have already been made by the members.
- 6.6.2 The Meeting Secretariat should invite members and those in attendance, to declare any interests in relation to agenda items to the chair of the meeting in advance of the meeting.
- 6.6.3 Meeting Secretariats are required to use the following templates to administer the meetings. Use of these will help to ensure conflicts of interest are discussed and recorded in line with statutory guidelines.
- Meeting Agenda (Appendix 6)
 - Template for recording minutes (Appendix 7)
- 6.6.4 When a member of the meeting (including the chair or deputy chair) has a conflict of interest in relation to one or more items of business to be transacted at the meeting, the chair (or deputy chair or remaining non-conflicted members where relevant) must decide how to manage the conflict. The appropriate course of action will depend on the particular circumstances, but could include one or more of the following:
- Request that the individual does not receive the papers which are relevant or minutes of the meeting which relate to the matter(s) which give rise to the conflict or receive redacted versions.
 - Request that the individual leaves the meeting when the relevant matter(s) are about to be discussed or does not attend the meeting.
 - Allow the individual to participate in some or all of the discussion when the relevant matter(s) are being discussed but request them to leave the meeting when any decisions are being taken in relation to those matter(s). This may be appropriate where the conflicted individual has important relevant knowledge and experience of the matter(s) which would benefit other members to hear, but this will depend on the nature and extent of the interest which has been declared.
 - Noting the interest and ensuring that all in attendance are aware of the nature and extent of the interest but allowing the individual to remain and participate in both the discussion and in any decisions. This is only likely to be the appropriate course of action where it is decided that the interest which has been declared is either immaterial or not relevant to the matter(s) under discussion.

- 6.6.5 In the event that the chair of a meeting has a conflict of interest, the deputy chair is responsible for deciding the appropriate course of action to manage the conflict of interest. If the deputy chair is also conflicted then the remaining non-conflicted voting members of the meeting should agree between themselves how to manage the conflict(s).
- 6.6.6 As a minimum requirement, the following should be recorded in the minutes of all meetings where a conflict of interest has been declared:
- Individual declaring the interest.
 - At what point the interest was declared.
 - The nature of the interest.
 - The meeting chair's decision and resulting action taken.
 - The point during the meeting at which the individual left and returned to the meeting, if applicable.
- 6.6.7 A conflicts of interest checklist, primarily developed with the intention of providing support in conflicts of interest management to the chair of a meeting, prior to, during and following a meeting is attached as Appendix 8. This does not cover the requirements for declaring interests outside of the committee process.

6.7 Managing conflicts of interest throughout the commissioning cycle

- 6.7.1 The Director of Finance is responsible for ensuring this Policy is adhered to from a procurement perspective and for ensuring adequate records are kept for audit requirements.
- 6.7.2 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.
- 6.7.3 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.
- 6.7.4 It should be noted that "Procurement" relates to any purchase of goods, services or works and the term "procurement decision" should be

understood in a wide sense to ensure transparency of decision making on spending public funds. The decision to use a single tender action, for instance, is a procurement decision and if it results in the commissioner entering into a new contract, extending an existing contract, or materially altering the terms of an existing contract, then it is a decision that should be recorded.

6.8 Notification of gifts, hospitality or sponsorship

- 6.8.1 All individuals must make their declarations of Gifts, Hospitality or Sponsorship using the form at Appendix 8. All declarations must be made within 28 days of receiving the offer and must be signed off by a line manager or senior manager.
- 6.8.2 The form should be completed with sufficient detail so that a member of the public would be able to clearly understand the sort of gift, hospitality or sponsorship received.
- 6.8.3 Completed form should then be sent by email to the Corporate Governance Team at Coireturns capccg.coireturns@nhs.net

6.9 The acceptance and declining of gifts

- 6.9.1 Low cost branded promotional aids from suppliers or contractors up to a value of £6 may be accepted and do not need to be declared. All other gifts from suppliers or contractors doing business (or likely to do business) with the ICB must be declined and declared to the Corporate Governance Team.
- 6.9.2 Modest Gifts up to a value of £50 may be accepted from non-suppliers and non-contractors, for example, patients, families or service-users and do not need to be declared.
- 6.9.3 Gifts with a value of over £50 from non-suppliers and non-contractors should be treated with caution and can only be accepted on behalf of an organisation, and not in a personal capacity, and must be declared to the Corporate Governance Team.
- 6.9.4 Any personal gift of cash or cash equivalents, for example, vouchers, tokens, offers of remuneration to attend meetings whilst in a capacity working for or representing the ICB must always be declined, whatever their value and whatever their source and the offer which has been declined must be declared to the Corporate Governance Team.

6.9.5 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.

6.10 The acceptance and declining of hospitality

6.10.1 A blanket ban on accepting or providing hospitality is neither practical nor desirable from a business point of view. However, Board members or staff should be able to demonstrate that the acceptance or provision of hospitality would benefit the NHS or ICB. Hospitality must only be accepted when there is a legitimate business reason and it is proportionate to the nature and purpose of the event.

6.10.2 Modest hospitality under a value of £25 provided in normal and reasonable circumstances may be accepted, although it should be on a similar scale to that which the ICB might offer in similar circumstances, for example, tea, coffee, light refreshments at meetings. A common sense approach should be adopted as to whether hospitality offered is modest or not. Hospitality of this nature does not need to be declared.

6.10.3 Hospitality between a value of £25 and £75 may also be accepted, but this must be declared to the Corporate Governance Team using the form at Appendix 8.

6.10.4 Hospitality over a value of £75 should be refused. There may be some limited and exceptional circumstances where accepting hospitality over £75 may be accepted. Express prior approval should be sought from the Chief of Staff/ Board Secretary before accepting such offers, and clear reasons for acceptance should be recorded in the ICBs register of gifts and hospitality.

6.11 Commercial sponsorship/ joint working with pharmaceutical industry

6.11.1 Pharmaceutical companies, and other companies that provide products to the NHS, wish to work with ICBs through offering sponsorship or joint working initiatives, in line with their company objectives.

6.11.2 The ICB has a separate document entitled 'Protocol for Sponsorship and Joint Working between the ICB and the Pharmaceutical Industry and other non-NHS organisations' that is incorporated at Appendix 2.

6.11.3 The purpose of the Protocol is to provide a framework within which the ICB can develop sponsorship arrangements or joint working with Pharmaceutical and other Health related companies such that assurance is provided to the Board, to clinicians, and to the public, that any agreements made do not adversely influence prescribing advice or choice of products.

6.12 The provision of hospitality by the ICB

6.12.1 The use of NHS monies for hospitality and entertainment, including hospitality at conferences or seminars, should be carefully considered and approved for by an Executive Member of the Board. Expenditure on these items should be capable of justification, as reasonable in the light of general practice in the public sector. Hospitality or entertainment is open to challenge by auditors, and ill-considered actions can damage respect for the NHS in the eyes of the public.

6.13 Payment for speaking at a meeting / conference

6.13.1 Staff asked to speak at an event relating to ICB business for which a payment is offered, and it is delivered in working hours must note:

- The payment should be credited to the ICB, or,
- The member of staff takes annual leave or unpaid leave, and the payment is made to the member of staff as a private matter between the organisation making the payment and the individual member of staff. The member of staff remains responsible for any tax liability which arises and must declare the arrangement using the form at Appendix 3.

6.13.2 The content of any presentation must be aligned to the ICB's clinical policies.

6.14 Private transactions

6.14.1 Staff must not seek or accept preferential rates or benefits in kind for private transactions carried out with companies with which they have had, or may have, official dealings on behalf of the ICB. (This does not apply to concessionary agreements negotiated with companies by NHS management, or by recognised staff interests, on behalf of all staff, for example, NHS staff benefits schemes).

6.15 Outside employment (secondary employment)

- 6.15.1 Any employee who may have or is considering outside employment should discuss this in the first instance with their Line Manager before undertaking the employment. The Line Manager should consider whether or not this might give rise to a conflict of interests and advise the employee accordingly. If in any doubt the Line Manager should seek advice from the Corporate Governance Team.
- 6.15.2 Employees must not engage in outside employment during any periods of sickness absence from the ICB. 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 the ICB's Anti-Fraud and Bribery Policy.
- 6.15.3 Employees must declare any existing outside employment on appointment and any new outside employment within 28 days of its commencement, using the 'Declaration of Interest' form – at Appendix 3.

6.16 Donations in relation to the organisation

- 6.16.1 Generally, employees should only solicit donations if this is a prescribed or expected part of their duties for the organisation or any related charity. Employees must check with their Line Manager (Band 8a or above) or Executive Board Member 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 (Band 8a or above). Donations or gifts from 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 with a clear reason for acceptance recorded.
- 6.16.2 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 the ICB. Further guidance regarding charitable funds and gifts and donations can be requested from the Director of Finance.
- 6.16.3 Any gifts to the organisation should be receipted and a letter of thanks should be sent.

6.16.4 Employees must obtain prior permission from their Line Manager (Band 8a or above) or Executive Board Member before, in their professional role, they undertake fundraising activities on behalf of a charitable campaign for a charity other than the organisation's own.

6.17 Donations to an individual

6.17.1 Personal monetary gifts to staff should be politely but firmly declined.

6.17.2 Where a member of staff is a beneficiary to a will of a patient who has been under their care, the member of staff must inform their Line Manager of the gift so that consideration can be given to whether or not it is appropriate in all the circumstances for that member of staff to retain the gift.

6.17.3 In order to determine whether the bequest should be accepted it may be necessary to have the gift valued and where the gift has a value over a certain amount for the gift to either be returned to the estate or the gift to be donated to a charity of the member of staff's choice. Where the gift is to be returned to the estate and the trustees of the estate are of the view having regards to all the circumstances that the member of staff should retain the gift regardless of its value, it may be appropriate for the trustees to provide a disclaimer for future claims against the gift to avoid subsequent claims on the gift or allegations of inducement or reward being made against the member of staff or the ICB at some point in the future.

6.18 Rewards for initiative

6.18.1 The ICB will identify potential intellectual property rights (IPR), as and when they arise, so 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.

6.18.2 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.

6.18.3 In certain defined circumstances the Patents Act 1977 gives employees or individuals in the course of their duties a right to obtain some reward for their efforts, and the ICB will see that this is affected. Other rewards may be given voluntarily to employees or other individuals who, within the course of their employment or duties, have produced innovative work of outstanding benefit to the NHS.

6.18.4 In the case of collaborative research and evaluative exercises with manufacturers, the ICB will obtain a fair reward for the input they provide. If such an exercise involves additional work for a ICB employee or individual outside that paid for by the ICB under his or her contract of employment, or sessional arrangements, arrangements will 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.

6.19 Retention period

6.19.1 Interests (including gifts and hospitality) will remain on the public register for a minimum of six months. In addition, the ICB will retain a record of historic interests and offers / receipt of gifts and hospitality for a minimum of six years after the date on which it expired.

6.20 Raising concerns

6.20.1 If an individual becomes aware that someone has failed to disclose relevant and material information, they should raise the matter with the Corporate Governance Team. The Anti-Fraud and Bribery Policy will be consulted and an appropriate referral made to the Local Counter Fraud Specialist or the National Fraud and Corruption Reporting Line (tel. 0800 028 4060) where applicable, for investigation. All referrals made are strictly in confidence.

6.20.2 If an individual wishes to raise their concerns they should also obtain a copy of the ICB's Raising Concerns at Work (Whistleblowing) Policy for further advice.

6.20.3 To ensure they are fully supported, the Freedom to Speak up Guardian should be contacted for confidential advice.

6.20.4 Anyone who wishes to report a suspected or known breach of this policy, who is not an employee or worker of the ICB, should also ensure that they comply with their own organisation's Whistleblowing Policy, since most such policies should provide protection against detriment or dismissal.

6.21 Managing breaches: failure to disclose/ declare

6.21.1 In any situation where there are grounds for suspicion of misconduct, a proper and thorough investigation will be undertaken to establish the facts in line with the ICB's Disciplinary Policy and Procedure.

6.21.2 Failure to comply with this Policy can have serious implications for the ICB and any individuals concerned and could result in the implications listed below.

6.21.3 Any breaches of the Policy will be published on the organisation's website.

6.22 Civil implications

6.22.1 If breaches occur during a service re-design or procurement exercise, the ICB risks a legal challenge from providers that could potentially overturn the award of a contract, lead to damages claims against the ICB, and necessitate a repeat of the procurement process. This could delay the development of better services and care for patients, waste public money and damage the ICB's reputation. In extreme cases, staff and other individuals could face personal civil liability, for example a claim for misfeasance in public office.

6.23 Criminal implications

6.23.1 Failure to manage conflicts of interest could lead to criminal proceedings including for offences such as fraud, bribery and corruption. This could have implications for the ICB and linked organisations, and the individuals who are engaged by them.

6.23.3 Fraud carries a maximum sentence of 10 years imprisonment and/ or a fine if convicted.

6.23.4 The offences of bribing another person, being bribed or bribery of foreign public officials in relation to an individual carries a maximum sentence of 10 years imprisonment and/ or a fine if convicted in the Crown Court

and 6 months imprisonment and/ or a fine in the Magistrates' Court. In relation to a body corporate the penalty for these offences is a fine.

6.24 Disciplinary implications

6.24.1 The ICB will ensure that individuals who fail to disclose any relevant interests or who otherwise breach the ICB's rules and policies relating to the management of conflicts of interest are subject to investigation and, where appropriate, to disciplinary action. ICB staff, Board and Committee members in particular should be aware that the outcomes of such action may, if appropriate, result in the termination of their employment or position with the ICB.

6.25 Professional regulatory implications

6.25.1 The ICB will report statutorily regulated healthcare professionals to their regulator if they believe that they have acted improperly, so that these concerns can be investigated. Statutorily regulated healthcare professionals should be made aware that the consequences for inappropriate action could include fitness to practise proceedings being brought against them, and that they could, if appropriate, be struck off by their professional regulator as a result.

Appendix 1 - Equality Impact Assessment

Name of Proposal (policy/strategy/function/service being assessed)	Conflict of Interest Management and Standards of Business Conduct Policy and Procedure
Those involved in assessment:	Interim ICS Governance Lead
Is this a new proposal?	Original ICB Policy and Procedure
Date of Initial Screening:	16.03.2022

What are the aims, objectives?	This Policy and Procedure sets out how the ICB will comply with its statutory obligations to manage conflicts of interest to ensure that the ICB maintains public trust and confidence.
Who will benefit?	The ICB, service providers, public and patients
Who are the main stakeholders?	NHS England, ICB Board Members and employees.
What are the desired outcomes?	<ul style="list-style-type: none"> • The ICB maintains public trust and confidence • Commissioning decisions made can withstand scrutiny and challenge • Provide confidence that the ICB's commissioning decisions are robust, fair, transparent and offer value for money • Ensure that the ICB operates within the statutory framework
What factors could detract from the desired outcomes?	Lack of awareness and/or non-enforcement of the Policy and Procedure.
What factors could contribute to the desired outcomes?	<ul style="list-style-type: none"> • The roll out of mandatory training • Maintaining and publishing Conflict of Interest registers.
Who is responsible?	Chief of Staff/ Board Secretary
Have you consulted on the proposal? If so with whom? If not why?	No - internal policy - so developed in line with NHS England guidance, and ratified by ICB Board.

Which protected characteristics could be affected and be disadvantaged by this proposal (Please tick)		Yes	No
Age	<u>Consider:</u> Elderly, or young people		✓
Disability	<u>Consider:</u> Physical, visual, aural impairment. Mental or learning difficulties.		✓

Gender Reassignment	<u>Consider:</u> Transsexual people who propose to, are doing or have undergone a process of having their sex reassigned.		✓
Marriage and Civil Partnership	<u>Consider:</u> Impact relevant to employment and /or training		✓
Pregnancy and maternity	<u>Consider:</u> Pregnancy related matter/ illness or maternity leave related matter.		✓
Race	<u>Consider:</u> Language and cultural factors, include Gypsy and Travellers group.		✓
Religion and Belief	<u>Consider:</u> Practices of worship, religious or cultural observance, include non-belief.		✓
Sex / Gender	<u>Consider:</u> Male and Female.		✓
Sexual Orientation	<u>Consider:</u> Known or perceived orientation.		✓

What information and evidence do you have about the groups that you have selected above?

N/A

Consider: Demographic data, performance information, recommendations of internal and external inspections and audits, complaints information, JNSA, ethnicity data, audits, service user data, GP registrations, CHD, Diabetes registers and public engagement/consultation results etc.

How might your proposal impact on the groups identified?

Examples of impact are given below:

- Moving a GP practice, which may have an impact on people with limited mobility/ access to transport, etc.
- Planning to extend access to contraceptive services in primary care without considering how their services may be accessed by lesbian, gay, bi-sexual and transgender people.
- Closure or redesign of a service that is used by people who may not have English as a first language, and may be excluded from normal communication routes.

Please list the positive and negative impacts you have identified in the summary table on the following page.

1 Summary	
Positive impacts (note the groups affected) N/A	Negative impacts (note the groups affected) N/A

Summarise the negative impacts for each group:

N/A

What consultation has taken place or is planned with each of the identified groups?

N/A

What was the outcome of the consultation undertaken?

N/A

What changes or actions do you propose to make or take as a result of research and/or consultation?

Briefly describe the actions then please insert actions to be taken on to the given Improvement Plan template provided.

N/A

Will the planned changes to the proposal:

Please state Yes, No or N/A

Lower the negative impact?	N/A
Ensure that the negative impact is legal under anti-discriminatory law?	N/A
Provide an opportunity to promote equality, equal opportunity and improve relations i.e. a positive impact?	N/A

Taking into account the views of the groups consulted and the available evidence, please clearly state the risks associated with the proposal, weighed against the benefits.

N/A

What monitoring/evaluation/review systems have been put in place?

Overview of this Policy is maintained by the Chief of Staff/ Board Secretary and ICB Audit Committee.
Annual Review of Policy.
Annual Internal Audit Review of Policy

When will it be reviewed?

June 2023 or earlier if required by changes in local or national requirements.

Date completed:	16.03.2022
Signature:	Kevin Smith, Interim ICS Governance Lead
Approved by:	Soomitra Kawal OD & HR Business Partner – EDI Lead
Date approved:	23.06.22

Appendix 2 - Protocol for Sponsorship and Joint Working

Protocol for Sponsorship and Joint Working between NHS Cambridgeshire and Peterborough Integrated Care Board (the ICB) and the Pharmaceutical Industry and other non-NHS organisations

Introduction

Pharmaceutical companies, and other companies that provide products to the NHS, wish to work with ICBs through offering sponsorship or joint working initiatives, in line with their company objectives.

The purpose of this Protocol is to provide a framework within which the ICB can develop sponsorship arrangements or joint working with Pharmaceutical and other Health related companies such that assurance is provided to the ICB, to clinicians, and to the public, that any agreements made do not adversely influence prescribing advice or choice of products. These decisions should always be based on evidence of value for money, safety and efficacy, and it should be demonstrable that the governance surrounding such decisions is independent from sponsorship and joint working arrangements with industry.

Good governance within the public sector is based upon the Seven Principles of Public Life, otherwise known as the Nolan Principles, (Appendix G) that outline the ethical standards those working in the public sector (referred to in the principles as 'holders of public office') are expected to adhere to. It is important that all employees of the ICB understand these principles and embed them in their working practices and behaviours, so that the public and patients we serve have confidence and trust in the organisation. Joint working with industry and receiving hospitality from industry are key areas where ICB employees should apply the 'man in the street' test as perception of an action can be as significant as the factors involved.

This Protocol translate the Seven Principles of Public Life into a framework to support staff working with industry, particularly the pharmaceutical industry, and incorporates updated statutory guidance to ICBs on Managing Conflicts of Interest.

Aims

Provide ICB staff with a set of principles and guidelines to follow when entering into a sponsorship or joint working agreement with pharmaceutical companies or other non-NHS organisations who supply medicines, medical devices, diagnostic agents, dressings, appliances or reagents (all referred to as pharmaceutical companies throughout this document). It does not aim to inhibit sponsorship or joint working as it is recognised that such arrangements can be mutually beneficial.

Provide the ICB Board and clinicians with assurances that decisions on prescribing and sponsorship or joint working which give mutual advantage are made within a framework of probity.

Provide pharmaceutical companies with an understanding of the limits of the ICB's jurisdiction and to state positively that the ICB, regardless of the prescribing practice of individual practitioners, does not endorse specific products as a result of sponsorship or joint working agreements.

Context

There is an obligation on NHS bodies to work together, and in collaboration with other agencies, to improve the health of the population they serve and the health services provided for that population.

Pharmaceutical companies, and other companies that provide products to the NHS, wish to work with ICBs through offering sponsorship or joint working initiatives, in line with their company objectives. There is a national imperative for NHS organisations to work with industry as this can be mutually beneficial and may introduce innovation into practice. The ICB acknowledges and recognises the interdependent relationship between the NHS and industry, and their need to promote medicines and other products to maintain their profitability.

There is a national remit for ICBs to develop mature working relationships with pharmaceutical companies. Collaborative partnerships with industry can have a number of benefits in the context of this obligation. However, the ICB acknowledges the interdependent relationship between the pharmaceutical industry and the NHS and their need to maintain profitability and promote specific drugs. It is important to have a transparent approach to any sponsorship/ joint working proposed to the ICB and for the ICB to consider fully the implications of a proposed sponsorship/ joint working deal before entering into any arrangement so that the ICB and clinicians are assured that such sponsorship agreements or joint working initiatives do not adversely influence prescribing advice which should be based on evidence, value for money, safety and equity. Advice should always be sought from the ICB Medicines Optimisation Team.

If any such partnership is to work, there must be trust and reasonable contact between the sponsoring company and the NHS. Such relationships, if properly managed, can be of mutual benefit to the organisations concerned. However it is essential that pharmaceutical companies or other suppliers cannot influence, or be perceived to influence, ICB decision making. Whatever type of agreement is entered into, a clinician's judgement must always be based upon clinical evidence that the product is the best for their patients.

The House of Commons Health Committee Report on the Influence of the Pharmaceutical Industry acknowledges that the UK pharmaceutical industry conducts much excellent research, produces products that contribute to health, and is of great economic importance, but its influence is such that it dominates clinical practice. This is in line with available literature which shows that the more doctors rely on commercial sources of information, the less appropriate and less cost-effective are their prescribing decisions.

Pharmaceutical companies also promote their products or therapeutic area to the ICB staff, many of whom will be supplementary or independent prescribers or have the ability to influence prescribing decisions. ICB staff should be aware that pharmaceutical companies see promotion of their products as important in influencing prescribing behaviour and continue to spend much of their revenue on this activity.

The Association of the British Pharmaceutical Industry (ABPI) Code of Practice 2016 sets out the principles which pharmaceutical companies should follow when promoting their medicines. This includes sponsorship and hospitality. The ABPI is a voluntary organisation, but most pharmaceutical companies are members. ICB staff should seek assurances that the company follows good practice principles in relation

to the promotion of medicines, medical devices, diagnostic agents, dressings, appliances or reagents if they are not members of the ABPI.

Definitions

For the purposes of the Protocol the term **commercial sponsorship** is defined as including any funding to the NHS from an external source, including funding all or part of the costs of a member of staff, NHS research, staff training, pharmaceuticals, equipment, meeting rooms, costs associated with meetings, meals, gifts, hospitality, hotel and transport costs, provision of free services including guest speakers, buildings or premises. In sponsorship the ICB arrangements, pharmaceutical companies simply provide funds for a specific event or work programme.

Where hospitality is involved, reference should also be made to the ICB's 'Conflict of Interest and Standards of Business Conduct Policy and Procedure for further guidance and for details of how to declare a Conflict of Interest or Hospitality.

Joint working is defined as including 'situations where, for the benefit of patients, the NHS and Industry organisations pool skills, experience and resources for the joint development and implementation of patient centred projects, and share a commitment to successful delivery'.

Joint working is a more complex arrangement and ICB staff should refer to the Department of Health document on *Best practice guidance for joint working between the NHS and the pharmaceutical industry*, published in February 2008 and the toolkit, *Moving beyond sponsorship: Interactive toolkit for joint working between the NHS and the pharmaceutical industry* for further background information. Sponsorship for these more complex initiatives may also be handled through a third party who provide resources such as staff to undertake audits or perform review clinics. The third party would obtain the funds from the pharmaceutical companies directly without involving the ICB. This is often referred to as a Medical and Educational Goods and Services (MEGS) agreement and is a preferred model for more involved complex initiatives. Again, advice should be sought from the Medicines Optimisation Team on any therapeutic reviews undertaken to ensure that these are aligned to local clinical prescribing policies.

Where collaborative partnerships involve a pharmaceutical company the proposed arrangements must comply fully with the Medicines (Advertising) Regulations 1994 (regulation 21 'inducements and hospitality').

Secondary employment is a term used to describe any employment additional to the work with the ICB. The ICB takes all reasonable steps to ensure that employees, committee members, contractors and others engaged under contract with them are aware of the requirement to inform the ICB if they are employed or engaged in, or wish to be employed or engaged in, any employment or consultancy work in addition to their work with the ICB. The purpose of this is to ensure that the ICB is aware of any potential conflict of interest.

Examples of work which may conflict with the business of the ICB, including part-time, temporary and fixed term contract work, include:

- Employment with another NHS body
- Employment or carrying out duties with another organisation which might be in a position to supply goods/ services to the ICB
- Directorship for GP federation; and

- Self-employment, including private practice, in a capacity which might conflict with the work of the ICB or might be in a position to supply goods/ services to the ICB

The ICB requires that all individuals obtain prior written permission to engage in secondary employment and reserves the right to refuse permission where it believes a conflict will arise which cannot be effectively managed. Consideration of the implications of secondary employment may be relevant when sponsorship or joint working agreements are proposed. In particular it is unacceptable for pharmacy advisers or other advisers, employees or consultants to the ICB on matters of procurement for themselves to be in receipt of payments from pharmaceutical or other industry suppliers.

The ICB welcomes appropriate sponsorship and joint working with pharmaceutical companies when these initiatives are aligned with the National Institute for Health and Care Excellence (NICE) guidance, the ICB formulary, or prescribing recommendations made by the Area Prescribing Committee (APC). However, NHS funding sources should have been investigated first and found not to be available or practical before entering into an agreement. Where possible and practical and particularly for large projects, this should be across the industry as a whole rather than with single companies.

Pharmaceutical rebate schemes are not within the scope of this Protocol; however, due to the potential for overlap and for clarity, the ICB follows the good practice principles in relation to the assessment and uptake of rebates schemes as set out in the ICB Pharmaceutical Industry Rebate Policy.

This Protocol should be used by ICB staff when offered meetings, sponsorship or joint working initiatives with pharmaceutical companies. It should be read alongside the ICB *Conflict of Interest and Standards of Business Conduct Policy and Procedure* which outlines the principles that staff should follow when offered gifts, sponsorship or hospitality from non-NHS organisations.

In all cases, the ICB and its employees must publicly declare sponsorship/ joint working or any commercial relationship linked to the supply of goods or services and be held to account for it, even if a sponsored activity occurred in an employee's own time.

Scope

The Protocol applies to:

- The ICB and its committees and sub-committees.
- Employees of the ICB, including seconded and sessional staff, and temporary staff such as agency staff and interims.
- Third parties acting on behalf of the ICB and services contracted by the ICB, e.g. Commissioning Support Services.

Accountability and responsibilities

Responsible Director: Director of Finance

Responsible Senior Manager: Chief Pharmacist

Compliance with the Protocol

All staff and individuals identified in the scope of the Protocol must comply with the flow diagram and templates set out in the Appendices. All those within the scope must be conversant with the details of the Protocol and ensure it is followed and

enacted by themselves and any staff they manage, including any third parties or contracted staff.

A. Pharmaceutical Sponsorship from non-NHS organisations

Pharmaceutical companies may approach ICB staff with offers of sponsorship or joint working. Similarly, ICB staff may wish to approach pharmaceutical companies to sponsor or work with them on projects. This Protocol covers both of these scenarios and outlines general principles and guidelines for ICB staff to work within.

A1. General principles

Before entering into any sponsorship agreement the ICB will:

- Satisfy itself, with reference to information available, that there are no potential irregularities that may affect a company's ability to meet the conditions of the agreement or impact on it in any way, for example checking financial standing by referring to company accounts.
- Assess the costs and benefits in relation to alternative options where applicable, and to ensure that the decision-making process is transparent and defensible.
- Ensure that legal and ethical restrictions on the disclosure of confidential patient information, or data derived from such information, are complied with; no information should be supplied to a company for their commercial gain. As a general rule, information which is not in the public domain should not normally be supplied.
- Determine how clinical and financial outcomes will be monitored.
- Ensure that the sponsorship/ joint working agreement has break clauses built in to enable the ICB to terminate the agreement if it becomes clear that it is not providing expected value for money and/or clinical outcomes and/or is in breach of agreement.
- Make clear that acceptance of commercial sponsorship will not in any way compromise commissioning decisions of the ICB or be dependent on the purchase or supply of goods and services. Sponsors should not have any influence over the content of an event, meeting, seminar, publication or training event. Sponsorship arrangements do not imply that the ICB endorse individual companies or their products.

A2. The ICB will apply the following principles:

- Purchasing decisions, including those concerning pharmaceutical and appliances, will always be taken on the basis of best clinical practice and value for money. Such decisions will take into account their impact on other parts of the health care system, for example, products dispensed in hospital which are likely to be required by patients regularly at home.
- When making purchasing decisions on products which originate from NHS intellectual property, ethical standards will ensure that the standard is based on best clinical practice and not on whether royalties will accrue to an NHS body.
- Arrangements whereby sponsorship /joint working is linked to the purchase of particular products, or to supply from particular source, will not be allowed, unless as a result of a transparent tender for a defined package of goods and services.
- Patient information attracts a legal duty of confidentiality and is treated as particularly sensitive under Data Protection legislation. Professional codes of conduct also include clear confidentiality requirements. The ICB will assure itself taking advice when necessary, that sponsorship/ joint working arrangements are both lawful and meet appropriate standards.

- Where a sponsorship/ joint working arrangement permitting access to patient information appears to be legally and ethically sound (for example, where the pharmaceutical company is to carry out or support NHS functions, where patients have explicitly consented), a contract will be drawn up which draws attention to obligations of confidentiality, specifies security standards that should be applied, limits use of the information to purposes specified in the contract and makes it clear that the contract will be terminated if the conditions are not met. This must comply with the current legal position concerning sharing of Patient Identifiable Data (PID). Guidance must be sought from the ICB's Senior Information Risk Officer.
- Where the major incentive to entering into a sponsorship/ joint working arrangement is the generation of income rather than other benefits, then the scheme should be properly governed by income generation principles rather than sponsorship arrangements. Such schemes should be managed in accordance with income generation requirements, i.e. they must not interfere with the duties or obligations of the ICB. A memorandum trading account should be kept for all income generation schemes and the Finance Department must be involved in making and conducting the agreement.
- Sponsorship/ joint working arrangements involving the ICB will be at a corporate, rather than individual level, even if the activities concerned are to take place in an employee's own time.
- If publications are sponsored by a commercial organisation, that organisation should have no influence over the content of the publication. The company logo can be displayed on the publication, but no further advertising or promotional information should be displayed. The publication should contain a disclaimer which states that sponsorship of the publication does not imply that the ICB endorses any of the company's products or services.
- All ICB employees should discuss the implications, with their manager, before accepting an invitation to speak at a meeting organised by a pharmaceutical or other company. The company should have no influence over the content of any presentation made by the ICB employee. It should be made clear that the employee's presence does not imply that the ICB endorses any of the company's products or services. This also applies to interviews with ICB employees given live or published.
- The ICB will ensure that all sponsorship/ joint working deals are documented through the use of a corporate register, which can be audited as appropriate. In order to demonstrate openness, the Register will be available on request to the public.
- In order to provide a robust framework to support successful implementation of this Protocol any proposals for sponsorship/ joint working by the Pharmaceutical Industry, whether direct or indirect through an intermediary, should be reviewed and commented on by the ICB Primary Care Prescribing Committee. This process is encapsulated in the Pharmaceutical Industry Sponsorship/ Joint Working Proposal Process Flow Diagram (Appendix A).
- Checklists 1&2 (Appendices C & D) should be populated by the appropriate lead usually the strategic implementation lead or work stream lead and submitted to the Prescribing Partnership email inbox: CAPCCG.prescribingpartnership@nhs.net The proposal is then considered at the ICB Prescribing Committee. The Prescribing Committee will issue a recommendation on the proposal. The recommendation and the populated checklists are then considered by the ICB's Clinical Commissioning Committee (CCC) for final approval.
- Point of contact for Pharmaceutical industry to the ICB: CAPCCG.prescribingpartnership@nhs.net

B. Meeting with pharmaceutical company or other non-NHS representatives

B1. Principles for staff The principles that staff should follow when offered gifts, sponsorship or hospitality from non-NHS organisations are set out in the ICB *Conflict of Interest and Standards of Business Conduct Policy and Procedure* and these should be referred to in conjunction with this Protocol.

- The ICB welcomes appropriate sponsorship and joint working with pharmaceutical companies when these initiatives are aligned with the NICE guidance, the ICB formulary, or prescribing recommendations made by the Area Prescribing Committee (APC).
- The ICB will not endorse specific products as a direct result of sponsorship or joint working agreements with pharmaceutical companies.
- Any sponsorship or joint working initiative should demonstrate clear benefits to patients. Clinical decisions must always be made in the best interest of patients. No agreements are acceptable which compromise clinical judgement.
- Pharmaceutical companies that offer sponsorship or joint working with the ICB should agree to abide by the principles set out in the ABPI Code of Practice. If the company is not a member of the ABPI, ICB staff should seek assurances that the company follows good practice principles in relation to the promotion of medicines, medical devices, diagnostic agents, dressings, appliances or reagents.
- Any sponsorship or joint working initiatives should be transparent, open to scrutiny and be a matter of public record.
- ICB NHS funding or resources should be sought first and found not to be available or ruled out before considering sponsorship or joint working with pharmaceutical companies.
- All ICB staff should be aware of the influence of pharmaceutical promotion on prescribing decisions and seek advice from the Medicines Optimisation Team.

B2. Guidelines for ICB staff when meeting with pharmaceutical company representatives

Pharmaceutical company representatives may legitimately approach ICB staff to request meetings to discuss sponsorship or joint working initiatives. ICB staff may also proactively seek meetings with pharmaceutical company representatives. In both cases, staff should be aware of the ICB's position on meeting with pharmaceutical company representatives.

Pharmaceutical companies promote their products or therapeutic area to ICB staff, many of whom will be supplementary or independent prescribers or have the ability to influence prescribing decisions. ICB staff should be aware that pharmaceutical companies see promotion of their products as important in influencing prescribing behaviour and continue to spend much of their revenue on this activity. And so, only products either currently on local formularies or having positive guidance from NICE or the Area Prescribing Committee may be promoted. Requests to discuss new products or products not currently on the ICB's/ system formulary should be directed to the nominated representative of the Medicines Optimisation Team.

Representatives must not approach members of the ICB Prescribing Groups in order to 'lobby' for decisions to be made in favour of their products; staff must direct them to send information to the Prescribing Partnership email inbox:

CAPCCG.prescribingpartnership@nhs.net

ICB staff should only meet with representatives by prior appointment, to reduce unnecessary interruptions, to clarify who will be attending the meeting and that the objectives of the meeting are mutually beneficial. Ad hoc meetings with other staff whilst representatives are in the office should be discouraged. The Medicines Optimisation Team will use the form in Appendix F to agree meetings with representative. For the purpose of this Protocol, “meet” applies to face to face meetings, virtual meetings and also phone calls, web chats, etc.

During meetings, staff should not provide ICB prescribing data or medicine usage information that is not already in the public domain unless permission to do so has been given by their line manager or the ICB Prescribing Committee.

Samples of products or supplies may be offered during meetings, but these should not be accepted by ICB staff unless prior approval has been given by their line manager or the ICB Prescribing Committee. Placebo or dummy devices may be accepted for educational or training purposes, if aligned to formulary choices.

Sponsorship of educational meetings held under ICB auspices by pharmaceutical companies should not be accepted if the products concerned are not in line with the ICB's approach to rational prescribing. ICB run Protected Learning Events will be funded by the ICB.

Sponsorship of nurse or other health professional staff training by pharmaceutical or other companies should only be accepted if such training is demonstrated to be impartial and in line with the prescribing advice strategy or other guidance on clinical and cost effectiveness, and with the training needs assessment, and subject to prior approval of the Medicines Optimisation Team.

Hospitality provided in relation to any meeting must be secondary to the purpose of the meeting. The level of hospitality must be appropriate and not out of proportion to the occasion, and the costs must not exceed that which could be reciprocated by the ICB or which the recipients would normally adopt if paying for themselves. Hospitality in association with formal public meetings of boards is not appropriate. Where meetings are sponsored by external sources, this must be disclosed in the papers relating to the meeting and in any published proceedings.

Promotional messages should not be included in any patient information or health promotion material supplied by the ICB.

ICB staff should follow the *Conflict of Interest and Standards of Business Conduct Policy and Procedure* and also be aware that the *Association of the British Pharmaceutical Industry (ABPI) Code of Practice 2016* sets out the principles which pharmaceutical companies should follow when promoting their medicines including sponsorship and hospitality (<http://www.abpi.org.uk>). The ABPI is a voluntary organisation, but most pharmaceutical companies are members. Staff are encouraged to report any potential breach of the ABPI Code of Practice to a member of the Medicines Management Team, locality manager or the ICB clinical governance lead.

B3. Guidelines for considering pharmaceutical sponsorship for meetings, educational events and hospitality

The principles that staff should follow when offered gifts, sponsorship or hospitality from non-NHS organisations are set out in the ICB *Conflict of Interest and Standards*

of Business Conduct Policy and Procedure. These guidelines apply equally to funding received to support place based meetings, such as Board meetings, Protected Learning Zone meetings, or “in-house” educational meetings as well as ICB staff being funded to attend external educational meetings.

Should NHS funding be ruled out or not available and pharmaceutical sponsorship sought, ICB staff should contact the Medicine Optimisation Team for advice on potential pharmaceutical company sponsors. When ICB staff are offered pharmaceutical sponsorship, they should contact the Medicines Optimisation Team for advice before accepting this to ensure that the company would not be promoting a product that is not recommended within ICB.

A *Declaration Form* (Appendix B) should be completed for the proposed sponsorship and sent to the Head of Medicines Optimisation. The ICB Chief Pharmacist or Deputy may approve sponsorship forms without referral to the ICB Prescribing Committee if the sponsorship value is £300 or less. However these should be declared retrospectively to the Committee. Values over £300 will be referred to the next ICB Prescribing Committee meeting for approval or otherwise. If approved, the Chief Pharmacist or Deputy will forward the approved form to the Corporate Governance Manager for recording in the central register of gifts, sponsorship or hospitality and return a signed copy to the applicant for their records. If there is an issue with the proposed products to be promoted at the meeting or method of promotion, the Chief Pharmacist or Deputy will liaise with the applicant.

When completing the sponsorship form, it should be borne in mind that the method of promotion should be agreed prior to the meeting taking place and that representatives are not allowed to give presentations on their company’s products at the meeting. When promotional stands are used, these should normally be placed outside of the rooms where the event takes place, for example in a foyer, and then removed once the event has commenced. If the area outside the meeting room is open to the public and hence promotional stands cannot be displayed, then the stand may go in the meeting room as long as the material is removed prior to the start of the meeting.

Pharmaceutical company representatives are not allowed to be delegates at sponsored events unless this has been declared and approved on the sponsorship form.

If a pharmaceutical company sponsors a speaker at the event, they may not insist on a particular speaker who may favour their products, but should instead allow the ICB to choose the speaker.

The form in Appendix E should be used to confirm arrangements with the company.

C. Guidelines for projects involving joint working with pharmaceutical companies

Joint working is a more complex arrangement than simple sponsorship of an event or programme. As such, a fuller written agreement is required which clearly specifies the benefits and risks to the NHS, the ICB and its patients arising from any project involving joint working. The benefits and risks to the pharmaceutical company must also be explicit.

The forms in Appendix C and D *Initial Checklist and ICB Agreement for Joint Working* should be completed and forwarded to the Chief Pharmacist or Deputy. If approved

by the ICB Prescribing Committee, the Chief Pharmacist or Deputy will forward the approved form to the Corporate Governance Manager for recording in the central register of gifts, sponsorship or hospitality and return a signed copy to the applicant for their records. If there is an issue with the proposed products to be promoted at the meeting, method of promotion or joint working arrangement, the Chief Pharmacist or Deputy will liaise with the applicant.

Joint working projects should not commence until approval from the ICB Prescribing Committee has been given.

Staff should note that all agreements must include:

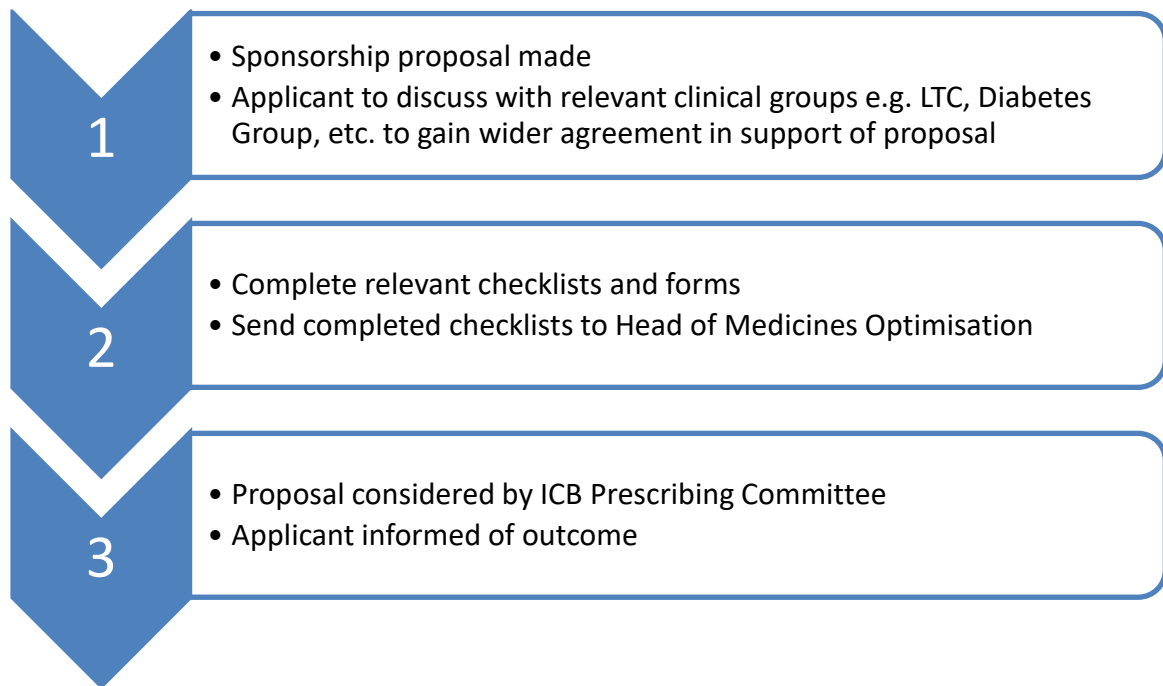
- A 'break' clause, enabling the termination of the agreement at short notice. This should outline the repercussions of a non-NHS organisation breaking the terms of the signed agreement.
- That the identity of any patient or other confidential information will not be made available to the pharmaceutical company except as listed in the signed written agreement.
- That reports or information cannot be used elsewhere without the permission of the ICB

Review

This Protocol will be reviewed in the light of changes to relevant legislation, new guidance from the Department of Health or by June 2023.

Appendix A

Process flow diagram



Appendix B

Declaration of gifts and hospitality form in accordance with the ICB sponsorship and joint working with the pharmaceutical industry and other non-NHS organisations

Please complete all parts and then forward to the Chief Pharmacist or Deputy, by e-mail: CAPCCG.prescribingpartnership@nhs.net

(For declaring other Gifts, Hospitality and sponsorship, please contact the Corporate Governance Team for the appropriate form)

For guidance, please refer to the *Standards of Business Conduct Policy* for gifts, hospitality and sponsorship and the *Pharmaceutical Sponsorship Policy for working with non-NHS Organisations* for sponsorship.

To be completed by all ICB staff:	
Name:	
Position within ICB:	
Date of offer:	
Date of receipt (if applicable) e.g. date of event:	
Details of Gift/ Hospitality/ Sponsorship (including clinical area and products to be promoted if applicable):	
Estimated value:	
Supplier/ offeror - Name and nature of business:	
Details of previous offers or acceptance by this offeror/ supplier:	
Details of the officer reviewing and approving the declaration made (Name, job title and date):	
Declined or accepted:	
Reason for accepting or declining and actions taken to mitigate against a conflict:	
Other Comments:	
To be completed if sponsorship is from the pharmaceutical industry or bodies acting on their behalf:	
Are the products on the ICB Formulary and/ or endorsed by NICE?	
Method of promotion - e.g. leaflets, stand and products on display, expert speaker, etc:	
Is the company a member of the ABPI? List available at: https://www.abpi.org.uk/memberrepresentation/abpi-members-list/ If no, what assurances have you been given that the company follows good practice principles in relation to promotion of medicines, dressings, and diagnostics?	

Decision making staff should be aware that the information provided in this form will be added to the ICB's registers which are held in hardcopy for inspection by the public and published on the ICB's website. Decision making staff must make any third party whose personal data they are providing in this form aware that the personal data will be held in hard copy for inspection by the public and published on the ICB's website and must inform the third party that the ICB's privacy policy is available on the ICB's website. If you are not sure whether you are a 'decision making' member of staff, please speak to your line manager before completing this form.

Signed:

Date:

Now forward the form to the Head of Medicines Optimisation

To be completed by Head of Medicines Optimisation on behalf of the Prescribing Committee	
Approved by Medicine Management Lead/ Prescribing Committee (delete as appropriate)	Yes / No
If No reason for rejection:	
Signed:	
Date:	

Date form sent to applicant (if not approved) or Corporate Governance Team (if approved):

Signed:	
Position*:	
Date:	

*(Senior ICB Manager or Executive Board Member, if required)

Appendix C

ICB Initial checklist for assessment of collaborative working with the pharmaceutical industry or their agents or affiliated companies

If any responses to the following are No, the agreement will contravene the Protocol. Further advice must be sought from the Head of Medicines Optimisation before proceeding.

Please complete all parts of this form plus the initial checklist and then forward to the Chief Pharmacist or Deputy by email to:

CAPCCG.prescribingpartnership@nhs.net

General

- Has ICB funding or other NHS resources been considered first and found not to be available or ruled out? Y/N
- Is the agreement in the best interests of patients Y/N
- Is the offer independent of purchasing or prescribing decisions? Y/N
- Is professional judgement unaffected? Y/N
- Is patient and NHS data confidentiality maintained? Y/N
- Is the company a member of the ABPI or do they follow good practice in promoting pharmaceuticals? Or are you satisfied with your knowledge of the sponsoring organisation(s) (i.e. is there evidence of audited accounts, is the organisation and its ownership known, is it capable of being independently audited)? Y/N
- Is the agreement upright and honest and free from conflict of interest? Y/N

Contractual

- Does a contractual agreement or service agreement exist (to include the aims and objectives of the collaborative working; an outline of the accountability framework within which the provider will operate; the protocols to be used on the programme, including a full description of the service(s) to be provided and the names and details of personnel to be involved; the procedure to be followed in the event of adverse incidents; any professional indemnity and liability arrangements that the service provider has in place; the option to modify or suspend the programme in the light of any assessments, evaluations or adverse events; the option for either party to withdraw, with agreed and clearly defined notice periods on both sides? Y/N
- Are the skills, competencies, professional status and qualifications of the named individuals who will be directly involved with the programme of a sufficient level to provide the aims and objectives effectively, efficiently and reliably? Y/N
- Is the agreement lawful? Y/N
- Is there no reason to suspect the company will be unable to fulfil obligations? Y/N
- Have all appropriate parties discussed the proposed offer? Y/N
- Are lines of accountability clear – clinical, professional, managerial? Y/N

Clinical evidence

- Is the agreement evidence based (The Medicines Optimisation team is available to give assessments of available evidence)? Y/N
- Does the agreement represent best clinical practice? Y/N
- Is the agreement compatible with national and local arrangements for prescribing? Y/N

Financial

- Does the agreement represent value for money? Y/N
- If the agreement is linked to the purchase of a particular product, has there been a competitive tender process in line with CCG SFIs? Y/N
- Have costs and benefits been assessed in relation to alternative options? Y/N
- Is there provision within the agreement for financial audit? Y/N
- Have the future potential implications of the agreement been considered? Y/N
(e.g. continuing cost of treatment initiated during a trial)
- Are on-going and future purchasing decisions unaffected by the agreement? Y/N

Outcome measures

- Does the agreement include monitoring of clinical/ financial measures? Y/N
- Is there provision for break clauses for the ICB to terminate the agreement if outcomes are not satisfactory? Y/N

The answers to the following **MUST be NO** otherwise the agreement may contravene the Protocol.

Exclusions

- Is there any reason to suspect the company will be unable to fulfil obligations? Y/N
- Are there any purchasing decisions affected by the agreement? Y/N
- Is the NHS expected to pick up recurrent costs of the scheme? Y/N

If the answer is yes than it needs to be considered as a Business Development.

Assessment undertaken by:	
Signature:	
Designation:	
Date of Assessment:	

Appendix D

ICB agreement for joint working

Please complete all parts of this form plus the initial checklist and then forward to the Chief Pharmacist or Deputy by email to:

CAPCCG.prescribingpartnership@nhs.net

Funding of: *Please enter brief details e.g. funding for an asthma course for practice nurses*

By: *Enter name of company*

Type of company: *Usually but not exclusively a pharmaceutical company*

Application for funding of: *£ State amount agreed*

Please complete on a separate sheet:

Basis for the Work: *Justification for the work, brief background, purpose and objectives of the work to be funded. To include the contribution from ICB, if any, defining the work and audit / training / meetings to be held.*

Description of the Work and Personnel involved: *Overall and detailed objectives, personnel / organisations involved, expected benefits and outcomes.*

Project Action Plan: *Detailed description of the project to show how funding will be used and timescales.*

Joint working is accepted on the basis that:

1) The Sponsor agrees to abide by the ICB sponsorship Protocol for working with Non-NHS organisations. The Sponsor may only be involved to the extent defined in this agreement, consistent with the Protocol.

3) Any reports resulting from the work may acknowledge the Sponsor's contribution. The Sponsor cannot use any reports or information from this work without explicit permission from the ICB.

The Sponsor knows of no potential embarrassment that would accrue to the ICB as a result of this agreement. The Sponsor shall not use the name of the ICB including logos or its employees or services to infer endorsements of products or activities without explicit agreement.

The ICB must hold copies of all Service Agreements.

Name of ICB Manager requesting sponsorship:	Signature, designation, date and contact number:
Name of non-NHS organisation representative:	Signature, designation, organisation name, date and contact number:

The following will be considered by the ICB Prescribing Committee:

1. Does the proposal on offer align with current views on evidence-based clinical practice?
2. Is the proposal on offer consistent with ICB priorities?
3. Have all offers of sponsorship including gifts or hospitality accepted (greater than £25) been registered in the ICB's gifts, sponsorship and hospitality register?

Approved by ICB Prescribing Committee (Yes/ No):	
Date:	

Appendix E

ICB sponsorship for professional or scientific meetings

To: <i>Name of person</i>
Of: <i>Name of company</i>
Thank you for agreeing to sponsor the meeting on <i>date</i>
At: <i>Venue</i>
Title of meeting:

Sponsorship is accepted on the understanding that:

- The Sponsor agrees to abide by the ICB sponsorship Protocol for working with the Pharmaceutical industry and other Non-NHS organisations.
- The meeting organiser retains overall control of the event and the content of the event.
- The sponsor does not have the automatic right to present teaching or promotional material.
- Where the organiser considers additional value may be gained from a presentation by the sponsor, that the content of the material is agreed in advance.
- The Sponsor does not use the ICB contact to promote products outside the meeting.
- Any stand the Sponsor uses to promote products is to be outside the main meeting room, where this is possible.
- Attendance at the meeting by the Sponsor is at the discretion of the course organiser.
- Where course material is provided by a pharmaceutical company there is no promotion of specific products (the name of the company supporting the meeting is acceptable).
- Any reports resulting from the work may acknowledge the Sponsor's contribution.
- The Sponsor cannot use any reports or information from this work without explicit permission from the ICB.
- The Sponsor knows of no potential embarrassment that would accrue to the ICB as a result of this agreement. The Sponsor shall not use the name of the ICB including logos or its employees or services to infer endorsements of products or activities without explicit agreement.

Please confirm that you accept the terms detailed above.

Sponsor	
Signed:	Date:
Print name:	Position and Company name:
ICB	
Signed:	Date:
Print name:	Position:

Appendix F

Process for pharmaceutical representatives

If you wish to discuss a product with the Medicines Management Team please complete this form and email it back to the Medicines Management Team at:

CAPCCG.prescribingpartnership@nhs.net

Please note no appointments will be considered until we have received this information

Your name:	
Your job title:	
Your company name:	
Your email address:	
Your telephone number:	
What products do you wish to discuss? (Please be specific)	
Is this product in our local formulary? (Yes/No)	
How is your product more effective than the current product in use? Include the clinical and quality benefits to patients.	
How does the price compare with similar products?	
What additional information do you have to enable the team to make an informed decision? You may attach further information but please refer to it here:	

Appendix G

The Seven Principles of Public Life	
Selflessness	Holders of public office should act solely in terms of the public interest.
Integrity	Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.
Objectivity	Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.
Accountability	Holders of public office are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this.
Openness	Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.
Honesty	Holders of public office should be truthful.
Leadership	Holders of public office should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs.

Appendix 3 - Declaration of Interests Form for ICB Board members and employees

Full name:	
Position within, or relationship with the ICB:	
Department/ Team:	
Do you have any interests to declare? (delete as appropriate)	<p>Yes/ No</p> <p><i>If yes - document them below & sign the declaration</i></p> <p><i>If no - go straight to the declaration</i></p>

Detail of interests held

(complete all fields below then complete the declaration section)

What type of Interest is it? <small>(refer to table at end of form, then type yes or no for each)</small>				Description of interest <small>Please include:</small> <ul style="list-style-type: none"> Company details (if relevant): registered office address, company number etc. For indirect interests, include details of the relationship with the person who has the interest e.g., partner, son, daughter, etc. 	Date		Actions to be taken to mitigate risk <small>(to be agreed with Line Manager or a senior ICB manager)</small>
Financial	Non-Financial Professional	Non-Financial Personal	Indirect		From <small>(dd/mm/yyyy)</small>	To <small>(dd/mm/yyyy)</small>	

The information provided in this form will be held by the ICB in accordance with Data Protection Act 2018 and will be processed to enable compliance with the ICBs

statutory duties and its Conflict of Interest Management & Standards of Business Conduct Policy.

Please be aware that the information provided in this form will be added to the ICB's register of interests, held for inspection by the public and published on the ICB's website. If you have provided information about third parties in this form, please make them aware of this.

Information may be disclosed to third parties in accordance with the Freedom of Information Act 2000.

Declaration

*I confirm that the information provided above is complete and correct. I acknowledge that any changes in these declarations must be notified to the ICB 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 be taken.

Signature		Date	
------------------	--	-------------	--

If you have declared any interests, please arrange for your Line Manager or another senior ICB Manager to authorise the mitigation detailed, by completing the table below.

Line Manager or Senior ICB Manager

I agree to the mitigating actions detailed above.

Name		Position	
Signature		Date	

Please submit completed Form to **[add email address e.g. capccq.coireturns@nhs.net]**

Interest	Description
Financial Interests	<p>This is where an individual may get direct financial benefits from the consequences of a commissioning 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. This includes involvement with a potential provider of a new care model; • 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; or • A provider of clinical private practice. <p>This could also include an individual being:</p> <ul style="list-style-type: none"> • In employment outside of the ICB; • In receipt of secondary income; • 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	<p>This is where an individual may obtain a non-financial professional benefit from the consequences of a commissioning 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 GP with special interests e.g., in dermatology, acupuncture etc.; • An active member of a particular specialist professional body (although routine GP membership of the Royal College of General Practitioners (RCGP), British Medical Association (BMA) or a medical defence organisation would not usually by itself amount to an interest which needed to be declared); • An advisor for the Care Quality Commission (CQC) or the National Institute for Health and Care Excellence (NICE); • Engaged in a research role; • The development and holding of patents and other intellectual property rights which allow staff to protect something that they create, preventing unauthorised use of products or the copying of protected ideas; or • GPs and practice managers, who are members of the Board or committees of the ICB, should declare details of their roles and responsibilities held within their GP practices.
Non-Financial Personal Interests	<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 group with an interest in health and care.
Indirect Interest	<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 commissioning decision (as those categories are described above) for example, a:</p> <ul style="list-style-type: none"> • Spouse/ partner; • Close family member or relative e.g. parent, grandparent, child, grandchild or sibling; • Close friend or associate; or • Business partner

Appendix 4 - Register of Interests

(Template as example)

Name	Position within, or relationship with the ICB	Interests to Declare	Type of Interest				Description of interests	Date		Actions to be taken to mitigate risk
			Financial	Non-Financial Professional	Non-Financial Personal	Indirect		From	To	

Appendix 5 - Register of Gifts & Hospitality

(Template as example)

Name	Position	Date of Offer <i>(dd/mm/yyyy)</i>	Date of Receipt <i>(if accepted)</i>	Details of Gift/ Hospitality	Estimated Value	Supplier <i>(Name & Nature of Business)</i>	Declined (D) or Accepted (A)	Reason for Accepting or Declining

Agenda

Details	Part 1		Part 2		
Meeting:					
Date of Meeting:					
Time:					
Venue:					

1. Welcome & Introductions
2. Apologies for Absence
3. Declarations of Interest
4. Notification of Any Other Business
5. Minutes of the Last Meeting
6. Matters Arising
 - 6.1 Action List
- 7.
8. Any Other Business
9. Date of Next Meeting:

Minutes

Details	Part 1		Part 2		
Meeting:					
Date of Meeting:					
Time:					
Venue:					

Present:	Insert name	Insert job title
In attendance:	Insert name	Insert job title

1. **Welcome & Introductions**
2. **Apologies for Absence**
3. **Declarations of Interest**
4. **Notification of Any Other Business**
5. **Minutes of the Last Meeting**
6. **Matters Arising**

Template declarations of interest checklist

Under the Health and Social Care Act 2012, there is a legal obligation to manage conflicts of interest appropriately. It is essential that declarations of interest and actions arising from the declarations are recorded formally and consistently across all ICB board, committee and sub-committee meetings. This checklist has been developed with the intention of providing support in conflicts of interest management to the Chair of the meeting- prior to, during and following the meeting. It does not cover the requirements for declaring interests outside of the committee process.

Timing	Checklist for Chairs	Responsibility
<p>In advance of the meeting</p>	<ol style="list-style-type: none"> 1. The agenda to include a standing item on declaration of interests to enable individuals to raise any issues and/or make a declaration at the meeting. 2. A definition of conflicts of interest should also be accompanied with each agenda to provide clarity for all recipients. 3. Agenda to be circulated to enable attendees (including visitors) to identify any interests relating specifically to the agenda items being considered. 4. Members should contact the Chair as soon as an actual or potential conflict is identified. 5. Chair to review a summary report from preceding meetings i.e., sub-committee, working group, etc., detailing any conflicts of interest declared and how this was managed. <p>A template for a summary report to present discussions at preceding meetings is detailed below.</p> <ol style="list-style-type: none"> 6. A copy of the members' declared interests is checked to establish any actual or potential conflicts of interest that may occur during the meeting. 	<p>Meeting Chair and secretariat</p> <p>Meeting Chair and secretariat</p> <p>Meeting Chair and secretariat</p> <p>Meeting members</p> <p>Meeting Chair</p> <p>Meeting Chair</p>
<p>During the meeting</p>	<ol style="list-style-type: none"> 7. Check and declare the meeting is quorate and ensure that this is noted in the minutes of the meeting. 	<p>Meeting Chair</p>

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

Template for recording any interests during meetings

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

Template to record interests during the meeting.

Meeting	Date of Meeting	Chairperson (name)	Secretariat (name)	Name of person declaring interest	Agenda Item	Details of interest declared	Action taken

Appendix 9 - Declaration of Gifts & Hospitality Form

Recipient Name	Position	Date of Offer	Date of Receipt <i>(if accepted)</i>	Details of Gift/ Hospitality	Estimated Value	Supplier <i>(name & nature of business)</i>	Details of previous offers or acceptance from this supplier	Declined (D) or Accepted (A)?	Reason for Accepting or Declining & any other comments

The information provided in this form will be held by the ICB in accordance with Data Protection Act 2018 and will be processed to enable compliance with the ICBs statutory duties and its Conflict of Interest Management & Standards of Business Conduct Policy.

Please be aware that the information provided in this form will be added to the ICB's register of interests, held for inspection by the public and published on the ICB's website. If you have provided information about third parties in this form, please make them aware of this.

Information may be disclosed to third parties in accordance with the Freedom of Information Act 2000.

To be signed by Line Manager or a Senior ICB Manager

Name		Position	
Signed		Date	

Please return completed Form to capccq.coireturns@nhs.net