



<b>Corporate</b>	<b>ICBP039 - Standards of Business Conduct and Declarations of Interest Policy</b>
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<b>Approved By:</b>	ICB Board

## EQUALITY IMPACT ASSESSMENT

<b>Date</b>	<b>Issues</b>
February 2023	None identified.

## POLICY VALIDITY STATEMENT

Policy users should ensure that they are consulting the currently valid version of the documentation. The policy will remain valid, including during its period of review. However, the policy must be reviewed at least once in every 3-year period.

## ACCESSIBLE INFORMATION STANDARDS

If you require this document in an alternative format, such as easy read, large text, braille or an alternative language please contact [necsu.comms@nhs.net](mailto:necsu.comms@nhs.net)

## Version Control

Version	Release Date	Author	Update comments
1	July 2022	Governance team.	First issue.
2	March 2023	CSU Governance team	Second iteration following NENC ICB establishment. Purpose of review to streamline process and principles.
3	March 2024	NENC Governance Team	Review and update including: <ul style="list-style-type: none"> <li>changes to job titles, revised fraud/theft section as per advice from Counter Fraud, revised procurement wording following PSR guidance, additional section around the new COI mandatory training and an additional flow chart included in the appendices.</li> </ul>
4	October 2024	NENC Corporate Governance Team	Combining relevant content of ICBP006 - <i>Commercial sponsorship and joint working with the pharmaceutical, medical appliance and health technology industry policy</i> into this policy. ICBP006 will then be discontinued.

## Approval

Role	Name	Date
Approver	ICB Board	July 2022
Approver	Executive Committee	14 March 2023
Approver	ICB Board	26 March 2024
Approver	ICB Board	26 November 2024

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## **1.0 Introduction, Aims and Objectives**

For the purposes of this policy, NHS North East and North Cumbria Integrated Care Board will be referred to as 'the ICB' in relation to the 'corporate body'.

The ICB, collaborates closely with various organisations to deliver and commission high quality care to our patients and local communities.

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

Providing best value for taxpayers and ensuring that decisions are taken transparently and clearly, are both key principles in the NHS Constitution. The ICB is committed to maximising resources for the benefit of the whole community. As an organisation and as individuals, we have a duty to ensure that all our services are conducted to the highest standards of integrity and that NHS monies are used wisely so that the organisation is using its finite resources in the best interest of patients.

The purpose of this policy is to ensure exemplary standards of business conduct are adhered to by board members, committee and subcommittee members and employees of the ICB (including individuals contracted to work on behalf of the ICB or otherwise providing services or facilities to the ICB such as those within commissioning support services).

Throughout this policy, individuals will be aware of their own responsibilities as well as the ICB's responsibilities as a corporate body. The policy also sets out the responsibilities of the ICB as an employer, taking account of the individual and corporate obligations set out in the Bribery Act 2010.

The policy draws attention to the consequences of non-compliance with its requirements, which may include disciplinary action and/or legal action.

The production of this policy draws on the wide range of guidance issued for NHS bodies.

This policy does not apply to independent and private sector organisations, general practices, social enterprises, community pharmacies, community dental practices, optical providers, local authorities – who are subject to different legislative and governance requirements. However, they would be required to comply with the requirements to declare interests should they be a member of the Board or any of its committees, subcommittees or working groups.

Appendix A provides a summary of this policy but should be referred to as a reference point only and read in the full context of this policy.

## 2.0 Key Terms and Definitions of Interests

### 2.1 Key terms

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."*

A conflict of interest may be:

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

Staff and employees of the ICB may hold interests for which they cannot see potential conflict. However, caution is always advisable as 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.

### 2.2 Definitions of Interests

In summary definitions of interests can be defined as:

- Financial interests  
Where an individual may get direct financial benefit from the consequences of a decision, they are involved in making.
- Non-financial professional interests  
Where an individual may obtain a non-financial professional benefit from the consequences of a decision, they are involved in making, such as increasing their professional reputation or promoting their professional career.
- Non-financial personal interests  
Where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit, because of decisions they are involved in making in their professional career.
- Indirect interests  
Where an individual has a close association with another individual who has a financial interest, a non-financial professional interest or a non-financial personal interest and could stand to benefit from a decision they are involved in making.

[Section 7](#) of this policy outlines declarations of interests further and provides examples of types of interests.

### **3. Guidance and Legal Framework**

#### **3.1 Guidance**

##### **3.1.1 NHS Management Executive: Standards of Business Conduct for NHS Staff**

The NHS Management Executive published the guidance, 'Standards of business conduct for NHS staff, (HSG (93) 5), which remains extant and provides specific guidance on:

- The standards of conduct expected of all NHS staff where their private interests may conflict with their public duties; and
- The steps which NHS employers should take to safeguard themselves and the NHS against conflicts of interest.

Specifically, it makes it clear that it is the responsibility of staff to ensure that they are not placed in a position which risks, or appears to risk, conflict between their private interests and their NHS duties.

##### **3.1.2 Department of Health: "Code of Conduct for NHS Managers"**

The Department of Health's document, 'Code of Conduct for NHS Managers' (October 2002), provides guidance on core standards of conduct expected of NHS Managers to act in the best interests of the public and patients/clients to ensure that decisions are not improperly influenced by gifts or inducements. Professional Codes of Conduct governing health care professionals are also pertinent. Similarly, the General Medical Council's guidance, 'Leadership and management for all doctors' (March 2012), details the standards and expectations required of clinicians in leadership and management positions.

The ICB should observe the principles of good governance as set out in:

- The Nolan Principles on Conduct in Public Life
- The Good Governance Standards for Public Services (2004), Office for Public Management (OPM) and Chartered Institute of Public Finance and Accountancy (CIPFA) set out the principles of good governance.
- The seven key principles of the NHS Constitution
- North East and North Cumbria ICB Constitution
- The Equality Act 2010
- The UK Corporate Governance Code
- NHS England: Managing Conflicts of Interest in the NHS: Guidance for staff and organisations (September 2024)

#### **3.2 Application of Public Service Values and Principles to the NHS**

Public service values must be at the heart of the NHS. High standards of corporate and personal conduct, based on recognition that patients come first, have been a requirement throughout the NHS since its inception. Moreover, since the NHS is publicly funded it is accountable to Parliament for

the services it provides and for the effective and economic use of taxpayers' money.

The Code of Conduct: Code of Accountability in the NHS (Appointments Commission/DOH - 2nd Rev: 2004) defines three crucial public service values which must underpin the work of the health service:

**Accountability** – everything done by those who work in the NHS must be able to stand the test of parliamentary scrutiny, public judgements on propriety and professional codes of conduct.

**Probity** – there should be an absolute standard of honesty in dealing with the assets of the NHS: integrity should be the hallmark of all personal conduct in decisions affecting patients, staff and suppliers, and in the use of information acquired in the course of NHS duties.

**Openness** – there should be sufficient transparency about NHS activities to promote confidence between the NHS body and its staff, patients and the public.

Following the findings of the Nolan Committee in 1994, a set of recommendations was published by the government setting out 'Seven Principles of Public Life' which apply to all in the public service, and which are embodied within the ICB Constitution. These are attached in Appendix B.

### 3.4 Legal Frameworks

#### 3.4.1 The Bribery Act 2010

The Bribery Act 2010 came into force on 01 July 2011 and repeals previous corruption legislation. The Act has introduced the criminal offences of offering and receiving a bribe. It also places specific responsibility on organisations to have in place adequate procedures to prevent bribery and corruption taking place. This policy should be read in-conjunction with the ICB's Counter Fraud, Bribery and Corruption policy.

Bribery can generally be defined as offering, promising or giving a financial or other advantage to influence others to use their position in an improper way (i.e., to obtain a business advantage). A benefit can be money, gifts, rewards etc. and does not have to be of substantial financial value. No actual gain or loss has to be made.

A person has committed a criminal offence of offering a bribe even if the offer is declined, as does a person who accepts a bribe even if they don't receive it.

A bribe does not have to be in cash, it may be the awarding of a contract, provision of a gift, hospitality or sponsorship or another benefit.

Anyone found guilty of either offering or receiving a bribe could face a custodial sentence of up to 10 years imprisonment.

Corruption is generally considered as an umbrella term covering various activity and behavior including bribery, kickbacks, favours, corrupt preferential treatment, or cronyism. Corruption can be broadly defined as the offering or acceptance of inducements, gifts, favours, payment, or benefit-in-kind which may influence the action of any person. Corruption does not always result in a loss. The corrupt person may not benefit directly from their deeds; however, they may be unreasonably using their position to give some advantage to another.

All staff are reminded that they should be transparent in respect of recording any gifts, hospitality or sponsorship, [see section 5](#) of this policy.

Section 7 of the Bribery Act 2010 introduced a new corporate offence of 'failure of commercial organisations to prevent bribery'. The ICB can be held liable when someone associated with it bribes another to obtain or retain business for the organisation and be subject to an unlimited fine. However, the Board will have a defense if it can demonstrate that it had adequate procedures in place designed to prevent bribery.

The Act applies to everyone associated with the ICB and who performs services on its behalf, or who provides the organisation with goods or services. This includes anyone working for or with the ICB, such as employees, agents, subsidiaries, contractors and suppliers.

Employees of the ICB must not request or receive a bribe from anybody, nor imply that such an act might be considered. This means they will not agree to receive or accept a financial or other advantage from a former, current or future client, business partner, contractor or supplier or any other person as an incentive or reward to perform improperly their function or activities.

More information on the Bribery Act 2010 can be found at the following website address:  
<https://www.legislation.gov.uk/ukpga/2010/23/crossheading/general-bribery-offences>

### 3.4.2 NHS Act 2006

As required by section 14Z30 of the NHS Act 2006, the ICB has made arrangements (outlined in this policy) to manage any actual and potential conflicts of interest to ensure that decisions made by the ICB will be taken, and seen to be taken, without being unduly influenced by external or private interest and do not (and do not risk appearing to) affect the integrity of the ICB's decision-making processes.

The ICB will abide by the following principles:

- Safeguard system-led commissioning, whilst ensuring objective investment decisions
- Act in a way that demonstrates that they are acting fairly and transparently and in the best interests of their patients and ICB



- population
- Act in a way that upholds confidence and trust in the NHS and system partners
- Recognise that the ICB requires a diversity of perspectives for it to make good decisions. Interests will be managed sensibly and proportionately in line with NHS England guidance and as set out in this policy
- Decision making will be made with a regard to the Triple Aim - considering the effects of the decisions on; the health and wellbeing of the people of England; the quality of services provided or arranged by both the ICB and other relevant bodies; and the sustainable and efficient use of resources by the ICB and other relevant bodies.

This policy has been produced considering all current NHS managing conflicts of interest guidance and legal framework.

### **3.5 Placing of orders and contracts**

The ICB will procure in a fair, open, transparent and non-discriminatory manner between prospective contractors or suppliers for contracts in line with the relevant procurement legislation and the ICB's Standing Financial Instructions. This means that:

No private, public, or voluntary organisation or company which may bid for ICB business should be given any advantage over its competitors, such as advance notice of the ICB's requirements. This applies to all potential contractors, whether or not there is a relationship between them and the ICB, such as a long-running series of previous contracts.

Each new contract should be awarded solely on merit, taking into account the requirements of the ICB and the ability of the contractors to fulfil them.

No special favour is to be shown to current or former employees or their close relatives or associates in awarding contracts to private or other businesses run by them or employing them in any capacity. Contracts may be awarded to such businesses when they are won in fair, open and transparent competition against other tenders, but scrupulous care must be taken to ensure that the selection process is conducted impartially, and that staff who are known to have a relevant interest play no part in the selection.

All staff, board, committee and subcommittee members, and individuals acting on behalf of the ICB who in contact with suppliers and contractors (including external consultants), and in particular those who are authorised to sign orders or place contracts for goods, materials or services, are expected to adhere to professional standards of a kind set out in the [ethical code of the Institute of Purchasing and Supply](#) and are required to declare any interest if they are participating in a specific procurement and tendering processes.

This policy should also be read in-conjunction with the ICB's Procurement policy.

### **3.6 Partnership Governance**

The Board will ensure effective governance and assurance arrangements are in place for the governance of Integrated Care Partnerships (ICPs) and satisfy itself that managing conflicts of interest and the principles of this policy are applied both at system and place level.

The increasing development of partnership-based approaches to the commissioning and delivery of care places further emphasis on the necessity for strong governance and performance management in partnership working arrangements. In this respect, there needs to be a clear approach to ensure and demonstrate that investment in partnerships delivers effective and appropriate outcomes for the local population.

### **3.7 Private Transactions**

Individual staff, board, committee and subcommittee members, and individuals acting on behalf of the ICB, will 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.

## **4.0 Appointments and Roles and Responsibilities**

### **4.1 NHS Employers**

The Board is responsible for ensuring that the requirements of this policy and supporting documents are brought to the attention of all employees and contractors and that mechanisms are put in place for ensuring that the guidelines are effectively implemented. These responsibilities are particularly important given the corporate responsibility set out in the Bribery Act for organisations to ensure that their anti-corruption procedures are robust.

Such awareness will be promoted through:

- A clause in written statements of terms and conditions of employment
- Publication of the policy on the ICB's website
- Regular reminders to staff of their obligations
- Requirements in relation to mandatory training
- All staff required to complete declaration of interests returns, which will be collated and held centrally
- Induction processes
- Inclusion in board and committee processes.

In line with the Health and Social Care Act 2008 (Regulations 2014 (SI 2014/2936), the Chair of the Board is responsible for confirming that the fitness of all new executive directors/chief officers has been assessed, and

that they are satisfied those appointees are fit and proper individuals for their specific role. The ICB is responsible for ensuring that all relevant assessments have taken place, as part of the recruitment process including assessing that they are:

- Of good character
- Have the necessary qualifications, skills and experience
- Are able to perform the work they are employed for
- Meet the Fit and Proper Person Test (FPPT) criteria
- Can supply information, such as certain checks and a full employment history.

NHS staff are expected to:

- Ensure that the interests of patients remain paramount at all times
- Be impartial and honest in the conduct of their official business
- Use the public funds entrusted to them to the best advantage of the service, always ensuring value for money
- Register with the ICB any interest outside the workplace which could be construed as affecting any part of their work within the ICB e.g., outside / secondary employment.

It is also the responsibility of staff to ensure that they do not:

- Abuse their official position for personal gain or to benefit their family or friends.
- Seek to advantage or further private business or other interests, in the course of their official duties.

It is the responsibility of all staff to raise any concerns regarding staff business conduct.

All NHS staff should ensure that they are not placed in a position that risks, or appears to risk, conflict between their private interests and their NHS duties.

#### **4.2 Board, Committee, Subcommittee members and individuals acting on behalf of the ICB**

All board, committee and subcommittee members, and employees of the ICB, will comply with this policy in line with their terms of office and/or employment. This will include but not be limited to declaring all interests on a register that will be maintained by the ICB.

Individuals acting on behalf of the ICB, must act in accordance with this policy in circumstances whether they are either employed fully by the ICB, hold appointments with the ICB, are employed on a sessional basis or on an honorary contract, or provide services under a service level agreement with the ICB. This also applies to partner members to ensure their conflicts of interest are also robustly managed.

### **4.3 Commissioning Support Unit (CSU) Staff**

Whilst working on behalf of the ICB, CSU staff will be expected to adhere to the ICB's standards of behaviour, including observing and adhering to the Nolan Principles and openly declaring any conflict of interests to the ICB. CSU staff will continue to be governed by all policies and procedures issued by their employer.

### **4.4 Candidates for appointment**

Candidates for any appointment with the ICB must disclose in writing if they are related to or in a significant relationship with (e.g., spouse or partner) any board member or employee of the ICB. The NHS Jobs application form/TRAC requests this information and therefore must be disclosed before submission.

Any member of an appointments panel which is considering the employment of a person to whom they are related or have a significant relationship with, must declare the relationship before an interview is held.

Candidates for any appointment with the ICB shall, when applying, also disclose cases where they or their close relatives or associates have a controlling and/or significant financial interest in a business (including a private company, public sector organisation, other NHS employer and/or voluntary organisation), or in any other activity or pursuit, which may compete for an NHS contract to supply either goods or services to the Board. For appointments out- with Trac, through the local requirement procedures.

### **4.5 Canvassing for appointments**

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

### **4.6 Appointing Board, Committee or Subcommittee members and senior employees**

On appointing board, committee or subcommittee members and senior staff, the ICB will, on a case-by-case basis, consider whether conflicts of interest should exclude individuals from being appointed to the relevant role. General principles are reflected in the ICB Constitution (section 6.2.1). As outlined in section 4.1 of this policy, the Chair of the Board is responsible for confirming that the fitness of all board members has been assessed, and that they are satisfied those appointees are fit and proper individuals for their

specific role.

#### **4.7 Conflicts of Interest Guardian**

The ICB has appointed a conflicts of interest guardian and this role is undertaken by the Audit Committee Chair. In collaboration with the ICB's Director of Corporate Governance and Board Secretary, their role is to:

- Act as a conduit for members of the public and members of the partnership who have any concerns with regards to conflicts of interest.
- Be a safe point of contact for employees or workers to raise any concerns in relation to conflicts of interest.
- Support the rigorous application of conflict-of-interest principles and policies.
- Provide independent advice and judgment to staff and members where there is any doubt about how to apply conflicts of interest policies and principles in an individual situation.
- Provide advice on minimising the risks of conflicts of interest.

Whilst the Conflicts of Interest Guardian has an important role within the management of conflicts of interest, executive members of the Board have an on-going responsibility for ensuring the robust management of conflicts of interest, and all ICB employees, board and committee members will continue to have individual responsibility in playing their part on an ongoing and daily basis.

#### **4.8 Employees outside employment**

The standard contract used across the ICB sets out terms concerning outside employment:

*“Your contract of employment does not preclude you from accepting other employment outside normal working hours. However, such other employment or business activity must not in any way hinder or conflict with the interests of your employment with the ICB. You should consult your manager before accepting other employment in the interests of your ICB employment and Working Time Regulations. The relevant documentation relating to this can be obtained from your manager”.*

Any employee who may be considering outside employment should discuss this in the first instance with their manager before undertaking the employment.

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 Counter-Fraud, Bribery and Corruption Policy.

The Board will take all reasonable steps to ensure that employees, committee members, contractors and others engaged under contract are aware of the requirement to inform the ICB if they are employed or engaged

in, or wish to be employed or engage in, any employment or consultancy work in addition to their work with the ICB. The purpose of this is to ensure that the ICB is aware of any potential conflict of interest. Examples of work which might conflict with the business of the ICB, including part-time, temporary and fixed term contract work, including:

- Employment with another NHS body
- Employment with another organisation which might be in a position to supply goods/services to the ICB
- Directorship of a GP Federation or non-executive roles; and
- Self-employment, including private practice, charitable trustee roles, political roles and consultancy work in a capacity which might conflict with the work of the ICB, or which might be in a position to supply goods/services to the ICB.

These conflicts of interest should be identified as soon as possible, and appropriately managed and recorded on the ICB's register of interests. The position should also be reviewed whenever an individual's role, responsibility or circumstances change in a way that affects the individual's interests. For example, where an individual takes on a new role outside the ICB, or enters into a new business or relationship, these new interests should be promptly declared and appropriately managed in accordance with the statutory guidance.

Where an individual, including any individual directly involved with the business or decision-making of the ICB and not otherwise covered by one of the categories above, has an interest, or becomes aware of an interest which could lead to a conflict of interest in the event of the ICB considering an action or decision in relation to that interest, that must be considered as a potential conflict, and is subject to the provisions of the ICB Constitution, and this policy.

## **5 Gifts, Hospitality, Sponsorship and Joint Working**

### **5.1 Gifts**

#### **5.1.1 Overarching Principle**

Employees of the ICB, board, committee and subcommittee members and individuals acting on behalf of the ICB must not accept any fee or reward for work done whilst on ICB duty other than that agreed under their terms and conditions of employment.

Situations where the acceptance of gifts could give rise to conflicts of interest should be avoided. ICB staff and members should be mindful that even gifts of a small value may give rise to perceptions of impropriety and might influence behaviour if not handled in an appropriate way.

ICB staff should not accept gifts that may affect, or be seen to affect, their professional judgement. This overarching principle should apply in all circumstances.

Any personal gift of cash or cash equivalents (e.g. vouchers, tokens, offers of remuneration to attend meetings whilst in a capacity working for or representing the ICB) must always be declined, whatever their value and whatever their source, and the offer which has been declined must be declared within 28 days of the offer to the Director of Corporate Governance and Board Secretary who has designated responsibility for maintaining the register of gifts and hospitality and recorded on the register.

Any offers of gifts, hospitality or sponsorship shall be recorded in accordance with section 6.

### 5.1.2 Gifts

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.

Gifts from suppliers or contractors doing business (or likely to do business) with the ICB should be declined, whatever their value (subject to this, low cost branded promotional aids may be accepted and not declared where they are under the value of a common industry standard of £6).

The person to whom the gifts were offered must declare the offer to the Director of Corporate Governance and Board Secretary with designated responsibility for maintaining the register within 28 days of the offer of gifts and hospitality so the offer which has been declined can be recorded on the register.

Gifts offered from other sources (e.g., patients, families, service users) may be accepted if they are under a value of £50 and do not need to be declared to the ICB Governance Team for inclusion on the register.

Gifts valued at over £50 should be treated with caution and only be accepted on behalf of the organisation, not in a personal capacity and must be declared to the ICB Governance Team with designated responsibility for maintaining the register of gifts and hospitality.

A common-sense approach should be applied to the valuing of gifts (using an actual amount, if known, or an estimate that a reasonable person would make as to its value).

Multiple gifts from the same source over a 12-month period should be treated in the same way as single gifts over £50 where the cumulative value exceeds £50.

In cases of doubt, advice should be sought from the line manager/ Governance Lead or Director of Corporate Governance and Board Secretary, or the gift should be politely declined, and declared.

## 5.2 Hospitality

Delivery of services across the NHS relies on working with a wide range of partners (including industry and academia) in different places and, sometimes, outside of 'traditional' working hours. As a result, ICB staff will sometimes appropriately receive hospitality. Staff receiving hospitality should always be prepared to justify why it has been accepted and be mindful that even hospitality of a small value may give rise to perceptions of impropriety and might influence behaviour.

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

### 5.2.1 Overarching principles

- ICB staff should not ask for or accept hospitality that may affect, or be seen to affect, their professional judgement
- Hospitality must only be accepted when there is a legitimate business reason, and it is proportionate to the nature and purpose of the event
- Caution should be exercised when hospitality is offered by actual or potential suppliers or contractors. These can be accepted if modest and reasonable, but individuals should always obtain approval from the relevant ICB Governance Lead or the Director of Corporate Governance and Board Secretary and declare these.

### 5.2.2 **Meals and Refreshments**

Meals and refreshments under a value of £25 may be accepted and need not be declared. If they are of a value between £25 and £75, they may be accepted and must be declared.

Over a value of £75 should be refused unless (in exceptional circumstances) approval from the Director of Corporate Governance and Board Secretary is given in advance. A clear reason should be recorded on the ICB's gifts and hospitality register as to why it was permissible to accept.

A common-sense approach should be applied to the valuing of meals and refreshments (using an actual amount, if known, or an estimate that a reasonable person would make as to its value).

### 5.2.3 **Travel and Accommodation**

Modest offers to pay some or all the travel and accommodation costs related to attendance at events may be accepted and must be declared. Offers which go beyond modest or are of a type that the ICB itself might not usually offer, need approval by the Director of Corporate Governance and Board Secretary should only be accepted in exceptional circumstances and must be declared. A clear reason should be recorded on the gifts and hospitality register as to why it was permissible to accept travel and accommodation of



this type.

A non-exhaustive list of examples of 'beyond modest' offers includes:

- Offers of business class or first-class travel and accommodation (including domestic travel); and
- Offers of foreign travel and accommodation.
- Offers from the pharmaceutical industry must be in line with the [ABPI code of practice](#). Principles of this include:

Travel expenses should be appropriate, secondary to the main purpose of the meeting and should not exceed what the recipient would normally pay for themselves.

### 5.3 Payment for speaking at a meeting/conference

Should a member of staff, board, committee or subcommittee member or individual acting on behalf of the ICB, be asked to speak at an event relating to ICB business for which a payment is offered, and it is delivered in working hours then there are two choices open to them, which must be agreed with their line manager:

- The payment should be credited to the ICB
- 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.

### 5.4 Commercial Sponsorship and Joint working

The benefits of greater collaboration must be weighed against any potential risks. It is essential that all projects are subject to the highest scrutiny to enable potential pitfalls to be highlighted at an early stage. It is vital to ensure that the business priorities of commercial organisations do not lead to a distortion of local priorities or investment. Upfront disclosure of expected commercial return will help negate this risk. Where a return on investment is expected by the pharmaceutical industry, medical appliance industry or health technology industry to be as a result of product sales this must be in line with the ICB prescribing policies and investment priorities as well as the [Association of British Pharmaceutical Industry \(ABPI\) Code of Practice](#), [Surgical Dressing Manufacturers Association \(SDMA\) Code of Practice](#) or [Association of British HealthTech Industries \(ABHI\) Code of Ethical Business Practice](#) respectively. *(It should be noted that the same principles should also apply to other commercial organisations that provide products and services).*

**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, medical appliances, health technology 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.*

**Joint working** is defined as:

*Situations where, for the benefit of patients, organisations pool skills, experience and/or resources for the joint development and implementation of patient centred projects and share a commitment to successful delivery.*

**Medical and Educational Goods and Services (MEGS) grants** defined as:

*Grants for a legitimate health or educational purpose with no expectation of anything in return for providing the support. They are provided to healthcare organisations to either benefit patients or benefit the NHS, whilst maintaining patient care. Medical Educational Goods and Services (MEGS) grants must relate to either: continuing professional education, patient or community education or community projects that promote better healthcare (e.g., disease screening programmes).*

ICB staff, board, committee and subcommittee members, may be offered commercial sponsorship for courses, conferences, post/project funding, meetings and publications in connection with the activities that they carry out for, or on behalf of, the ICB.

All such offers (whether accepted or declined) must be declared and recorded, and the ICB governance team will provide advice on whether it would be appropriate to accept any such offers. If such offers are reasonably justifiable and otherwise in accordance with statutory guidance, then they may be accepted.

In all these cases, ICB employees, board, committee and subcommittee members and individuals acting on behalf of the ICB must declare sponsorship or any commercial relationship linked to the supply of goods or services and be prepared to be held to account for it. This should be recorded in the Gifts, Hospitality and Sponsorship Register (see section 6).

As a rule, sponsorship arrangements involving the ICB will be at a corporate organisational level, rather than Chief Officer level.

Acceptance of commercial sponsorship must not in any way compromise commissioning decisions of the ICB or be dependent on the supply of goods or services. Sponsors should have no influence over the content of an event, meeting, seminar publication or training. The company logo can be displayed on materials, but no advertising or promotional information should be displayed. Materials should contain a disclaimer which states that

sponsorship of the material does not imply that the ICB endorses any of the company's products or services. No information should be supplied to a company for their commercial gain unless there is a clear benefit to the NHS.

All ICB employees, board, committee and subcommittee members and individuals acting on behalf of the ICB should discuss the implications, with their manager/ relevant governance lead or Director of Corporate Governance and Board Secretary, before accepting an invitation to speak at a meeting organised by a pharmaceutical company. The company should have no influence over the content of any presentation made by the ICB's employee / representative. It should be made clear that the ICB's presence does not imply that the ICB endorses any of the company's products or services.

Under no circumstances will the ICB agree to 'linked deals' whereby sponsorship is linked to future purchase of particular products or to supply from particular sources.

Sponsorship of ICB events by appropriate external bodies should only be approved if a reasonable person would conclude that the event will result in clear benefits to the ICB and NHS.

During dealings with sponsors there must be no breach of confidentiality or data protection legislation and, as a rule, information which is not in the public domain should not normally be supplied.

Organisations external to the ICB or NHS may also sponsor posts or research. However, there is potential for conflicts of interest to occur, particularly when research funding by external bodies does or could lead to a real or perceived commercial advantage, or if sponsored posts cause a conflict of interest between the aims of the sponsor and the aims of the organisation, particularly in relation to procurement and competition. There needs to be transparency and any conflicts of interest should be well managed. For further information, please see [Managing Conflicts of Interest in the NHS: Guidance for staff and organisations](#).

## **5.5 Meeting with Representatives**

Representatives of the pharmaceutical, medical appliance and health technology industries request meetings to discuss products and services.

The Standard Operating Procedure (SOP) for Pharmaceutical Meeting requests with NENC ICB Pharmacy and Medicines Staff should be followed.

The ICB Medicines Optimisation team has access to independent sources of evaluated information and can provide advice and meet representatives on behalf of the ICB as necessary.

If commissioners or service leads wish to meet with pharmaceutical, medical appliance or health technology industry representatives it is recommended that the following guidelines are followed:

- Staff should have a clear agenda from a pharmaceutical, medical appliance or health technology industry representative before agreeing to a meeting, which should be by appointment for a specified time and duration.
- If other personnel arrive for the meeting other than those agreed in advance, then staff are at liberty to decide the optimal numbers for the meeting and should use their discretion as to whether it is in the interests of the ICB and therefore appropriate to see the additional personnel.
- Further meetings should not be arranged if the representative was unhelpful or unethical in any respect or if the meeting did not produce expected outcomes, such as relevant information on a new drug, product or device.
- If a member of staff feels uncomfortable with an approach or offer from a company, then they should discuss it with their line manager in the first instance. Advice should then be sought from an appropriate service manager or the ICB Medicines Optimisation team.
- A record of the visit should be made.
- This policy supports the facilitation of joint meetings between the ICB, Primary Care providers and pharmaceutical, medical appliance and health technology companies where these meetings conform to this policy. Such joint meetings will enable a variety of industry proposals for joint working to be considered by the ICB and Primary Care providers in conjunction with the priorities of the ICB.
- Any behaviour by pharmaceutical, medical appliance or health technology industry personnel felt to be inappropriate should be reported to the ICB Medicines Optimisation team and, in the first instance, this will be taken up with the representative's line manager. If no satisfactory outcome is achieved, then a complaint will be made an Executive Director to the Association of British Pharmaceutical Industries (ABPI), Surgical Dressing Manufacturers Association (SDMA) or Association of British HealthTech Industries (ABHI) as appropriate.
- Should staff feel uncomfortable or compromised in any way they should end the meeting immediately and report their concerns to their line manager, in the first instance.

## 5.6 Industry codes of conduct

Pharmaceutical companies are required to conduct themselves within the legal framework for the promotion of pharmaceutical products, the ethical code of the Association of British Pharmaceutical Industry (ABPI) and their internal regulations. This is irrespective of whether the company is a member of the ABPI. The Surgical Dressing Manufacturers Association (SDMA) has as members the majority of manufacturers of wound care products supplying the UK health care market and therefore largely represents this sector of the health care industry including some stoma appliance companies. Compliance with the SDMA Code of Practice is mandatory for members. The Association of British Health technology industry (APHI) member companies are required to comply with the legal framework for the promotion of health technology products, the ABPI , 2019.Code of Ethical Business Practice and the ABPI , 2021. [EU Medical Device Regulations \(MDR\) and local country medical](#)

[device advertising guidelines](#). Although the EU MDR does not apply in the UK local restrictions apply and are detailed in this guidance.

Individuals involved in the development or consideration of proposals must declare any potential conflicts of interest they or their immediate family may have at the outset of the process.

## **5.7 Mechanism for joint working – memorandum of understanding with Health Innovation North East and North Cumbria (HiNENC)**

The ICB has entered into a Memorandum of Understanding (MoU) which looks to establish a regional framework for engaging, partnering, and supporting new innovations emerging from the pharmaceutical, medical technology, and digital health sectors, with regard to the adoption and spread of innovations to support economic growth and improve the population health of our region.

Employees working within the ICB who receive proposals on innovations emerging from the pharmaceutical, medical appliance and digital health technology industries will refer these innovations to HI NENC. These innovations will be triaged and managed through HI NENC's Innovation Pathway. Where joint working agreements with the pharmaceutical, medical appliances and health technology industries are required, these will be conducted in an open and transparent manner.

New innovations emerging from industry must have a completed Company Engagement Form supporting them, which enables HI NENC to triage the innovation and discuss the necessary bespoke support required with the Company. For non-prescribed medical appliances, health technologies and innovations from the pharmaceutical industry, enquiries regarding the Engagement Form will be found through emailing [enquiries@healthinnovationnenc.org.uk](mailto:enquiries@healthinnovationnenc.org.uk).

Further details (including approval process flowcharts) are included within the MoU attached in Appendix H.

## **5.8 Donations in relation to the organisation**

Employees must check with their line manager or director before making any requests for donations to clarify appropriateness and/or financial or contractual consequences of acquisition. Advice can be sought from the ICB Governance Team. Requests for equipment or services should not be made without the express permission of a senior manager.

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 and or staff but may have resource implications for the ICB. Further guidance regarding charitable funds and gifts and donations can be requested from the Chief Delivery Officer or Director of Finance (Corporate).

Any gifts to the organisation should be receipted and a letter of thanks should be sent.

Any gifts to the organisation should be declared and registered onto the Gifts, Hospitality and Sponsorship register.

## **5.9 Donations to an individual**

Personal monetary gifts to an employee or appointed member should be politely but firmly declined. Where a member of staff is a beneficiary of a Will of a patient who has been under their care, the member of staff must inform their line manager and the ICB governance team of the gift or gifts 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 or gifts in order to avoid subsequent claims by the beneficiaries to the estate of inducement, reward or corruption.

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.

## **5.10 Rewards for Initiative**

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

Regarding patents and inventions, in certain defined circumstances the Patents Act 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.

In the case of collaborative research and evaluative exercises with manufacturers, the ICB will obtain a fair reward for the input it provides.

If such an exercise involves additional work for an ICB employee or individual outside that paid for by the ICB under their 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.

The ICB Intellectual Property Policy should be adhered to.

## **6 Recording of Gifts, Hospitality and Sponsorship**

Gifts, hospitality and sponsorship will be recorded in a central register in accordance with the guidelines. The form at Appendix C should be completed and returned to the governance team promptly so that the details can be recorded on the central register. Failure to notify the ICB may lead to disciplinary action against a member of staff.

Where gifts, hospitality or sponsorship are offered, but declined, the offer should still be recorded using the form at Appendix C.

All hospitality or gifts declared must be transferred to the gifts, hospitality and sponsorship register.

It is acknowledged that there may be circumstances where hospitality may be offered by an organisation, as an integral element of a strategic partnership relationship. Budgetary arrangements should be made so that the ICB may meet the costs of that hospitality, thus enabling the benefits to the strategic relationship, but not compromising compliance with this policy. Acceptance of such hospitality and associated funding agreement will be authorised by the Director of Corporate Governance and Board Secretary and recorded in the gifts, hospitality and sponsorship register.

## **7 Declaration of Interests**

### **7.1 Identification and Definition of Conflicts of Interest**

A conflict of interest occurs where an individual's ability to exercise judgement, or act in a role is, could be or is seen to be impaired or otherwise influenced by their involvement in another role or relationship. In some circumstances, it could be reasonably considered that a conflict exists even when there is no actual conflict. In these cases, it is important to manage these perceived conflicts in order to maintain public trust.

A conflict of interest is defined as 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.

Conflicts of interest can arise in many situations, environments, and forms of commissioning, with an increased risk in primary care commissioning, out-of-hours commissioning and involvement with integrated care organisations and new care models such as multi-specialty community providers, primary and acute care systems, or other arrangements of a similar scale and scope organisations may find themselves in a position of being both commissioner and provider of services. Conflicts of interest can arise throughout the whole commissioning cycle from needs assessment to procurement exercises, to contract award and monitoring.

Where an individual, i.e., an employee, a member of the board, or a member of its committees or subcommittees has an interest, or becomes aware of an interest which could lead to a conflict of interest in the event of the ICB considering an action or decision in relation to that interest, that must be considered as a potential conflict, and is subject to the provisions of the ICB's Constitution and this policy.

Interests can be captured in four different categories (see below and Appendix D):

#### 7.1.1 Financial interests

This is where an individual may get direct financial benefits from the consequences of a commissioning decision. This could, for example, include being:

- 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.

This could also include an individual being:

- In secondary employment
- In receipt of secondary income from a provider
- In receipt of a grant from a provider
- In receipt of any payments (for example honoraria, one-off payments, day allowances or travel or subsistence) from a provider
- In receipt of research funding, including grants that may be received by the individual or any organisation in which they have an interest or role; and
- Having a pension that is funded by a provider (where the value of this might be affected by the success or failure of the provider).



### 7.1.2 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. This may, for example, include situations where the individual is:

- An advocate for a particular group of patients
- A GP with special interests e.g., in dermatology, acupuncture etc.
- A member of a particular specialist professional body (although routine GP membership of the 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 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.

### 7.1.3 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. This could include, for example, where the individual is:

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

### 7.1.4 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 (as those categories are described above) for example, a:

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

Whether an interest held by another person gives rise to a conflict of interests will depend upon the nature of the relationship between that

person and the individual, and the role of the individual within the ICB.

Note that the declaration of interest form sets out the range of interests as a reminder of the types of interests which should be declared.

## 7.2 Determining Declarations

In determining what needs to be declared, individuals should ask themselves the following questions:

- Am I, or might I be, in a position where I or my family or associates gain from the connection between my private interests and my employment with the ICB?
- Do I have access to information which could influence purchasing decisions?
- Could my outside interest be in any way detrimental to the ICB or to patients' interests?
- Do I have any other reason to think I may be risking a conflict of interest?

If in doubt, the individual concerned should assume that a potential conflict of interest exists.

## 7.3 Declaring and Registering Interests

It is a requirement of the relevant legislation section 14Z30 of the 2006 Act, for the ICB to maintain registers of the interests of:

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

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

Members of the Board: All members of the Board, its committees, subcommittees/sub-groups, including:

- Co-opted members
- Appointed deputies; and
- Any members of committees/groups from other organisations.
- Partner members and ordinary members
- Regular participants and observers

The ICB will need to ensure that, as a matter of course, declarations of interest are recorded and regularly confirmed or updated. All persons referred to above must declare any interests as soon as reasonably

practicable and by law within 28 days after the interest arises. Further opportunities include.

- **On appointment:**  
Applicants to the ICB or its Board or any Committees should declare any relevant interests. When appointed, a formal declaration of interest should be recorded. As part of the ICB's induction process, Line Managers are responsible for ensuring employees have completed a declaration of interest form.
- **Annually: When prompted by the ICB:**  
Because of their role in spending taxpayers' money, ICBs should ensure that, at least annually, staff are prompted to update their declarations of interest, or make a nil return where there are no interests or changes to declare.
- **At meetings:** All attendees are required to declare their interests as a standing agenda item for every board, committee, subcommittee or working group meeting, before the item is discussed. Even if an interest is recorded in the register of interests, it should be declared in meetings where matters relating to that interest are discussed. Declarations of interest and action taken to manage that conflict of interest at the meeting should be recorded in minutes of meetings.

In the case of the Board and its committees, any known interests should also be recorded on the Chair's sheet and be provided to the Chair before the meeting. They should also be included on the report's front cover sheet.

The Chair of a meeting of the ICB's Board or any of its committees, subcommittees or subgroups has ultimate responsibility for deciding whether there is a conflict of interest and for taking the appropriate course of action in order to manage the conflict of interest.

- **On changing role, responsibility or circumstances:**  
Whenever an individual's role, responsibility or circumstances change in a way that affects the individual's interests (e.g., where an individual takes on a new role outside the ICB or enters into a new business or relationship), a further declaration should be made to reflect the change in circumstances as soon as possible, and in any event within 28 days. This could involve a conflict of interest ceasing to exist or a new one materialising.

Individuals will declare any interest that they have, in relation to a decision to be made in the exercise of the commissioning functions of the ICB, in writing to the ICB Governance Team, as soon as they are aware of it and in any event no later than 28 days after becoming aware. The ICB must record the interest in the appropriate register as soon as the ICB becomes aware of it.

Where an individual is unable to provide a declaration in writing, for example, if a conflict becomes apparent during a meeting, they will make an oral

declaration, and provide a written declaration as soon as possible thereafter.

The Director of Corporate Governance and Board Secretary will ensure that the registers of interest are reviewed annually and updated as necessary.

In addition, all ICB board and executive member appointments are offered on the understanding that they subscribe to the “Codes of Conduct and Accountability in the NHS”.

The declaration of interest proforma for completion by board, committee and subcommittee members, and employees within the ICB is available at Appendix D.

Failure to notify the ICB of a relevant conflict of interest, additional employment or business may lead to disciplinary action against the member of staff and/or criminal action (including prosecution) under the relevant legislation.

An interest should remain on the public register for a minimum of six months after the interest has expired and the ICB will retain a private record of historic interests for a minimum of six years after the date on which it expired. The published register will state that historic interests are retained by the ICB for the specified timeframe and details of whom to contact to request this information.

The public Register will contain the declarations of the ICB Board.

#### **7.4 Managing Conflicts of Interest: general**

Members of the Board, committees or subcommittees and employees will comply with the arrangements determined by the ICB for managing conflicts or potential conflicts of interest as set out in this Policy.

The ICB Governance Team will ensure that for every interest declared, either in writing or by oral declaration, arrangements are in place manage the conflict of interests or potential conflict of interests, to ensure the integrity of the ICB's decision making processes.

Individuals are responsible for managing and highlighting the specific conflict of interest or potential conflicts of interest immediately it comes to light in line with the mitigating actions agreed with their line manager and nominated governance lead. These may include:

- when an individual should withdraw from a specified activity, on a temporary or permanent basis.
- monitoring of the specified activity undertaken by the individual, either by a line manager, colleague or other designated individual.

Where an interest has been declared, either in writing or by oral declaration, the declarer will ensure, wherever possible, that before participating in any activity connected with the ICB's exercise of its commissioning functions, they have received confirmation of the arrangements to manage the conflict

of interest or potential conflict of interest from the Director of Corporate Governance and Board Secretary (supported by the Governance Team).

Declaration of Interests should be an agenda item on all board, committee, and subcommittee agendas. Declarations should be made regarding any specific agenda items. If a conflict of interest is established regarding a specific agenda item, the conflict of interest should be recorded in the minutes, notified to the ICB Governance Team, and published in the register. Similarly, any new offers of gifts or hospitality (whether accepted or not) which are declared at a meeting must be notified to the ICB Governance Team and included on the ICB's gifts, hospitality and sponsorship register to ensure it is up to date. The information provided to the ICB Governance Team should include the relevant information as detailed on Appendices C and D.

Where an individual member, employee or person providing services to the ICB is aware of an interest which:

- i. Has not been declared, either in the register or orally, they will declare this at the start of the meeting.
- ii. Has previously been declared, in relation to the scheduled or likely business of the meeting, the individual concerned will bring this to the attention of the chair of the meeting, together with details of arrangements that have been confirmed for the management of the conflict of interests or potential conflict of interests.

The chair of the meeting will then determine how this should be managed and inform the member of their decision. Where no arrangements have been confirmed, the chair of the meeting may require the individual to withdraw from the meeting or part of it. They will not be able to vote on the issue under any circumstances. Where a prejudicial interest is identified that person must leave the room during the discussion of the relevant item and cannot seek to improperly influence the decision in which they have a prejudicial interest. The chair's decision will be final in the matter and the individual will then comply with these arrangements, which must be recorded in the minutes of the meeting.

Where the chair of any meeting of the ICB, including the board, its committees, or subcommittees, has a personal interest, (previously declared or otherwise) in relation to the scheduled or likely business of the meeting, they must make a declaration and the deputy chair will act as chair for the relevant part of the meeting. Where arrangements have been confirmed for the management of the conflict of interests or potential conflicts of interests in relation to the chair, the meeting must ensure these are followed. Where no arrangements have been confirmed, the deputy chair may require the chair to withdraw from the meeting or part of it. Where there is no deputy chair, the members of the meeting will select one in line with the provisions in the ICB's Constitution and Standing Orders.

Any declarations of interests and arrangements agreed in any meeting of

the ICB, including committees, subcommittees, or the Board, will be recorded in the minutes. The interest must be subsequently reported to the ICB Governance Team for recording in the register.

Where members of a meeting are required to withdraw from a meeting or part of it, owing to the arrangements agreed for the management of conflicts of interests or potential conflicts of interests, the chair (or deputy) will determine whether or not the discussion can proceed in accordance with the provisions of the Constitution and Standing Orders or the terms of reference.

In making this decision the chair will consider whether the meeting is quorate, in accordance with the number and balance of membership set out in the ICB's Constitution and Standing Orders or the terms of reference. Where the meeting is not quorate, owing to the absence of certain members, the decisions will be deferred until such time as a quorum can be convened. Where a quorum cannot be convened from the membership of the meeting, owing to the arrangements for managing conflicts of interest or potential conflicts of interests, the chair of the meeting shall consult with the relevant governance lead for the meeting on the action to be taken.

In any transaction undertaken in support of the ICB's exercise of its functions (including conversations between two or more individuals, e-mails, correspondence, and other communications), individuals must ensure, where they are aware of an interest, that they conform to the arrangements confirmed for the management of that interest. Where an individual has not had confirmation of arrangements for managing the interest, they must declare their interest at the earliest possible opportunity in the course of that transaction and declare that interest as soon as possible thereafter. The individual must also inform either their line manager (in the case of employees), or the Director of Corporate Governance and Board Secretary (via the ICB Governance Team) of the transaction.

The Director of Corporate Governance and Board Secretary will take such steps as deemed appropriate, and request information deemed appropriate from individuals, to ensure that all conflicts of interest and potential conflicts of interest are declared.

All employees of the ICB are required to undertake the NHS England mandatory training annually. Completion rates will be recorded, and compliance monitored. All members of the Board, committees, subcommittees, and joint committees will record their conflicts of interest declarations. Any members who are employed by an external organisation, will follow their own policies with regards to conflict of interest training but are required to declare any interests relevant to work undertaken on behalf of the ICB or make a nil return.

## **7.5 Managing Conflicts of Interest in the Commissioning Cycle**

Conflicts of interest need to be managed appropriately throughout the whole commissioning cycle. At the outset of a commissioning process, the relevant interests of all individuals involved should be identified and clear

arrangements put in place to manage any conflicts of interest. This includes consideration as to which stages of the process a conflicted individual should not participate in or receive papers for, and, in some circumstances, whether that individual should be involved in the process at all.

In designing service requirements attention should be given to public and patient involvement throughout the commissioning cycle.

It is good practice to engage relevant providers, especially clinicians, in confirming that the design of service specifications will meet patient needs. This may include providers from the acute, primary, community, and mental health sectors, and may include NHS, third sector and private sector providers. Such engagement, done transparently and fairly, is entirely legal. However, conflicts of interest, as well as challenges to the fairness of the procurement process, can arise if a commissioner engages selectively with only certain providers (be they incumbent or potential new providers) in developing a service specification for a contract for which they may later bid.

Provider engagement should follow the three main principles of procurement law; equal treatment, non-discrimination and transparency. This includes ensuring that the same information is given to all at the same time and procedures are transparent and helps mitigate the risk of potential legal challenge.

Specifications should be clear and transparent, reflecting the depth of engagement, and set out the basis on which any contract will be awarded.

Anyone seeking information in relation to procurement, or participating in a procurement, or otherwise engaging with the ICB in relation to the potential provision of services or facilities to the ICB, will be required to make a declaration of any relevant conflict / potential conflict of interest.

Anyone contracted to provide services or facilities directly to the ICB will be subject to the same provisions of the ICB's Constitution and this policy in relation to managing conflicts of interests. This requirement will be set out in the contract for their services.

The ICB must refer to the Procurement Policy and comply with relevant procurement legislation.

The procurement template (Appendix E) should be used to complete the register of procurement decisions and to provide evidence of the ICB's deliberations on conflicts of interest.

The ICB must maintain a register of procurement decisions taken, including.

- The details of the decision
- Who was involved in making the decision?
- A summary of any conflicts of interest in relation to the decision and how this was managed.

- The award decision taken.

The register should be updated whenever a procurement decision is taken and must be made publicly available by;

- ensuring that the register is available in a prominent place on the web site and
- making the register available upon request for inspection at the ICB's headquarters.

The management of conflicts of interest applies to all aspects of the commissioning cycle, including contract management.

As part of the formal tender competition process and approved tender waivers, where applicable the NECS CSU Healthcare Procurement and Market Management Team provide the relevant information to be published in the register of procurement decisions on a monthly basis.

Any contract monitoring meeting needs to consider conflicts of interest as part of the process i.e., the chair of a contract management meeting should invite declarations of interests; record any declared interests in the minutes of the meeting; and manage any conflicts appropriately and in line with this guidance. This equally applies where a contract is held jointly with another organisation, such as a local authority or other ICBs under lead commissioner arrangements.

The individuals involved in the monitoring of a contract should not have any direct or indirect financial, professional or personal interest in the incumbent provider or in any other provider that could prevent them, or be perceived to prevent them, from carrying out their role in an impartial, fair and transparent manner.

## **7.6 Raising Concerns and Breaches**

Individuals, who have concerns regarding conflict of interest or ethical misconduct either in respect of themselves or colleagues, should raise it in the first instance with their manager. Alternatively, they can raise it as an issue using the Raising Concerns at Work Policy or contacting the ICB Governance Team or conflict of interest guardian. If the concern relates to any suspected fraudulent practice, staff should follow the advice given in section 10 of this document.

The ICB has agreed a process for managing breaches of this policy (summarised at Appendix F) which includes:

- How the breach is recorded
- How it is investigated
- The governance arrangements and reporting mechanisms.
- Links to the Raising Concerns at Work Policy and HR policies
- Communications and management of any media interest
- When to notify NHS England and how
- Process for publishing the breach on the ICB website.



The ICB will publish anonymised details of breaches on its website.

## **7.7 Publication of Registers**

The ICB will publish the register(s) of interest of board members and register(s) of gifts, hospitality and sponsorship, the register of Procurement Decisions in a prominent place on the ICB's website and will also be referenced in the ICB's annual report and annual governance statement (in line with annual reporting requirements issued each year).

In exceptional circumstances, where the public disclosure of information could give rise to a real risk of harm or is prohibited by law, an individual's name and/or other information may be redacted from the publicly available register(s). Where an individual believes that substantial damage or distress may be caused, to him/herself or somebody else by the publication of information about them, they are entitled to submit a written request that the information is not published. Decisions must be made by the ICB's conflicts of interest guardian, who should seek appropriate legal advice where required, and the ICB should retain a confidential un-redacted version of the register(s).

## **8 Confidentiality**

ICB Employees, board members, or members of a committee or subcommittee should be particularly careful using or making public, internal information of a confidential nature, particularly regarding details covered under the Data Protection Act 1998 or other legislation whether or not disclosure is prompted by the expectation of personal gain.

Disclosure of information which counts as 'commercial in confidence' and which might prejudice the principle of a purchasing system based on fair competition may be subject to scrutiny and disciplinary or criminal action or both.

This does not affect the ICB's grievance or complaints procedures in terms of freedom of expression and is not intended to restrict any of the freedoms protected under Article 10 of the Human Rights Act 1998. It is designed to compliment professional and ethical rules, guidelines, and codes of conduct on an individual's freedom of expression.

An employee or individual who has exhausted all the locally established procedures, including reference to the Raising Concerns at Work Policy, and who has taken account of advice that may have been given, may wish to consult their MP or the Secretary of State for Health in confidence. Extreme caution should be exercised by anyone considering contacting the media.

Section 43B (1) of the Public Interest Disclosure Act 1998 provides protection for disclosure of information where the reasonable belief of the worker making the disclosure, tends to show that: -

- a. A criminal offence has been committed, is being committed or is likely to be committed,
- b. That a person has failed, is failing or is likely to fail to comply with any legal obligation to which they are subject,
- c. That a miscarriage of justice has occurred, is occurring or is likely to occur,
- d. That the health or safety of any individual has been, is being or is likely to be endangered,
- e. That the environment has been, is being or is likely to be damaged, or
- f. That information tending to show any matter falling within points a. to e. has been, is being or is likely to be deliberately concealed.

Protection from disclosure to the media is highly unlikely to be given if the person making the disclosure has not exhausted all internal and external avenues.

Any ICB employee, members of the board, or a member of a committee or a subcommittee of the board making a disclosure to the media should be mindful that any information they provide may be misinterpreted thus undermining their genuine concern and potentially wrongly threatening the reputation of colleagues and the ICB. In addition, if they choose to contact the media and the disclosure is not protected by the Public Interest Disclosure Act 1998 their actions might constitute misconduct and will be considered in accordance with the ICB's Disciplinary Policy.

## **9 Use of Resources**

All managers are required (under the Code of Conduct for NHS Managers) to use the resources available to them in an effective, efficient and timely manner having proper regard to the best interests of the public and patients.

## **10 Fraud/Theft**

This policy should be read in conjunction with the ICB's Counter Fraud, Bribery and Corruption policy.

If you suspect an economic crime or other untoward events taking place at work you should:

- Make a note of your concerns and do not investigate yourself.
- All allegations of economic crime can be reported to AuditOne where they will be triaged and referred to the most appropriate law enforcement agency (this can include local Police forces). The AuditOne Local Counter Fraud Specialist has remit to investigate fraud, bribery and corruption allegations within the ICB and can be contacted on:

Telephone: 0191 441 5936 or

Email: [counterfraud@audit-one.co.uk](mailto:counterfraud@audit-one.co.uk) or

If personal or patient information is included in the allegation, please send to our secure email: [ntawnt.counterfraud@nhs.net](mailto:ntawnt.counterfraud@nhs.net)

- The ICB Chief Finance Officer can be contacted on: [david.chandler2@nhs.net](mailto:david.chandler2@nhs.net)
- More information can be viewed on the AuditOne website at [AuditOne - Home \(audit-one.co.uk\)](http://AuditOne-Home.audit-one.co.uk)
- You can also report to the national NHS Fraud and Corruption Reporting Line on 0800 028 40 60 or [www.reportnhsfraud.nhs.uk/](http://www.reportnhsfraud.nhs.uk/)

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

If staff have any concerns about any of the issues raised in this document, they should contact their manager or the ICB Human Resources Team.

## **11 Non-compliance with Policy**

Failure to notify the ICB of a relevant conflict of interest, additional employment or business may lead to disciplinary action against the individual including potential dismissal or removal from office in accordance with the ICB's Disciplinary Policy and/or criminal action (including prosecution) under the relevant legislation.

A review of lessons learned will be conducted by the Chief Executive or nominated individual following any incident of non-compliance with this policy and the report will be reviewed by the ICB's Audit Committee.

If conflicts of interest are not effectively managed, ICBs could face civil challenges to decisions they make. In extreme cases, staff and other individuals could face personal civil liability, for example a claim for misfeasance in public office.

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 ICBs and linked organisations, and the individuals who are engaged by them.

Concerns can be raised using the Raising Concerns at Work Policy or contacting the ICB Governance Team or Conflict of Interest Guardian. If the concern relates to any suspected fraudulent practice, staff should follow the advice given in [section 10](#) of this document.

The ICB has agreed a process for managing breaches of this policy, outlined in Appendix F.

## **12 Internal Audit**

If there is statutory requirement to undertake an annual audit of conflicts of

interest, consideration to carrying out an audit will be considered as part of the annual audit planning exercise.

## **13 Documentation**

### **13.1 Linked Policies/Guidance**

- ICB Constitution
- NHS England: Standards of Business Conduct Policy 2017
- [Standards for members of NHS Boards and Clinical Commissioning Group governing bodies in England published by the Professional Standards Authority for Health and Social Care 2012](#)
- NHS England: Managing Conflicts of Interest in the NHS: Guidance for staff and organisations (September 2024)
- ABPI Code of Professional Conduct relating to hospitality/gifts from pharmaceutical/external industry
- Counter-Fraud, Bribery and Corruption Policy
- Raising Concerns at Work (Whistleblowing) policy
- Guidance to staff on travel expenses
- Travel and Expenses policy
- Intellectual Property Management and Revenue Sharing Policy
- Secondary Employment guidance
- Procurement Policy
- Code of Conduct and Code of Accountability for NHS Boards 2013
- Institute of Purchasing and Supply
- Ethical code of the Institute of Purchasing and Supply
- Disciplinary policy and procedures.
- Provider Selection Regime: statutory guidance

## **14 Further Information**

If there are any queries on declaration of interests, acceptance or registering of gifts etc., the ICB Governance Team and Conflict of Interest Guardian can be contacted for further information.

## **15 Monitoring, Review and Archiving**

### **15.1 Monitoring**

The Board will ensure there is a process in place for monitoring the dissemination and implementation of this policy. Monitoring information will be recorded in the policy database.

### **15.2 Review**

The Board will ensure that this policy document is reviewed in accordance with the timescale specified at the time of approval. No policy or procedure will remain operational for a period exceeding three years without a review taking place.

Staff who become aware of any change that may affect a policy should

advise their line manager as soon as possible. The Director of Corporate Governance and Board Secretary will then consider the need to review the policy or procedure outside of the agreed timescale for revision.

For ease of reference for reviewers or approval bodies, changes should be noted in the 'version control' table on the second page of this document.

**NB:** If the review consists of a change to an appendix or procedure document, approval may be given by the sponsor director and a revised document may be issued. Review to the main body of the policy must always follow the original approval process.

### **15.3 Archiving**

The board will ensure that archived copies of superseded policy documents are retained in accordance with Records Management: NHS Code of Practice for Health and Social Care 2021.

## Equality Impact Assessment

### Initial Screening Assessment

As a public body organisation, we need to ensure that all our current and proposed strategies, policies, services and functions, have given proper consideration to equality, diversity and inclusion, do not aid barriers to access or generate discrimination against any protected groups under the Equality Act 2010 (Age, Disability, Gender Reassignment, Pregnancy and Maternity, Race, Religion/Belief, Sex, Sexual Orientation, Marriage and Civil Partnership).

This screening determines relevance for all new and revised strategies, policies, projects, service reviews and functions.

Completed at the earliest opportunity it will help to determine:

- The relevance of proposals and decisions to equality, diversity, cohesion and integration.
- Whether or not equality and diversity is being/has already been considered for due regard to the Equality Act 2010 and the Public Sector Equality Duty (PSED).
- Whether or not it is necessary to carry out a full Equality Impact Assessment.

#### **Name(s) and role(s) of person completing this assessment:**

**Name:** Aimee Tunney

**Job Title:** Governance & Assurance Manager

**Organisation:** North of England Commissioning Support Unit

**Title of the service/project or policy:** Standards of Business Conduct and Declaration of Interest policy

#### **Is this a.**

**Strategy / Policy**

**Service Review**

**Project**

**Other** N/A

#### **What are the aim(s) and objectives of the service, project or policy:**

The purpose of this policy is to ensure exemplary standards of business conduct are adhered to by Board members, Committee and subcommittee members and employees of the Integrated Care Board (ICB) (as well as individuals contracted to work on behalf of the Board or otherwise providing services or facilities to the ICB such as those within commissioning support services). Throughout this Policy individuals will be aware of their own responsibilities as well as the ICB's responsibilities as a corporate body. The Policy also sets out the responsibilities of the ICB as an employer, taking account of the individual and corporate obligations set out in the Bribery Act 2010

#### **Who will the project/service /policy / decision impact?**

(Consider the actual and potential impact)

- **Staff**
- **Service User / Patients**

- **Other Public Sector Organisations**
- **Voluntary / Community groups / Trade Unions**
- **Others, please specify** [Click here to enter text.](#)

Questions	Yes	No
Could there be an existing or potential negative impact on any of the protected characteristic groups?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Has there been or likely to be any staff/patient/public concerns?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Could this piece of work affect how our services, commissioning or procurement activities are organised, provided, located and by whom?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Could this piece of work affect the workforce or employment practices?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the piece of work involve or have a negative impact on: <ul style="list-style-type: none"> <li>• Eliminating unlawful discrimination, victimisation and harassment</li> <li>• Advancing quality of opportunity</li> <li>• Fostering good relations between protected and non-protected groups in either the workforce or community</li> </ul>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**If you have answered no to the above and conclude that there will not be a detrimental impact on any equality group caused by the proposed policy/project/service change, please state how you have reached that conclusion below:**

No detrimental impact on a protected equality group. However, breaches of conflict of interest could have an overall impact to service delivery, commissioning, and procurement.

Accessible Information Standard	Yes	No
Please acknowledge you have considered the requirements of the Accessible Information Standard when communicating with staff and patients.  <a href="https://www.england.nhs.uk/wp-content/uploads/2017/10/accessible-info-standard-overview-2017-18.pdf">https://www.england.nhs.uk/wp-content/uploads/2017/10/accessible-info-standard-overview-2017-18.pdf</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

## **Governance, ownership and approval**

Please state here who has approved the actions and outcomes of the screening		
<b>Name</b>	<b>Job title</b>	<b>Date</b>
Claire Riley	Chief Corporate Services Officer	
<b>Presented to (Appropriate Committee)</b>		<b>Publication Date</b>
ICB Board		

## **Publishing**

This screening document will act as evidence that due regard to the Equality Act 2010 and the Public Sector Equality Duty (PSED) has been given.

## Appendix A

### POLICY ON A PAGE STANDARDS OF BUSINESS CONDUCT AND DOI POLICY

#### **1. Why do we need this policy?**

Adhering to this policy will help to ensure that the ICB uses NHS money wisely, providing best value for taxpayers and accountability to our population for the decisions the organisation takes. As an organisation and as individuals, we have a duty to ensure that all our deadlines are conducted to the highest standards of integrity and that NHS monies are used wisely so that the organisation uses the finite resources in the best interest of our population and patients.

This policy will help staff manage conflicts of interest risks effectively. It will:

- Introduce consistent principles and rules.
- Provide advice about what to do in common situations.
- Support good judgement about how to approach and manage interests.

#### **2. What do I need to know?**

Interests fall into the following categories:

- **Financial interests:** Where an individual may get direct financial benefit from the consequences of a decision, they are involved in making.
- **Non-financial professional interests:** Where an individual may obtain a non-financial professional benefit from the consequences of a decision, they are involved in making, such as increasing their professional reputation or promoting their professional career.
- **Non-financial personal interests:** Where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit, because of decisions they are involved in making in their professional career.
- **Indirect interests:** Where an individual has a close association with another individual who has a financial interest, a non-financial professional interest or a non-financial personal interest and could stand to benefit from a decision they are involved in making.

#### **3. Do I need to make a declaration?**

**Who: It is a requirement for the following to make a formal declaration (as and when they become aware of the conflict or potential interest):**

- All ICB employees, including:
  - All full and part time staff.
  - Any staff on sessional or short-term contracts.
  - Any students and trainees (including apprentices).
  - Agency staff; and
  - Seconded staff
- any self-employed consultants or other individuals working for the ICB under a contract for services.
- Members of the Board: All members of the Board's committees,



subcommittees/sub-groups, including:

- Co-opted members.
- Appointed deputies; and
- Any members of committees/groups from other organisations.
- Partner members and Ordinary members
- Regular participants and observers

**Submissions by all the above are required each year even if this is a nil return. They also have a responsibility to identify and declare any interests at the earliest opportunity (and in any event within 28 days).**

**What: If you have received or have the following interests they should be declared:**

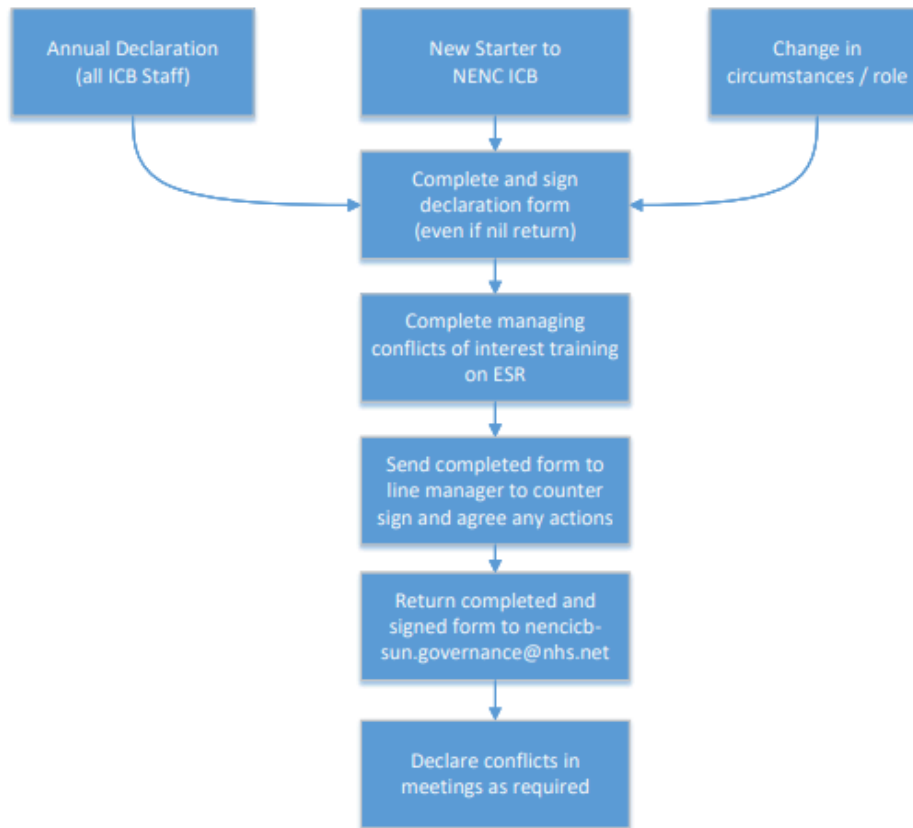
- Gifts
- Hospitality
- Outside Employment
- Shareholdings and other ownership issues
- Directorships
- Clinical Private Practice
- Family Connections
- Loyalty Interests
- Donations
- Sponsorship for events
- Sponsored Research

#### **4. Breaches**

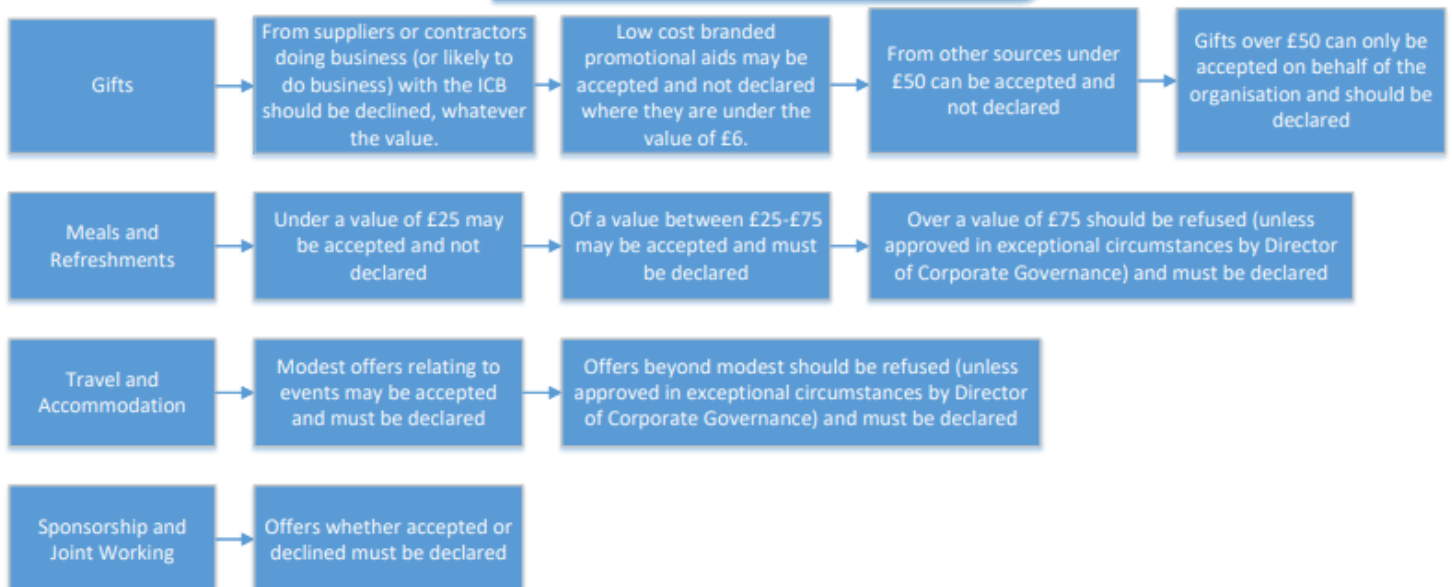
Failing to declare an interest could result in a breach to the policy and action will be taken in accordance with the disciplinary procedures of the organisation and, if relevant, the Counter Fraud, Bribery and Corruption Policy.

If you still have questions, ask! It is important that this information makes sense to you in your role; if you are not clear seek guidance from your Line Manager or an ICB governance lead.

### DECLARATION OF INTEREST PROCESS



### GIFTS, HOSPITALITY AND SPONSORSHIP PROCESS



## **Appendix B**

### **The Nolan Principles on Standards in Public Life**

The Nolan Committee was set up in 1994 to examine concerns about standards of conduct of all holders of public office, including arrangements relating to financial and commercial activities, and make recommendations as to any changes in arrangements which might be required to ensure the highest standards of propriety in public life. The committee published “*seven principles of Public Life*”, which it believes should apply to all those operating in the public sector. These principles should be adopted by ICB staff and are as follows:

#### **Selflessness**

Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends.

#### **Integrity**

Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.

#### **Objectivity**

In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

#### **Accountability**

Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

#### **Openness**

Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

#### **Honesty**

Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

#### **Leadership**

Holders of public office should promote and support these principles by leadership and example.

All staff will be expected to adopt these principles when conducting official business for and on behalf of the ICB so that appropriate ethical standards can be demonstrated at all times.

## Appendix C

### Template: Gifts, Hospitality and Sponsorship Form

Recipient Name	Position	Date of Offer	Date of Receipt (if applicable)	Details of Gift / Hospitality / Sponsorship	Estimated Value	Supplier / Offer 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 and date	Declined or Accepted?	Reason for Accepting or Declining

*The information submitted will be held by the ICB for personnel or other reasons specified on this form and to comply with the organisation's policies. This information may be held in both manual and electronic form in accordance with the Data Protection Act 2018. Information may be disclosed to third parties in accordance with the Freedom of Information Act 2000 and in the case of 'decision making staff' may be published in registers that the ICB holds.*

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, professional regulatory or internal disciplinary action may result.

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

**Signed:**

**Date:**

**Signed** **Position:**  
**(Line Manager or Director of Governance and Board Secretary where applicable):**

**Date:**

Return to the [nencicb-sun.governance@nhs.net](mailto:nencicb-sun.governance@nhs.net) as soon as practicable but no later than 28 days after the interest arises.

**Appendix D**

**Declaration of interest for ICB members and employees**

<b>Name</b>				
<b>Position within, or relationship with, the ICB (or NHS England in the event of joint committees):</b>				
<b>Type of Interest</b>  <b>*See reverse of form for details</b>	<b>Description of Interest (including for indirect Interests, details of the relationship with the person who has the interest) do not use person identifiable information (e.g., people's names)</b>	<b>Date interest relates</b>		<b>Actions to be taken to mitigate risk, please be specific around how this will be actively managed. to be agreed with line manager / senior ICB manager</b>
		<b>From</b>	<b>To</b>	
Choose an item.				
Choose an item.				
Choose an item.				
Choose an item.				

The information submitted will be held by the ICB for personnel or other reasons specified on this form and to comply with the organisation's policies. This information may be held in both manual and electronic form in accordance with the Data Protection Act 2018. Information may be disclosed to third parties in accordance with the Freedom of Information Act 2000 and published in registers that the ICB holds.

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 result. I will declare any interest in accordance with the ICB policy during meetings.

**I confirm I have completed the mandatory training module on ESR on ..... (insert date)**

**I do consent for this information to be published on registers that the ICB may publicly disclose.**

**I do not give my consent for this information to be published on registers that the ICB may publicly disclose.**

Please give reason:

Signed:  
(ICB member or employee)

Date:

Signed:  
(Line Manager or Senior ICB Manager)

Position:

Date:

Type of Interest	Description
<b>Financial Interests</b>	<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"> <li>· 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;</li> <li>· 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;</li> <li>· A management consultant for a provider; or</li> <li>· A provider of clinical private practice.</li> </ul> <p>This could also include an individual being: 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; Having a pension that is funded by a provider (where the value of this might be affected by the success or failure of the provider).</p>
<b>Non-Financial Professional Interests</b>	<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"> <li>· An advocate for a particular group of patients;</li> <li>· A GP with special interests e.g., in dermatology, acupuncture etc.:</li> <li>· 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);</li> <li>· An advisor for the Care Quality Commission (CQC) or the National Institute for Health and Care Excellence (NICE);</li> <li>· Engaged in a research role;</li> <li>· 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</li> </ul>
<b>Non-Financial Personal Interests</b>	<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"> <li>· A voluntary sector champion for a provider;</li> <li>· A volunteer for a provider;</li> <li>· A member of a voluntary sector board or has any other position of authority in or connection with a voluntary sector organisation;</li> <li>· Suffering from a particular condition requiring individually funded treatment;</li> </ul>

	<ul style="list-style-type: none"> <li>· A member of a lobby or pressure group with an interest in health and care.</li> </ul>
<b>Indirect Interests</b>	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:
	<ul style="list-style-type: none"> <li>· Spouse / partner;</li> </ul>
	<ul style="list-style-type: none"> <li>· Close family member or relative e.g., parent, grandparent, child, grandchild or sibling;</li> </ul>
	<ul style="list-style-type: none"> <li>· Close friend or associate; or</li> <li>· Business partner.</li> </ul>

## Appendix E

### Procurement Template

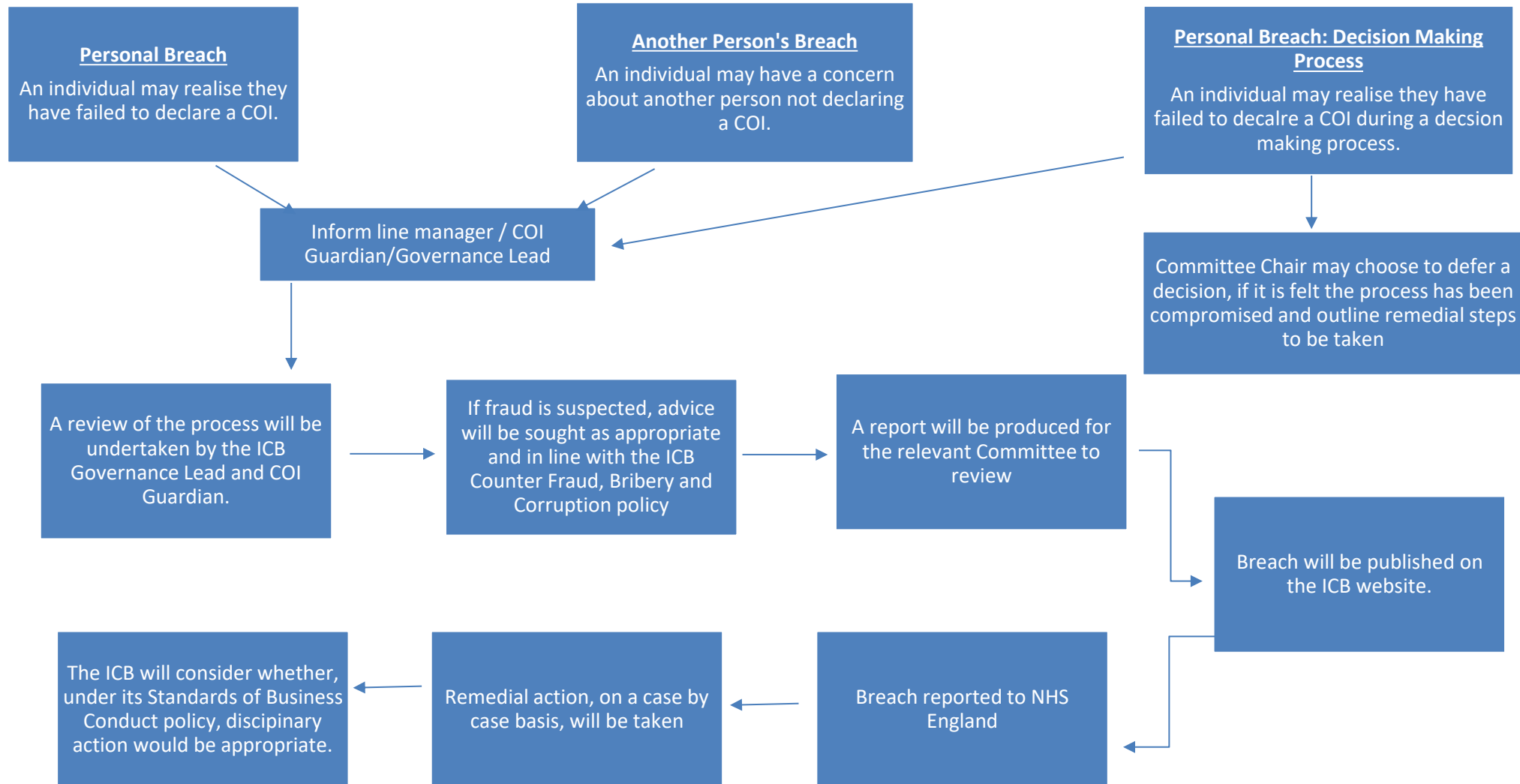
Service:	
Question	Comment/ Evidence
1. How does the proposal deliver good or improved outcomes and value for money – what are the estimated costs and the estimated benefits? How does it reflect the ICB's proposed commissioning priorities? How does it comply with the ICB's commissioning obligations?	
2. How have you involved the public in the decision to commission this service?	
3. What range of health professionals have been involved in designing the proposed	
4. What range of potential providers have been involved in considering the proposals?	
5. How have you involved your Health and Wellbeing Board(s)? How does the proposal support the priorities in the relevant joint health and wellbeing strategy (or strategies)?	
6. What are the proposals for monitoring the quality of the service?	
7. What systems will there be to monitor and publish data on referral patterns?	
8. Have all conflicts and potential conflicts of interests been appropriately declared and	
9. In respect of every conflict or potential conflict, you must record how you have managed that conflict or potential conflict. Has the management of all conflicts been recorded with a brief explanation of how they have been	
10. Why have you chosen this procurement route e.g., single action tender?	



<b>11. What additional external involvement will there be in scrutinising the proposed decisions?</b>	
<b>12. How will the ICB make its final commissioning decision in ways that preserve the integrity of the decision-making process</b>	
<b>Additional question when qualifying a provider on a list or framework or pre selection for tender (including but not limited to any qualified provider) or direct award (for services where national tariffs do not apply)</b>	
<b>13. How have you determined a fair price for the service?</b>	
<b>Additional questions when qualifying a provider on a list or framework or pre selection for tender (including but not limited to any qualified provider) where GP practices are likely to be qualified providers</b>	
<b>14. How will you ensure that patients are aware of the full range of qualified providers from whom they can choose?</b>	
<b>Additional questions for proposed direct awards to GP providers</b>	
<b>15. What steps have been taken to demonstrate that the services to which the contract relates are capable of being provided by only one provider?</b>	
<b>16. In what ways does the proposed service go above and beyond what GP practices should be expected to provide under the GP contract?</b>	
<b>17. What assurances will there be that a GP practice is providing high-quality services under the GP contract before it has the opportunity to provide any new services?</b>	

**Appendix F**

**Managing breaches and conflicts of interest process**



**Appendix G**

**Chairs’ Conflicts of Interests Checklist**

**Meeting Details:** .....

**Date of Meeting:** .....

**Agenda Review Meeting Date:** .....

		<b>Responsibility</b>	<b>Completed</b>
<b>1.</b>	The agenda includes a standing item on declaration of interests and includes a definition to enable individuals to raise any issues and/or make a declaration at the meeting.	Governance Lead Secretariat	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>2.</b>	A copy of the current Conflicts of Interests Register extract is available and is reviewed as part of the agenda setting and meeting preparation.	Governance Lead Secretariat	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>3.</b>	Agenda to be circulated requesting attendees to identify any interests relating specifically to the agenda items.  Members should contact the Chair as soon as an actual or potential conflict is identified.	Meeting Chair Governance Lead Secretariat	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4.</b>	All related subcommittee minutes which are provided as part of the agenda are reviewed for any conflicts of interests and which may have a bearing on the preparation for the meeting.	Governance Lead Secretariat	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5.</b>	On circulation of the final agenda and papers members are routinely requested to advise the Chair and secretariat of any actual or potential conflicts of interest in order to agree how these are to be managed.	Meeting Chair Governance Lead Secretariat	<input type="checkbox"/> Yes <input type="checkbox"/> No

*List any identified conflicts and actions taken*

<b>Agenda/paper number</b>	<b>Member conflicted and nature of interest</b>	<b>Action taken</b>
		<i>Actions could include;</i> - Cannot receive the report or be present for the discussion/decision, and must not receive the minutes after the meeting, - Can receive the report and attend the meeting because there is no information included in the paper that could influence or benefit any conflicted member, - Can receive the report and attend the meeting but must refrain from taking part

		<i>in the discussion/decision</i>	
<b>6.</b>	<p>Chairs agenda completed in preparation for the meeting and includes;</p> <ul style="list-style-type: none"> <li>• Quoracy details from terms of reference (check if impacted by conflict of interest management).</li> <li>• Apologies received in advance of meeting.</li> <li>• Conflicts declared before the meeting and actions agreed to manage in terms of agenda item distribution, meeting attendance, decision making.</li> </ul> <p>Any new interests declared within the meeting will be managed on a case-by-case basis and recorded in the minutes.</p>	Governance Lead Secretariat	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>7.</b>	All new interests declared during the meeting have been forwarded to the Corporate Governance Team to ensure a declaration of interest form is completed by the relevant individual(s) and the register of interests updated accordingly.	Governance Lead Secretariat	<input type="checkbox"/> Yes <input type="checkbox"/> No

A list of interests that must be declared (whether such interests are those of the individual themselves or of a family member, close friend or relationship with the individual) is provided below:

Potential/actual conflicts can include:

- roles and responsibilities held within member practices.
- directorships, including non-executive directorships, held in private companies or PLCs.
- ownership or part-ownership of private companies, businesses, or consultancies likely or possibly seeking to do business with the ICB and /or with NHS England.
- shareholdings (more than 5%) of companies in the field of health and social care.
- a position of authority in an organisation (e.g. charity or voluntary organisation) in the field of health and social care.
- any connection with a voluntary or other organisation (public or private) contracting for NHS services.
- research funding/grants that may be received by the individual or any organisation in which they have an interest or role.
- any other role or relationship which the public could perceive would impair or otherwise influence the individual's judgment or actions in their role within the ICB.

**Signed** .....  
**Meeting Chair or Governance Lead**

# **Memorandum of Understanding**

## **between**

North East and North Cumbria Integrated Care  
Board and Health Innovation North East North  
Cumbria

## **(DRAFT)**

September 2024

# Memorandum of Understanding

## Context

1. The purpose of this Memorandum of Understanding (MoU) is to establish a regional framework for engaging, partnering, and supporting new innovations emerging from the pharmaceutical, medical technology, and digital health sectors, with regard to the adoption and spread of innovations to support economic growth and improve the population health of our region.

The parties involved within this MoU are listed as follows:

- North East and North Cumbria Integrated Care Board (NENC ICB)
- Health Innovation North East and North Cumbria Limited (HI NENC)

2. The NENC ICB have published their 'Better Health and Wellbeing For All' Strategy and Joint Forward Plan, which focus upon healthier and longer lives, fairer outcomes, better health and care services, and giving children and young people the best start in life. To support this, they have developed their Clinical Conditions Strategic Plan outlining their clinical priorities for the region for adults and children and young people. The Health and Social Care Act 2022 states that Integrated Care Boards must promote Research and Innovation, and this MoU helps to support the adoption and spread of innovations within the region. In parallel, the NENC ICB, are working on the creation of a regional Research and Innovation Strategy, which will encourage collaborative working across the health and life sciences ecosystem, as well as identifying key priorities /greatest challenges for us to focus our collective efforts.

This MoU will support the above strategic NENC ICB activities, and the parties will work together to engage with industry (comprising the pharmaceutical, medical technology and digital health sectors).

3. HI NENC is one of fifteen health innovation networks funded by NHS England to support innovation-based programmes at regional and national level, supporting the reduction of health inequalities, improving population health, and driving economic growth. HI NENC supports innovators to access the NHS health and social care sectors, as well as those from the life sciences industry to develop and deploy innovations using their Innovation Pathway. The Innovation Pathway supports innovators through idea design and development, evaluation and spread and adoption in a standardised manner with governance processes to ensure due diligence to identify and mitigate risks for the system.
4. The pharmaceutical, medical appliances and health technology industries have an important role to play in improving population health outcomes, reducing health inequalities and driving economic growth and development within the region. Many parts of the healthcare system already undertake collaborative work with these

industrial sectors with regard to specific projects, such as the Facts Chronic Kidney Disease project in Gateshead (supported by AstraZenica). However, at present, there is little transparency regarding this collaborative work, and it would be sensible to adopt a more holistic approach in order to reduce the variation that exists regionally with regard to adoption. Accordingly, clear guidance is required to ensure such arrangements are fully transparent and deliver maximum benefits for patients and the health economy.

## **Joint working**

5. The parties involved in this MoU will work collaboratively using a whole systems approach for the benefits of patients and patient care within the region. Employees working within the NENC ICB who receive proposals on innovations emerging from the pharmaceutical, medical appliance and digital health technology industries will refer these innovations to HI NENC. These innovations will be triaged and managed through HI NENC's Innovation Pathway. Where Joint working agreements with the pharmaceutical, medical appliances and health technology industries are required, these will be conducted in an open and transparent manner.
6. New innovations emerging from industry must have a completed Company Engagement Form supporting them, which enables HI NENC to triage the innovation and discuss the necessary bespoke support required with the Company. For non-prescribed medical appliances, health technologies and innovations from the pharmaceutical industry, enquiries regarding the Engagement Form will be found through emailing [enquiries@healthinnovationnenc.org.uk](mailto:enquiries@healthinnovationnenc.org.uk). For proposals regarding medical appliances included in the Drug Tariff (and thus available to be prescribed in Primary Care), the proforma will be sent to the Northern Treatment Advisory Group (NTAG) for review.
7. HI NENC and NTAG will assess and review innovations from the pharmaceutical industry, as well as non-prescribable medical devices and present a recommendation to the NENC ICB Clinical Effectiveness and Governance Committee. To ensure a streamlined process, a member of the HI NENC Innovation Pathway Team will sit on the Clinical Effectiveness and Governance Committee with regional innovation proposals as a standing agenda item. Project documentation from these innovations will be clear and transparent, with the intended benefits for patients clearly articulated and outlining the risks and contributions of each party. Outcomes for each joint working agreement will be measurable and reported through pre-determined governance structures, agreed by the NENC ICB Clinical Effectiveness and Governance Committee and a record of Transfers of Value will be kept by HI NENC and NENC ICB and published to ensure openness and transparency.
8. HI NENC will assess and review innovations, involving devices and digital health technologies following completion of the HI NENC Engagement Form. HI NENC will support these innovations through their Innovation Pathway and present a recommendation to the NENC ICB Digital Strategy and Innovation Group. To ensure this, a member of the HI NENC Innovation Pathway Team will sit on the NENC ICB Digital Strategy and Innovation Group with innovations from these industries as a

standing agenda item. A record of Transfers of Value will be kept by HI NENC and published to ensure openness and transparency.

9. HI NENC will support the contracting of the joint working agreements for non-prescribable medical appliances, health technologies and projects and programmes involving the pharmaceutical industry:
  - A mutually agreed and effective exit strategy must be in place detailing the responsibilities of each party and capable of dealing with a situation where premature termination of the agreement may become necessary.
10. Joint working agreements will be of mutual benefit, the principal beneficiary being the patient. The length of the joint working agreement, the implications for patients and the NHS, each partners contribution, and the benefits for all parties should be clearly outlined prior to commencement.
11. Joint working agreements which involve clinical and prescribing policies or guidelines will be required to demonstrate consistency with national recommendations and guidance, specifically the National Institute for Health and Care Excellence (NICE), in line with locally approved guidelines and formulary and demonstrate clinical and cost effectiveness.
12. Collaborative projects that focus on improving clinical pathways are to be preferred to those which focus on specific drugs or products. Clinical aspects of joint working agreements must be kept under local control and adhere to local guidelines and protocols. For clinical guidelines developed by the pharmaceutical, medical appliances or health technology industries these will need to be consistent with ICB policies and guidelines.
13. Joint working agreements involving the commissioning of new or additional services must include a business case and service specification including details on the services to be provided, how they will be procured, costs and who will be responsible for monitoring service quality and performance. These will be submitted by HI NENC to the relevant ICB sub-committee.

## **Financial Arrangements**

14. All parties involved in this MoU will ensure all financial arrangements regarding joint working agreements comply with their organisation's standing financial instructions and financial probity.

## **Communications**

15. All parties included in this MoU will ensure all communications for joint working agreements will be recorded and available for public scrutiny. All parties will support the dissemination of lessons learned from projects including protocols, guidelines or products with other NHS organisations and partners within the local healthcare system.



## **Conflicts of Interest**

16. All parties included in this MoU will ensure their clinical staff comply with their own professional codes of conduct and declare any conflicts of interest. Individuals employed as part of a joint working agreement should be made aware that the post is supported by the pharmaceutical, medical appliance or health technology industry and of their obligation to act in a manner consistent with their own professional code of conduct, independent of any influence by such a company.

## **Term and Termination**

17. This MoU will commence on the date of signature of the parties and shall continue for an initial period of three years, to be reviewed at least annually.

18. This MoU may only be varied by written agreement of the signatory organisations. This MoU is not intended to be legally binding, and no legal obligations or legal rights will arise between the parties from this MoU. The parties enter the MoU intending to honour all their mutual obligations.

19. In the event of a party leaving the MoU arrangement the following will apply:

- The relevant party will notify the other signatory organisations in writing.
- This MoU will be amended as appropriate.
- The annual review date for this MoU will be revised accordingly.

# APPENDIX 1

## Draft Approval Process for Implementing Innovations from Pharmaceutical, Medical Appliance or Health Technology Industries

All innovations that come into the Integrated Care System to be signposted to Health Innovation NENC in order to utilise their Innovation Pathway- [enquiries@healthinnovationnenc.org.uk](mailto:enquiries@healthinnovationnenc.org.uk).



Innovation Pathway Navigator will respond to enquiry from the system and engage with the innovator within 2 working days and send an innovator engagement form to obtain further information about the idea.



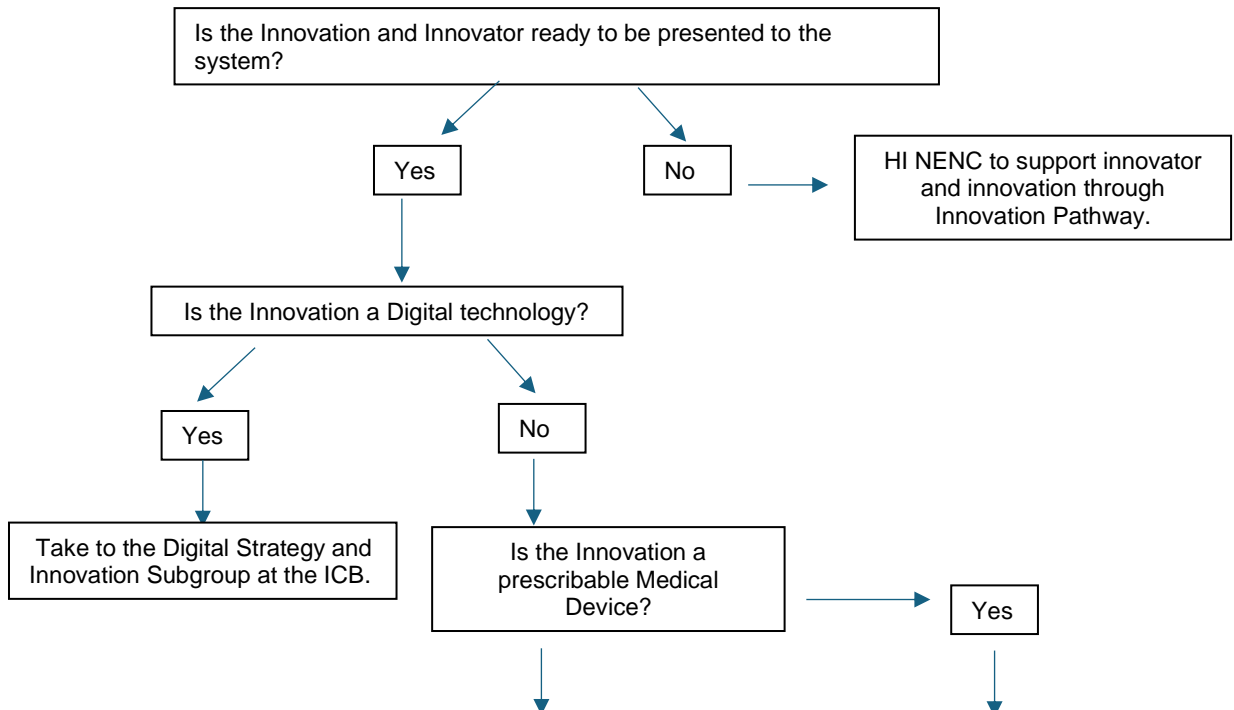
Once the engagement form has been completed and returned to the enquiries email inbox HI NENC's Innovation Pathway Navigator will create an innovation record to ensure the innovation can be tracked through the innovation pathway (Timeline dependent on Innovator completing form).

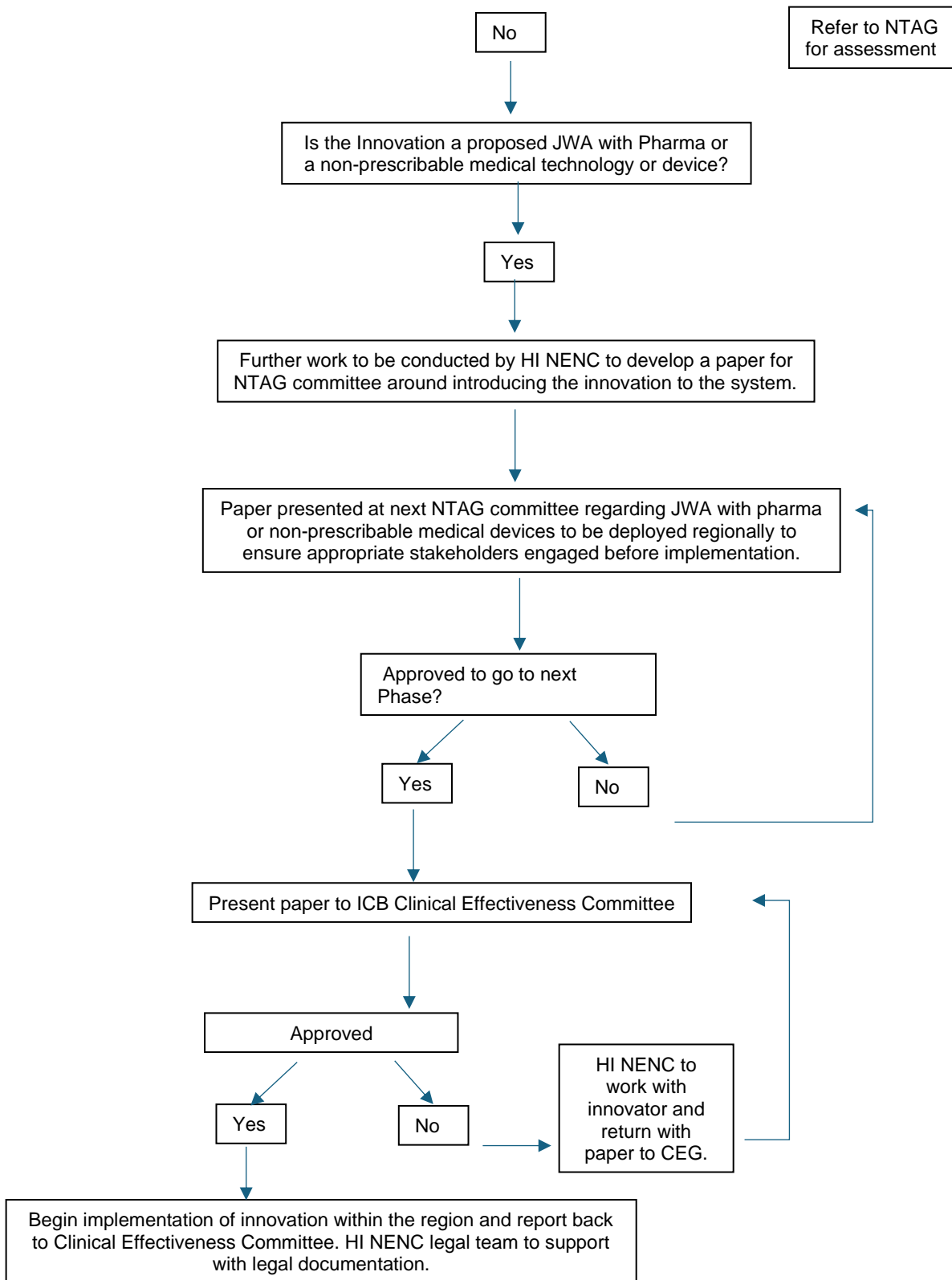


A programme manager will complete an initial call with the Innovator to get further detail about the proposed innovation. This detail is recorded into the innovation record on OMNIA. (Timeframe 10 working days to organise and complete the initial call between innovator and programme manager).



The programme manager will email the Innovation Pathway Navigator to add the innovation to the Innovation Pathway Decision Meeting. (The timeframe for completion of initial call to presenting to the Innovation Pathway Decision Meeting is 10 days). The Innovation Pathway Decision Meeting will assign the innovation to a Gateway on the Innovation Pathway after assessing the innovation and its innovator.





Approximate Timeframe for introducing to the system- 20 weeks.

## APPENDIX 2 - Outline Business Case

### Business Case -

Report Date:

Report by:

Business Case Sponsor:

Abstract

--

Suggested Start Date:

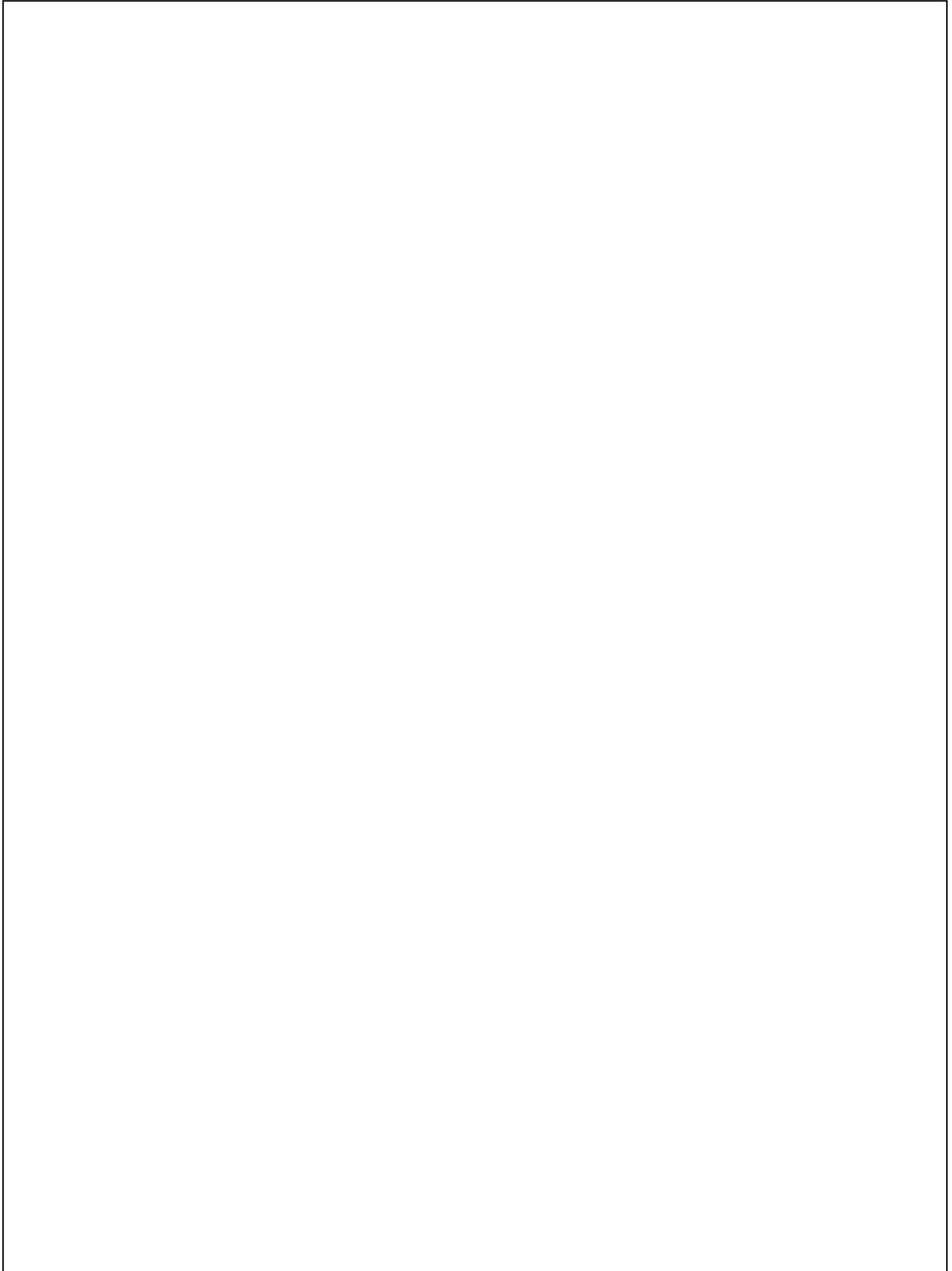
**Version Control:**

Version	Date	Changes from Previous Version
1		
2		
3		
4		
5		
6		

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## 1. Strategic Case



## 2. Solution Overview

How do Patients, Commissioners and Organisations benefit from adopting the innovation?

How will it be adopted by the Workforce?

### **Regulatory Requirements**

Outline the regulations the innovation is compliant with and include the evidence base.

### 3. Implementation Plan

What are the project objectives and Timelines? Include Project Milestones.

Outline the clinical support for the innovation.

Outline the Governance and Reporting Structures if the project is approved.

Who are the key stakeholders and how will you communicate with them?



## 4. Financial Implications

Do you have health economic data to demonstrate potential savings to the system?

What are the expected commercial returns for the company?

What do you expect to be the additional costs to the system to be in year 1, 2, and 3?-  
(device costs, drug costs, workforce costs?)

Have the project costs been broken down and clearly displayed?

Detail any Key risks and how these will be mitigated.

How will the project impact on the Workforce?

How will the project impact on Activity?

## 5. Procurement and Contract Strategies

Please detail all procurement and contracting issues.

## 6. Sustainability Case

Please identify the environmental and societal impacts of the project. Explain how any positive impacts will be enhanced and negative impacts will be mitigated.

## 7. Evaluation

How will you measure success over the short, medium and long term?

## 8. Exit Strategy

What is the exit strategy and how will you ensure sustainability of the work following completion of the project?

## 9. Next Steps and Recommendations

## 10. Annexes- Wider Factors Assessment (E) and Company Readiness Assessment (F) Impact Assessments

## APPENDIX 3 - HI NENC Innovator Engagement Form

### Relationship with sanctioned states

As a publicly-funded NHS organisation we are required to comply with national policy on sanctioned states. Please respond to these questions:

**Is your organisation constituted or organised under the law of any UK Sanctioned State or Regime? Please see <https://www.gov.uk/government/collections/uk-sanctions-regimes-under-the-sanctions-act>**

Yes

No

**Is your organisation owned or controlled by an entity based in a UK Sanctioned State or Regime? This may be a Parent Company or Person with significant control.**

Yes

No

**If you answered Yes to either question or are unsure, please provide further details below, or email separately to [Enquiries@HealthInnovationNENC.org.uk](mailto:Enquiries@HealthInnovationNENC.org.uk)**

Click here to enter text.

# Organisation Details

## Applicant Details (please enter all those that apply)

<b>Title</b>	Click here to enter text.
<b>Forename</b>	Click here to enter text.
<b>Surname</b>	Click here to enter text.
<b>Job Role</b>	Click here to enter text.
<b>Organisation</b>	Click here to enter text.
<b>Company Registration No.</b>	Click here to enter text.
<b>Registered Address Line 1</b>	Click here to enter text.
<b>Registered Address Line 2</b>	Click here to enter text.
<b>Registered Address City</b>	Click here to enter text.
<b>Registered Address County</b>	Click here to enter text.
<b>Registered Address Postcode</b>	Click here to enter text.
<b>Registered Address Country</b>	Click here to enter text.
<b>Telephone Number</b>	Click here to enter text.
<b>Email Address</b>	Click here to enter text.
<b>Website</b>	Click here to enter text.
<b>Parent company (if relevant)</b>	Click here to enter text.
<b>Plan to form or spin out company in future</b>	Click here to enter text.

## Organisation size

Micro (0-9 employees)	<input type="checkbox"/>	Medium (50-249 employees)	<input type="checkbox"/>
Small (10-49 employees)	<input type="checkbox"/>	Large (250+ employees)	<input type="checkbox"/>

## Organisation type

Academia	<input type="checkbox"/>	Industry	<input type="checkbox"/>
Clinical Entrepreneur	<input type="checkbox"/>	Other Public Sector	<input type="checkbox"/>
Health & Social Care	<input type="checkbox"/>	Patient	<input type="checkbox"/>
Health Innovation Network	<input type="checkbox"/>	VCSE/Not for Profit	<input type="checkbox"/>



## Summary of the innovation

Please answer the following questions about your innovation - one innovation per application.

### Name of the innovation (one innovation per application)

[Click here to enter text.](#)

### Is the innovation a product or a service?

Choose an item.

### Innovation type?

Choose an item.

Brief description of the innovation, including intended purpose, functionality (how it works), clinical setting, and the opportunity (size of intended patient group)

[Click here to enter text.](#)

### What is the Primary theme of the innovation? (Please select one option)

Communication/consultation	<input type="checkbox"/>	Operations/logistics	<input type="checkbox"/>
Diagnostics	<input type="checkbox"/>	Prediction	<input type="checkbox"/>
Management	<input type="checkbox"/>	Prevention	<input type="checkbox"/>
Monitoring	<input type="checkbox"/>	Treatment	<input type="checkbox"/>
Environmental Sustainability	<input type="checkbox"/>	Education and Training	<input type="checkbox"/>

### What are the applicable care settings for your innovation?

Academia	<input type="checkbox"/>	Mental Health	<input type="checkbox"/>
Acute Trusts - Inpatient	<input type="checkbox"/>	Pharmacy	<input type="checkbox"/>
Acute Trusts - Outpatients	<input type="checkbox"/>	Primary Care	<input type="checkbox"/>
Ambulance	<input type="checkbox"/>	Social Care	<input type="checkbox"/>
Community	<input type="checkbox"/>	ICS/ICB	<input type="checkbox"/>
Domiciliary Care	<input type="checkbox"/>	Urgent & Emergency	<input type="checkbox"/>
Industry	<input type="checkbox"/>	Other	<input type="checkbox"/>

Which of the areas below does your innovation impact on? (Please select at most 4 options)

Clinical specialty areas

- |   |                          |                                   |                          |
|---|--------------------------|-----------------------------------|--------------------------|
| Ageing  | <input type="checkbox"/> | Injuries and Emergencies          | <input type="checkbox"/> |
| Anaesthesia, Perioperative Medicine and Pain Management | <input type="checkbox"/> | Mental Health                     | <input type="checkbox"/> |
| Cancer  | <input type="checkbox"/> | Metabolic and Endocrine Disorders | <input type="checkbox"/> |
| Cardiovascular Disease                                  | <input type="checkbox"/> | Musculoskeletal Disorders         | <input type="checkbox"/> |
| Children  | <input type="checkbox"/> | Neurological Disorders            | <input type="checkbox"/> |
| Critical Care   | <input type="checkbox"/> | Ophthalmology                     | <input type="checkbox"/> |
| Data Analytics  | <input type="checkbox"/> | Oral and Dental Health            | <input type="checkbox"/> |
| Decision Support  | <input type="checkbox"/> | Pain Management                   | <input type="checkbox"/> |
| Dementias and Neurodegeneration                         | <input type="checkbox"/> | Primary Care                      | <input type="checkbox"/> |
| Dermatology   | <input type="checkbox"/> | Public Health                     | <input type="checkbox"/> |
| Diabetes  | <input type="checkbox"/> | Renal Disorders                   | <input type="checkbox"/> |
| Ear, Nose and Throat                                    | <input type="checkbox"/> | Reproductive Health               | <input type="checkbox"/> |
| Education & Learning                                    | <input type="checkbox"/> | Respiratory Disorders             | <input type="checkbox"/> |
| Efficiency  | <input type="checkbox"/> | Social Innovation                 | <input type="checkbox"/> |
| Gastroenterology  | <input type="checkbox"/> | Stroke                            | <input type="checkbox"/> |
| Genetics  | <input type="checkbox"/> | Surgery                           | <input type="checkbox"/> |
| Haematology   | <input type="checkbox"/> | Urology                           | <input type="checkbox"/> |
| Hepatology  | <input type="checkbox"/> | Workforce                         | <input type="checkbox"/> |
| Infection   | <input type="checkbox"/> | Environmental Sustainability      | <input type="checkbox"/> |

Other (please specify below):

[Click here to enter text.](#)

Please can you tell us what problem you are addressing and how your innovation solves this

[Click here to enter text.](#)

## Have you undertaken any customer discovery or stakeholder mapping work to see if this aligns with NHS priorities?

<https://www.england.nhs.uk/wp-content/uploads/2022/12/PRN00021-23-24-priorities-and-operational-planning-guidance-v1.1.pdf>

Click here to enter text.

Please provide the following details about any market research you have undertaken.

- Describe any engagement you have had with key stakeholders (e.g. clinicians, patients, commissioners)
- Highlight existing, similar or equivalent technologies, products or services
- Outline how your innovation is different to existing technologies, products or services

Click here to enter text.

## Briefly describe how you have engaged and involved patients and the public in the design, development and evaluation of your innovation.

(It is important that innovations are acceptable (informed by what patients want) and accessible (usable) to the people who will use or be affected by them. Assurance that innovations are informed by patient views, improves safety, health outcome and saves money. In this section, briefly describe if and how patients, carers, and the public have been involved in your innovation, including any feedback patients have about your innovation).

Click here to enter text.

Briefly explain how your innovation could address the needs of certain patients who may be at greater risk of health inequalities and poorer health outcomes?

(Health inequalities happen when health innovations have a negative impact on some patients, which may result in them not being able to access or use an innovation. We are keen to support innovations that are available and can be used by as many people as possible - particularly patients who face worse health outcomes. For example, certain groups may be at greater risk of health concerns such as diabetes, mental health conditions, neonatal maternity and cancer. Where people live, economic status, age, ethnicity, literacy levels, access to data and technology all affect how people may access your innovation. Tell us for example, if your innovation addresses digital access, data poverty, barriers for people with physical, learning or sensory disabilities, or the needs of different ethnic minority communities. Read more about what Health Inequalities is here: <https://www.kingsfund.org.uk/insight-and-analysis/long-reads/what-are-health-inequalities>. Find the current NHS England priority areas to tackle health inequalities for adults and children here: <https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/>).

Click here to enter text.

# Net Zero / Environmental Sustainability

**Briefly explain how your innovation currently or plans to have an impact on NHS Net Zero (<https://www.england.nhs.uk/greenernhs/a-net-zero-nhs/>) / environmental sustainability.**

**Does your innovation have a direct or indirect impact on NHS Net Zero / environmental sustainability?**

**(Direct – refers to when an innovation is created solely to reduce carbon emissions / provide environmental benefits - e.g. reusable product / better use of materials and natural resources in creation of product / reduce fossil fuel usage.**

**Indirect refers to when an innovation is created for healthcare use but net zero / environmental benefits are a secondary benefit – e.g. Digital platform to manage patient care - that can help reduce travel / make care more efficient and effective)**

Click here to enter text.

**Does your innovation contribute to other environmental benefits e.g. air / water quality, climate adaptation, biodiversity, food security, better use of natural resources etc. If so, please provide details:**

Click here to enter text.

**Do you have a carbon reduction plan / Net Zero commitment?**

Click here to enter text.

**Have you quantified the carbon impact of your innovation? If so, please provide details.**

Click here to enter text.

**Have you quantified the carbon impact of your innovation on the NHS pathway? If so, please provide details.**

Click here to enter text.

## Progress to date

**Tell us briefly about any external funding / support you have received in support of developing your innovation (tick all that apply)**

- |                                     |                          |   |                          |
|-------------------------------------|--------------------------|---|--------------------------|
| NHS Clinical Entrepreneur Programme | <input type="checkbox"/> | NHS Innovation Accelerator                    | <input type="checkbox"/> |
| NHS England                         | <input type="checkbox"/> | MedTech Funding Mandate                       | <input type="checkbox"/> |
| Rapid Uptake Products               | <input type="checkbox"/> | National Institute for Health Research (NIHR) | <input type="checkbox"/> |
| UK Research & Innovation (UKRI)     | <input type="checkbox"/> | Innovate UK                                   | <input type="checkbox"/> |

Small Business Research Initiative (SBRI)  Charity

Charity/Patient Organisation  Digital Health London

Friends & Family  Angel Investor/Venture Capital

Other (please specify below):  
[Click here to enter text.](#)

## Progress to Date Continued: The Current Maturity of the Innovation

*(please provide any relevant associated links or attachments)*

### Initial idea

[Click here to enter text.](#)

### Intellectual property protected

[Click here to enter text.](#)

### User testing

[Click here to enter text.](#)

### Proof of concept tested

[Click here to enter text.](#)

### Early prototype

[Click here to enter text.](#)

### Working prototype / pathway developed

[Click here to enter text.](#)

### Clinical evidence (or equivalent)

[Click here to enter text.](#)

### Pilot/Real World Evaluation

[Click here to enter text.](#)

### Regulatory status / standards (including CE marking and classification, Digital Technology Assessment Criteria, ISO certification etc.)

[Click here to enter text.](#)

### Adoption and spread (where is this currently deployed or planned to be deployed)

[Click here to enter text.](#)

Other (NICE guidance, case studies, inclusion on any accelerator programmes etc.)

[Click here to enter text.](#)

## Health Innovation Network Engagement

Have you already discussed this innovation with any health innovation network? Please select all that apply.

- |  |                          |  |                          |
|--|--------------------------|--|--------------------------|
| Health Innovation North East & North Cumbria | <input type="checkbox"/> | Health Innovation Oxford & Thames Valley | <input type="checkbox"/> |
| Health Innovation East Midlands              | <input type="checkbox"/> | Health Innovation South West             | <input type="checkbox"/> |
| Health Innovation East                       | <input type="checkbox"/> | UCL Partners                             | <input type="checkbox"/> |
| Health Innovation Manchester                 | <input type="checkbox"/> | Health Innovation Wessex                 | <input type="checkbox"/> |
| Health Innovation Network South London       | <input type="checkbox"/> | Health Innovation West Midlands          | <input type="checkbox"/> |
| Imperial College Health Partners             | <input type="checkbox"/> | Health Innovation West of England        | <input type="checkbox"/> |
| Health Innovation North West Coast           | <input type="checkbox"/> | Health Innovation Yorkshire & Humber     | <input type="checkbox"/> |
| Health Innovation Kent Surrey Sussex         | <input type="checkbox"/> |  |                          |

If you have worked with any of the health innovation networks how did you hear about them?

[Click here to enter text.](#)

**If you have worked with any of the health innovation networks, please provide details of what support you have received and which organisation provided this.**

[Click here to enter text.](#)

**Please provide names of any contacts you have worked with at these health innovation networks**

[Click here to enter text.](#)

**Have you already held advanced discussions with any other NHS organisations in England (e.g. Integrated Care Boards / Systems (ICB / ICS), NHS Supply Chain, NHS England Specialised Commissioning etc.)?**

[Click here to enter text.](#)

# Future Plans

## Plans for the future

[Click here to enter text.](#)

## What support are you now seeking?

[Click here to enter text.](#)