

<b>Title of meeting: Governing Body In Common</b>															
<b>Date of Meeting</b>			19 July 2017			<b>Paper Number</b>			3.4						
<b>Title</b>						Update on Conflict of Interest Policy									
<b>Sponsoring Director</b> (name and job title)						Nigel Foster									
<b>Sponsoring Clinical / Lay Lead</b> (name and job title)						Arthur Ferry									
<b>Author(s)</b>						Anshu Varma									
<b>Purpose</b>						<p>To amend the CCGs current Conflict of Interest policy to meet the national guidance this was published on the 16 June 2017. All amendments are shown in red font.</p> <p>To Note : The Audit Committee has recommended approval of this policy on 23 June 2017.</p>									
<b>The Audit Committee is required to (please tick)</b>															
<b>Decision</b>		✓	<b>Review</b>				<b>Discuss</b>			<b>Note</b>		<b>Recommend</b>			
<b>Risk and Assurance</b> <i>(outline the key risks / where to find mitigation plan in the attached paper and any assurances obtained)</i>						There is a risk of loss of public confidence and trust in the CCG, as well as legal challenge if the conflicts of interest are not managed appropriately									
<b>Legal implications/regulatory requirements</b>						The CCG has to comply with NHS England guidance as it is statutory. Effective handling of conflicts of interest is crucial to give confidence to patients, tax payers, healthcare providers and Parliament that CCG commissioning decisions are robust, fair and transparent and offer value for money. It is essential in order to protect healthcare professionals and maintain public trust in the NHS. Failure to manage conflicts of interest could lead to legal challenge and even criminal									

	action in the event of fraud, bribery and corruption.
<b>Has an equality impact screening been undertaken? If so please attach</b>	Not applicable
<b>Links to the NHS Constitution (relevant patient/staff rights)</b>	It will support the delivery of all NHS Constitution Standards
<b>Strategic Fit</b>	The new guidance will improve conflicts of interest management and increase public confidence in the propriety of decision-making
<b>Commercial and Financial Implications</b> <i>(Identify how the proposal impacts on existing contract arrangements and have these been incorporated?</i>  <i>Include date Deputy CFO has signed off the affordability and has this been incorporated within the financial plan. Include details of funding source(s)</i>	Date Deputy CFO sign off .....
<b>Quality Focus</b> <i>(Identify how this proposal impacts on the quality of services received by patients and/or the achievement of key performance targets</i>  <i>Include date the Director of Nursing has signed off the quality implications)</i>	This policy will improve conflicts of interest management and increase public confidence in the propriety of decision-making and enhance quality of service  Date Director of Nursing sign off.....
<b>Clinical Engagement</b> <i>Outline the clinical engagement that has been undertaken</i>	The policy has been previously circulated to all committee Chairs, CCG clinical Chair, lay members Medical director and wider staff engagement via staff forum
<b>Consultation, public engagement &amp; partnership working implications/impact</b>	The policy has been on the website, presented at each of the CCGs PPG groups
<b>NHS Outcomes</b> <i>Please indicate (highlight) which Domain this paper sits within by</i>	Domain 1 Preventing people from dying prematurely;  Domain 2 Enhancing quality of life for people with long-

<p><i>highlighting or ticking below: Please note there may be more than one Domain.</i></p>	<p>term conditions;</p> <p>Domain 3 Helping people to recover from episodes of ill health or following injury;</p> <p>Domain 4 Ensuring that people have a positive experience of care; and</p> <p>Domain 5 Treating and caring for people in a safe environment; and protecting them from avoidable harm.</p>
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**Executive Summary**

This policy sets out how the CCGs will manage conflict of interest arising from the operations of the CCG’s board to ensure there can be confidence and probity of all commissioning decisions and the integrity of the clinicians and staff involved in the day to day business of the CCG.

This policy is compliant with the updated national guidance provided from NHS England (NHSE) – Managing conflicts of interests: Statutory Guidance for CCGs – published in June 2017.

The Key changes are as follows and are shown in red font in the main document:

**Registers of interest:** We have updated the CCG guidance to require that CCGs have systems in place to satisfy themselves as a minimum on an *annual* basis that their registers of interest are accurate and up-to-date, and to require that only decision-making staff are included on the published register.

**Gifts from suppliers or contractors:** In line with the NHS-wide guidance, gifts of low value (up to £6), such as promotional items, can now be accepted.

**Gifts from other sources:** Also in line with the wider guidance, gifts of under £50 (rather than £10) can be accepted from non-suppliers and non-contractors, and do not need to be declared; and gifts with a value of over £50 can now be accepted on behalf of an organisation, but not in a personal capacity.

**Hospitality - meals and refreshments:** We have amended the thresholds to advise that hospitality under £25 does not need to be declared. Hospitality between £25 and £75 can be accepted, but must be declared, and hospitality over £75 should be refused unless senior approval is given.

**Recommendation(s)**

To approve the policy

# **Managing Conflict of Interest Version 4.2**

Policy Reference Information	
Author / Lead Manager	Anshu Varma, Head of Corporate Services
Responsible Director	Nigel Foster Chief Finance Officer
Policy reference no	
Version no	4.1
Approved	16 November 2017 at Joint Governing Body Meeting for the three CCGs
Reviewed	Every two years
Date of next review	November 2019
Status	Applicable to Bracknell & Ascot, Slough and Windsor & Maidenhead CCGs ('The CCGs')

Related Policies and Strategies	
<b>Institution</b>	Policy
NHS England	CCG Constitution
NHS England	Managing Conflicts of Interest: Statutory Guidance for CCGs
NHS England	National Health Service Act 2006
HM Government	The Bribery Act 2010
HM Government	Health and Social Care Act 2012
HM Government	Equality Act 2010
UK Corporate Governance Code	Financial Reporting Council
OPM and CIPFA	Good Governance Standards for Public Services (2004)

Version History and Control			
Date	Version	Author	Summary of Changes
190816	1.0	Anshu Varma	New Policy
250816	2.0	Anshu Varma	Comments from Programme Lead for Primary care
300816	3.0	Anshu Varma	Comments from Director of Finance & Performance
101016	4.0	Anshu Varma	Comments added from Audit Committee and other staff groups
121016	4.1	Anshu Varma	Proof read
230517	4.2		Approved by Audit Committee

Consultation	Date shared
Staff Forum	21/09/16
Executive team	Week beginning 04/09/16
Audit Committee	09/09/16
CCG Lay members	Week beginning 04/09/16
Chairs of all CCG Committee	Week beginning 04/09/16
Joint Primary Care Commissioning	Week beginning 04/09/16
PPG members , Audit committee and all CCG	Week beginning 10/10/16

staff	
Approved at Joint Governing Body meeting version 4.1	On 16/11/16
Amendment updated to follow the new NHS guidance for Conflict of Interest June 2017	26/0/17

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## 1. Introduction

- 1.1 This policy sets out how the three Clinical Commissioning Groups, (CCGs) will manage conflicts of interest arising from the operation of the Governing Bodies, Committees, Transformation Programmes and working groups.
- 1.2 The aim of this policy is to protect both the organisations and the individuals involved from any appearance of impropriety and demonstrate transparency to the public and other interested parties. And to:
- Safeguard clinically led commissioning, whilst ensuring objective investment decisions;
  - Enable commissioners to demonstrate that they are acting fairly and transparently and in the best interests of their patients and local populations;
  - Uphold confidence and trust in the Clinical Commissioning Groups;
  - Support commissioners to understand when conflicts (whether actual or potential) may arise and how to manage them if they do;
- 1.3 The CCG Governing Bodies have ultimate responsibility for all actions carried out by staff and committees throughout the CCGs' activities. This responsibility includes the stewardship of significant public resources and the commissioning of healthcare for the community. The Governing Body will therefore ensure the organisation inspires confidence and trust amongst its patients, staff, partners, funders and suppliers by demonstrating integrity and avoiding any potential or real situations of undue bias or influence in the decision-making of the CCGs.
- 1.4 This conflict of interest policy reflects the seven principles of public life outlined by the Nolan Committee. The seven principles are:
- selflessness
  - integrity
  - objectivity
  - accountability
  - openness
  - honesty
  - leadership
- 1.4 The CCGs have a legal obligation in accordance with its constitution and terms of establishment to avoid situations where there may be a potential conflict of interest.
- 1.5 This policy supports a culture of openness and transparency in business transactions. All members of the CCGs are required to:
- Ensure that the interests of patients remain paramount at all times;
  - Be impartial and honest in the conduct of their official business;
  - Use public funds entrusted to them to the best advantage of the service, always ensuring value for money;
  - Ensure that they do not abuse their official position for personal gain or to the benefit of their family or friends;
  - Ensure that they do not seek to advantage or further private or other interests, in the course of their official duties.

## 2. Scope

- 2.1 This policy applies to all those who are employed by the CCGs and/or act in an Official capacity on its behalf. This includes:



- Members and employees of the CCGs including lay members and Governing body members;
- Appointed individuals who are working for the CCGs (including interim staff);
- Persons serving on committees and other decision-making groups (including
- Representatives and members of third-party organisations) established by the CCGs.
- All members of the CCG (i.e., each practice) – this includes each provider of primary medical services which is a member of the CCG under Section 140 (1) of the 2006 Act. Declarations need to be made by the GP partners (or where the practice is a company, each director). Any individual directly involved with the business or decision- making of the CCG

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

2.3 The policy should be read in conjunction with the following documents, which also set out generic guidelines and responsibilities for NHS organisations and General Practitioners in relation to conflicts of interests:

- Three CCGs' Constitutions
- Standing Orders, Reservation and Delegation of Powers and Standing Financial Instructions
- Code of conduct for NHS Managers 2002
- Appointments Commission: Code of Conduct and Code of Accountability
- The Healthy NHS Board: Principles for Good Governance
- General Medical Council: Good Medical Practice 2006
- British Medical Association (BMA)
- The Royal College of General Practitioners
- National Health Service (Procurement, Patient Choice and Competition) (No 2) Regulations 2013
- National Health Service Act 2006 (as amended by the Health & Social Care Act 2012)
- The Public Contract Regulations 2015
- Bribery Act 2010

2.4 CCGs will ensure that all employees, contractors and decision-makers are aware of the existence of this policy.

The following will be undertaken to ensure awareness:

- Introduction to the policy during local induction for new starters to the organisation, whether a Board Member, Clinical Lead, Cluster Lead or an employee of the CCGs.
- annual reminder of the existence and importance of the policy via internal communication methods
- annual reminder to all to update their declaration forms sent to all employees, contractors and decision-makers)

### 3. Definition of Conflict of Interest

3.1 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” A conflict of interest may be:

<b>Actual</b>	<b>Potential</b>
There is a material conflict between one or more interests	There is the possibility of a material conflict between one or more interest in the future

3.2 “For the purposes of Regulation 6 [*National Health Service (Procurement, Patient Choice and Competition) (No.2) Regulations 2013*], a conflict will arise where an individual’s ability to exercise judgement or act in their role in the **commissioning of services is impaired or influenced by their interests in the provision of those services.**”

3.3 Conflicts of interest can arise in many situations, environments and forms of commissioning (such as procuring for goods, services, grants and employing staff.

3.4 The risk is greater in primary care commissioning, out of hours commissioning and involvement with integrated care organisations, as clinical commissioners may here 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 monitoring.

3.5 Interests can be captured in four different categories:

i. **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.
- 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, employee of, or a previous employee of, a provider. 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
  - 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).

ii. **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, ENT 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)
- A medical researcher
- GPs and practice managers, who are members of the governing body or committees of the CCGs, should declare details of their roles and responsibilities held within their GP practices.

iii. **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.

iv. **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:

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

A declaration of interest for a “business partner” in a GP partnership should include all relevant collective interests of the partnership, and all interests of their fellow GP partners (which could be done by cross referring to the separate declarations made by those GP partners, rather than by repeating the same information verbatim).

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 CCGs.

The above categories and examples are not exhaustive and the CCG should exercise discretion on a case by case basis, having regard to the principles set out in the next section of this guidance, in deciding whether any other role, relationship or interest which would impair or otherwise influence the individual's judgement or actions in their role within the CCG. If so, this should be declared and appropriately managed.

#### 4.0 **Managing Conflict of Interest**

4.1 The CCGs need to be aware of all situations where an individual has interests which have the potential to result in a conflict of interest. All individuals identified in Section 2 must act in such a way as to avoid being placed in a position that creates a potential conflict between their interests. All individuals must declare relevant and material interests to the CCGs. This includes the interests of all relevant individuals within their own organisations (e.g., partners in a GP practice), who have a relationship with the CCGs and who would potentially be in a position to benefit from the CCG's decisions.

#### 4.2. **Declarations must be made:**



- Monitoring of the specified activity undertaken by the individual, either by a line manager, colleague or other designated individual.

4.8 The means of managing Conflicts of Interest could include:

- The individual withdrawing 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;
- Remain in advisory capacity for information but not contribute to tangible discussion;
- Withdrawing from the meeting while the relevant matter is being discussed and voted on.

4.9 Taking such steps are deemed as appropriate including requesting information from individuals to ensure that all actual and potential conflicts of interest are declared.

4.10 Where an interest has been declared, either in writing or by oral declaration, the individual will ensure that before participating in any activity connected with the CCG's exercise of its commissioning functions; they have received confirmation of the arrangements to manage the conflict or potential conflict of interest from the Chair of the meeting supported by the Head of Corporate Services prior to the meeting. See section 11.2 when conflict of interest is declared at the meeting.

4.11 In any transaction undertaken in support of the exercise of its commissioning 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.

4.12. 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 Governing Body of the transaction.

## 5.0 Register of Interests

5.1. The CCG has established a register which records declared interests from all staff. All CCG employees as defined in section 2.1, including:

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

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

5.1.3 Members of the governing body: All members of the CCG's committees, sub-committees/sub-groups, including:

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



capacity. These should be declared by staff. Multiple gifts from the same source over 12 month period should be treated in the same way as single gifts over £50 where the cumulative value exceeds £50.

6.5 Any personal gift of cash or cash equivalents (e.g. vouchers, tokens, offers of remuneration to attend meetings whilst in a capacity working for or representing the CCG) must always be declined, whatever their value and whatever their source, and the offer which has been declined must be declared to Head of Corporate Services using annex C.

## 6.6 Hospitality

6.7 A blanket ban on accepting or providing hospitality is neither practical nor desirable from a business point of view. However, 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, CCG 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.

6.7 Modest hospitality provided in normal and reasonable circumstances may be acceptable, although it should be on a similar scale to that which the CCG might offer in similar circumstances (e.g., tea, coffee, light refreshments at meetings). A common sense approach should be adopted as to whether hospitality offered is modest or not.

6.9 There is a presumption that offers of hospitality which go beyond modest or of a type that the CCG itself might offer should be politely refused. **Overarching principles to follow are:**

- 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.

### 6.9.1 Meals and refreshments:

- Under a value of £25 may be accepted and need not be declared.
- Of a value between £25 and £75 may be accepted and must be declared.
- Over a value of £75 should be refused unless (in exceptional circumstances) senior approval is given (see 6.10). A clear reason should be recorded on the register(s) of interest as to why it was permissible to accept.
- A common sense approach should be applied to the valuing of meals and refreshments (using an actual amount, if known, or an estimate that a reasonable person would make as to its value).

### 6.9.2 Travel and Accommodation:

- Modest offers to pay some or all of the travel and accommodation costs related to attendance at events may be accepted and must be declared.
- Offers which go beyond modest, or are of a type that the CCG itself might not usually offer, need approval by senior staff (see 6.10) should only be accepted in exceptional circumstances, and must be declared. A clear reason should be recorded on the CCGS register(s) of interest as to why it was permissible to accept travel and accommodation of this type.
- A non-exhaustive list of examples includes:
  - Offers of business class or first class travel and accommodation (including domestic travel).

- **Offers of foreign travel and accommodation.**

6.10 There may be some limited and exceptional circumstances where accepting the types of hospitality referred to in this paragraph may be contemplated. In such case prior approval should be sought from Executive member of the CCG and or COI guardian before accepting such offers, and the reasons for acceptance should be recorded in the CCGs register of gifts and hospitality. Hospitality of this nature should be declared to the Head of Corporate Services for maintaining the register of gifts and hospitality, and recorded on the register, whether accepted or not.

6.11 In addition, particular caution should be exercised where hospitality is offered by suppliers or contractors linked (currently or prospectively) to the CCG's business. Offers of this nature can be accepted if they are modest and reasonable but advice should always be sought from an Executive member of the CCG and or COI guardian as there may be particular sensitivities, for example if a contract re-tender is imminent. All offers of hospitality from actual or prospective suppliers or contractors (whether or not accepted) should be declared to the Head of Corporate Services and recorded on the register.

### **6.12 Commercial sponsorship**

6.12 CCG staff, governing body and committee members, and GP member practices may be offered commercial sponsorship for courses, conferences, post/project funding, meetings and publications in connection with the activities which they carry out for or on behalf of the CCG or their GP practices. . Offers of this nature can be accepted if they are modest and reasonable but advice should always be sought from an Executive member of the CCG and or COI guardian. All such offers (whether accepted or declined) must be declared so that they can be included on the CCG's register of interests to the Head of Corporate Services.

6.13 The above, acceptance of commercial sponsorship should not in any way compromise commissioning decisions of the CCGs or be dependent on the purchase or supply of goods or services. Sponsors should not have any influence over the content of an event, meeting, seminar, publication or training event. The CCGs should not endorse individual companies or their products. It should be made clear that the fact of sponsorship does not mean that the CCGs endorse a company's products or services. During dealings with sponsors there must be no breach of patient or individual confidentiality or data protection legislation 1998. Furthermore, no information should be supplied to a company for their commercial gain unless there is a clear benefit to the NHS. As a general rule, information which is not in the public domain should not normally be supplied.

6.14 Annex C should be used to declare any gifts and hospitality within 28 days to Head of Corporate Services. This includes any gifts and hospitality declared in meetings.

### **6.15 Other forms of sponsorship:**

6.15.1 Organisations external to the CCG 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](#).



## 7.0 Publication of Registers

- 7.1 CCGs will publish the register(s) of interest; annex B and register(s) of gifts and Hospitality, annex C referred to above, and the Register of procurement, (annex D) decisions in a prominent place on the CCG's website. In exceptional circumstances, where the public disclosure of information could give rise to a real risk of harm or is prohibited by law, an individual's name and/or other information may be redacted from the publicly available register(s). Where an individual believes that substantial damage or distress may be caused, to him/herself or somebody else by the publication of information about them, they are entitled to request that the information is not published. Such requests must be made in writing. Decisions not to publish information must be made by the Conflicts of Interest Guardian for the CCG, who should seek appropriate legal advice where required, and the CCG should retain a confidential un-redacted version of the register(s).
- 7.2 The CCG will make all staff aware, as cited in section 2.1 that a declaration of interest(s) and declaration of gifts or hospitality register(s) will be published, in advance of publication
- 7.3 The register(s) of interests, annex A (including the register of gifts and hospitality, annex D) will be published as part of the CCG's Annual Report and Annual Governance Statement.

## 8.0 Appointment and roles and responsibilities in the CCGs

- 8.1 **Appointment of Governing Body or Committee Members and senior employees** - when appointments are made to the Governing Body or Committees the CCGs will consider on a case-by-case basis as to whether conflicts of interest should exclude individuals from being appointed. The following will be taken into consideration:
- **The materiality of the interest** - in particular whether the individual (or a family member or business partner) could benefit from any decision the Governing body might take. This will be particularly relevant for any profit sharing member of any organisation but will also be considered for all employees and especially those operating at senior or Governing Body level;
  - **The extent of the interest** – if the interest is related to an area of business significant enough that the individual would be unable to make a full and proper contribution to the Governing Body, that individual will be excluded from becoming a member of the Governing Body.
  - Any individual who has a material interest in an organisation which provides, or is likely to provide, substantial services to a CCG (whether as a provider of healthcare or commissioning support services, or otherwise) should recognise the inherent conflict of interest risk that may arise and should not be a member of the governing body or of a committee or sub-committee of the CCG, in particular if the nature and extent of their interest and the nature of their proposed role is such that they are likely to need to exclude themselves from decision-making on so regular a basis that it significantly limits their ability to effectively perform that role.
- 8.2 **CCG Lay members** play a critical role in CCGs, providing scrutiny, challenge and an independent voice in support of robust and transparent decision-making and management of conflicts of interest. As they chair a number of CCG committees, including the Audit Committee and Primary Care Co- Commissioning Committee. By statute, CCGs must have at least two lay members (one of whom must have qualifications, expertise or

experience such as to enable the person to express informed views about financial management and audit matters and serve as the chair of the audit committee and the other, knowledge of the geographical area covered in the CCG's constitution such as to enable the person to express informed views about the discharge of the CCG's functions.

8.3 It is recommended that all the CCG lay members attend the Primary Care Commissioning Committee and where applicable the Primary Care Co- Commissioning Committee. It is advised that the lay members assume the role of the Chair and that of the deputy chair of this committee and it must not be the Chair of the Audit Committee as the latter is Conflict of Interest Guardian.

## **9.0 Conflicts of Interest Guardian**

9.1 To further strengthen scrutiny and transparency of CCGs' decision-making processes, the CCGs audit chair will be appointed as Conflicts of Interest Guardian (akin to a Caldicott Guardian) and will be supported by Head of Corporate services

The latter will have responsibility for the day-to-day management of conflicts of interest matters and queries. The CCG Head of Corporate Services will keep the Conflicts of Interest Guardian well briefed on conflicts of interest matters and issues arising.

9.2 The Conflicts of Interest Guardian should, in collaboration with the CCG's Head of Corporate Services:

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

9.3 The Conflicts of Interest Guardian has an important role within the within the management of conflicts of interest, executive members of the CCG's governing body have an on-going responsibility for ensuring the robust management of conflicts of interest, and all CCG employees, governing body and committee members and member practices will continue to have individual responsibility in playing their part on an ongoing and daily basis.

## **10.0 Primary Care Commissioning Committee Chair** (*The whole of this section also applies to Primary Care Co- Commissioning Committee*)

10.1 The CCGs Primary Care Commissioning Committee will have a lay chair and lay deputy chair to ensure appropriate oversight and assurance.

10.2 The CCG Audit chair will not hold the Primary Care Commissioning Committee position as they are the Conflicts of Interest Guardian.

- responsibility is to attest annually to the NHS England Board that the CCG has:
- Had due regard to the statutory guidance on managing conflicts of interest; and
- Implemented and maintained sufficient safeguards for the commissioning of primary care

10.3 CCG Audit chairs can however serve on the Primary Care Commissioning Committee provided appropriate safeguards are put in place to avoid compromising their role as Conflicts of Interest Guardian. Where possible the CCG audit chair will not serve as

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deputy chair of the Primary Care Commissioning Committee. However, if on the day of the meeting due to absence of other suitable lay members, then the Audit chair can support the meeting. In which case this will be clearly recorded at the meeting and appropriate safeguards put into place to maintain the integrity of their role as Conflicts of Interest Guardian.

## **11.0 Declaring Conflicts of Interests at Meetings**

11.1 The agendas (both public and confidential) for meetings of the CCG and also of their committees and sub-committees will contain a standing item at the commencement of each meeting, requiring members or advisers of the committee or sub-committee to declare any interests relating specifically to the agenda items being considered together with details of arrangements which have been confirmed for the management of the conflict of interests or potential conflict of interests,. If, during the course of a meeting, an interest not previously declared is identified, this shall be declared using annex E.

11.2 When a declaration is made, the Chair of the meeting will determine how it should be managed and inform the declarer of their decision. In making such a decision, the Chair may wish to consult the COI guardian. Depending on the nature of the conflict the individual could be permitted to provide information and advice but not influence or join in the discussion about the proposed decision. The individual is not allowed to take part in any vote. In some cases the chair may require the individual to be excluded from the meeting from that point,

11.3 Where no prior arrangements have been confirmed, the Chair of the meeting may require the individual to withdraw from the meeting or part of it. The individual must then comply with these arrangements

11.4 Any declarations of interests, and arrangements agreed in any meeting of the CCG will be recorded in the minutes and published in the Register of Interests.

## **11.5 Conflicts of Interests and the Chair of the Meeting**

11.6 Where the Chair of any meeting of the CCG 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 another member of the committee deputise and 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, another lay member of the meeting should deputise and the Chair to withdraw from the meeting or part of it. Where there is no one to deputise the members of the meeting will select one at that point in line with CCG Constitution.

## **11.7 Occasions where multiple members of a meeting are required to withdraw.**

In many cases, e.g., where a limited number of GPs have an interest, it should be straightforward for relevant individuals to be excluded from decision-making, however, in some cases, all of the GPs or other practice representatives could have a material interest in a decision, particularly where the CCG is proposing to commission services on a direct award basis from all GP practices in the area, or where it is likely that all or most practices would wish to be qualified providers for a service under AQP.

11.8 Where more than 50% of the members of a meeting are required to withdraw from a meeting or part of it, owing to the arrangements agreed for the management of conflicts of

interests or potential conflicts of interests, the Chair (or Deputy) will determine whether or not the discussion can proceed.

11.9 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 standing orders and/or terms of reference for the meeting in question. Where the meeting is not quorate, owing to the absence of certain members, the discussion will be deferred until such time as a quorum can be convened. Where a quorum cannot be convened from the membership of the meeting, owing to the arrangements for managing conflicts of interest or potential conflicts of interests, the Chair of the meeting shall consult with the CCG Audit Chair and seek advice from Director of Finance and Performance on conflicts of interest on behalf of the CCG on the appropriate action to be taken. This may include:

- **Where the initial responsibility for the decision does not rest with the Governing Body:**
  - Requiring another of the Governing Body's committees or sub-committees (as appropriate) which can be quorate to progress the item of business, or if this is not possible;
  - refer the decision to the Governing Body and exclude all GPs or other practice representatives with an interest in the decision from the decision making process, i.e., so that the non –quorate decision is made only by the non-GP members of the Governing Body including the Lay and Executive Members and the Registered Nurse and Secondary Care Doctor;
- **Where the initial decision rests with the Governing Body, consider:**
  - Co-opting individuals from the Health and Wellbeing Board or from another CCG onto it (taking care in ensuring that they do not also have a conflict of interest) and allowing them to fulfil quoracy requirements;
  - Inviting the Health and Wellbeing Board or another CCG to review the proposal – to provide additional scrutiny of any non-quorate decision

**These arrangements must be recorded in the minutes.**

11.10 **Decision-making and voting when a conflict of interest arises – Primary Medical Care-** decisions, including procurement decisions, relating to the commissioning of primary care medical services will be made by the Primary Care Co-Commissioning Committee. The membership of this Committee is constituted so as to ensure that the majority is held by Executive & Lay voting members. Both the Chair and deputy -Chair are Lay Members. The meetings will be held in public unless the CCG concludes it appropriate to exclude the public as permitted by the Public Bodies (Admission to Meetings) Act 1960.

11.12 The Primary Care Commissioning Committee is a decision-making committee. The quorum requirements for Primary Care Commissioning Committee. Meetings include a majority of lay and executive members in attendance with eligibility to vote. In the interest of minimising the risks of conflicts of interest, it is recommended that GPs do not have voting rights on the primary care commissioning committee. GP advice can be taken but not their advocacy.

11.13 The arrangements for primary medical care decision making do not preclude GP participation in strategic discussions on primary care issues, subject to appropriate management of conflicts of interest. They apply to decision making on procurement issues and the deliberations leading up to the decision, see section 12.7

- 11.14 The CCG sub-committees or sub-groups of the Primary Care Commissioning Committee will submit their minutes to the Primary Care Commissioning Committee, detailing any conflicts and how they have been managed. The primary care commissioning committee should be satisfied that conflicts of interests have been managed appropriately in its sub-committees and take appropriate action in line with this policy where there are concerns.
- 11.15 Although not forming part of the membership of the Primary Care Commissioning Committee, a standing invitation to attend this Committee will be open to Health Watch and the Health and Wellbeing Board. Where appropriate, this will include attendance for items where the public is excluded from a particular item or meetings for reasons of confidentiality.
- 11.16 The CCG has reciprocal arrangements with the neighbouring CCGs for sharing lay, members or GP members to support effective clinical representation with the primary care commissioning committee.

## **12.0 Managing Conflicts of Interest through the Commissioning Cycle**

### **12.1 Designing Service Requirements**

- 12.2 It is good practice to engage relevant providers, especially clinicians, in confirming the design of service specifications that will meet patient need. Such engagement, done transparently and fairly, is entirely legal. Conflicts of interest can however occur 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.
- 12.3 The CCGs will, as far as possible, specify the outcomes that it wishes to see delivered through a new service, rather than the way in which these outcomes are to be achieved. As well as supporting innovation, this will help to prevent bias towards particular providers in the specification of services.
- 12.4 Engagement with potential providers will be used to:
- Frame the requirement;
  - Focus on desired outcomes rather than specific solutions; and
  - Consider a range of options for how a service is specified.
- 12.5 Such engagement will follow the three main principles of procurement law, namely 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.
- 12.6 The following principles will be followed when engaging with potential service providers:
- We will use wide relevant engagement to help shape the requirement to meet patient need and we will take care not to gear the requirement in favour of any particular provider(s);
  - We will ensure at all stages that potential providers are aware of how the service will be commissioned, e.g. through competitive procurement or through the 'Any qualified provider' route;

- We will work with participants on an equal basis, e.g. ensure openness of access to staff and information;
- We will be transparent about procedures;
- We will maintain commercial confidentiality of information received from providers.

## **12.7 Procurement and awarding grants**

12.8 The CCGs recognise the vital importance of ensuring its decisions on the procurement of services do not call into question the motives behind that decision. The most obvious area in which the CCG will need to manage conflicts of interest is where the CCGs commission healthcare services, including GP services, in which a member of the CCGs has a financial or other interest. This section should also be read in conjunctions with the CCGs' Procurement Policy and Standing Financial Instructions.

12.9 The CCG will ensure adherence to the NHS Act, the Health and Social Care Act and associated regulations set out in the statutory rules which commissioners are required to comply when procuring and contracting for the provision of clinical services. They need to be considered alongside Public Contract Regulations (revised 2015), and where appropriate, EU procurement rules. Other statutory guidance the CCG should abide by is Monitor's 'Substantive Guidance on the Procurement, Patients Choice and Competition regulations (2013)'.

12.10 The above requirements will apply not only to those participating in procurement, but also anyone seeking information in relation to procurement.

12.11 The CCGs will adhere to good practice in relation to procurement, will not engage in anti-competitive behaviour that is against the interest of patients, and will protect the right of patients to make choices about their healthcare. Good practice includes acting transparently, proportionately and without discrimination and treating all providers and potential providers equally, in particular from not treating one provider more favourably than another on the basis of ownership.

12.12 The CCGs will manage conflicts and potential conflicts of interest when awarding a contract by prohibiting the award of a contract where the integrity of the award has been or appears to have been affected by a conflict, and keep appropriate records of how conflicts in individual cases have been managed.

12.13 The CCGs must not award a contract for the provision of NHS health care services where conflicts, or potential conflicts, between the interests involved in commissioning such services and the interests involved in providing them affect, or appear to affect, the integrity of the award of that contract.

12.14 Where a relevant and material interest or position of influence exists in the context of the specification for, or award of, a contract, then the member will be expected to:

- Declare the interest;
- Ensure that the interest is recorded in the register;
- Withdraw from all discussion on the specification or award;
- Not have a vote in relation to the specification or award.

12.15 Members will be expected to declare any interest early in any procurement process if they are to be a potential bidder in that process. Failure to do this could result in the procurement process being declared invalid and possible suspension of the relevant

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member from the CCG (following due process with ConsultHR for CCG employees/appointees or NHS England for Member Practice representatives).

12.16 If necessary, the CCGs shall prohibit the award of a contract where the integrity of the award has been, or appears to have been, affected by a conflict. If the contract has already been awarded, the CCGs may, if necessary, seek to terminate the contract, or may remove the relevant individual from their post.

#### **12.17 Commissioning Services that could be provided by GP Practices**

Potential conflicts will vary to some degree depending on the way in which a service is being commissioned e.g.:

- Where a CCG is commissioning a service through Competitive Tender (i.e. seeking to identify the best provider or set of providers for a service) a conflict of interest may arise where GP practices or other providers in which CCG members have an interest are amongst those bidding.
- Where the CCG is commissioning a service through Any Qualified Provider a conflict could arise where one or more GP practices (or other providers in which CCG members have an interest) are amongst the qualified providers from whom patients can choose.

12.18 Managing potential conflicts of interest appropriately is needed to protect the integrity and ensure public confidence in the wider NHS commissioning system and to protect CCGs and GP practices from any perceptions of wrong-doing. The CCGs will consider additional factors outlined in a Procurement Template, when commissioning services that could potentially be provided by GP practices. These factors focus on:

- Demonstrating that the CCGs are seeking and encouraging scrutiny of its decision-making process;
- Providing assurance to the Health and Wellbeing Board, Health Watch and to local communities that the proposed service meets local needs and priorities; enabling them to raise questions if they have concerns about the approach being taken;
- Providing assurance to the Audit Committee and, where necessary, external auditors, that a robust process has been followed in deciding to commission the service, in selecting the appropriate procurement route, and in addressing potential conflicts; and
- Providing assurance to NHS England in their role as assurers of the commissioning arrangements.

12.19 Setting out the factors in a consistent and transparent way as part of the decision making process will enable the CCGs to seek and encourage scrutiny and enable the local community and Health and Wellbeing Board to raise questions if they have concerns about the approach being taken.

12.20 The Procurement Template included at Annex G will be completed as part of the planning process for all services that may potentially be provided by GP practices (either as a successful bidder in a competitive procurement process, as one of several qualified providers through an AQP approach, or via a non-competitive process from GP practices). Templates should be completed by the commissioning team responsible for proposing the service or service change/development. The completed templates will be used to provide

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assurance to the CCGs Governing Body that proposed services meet local needs and priorities and that robust processes have been followed in selecting the appropriate procurement route and in addressing potential conflicts. Completed templates will be made publicly available via the CCGs website.

12.21 Statutory guidance published by NHS England (December 2014, updated June 2016), **details a number of annexes to be used for procurement related declarations:**

- Annex G: Procurement checklist
- Annex H: Template Register of procurement decisions and contracts awarded
- Annex I: Template Declaration of interests for bidders/ contractors

12.22 Declarations of external conflicts of interest will be expected from bidders in advance of the PQQ (Pre-Qualification Questionnaire) stage to avoid spending time completing the PQQ in the event that the response would be excluded as a result of an irreconcilable conflict of interest. The CCG will retain an internal audit trail of how the conflict or perceived conflict was dealt with to allow them to provide information at a later date if required.

12.23 The CCGs will retain records of contract award decisions and key decisions that are made during the procurement process and will include communications with economic operators and internal deliberations” which will include decisions made in relation to actual or perceived conflicts of interest declared by bidders. These records will be retained for a period of at least three years from the date of award of the contract

#### **12.24 Register of Procurement Decisions**

12.25 The CCGs will establish a register, (Annex I) which records procurement decisions taken, including:

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

12.26 The Register will be updated whenever a procurement decision is taken.

12.27 The Register will be publicly available via the following methods:

- Published on the CCG's website;
- On request for inspection at the CCG's headquarters.

#### **12.28 Contract Monitoring**

12.29 The management of conflicts of interest applies to all aspects of the commissioning cycle, including contract management. At contract monitoring meeting, the chair will invite declarations of interests; record any declared interests in the minutes of; and manage any conflicts appropriately and in line with this guidance. This will equally apply where a contract is held jointly with another organisation such as the Local Authority or with other CCGs under lead commissioner arrangements.

12.30 The individuals involved in the monitoring of a contract will 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.

### **13. Procedure for Dispute Resolution Relating to Conflicts Of Interest**

13.1 It is anticipated that disputes arising as a result of conflicts of interest will normally be resolved informally, without recourse to a formal process. If, however, the dispute cannot be resolved informally, the process by which any perceived breach would be handled is set out below.

13.2 The objectives of the procedure are as follows:

- To provide the CCGs with an appropriate mechanism for dealing with disputes about conflict of interests;
- To resolve disputes transparently, fairly and consistently;
- To assure bidders and service providers that the process is fair and transparent;
- To mitigate risks and protect the reputation of the CCGs;
- To prevent, where possible, legal challenge/expensive referral processes.

13.3. When handling disputes the CCGs will:

- Commit to transparency;
- Communicate the process and decision making criteria widely and in advance;
- Engage all relevant stakeholders;
- Publish findings within and across the CCGs to enable consistency;
- Be objective and base the analysis and the decision on objective information and criteria;
- Maintain an audit trail.

### **13.4 Procedure:**

13.5 The CCG's dispute resolution procedure in relation to conflicts of interests is made up of the following stages:

**Stage 1: Making the Complaint** - Any complaint must be submitted to the Accountable Officer of the CCG in writing. The complaint will be acknowledged within three working days.

**Stage 2: Triage** – Following receipt of the complaint, the CCGs may contact the complainant to request clarification or further information. If the complaint is not deemed by the Accountable Officer to warrant proceeding further, the complainant will be notified that the complaint will not progress.

If the complaint should be fast tracked to another organisation for legal, governance or safety reasons, the complainant will be informed of the course of action.

Where a complaint is in scope and not subject to fast tracking, it will proceed to the next stage.

In most cases, the triage process should be carried out within five working days.

**Stage 3: Accountable Officer Review** – Following triage, the CCG's Accountable Officer will review the complaint to determine whether a swift resolution can be achieved without the need to involve the Governing Body. The Accountable Officer may call a meeting of the parties concerned to discuss the matter informally and without prejudice. If the Accountable Officer is unavailable or if the complaint involves the Accountable Officer, in such case the audit chair COI guardian will be made aware, and will make him/her available to determine swift resolution.

**Stage 4: The Governing Body** – If the complaint cannot be resolved by the Accountable Officer, an appropriate committee of the Governing Body, chaired by the Chair and involving the Lay Member for Audit and Governance will then formally review the complaint (with external advice as required) and may refer on to the Audit Committee to advise on the appropriateness of the procedure followed.

**Stage 5: The Decision** – Following review of the complaint, the CCG will notify the complainant of the decision, explaining the rationale and, if necessary, any required course of action.

13.6 It is expected that the procedure as a whole should not take longer than three months.

#### **14.0 Governing Body Responsibilities**

14.1 The Governing Body has overall responsibility for managing conflicts of interest and has delegated this operational activity to the Director of Finance and Performance and Head of Corporate Services, who will be responsible for:

- Creating and maintaining the Register of Interest;
- Ensuring that for every interest declared either in writing or by oral declaration, arrangements are in place to manage any conflict or potential conflict of interest to ensure the integrity of the CCG's decision making process;
- Recording in writing the means whereby such conflicts of interest will be managed within two weeks of its notification;
- Communicating these means to the individual concerned on behalf of the Chair;
- Ensuring that these means are available for inspection in the Register of Interests.
- Oversight of the management of conflicts of interest will be provided by the Governing Bodies Lay Member for Audit and Governance.

#### **15.0 Breaches of the Policy**

15.1 The CCGs will view instances where this policy is not followed as serious and may take disciplinary or other relevant action against individuals, which may result in dismissal. Any unwitting failure to declare a relevant and material interest or position of influence and/or to record a relevant or material interest or position of influence that has been declared will not necessarily render void any decision made by the CCGs or its properly constituted committees or sub-committees, although CCGs will reserve the right to declare such a contract void.

#### **16.0 Equality and Diversity Statement**

16.1 The CCGs are committed to ensuring that it treats all its members fairly, equitably and reasonably and that it does not discriminate against individuals or groups on the basis of their ethnic origin, physical or mental abilities, gender, age, religious beliefs or sexual orientation. Accordingly an Equality Impact Assessment has been completed for this policy.

16.2 If you have any concerns or issues with the contents of this policy or have difficulty understanding how this policy relates to you or your role, please discuss them with the Lay Member (Chair of the Audit Committee) for Audit and Governance on the Governing Body.

#### **17.0 Monitoring Compliance and Effectiveness of the Policy**

17.1 The policy will be reviewed every three years or sooner should new guidance be issued by NHS England. CCGs members will be reminded of the policy and register of interests at least annually.

- 17.2. The Register of Interests will be updated and reviewed **annually** by the Governing Body.
- 17.3. **The Conflict of Interest Guardian** will review register entries on a regular basis and take any action necessary as highlighted by such review.

## **18.0 Conflict of Interest Training**

- 18.1 The CCGs will ensure that training is offered to all employees, governing body members and members of CCGs committees and sub-committees on the management of conflicts of interest. This is to ensure staff and others within the CCGs understand what conflicts are and how to manage them effectively.
- 18.2 The training will include the following:
- What is a conflict of interest
  - Why is conflict of interest management important
  - What are the responsibilities of the organisation you work for in relation to conflicts of interest
  - What should you do if you have a conflict of interest relating to your role, the work you do or the organisation you work for (who to tell, where it should be recorded, what actions you may need to take and what implications it may have for your role
  - How conflicts of interest can be managed
  - What to do if you have concerns that a conflict of interest is not being declared or managed appropriately
  - What are the potential implications of a breach of the CCG's rules and policies for managing conflicts of interest
- 18.3 All CCGs employees, governing body members, members of CCG committees and sub-committees and practice staff with involvement in CCG business will need to complete conflict of interest training on a yearly basis, so as to raise awareness of the risks of conflicts of interest and to support staff in managing conflicts of interest.
- 18.4 The annual training will be mandatory and will need to be completed by all staff by 31 January of each year. The CCGs will keep a record of their completion rates as part of their annual conflicts of interest audit.

## **Fraud or Bribery**

- 19.0 Any suspicions or concerns of acts of fraud or bribery can be reported online via <https://www.reportnhsfraud.nhs.uk/> or via the NHS Fraud and Corruption Reporting Line on 0800 0284060. This provides an easily accessible and confidential route for the reporting of genuine suspicions of fraud within or affecting the NHS. All calls are dealt with by experienced trained staff and any caller who wishes to remain anonymous may do so.

## **19.1 Impact of non-compliance**

Failure to comply with the CCGs policies on conflicts of interest management, pursuant to this statutory guidance, can have serious implications for the CCG and individuals concerned.

### **19.2 Professional regulatory sanctions**

Statutorily regulated healthcare professionals who work for, or are engaged by, organisations are under professional duties imposed by their relevant regulator to act appropriately with regard to conflicts of interest. CCGs will consider reporting statutorily regulated healthcare professionals to their regulator if they believe that they have acted improperly, so that these concerns can be investigated. As, if conflicts of interest are not effectively managed, organisations could face civil challenges to decisions they make – for instance if interests were not disclosed that were relevant to the bidding for, or performance of contracts. In extreme cases, staff and other individuals could face personal civil liability, for example a claim for misfeasance in public office.

### **19.3 Criminal sanctions**

Failure to manage conflicts of interest could lead to criminal proceedings including for offences such as fraud, bribery and corruption. This could have implications for the CCGs concerned and linked organisations, and the individuals who are engaged by them. The Fraud Act 2006 created a criminal offence of fraud and defines it three ways of committing it:

- Fraud by false representation;
- Fraud by failing to disclose information; and
- Fraud by abuse of position.

19.4 In these cases an offender's conduct must be dishonest and their intention must be to make a gain or cause a loss (or the risk of a loss) to another. Fraud carries a maximum sentence of 10 years imprisonment and/or a fine and can be committed by a body corporate.

## Annex A: Template Declaration of interests for CCG members and employees

<b>Name:</b>				
<b>Position within, or relationship with, the CCG (or NHS England in the event of joint committees):</b>				
<b>Detail of interests held (complete all that are applicable):</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)</b>	<b>Date interest relates From &amp; To</b>		<b>Actions to be taken to mitigate risk (to be agreed with line manager or a senior CCG manager)</b>

*The information submitted will be held by the CCG for personnel or other reasons specified on this form and to comply with the organisation's policies. This information may be held in both manual and electronic form in accordance with the Data Protection Act 1998. Information may be disclosed to third parties in accordance with the Freedom of Information Act 2000 and published in registers that the CCG 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 CCG as soon as practicable as and no later than 28 days after the interest arises. I am aware that if I do not make full, accurate and timely declarations then civil, criminal, or internal disciplinary action may result.

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

--

**Signed:**

**Date:**

**Signed:**                      **Position:**  
**(Line Manager or Senior Manager)**

**Date:**

Please return to **Head of Corporate Services**

## Types of interest

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;</li> <li>• A shareholder (or similar owner interests), a partner or owner of a private or not-for-profit company, business, partnership or consultancy which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations.</li> <li>• A management consultant for a provider;</li> <li>• In secondary employment (see paragraph 56 to 57);</li> <li>• In receipt of secondary income from a provider;</li> <li>• In receipt of a grant from a provider;</li> <li>• In receipt of any payments (for example honoraria, one off payments, day allowances or travel or subsistence) from a provider</li> <li>• 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</li> <li>• 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).</li> </ul>
<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>• A member of a particular specialist professional body (although routine GP membership of the RCGP, BMA or a medical defence organisation would not usually by itself amount to an interest which needed to be declared);</li> <li>• An advisor for Care Quality Commission (CQC) or National Institute for Health and Care Excellence (NICE);</li> <li>• A medical researcher.</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> <li>• A member of a lobby or pressure groups with an interest in health.</li> </ul>
<b>Indirect Interests</b>	<p>This is where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest in a commissioning decision (as those categories are described above). For example, this should include:</p>

Type of Interest	Description
	<ul style="list-style-type: none"> <li>• Spouse / partner;</li> <li>• Close relative e.g., parent, grandparent, child, grandchild or sibling;</li> <li>• Close friend;</li> <li>• Business partner.</li> </ul>

## Annex B Template Register of Interest

Annex B:  
Template Register of interests for CCGs

Name	Current position (s) held- i.e. Governing Body, Member practice, Employee or other	Declared Interest- (Name of the organisation and nature of business)	Type of Interest			Is the interest direct or indirect?	Nature of Interest	Date of Interest		Action taken to mitigate risk
			Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To	

## Annex C: Template Declarations of gifts and hospitality



Recipient Name	Position	Date of Offer	Date of Receipt (if applicable)	Details of Gift / Hospitality	Estimated Value	Supplier / Offeror Name and Nature of Business	Details of Previous Offers or Acceptance by this Offeror/ Supplier	Details of the officer reviewing and approving the declaration made and date	Declined or Accepted?	Reason for Accepting or Declining	Other Comments

*The information submitted will be held by the CCG for personnel or other reasons specified on this form and to comply with the organisation's policies. This information may be held in both manual and electronic form in accordance with the Data Protection Act 1998. Information may be disclosed to third parties in accordance with the Freedom of Information Act 2000 and published in registers that the CCG 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 CCG as soon as practicable as 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 CCG holds. If consent is NOT given please give reasons:

**Signed:**

**Date:**

**Signed:**

**Position:**

**Date:**

**(Line Manager or a Senior CCG Manager)  
Please return to Head of Corporate Services**

### **Annex E: Template declarations of interest checklist**

Under the Health and Social Care Act 2012, there is a legal obligation to manage conflicts of interest appropriately. It is essential that declarations of interest and actions arising from the declarations are recorded formally and consistently across all CCG governing body, committee and sub-committee meetings. This checklist has been developed with the intention of providing support in conflicts of interest management to the Chair of the meeting- prior to, during and

following the meeting. It does not cover the requirements for declaring interests outside of the committee process.

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

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

Timing	Checklist for Chairs	Responsibility
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### Template for recording any interests during meetings

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

Timing	Checklist for Chairs	Responsibility
presented at:	paper has been presented; or state 'not applicable'>	
Risk Assessments	<insert details of how this paper mitigates risks- including conflicts of interest>	

**Template to record interests during the meeting.**

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

## Annex F: Template for recording minutes

### XXXX Clinical Commissioning Group Primary Care Commissioning Committee Meeting

**Date:** 15 February 2016  
**Time:** 2pm to 4pm  
**Location:** Room B, XXXX CCG

#### Attendees:

Name	Initials	Role
Sarah Kent	SK	XXX CCG Governing Body Lay Member (Chair)
Andy Booth	AB	XXX CCG Audit Chair Lay Member
Julie Hollings	JH	XXX CCG PPI Lay Member
Carl Hodd	CH	Assistant Head of Finance
Mina Patel	MP	Interim Head of Localities
Dr Myra Nara	MN	Secondary Care Doctor
Dr Maria Stewart	MS	Chief Clinical Officer
Jon Rhodes	JR	Chief Executive – Local Healthwatch

#### In attendance from 2.35pm

Neil Ford                      NF                      Primary Care Development Director

Item No	Agenda Item	Actions
1	<b>Chairs welcome</b>	
2	<b>Apologies for absence</b>  <apologies to be noted>	
3	<b>Declarations of interest</b>  <i>SK reminded committee members of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of XXX clinical commissioning group.</i>  <i>Declarations declared by members of the Primary Care Commissioning Committee are listed in the CCG's Register of Interests. The Register is available either via the secretary to the governing body or the CCG website at the following link: <a href="http://xxxccg.nhs.uk/about-xxx-ccg/who-we-are/our-governing-body/">http://xxxccg.nhs.uk/about-xxx-ccg/who-we-are/our-governing-body/</a></i>	

	<p><b>Declarations of interest from sub committees.</b> <i>None declared</i></p> <p><b>Declarations of interest from today's meeting</b></p> <p><i>The following update was received at the meeting:</i></p> <ul style="list-style-type: none"> <li>• <i>With reference to business to be discussed at this meeting, MS declared that he is a shareholder in XXX Care Ltd.</i></li> </ul> <p><i>SK declared that the meeting is quorate and that MS would not be included in any discussions on agenda item X due to a direct conflict of interest which could potentially lead to financial gain for MS.</i></p> <p><i>SK and MS discussed the conflict of interest, which is recorded on the register of interest, before the meeting and MS agreed to remove himself from the table and not be involved in the discussion around agenda item X.</i></p>	
4	<b>Minutes of the last meeting</b> <date to be inserted> <b>and matters arising</b>	
5	<p><b>Agenda Item</b> &lt;Note the agenda item&gt;</p> <p><i>MS left the meeting, excluding himself from the discussion regarding xx.</i></p> <p><b>&lt;conclude decision has been made&gt;</b></p> <p><b>&lt;Note the agenda item xx&gt;</b></p> <p><i>MS was brought back into the meeting.</i></p>	
6	<b>Any other business</b>	
7	<b>Date and time of the next meeting</b>	





## Annex G: Procurement checklist

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 CCG’s proposed commissioning priorities? How does it comply with the CCG’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 service?	
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 entered in registers?	
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 managed?	

<b>10. Why have you chosen this procurement route e.g., single action tender?<sup>1</sup></b>	
<b>11. What additional external involvement will there be in scrutinising the proposed decisions?</b>	
<b>12. How will the CCG make its final commissioning decision in ways that preserve the integrity of the decision-making process and award of any contract?</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>	

<sup>1</sup>Taking into account all relevant regulations (e.g. the NHS (Procurement, patient choice and competition) (No 2) Regulations 2013 and guidance (e.g. that of Monitor).



**Template: Procurement decisions and contracts awarded**

Ref No	Contract/ Service title	Procurement description	Existing contract or new procurement (if existing include details)	Procurement type – CCG procurement, collaborative procurement with partners	CCG clinical lead (Name)	CCG contract manger (Name)	Decision making process and name of decision making committee	Summary of conflicts of interest noted	Actions to mitigate conflicts of interest	Justification for actions to mitigate conflicts of interest	Contract awarded (supplier name & registered address)	Contract value (£) (Total) and value to CCG	Comments to note

To the best of my knowledge and belief, the above information is complete and correct. I undertake to update as necessary the information.

Signed:

On behalf of:

Date:

Please return to the **Head of Corporate Services**

Bracknell and Ascot Clinical Commissioning Group  
 Slough Clinical Commissioning Group  
 Windsor, Ascot and Maidenhead Clinical Commissioning Group  
**Thinking Locally, Working Together**

## Annex H Template Register of procurement decisions and controls awarded

Annex H:											
Template Register of procurement decisions and contracts awarded											
Ref No	Contract/ Service title	Procurement description	Existing contract or new procurement (if existing include details)	Procurement type – CCG procurement, collaborative procurement with partners	CCG clinical lead	CCG contract manager	Decision making process and name of decision making committee	Summary of conflicts of interest declared and how these were managed	Contract Award (supplier name & registered address)	Contract value (£) (Total)	Contract value to CCG

**Annex I: Template Declaration of conflict of interests for bidders/contractors**

<b>Name of Organisation:</b>	
<b>Details of interests held:</b>	
<b>Type of Interest</b>	<b>Details</b>
Provision of services or other work for the CCG or NHS England	
Provision of services or other work for any other potential bidder in respect of this project or procurement process	
Any other connection with the CCG or NHS England, whether personal or professional, which the public could perceive may impair or otherwise influence the CCG's or any of its members' or employees' judgements, decisions or actions	