

Conflicts of Interest Policy

1.	SUMMARY:	This policy sets out the North Central London Clinical Commissioning Group's procedures for the management of conflicts of interest.			
2.	RESPONSIBLE OFFICER:	Executive Director of Corporate Services.			
3.	ACCOUNTABLE OFFICER:	Accountable Officer.			
4.	AUTHOR:	Christopher Hanson, Governance and Risk Lead.			
5.	APPLIES TO:	All CCG members, employees, self-employed consultants, contractors, officers and office holders, Governing Board (including committee) members.			
6.	GROUPS/ INDIVIDUALS WHO HAVE OVERSEEN THE DEVELOPMENT OF THIS POLICY:	Ian Porter, Executive Director of Corporate Services; Andrew Spicer, Head of Governance and Risk; Kate Harrington-Stillwell, Local Counter Fraud Specialist.			
7.	GROUPS WHICH WERE CONSULTED AND HAVE GIVEN APPROVAL:	This policy has been adapted from the Conflicts of Interest Policy of the previous NCL CCGs which was approved by the NCL Audit Committee in Common.			
8.	EQUALITY IMPACT ANALYSIS COMPLETED:	Policy Screened ✓	Not required	Template completed	Yes
9.	RATIFYING COMMITTEE(S) & DATE OF FINAL APPROVAL:	The Audit Committee approved this policy on 17 th September 2020.			
10.	VERSION:	1			
11.	AVAILABLE ON:	CCG website and staff intranet.			

12.	RELATED DOCUMENTS:	Standards of Business Conduct Policy; Counter Fraud, Bribery and Corruption Policy; Disciplinary Policy; Speaking Up (Whistleblowing) Policy; CCG Constitution; Procurement Policy; Sponsorship and Joint Working With The Pharmaceutical Industry Policy; Standing Financial Instructions
13.	DISSEMINATED TO:	Governing Body and all Staff
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Document Control

Date	Version	Action	Author
25 th August 2020	1	The policy was created for the new North Central London Clinical Commissioning Group. It was adapted from the previous Conflicts of Interest Policy of the five Clinical Commissioning Groups in North Central London. It also contains strengthened provisions on managing conflicts of interest and working with the pharmaceutical industry.	Christopher Hanson, Governance and Risk Lead.

“The CCG incorporates and support the human rights of the individual as set out in the European Convention on Human Rights and the Human Rights Act 1998”

NHS NORTH CENTRAL LONDON CLINICAL COMMISSIONING GROUP CONFLICT OF INTEREST POLICY

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1 Introduction

- 1.1 This document sets out the North Central London Clinical Commissioning Group ('CCG') Conflict of Interest Policy.
- 1.2 The Governing Body has responsibility for the stewardship of significant public resources and the commissioning of health care services to the local population. Therefore, it is determined to ensure the CCG inspires confidence and trust amongst its members, officers, office holders, staff, stakeholders, suppliers and the public.

Aims

- 1.3 Appropriate management of conflicts of interest and offers of gifts, hospitality and sponsorship is essential for ensuring and demonstrating the integrity of the CCG's decision-making processes and avoiding any perceived or actual situations of undue bias, undue influence and/or wrongdoing.
- 1.4 Therefore, this policy aims to ensure that the CCG has robust procedures and processes in place for the effective management of conflicts of interest and offers of gifts, hospitality and sponsorship and these support an organisational culture that proactively and positively manages any conflicts and offers. This policy also aims to protect the CCG, its decision-making, investments and stewardship of public funds from any impropriety.
- 1.5 The policy provides guidance by:
 - a. Setting out consistent principles and rules;
 - b. Advising appropriate courses of action for commonly arising situations; and
 - c. Facilitating good judgement when approaching and managing interests.

CCG Constitution and Policies

- 1.6 The Policy is designed to be as clear and comprehensive as possible. However, we operate in a dynamic and evolving work environment and, when applying or interpreting any of the CCG's policies, attention should be paid to the spirit of the policy as well as the letter. Good practice informed by policy and guidance, rather than policies alone, guarantees effective behaviour and the delivery of key objectives.
- 1.7 This policy should be read in conjunction with the CCG's Constitution, with particular reference to the Conflicts of Interest section, and the following policies:
 - a. Speaking Up (Whistleblowing) Policy;
 - b. Counter Fraud, Bribery and Corruption Policy;
 - c. Disciplinary Policy;
 - d. Equality & Diversity Policy; and
 - e. Standards of Business Conduct Policy;
 - f. Joint Working With The Pharmaceutical Industry Policy;
 - g. Standing Financial Instructions.
- 1.8 In the event of a conflict of interpretation between policies in the area of conflicts of interest and/or gifts, hospitality and sponsorship the provisions of this policy shall prevail except to the extent that it applies to joint working with the pharmaceutical industry. The CCG has created a supplementary policy which builds upon and strengthens the provisions of the Conflicts of Interest Policy.
- 1.9 The NHS recognises the need for joint working with the pharmaceutical industry where this benefits patients. However, joint working with the pharmaceutical industry has the potential to increase the risk of conflicts of interest and/or fraud. The CCG has established the Sponsorship and Joint Working With The Pharmaceutical Industry Policy to manage these risks, provide a framework

within which staff and other partners may work effectively with the pharmaceutical Industry and ensure the CCG complies with all relevant legislation and official guidance. Staff must follow both the Conflicts of Interest Policy and the Sponsorship and Joint Working With The Pharmaceutical Industry Policy when working, or proposing to work, with the pharmaceutical industry.

- 1.10 The Appendices to the Policy do not form part of the Policy and may be amended or updated by the Governance Team at any time.

Legal Framework

- 1.10 This policy is to assist with CCG compliance with its obligations under Sections 14O and 14Z8 of the National Health Service Act 2006 ('Act'), NHS England's Managing Conflicts of Interest: Revised Statutory Guidance for CCGs 2017, and NHS England's Best Practice Update on Conflicts of Interest Management: Call to Action for CCGs February 2019.¹ The Act and guidance set out clear requirements for the CCG to make arrangements for managing actual and potential conflicts of interests and offers of gifts, hospitality and sponsorship to ensure they do not affect, or appear to affect, the integrity of the CCG's decision-making processes.
- 1.11 These requirements are supplemented by procurement-specific requirements in the National Health Service (Procurement, Patient Choice and Competition) (No. 2) Regulations 2013 and the Public Contracts Regulations 2015.
- 1.12 This policy is to work alongside national and local guidance on child and adult safeguarding, as applicable.

Scope

- 1.13 This policy applies to all CCG members, staff (including students, trainees, agency staff, seconded staff, prospective staff and joint appointments), self-employed consultants, contractors, officers, and office holders.
- 1.14 It also applies to Governing Body members and members of its committees and subcommittees (and attendees), and all groups relating to commissioning, contracting and procurement processes, where decision-making is required by those members. This includes:
- a. Co-opted members;
 - b. Appointed deputies; and
 - c. Any members of committees/groups from other organisations.
- 1.15 Where the CCG is participating in a joint committee with any other CCG:
- a. Any interests should be recorded on the register(s) of interest of each participating CCG; and
 - b. Any offer, acceptance or refusal of gifts, hospitality or sponsorship should be recorded on the register of gifts and hospitality of each participating CCG.
- 1.16 This policy is applicable to all member practices of the CCG and as far as possible the scope extends to all GP partners and any individual directly involved in the business of the CCG.
- 1.17 The CCG will ensure that North and East London Commissioning Support Unit (CSU) and other commissioning support services, Local Authorities, other CCGs and other contractors are aware of the contents of this policy, where applicable. The CCG will further ensure that any procurement led by a third party on behalf of the CCG is compliant with the terms of this policy.

Annual Policy Review

¹ <https://www.england.nhs.uk/commissioning/pc-co-comms/coi/>

- 1.18 This policy will be reviewed every year by the Audit Committee. Further, the policy will be reviewed subject to new or amended pertinent legislation/guidance published and/or evolution in best practice.

2 Definition of an Interest

Definition of a Conflict of Interest

- 2.1 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."²
- 2.2 A conflict of interest may be:
- a. Actual - there is a material conflict between one or more interests;
 - b. Potential – there is the possibility of a material conflict between one or more interests in the future.
- 2.3 Conflicts of interest can arise in many situations, environments and forms of commissioning. For commissioners, a conflict of interest may arise when their judgement could be, or perceived to be, unduly influenced and impaired by their own concerns and obligations as a provider.
- 2.4 Conflicts can arise from personal or professional relationships with others, e.g. where the role or interest of a family member, friend or acquaintance may influence an individual's judgement or actions, or could be perceived to do so.
- 2.5 In the case of a GP involved in commissioning, an obvious example is the awarding of a new or extended contract with a provider in which the individual GP has a financial stake. There is an increased risk in primary care, and out-of-hours, commissioning, and involvement with integrated care organisations, as clinical commissioners may find themselves in a position of both commissioner and provider of services.
- 2.6 Conflicts of interest can arise throughout the whole commissioning cycle from needs assessment, to procurement exercises, to contract monitoring.
- 2.7 As a general guide:
- a. Perception of wrongdoing, impaired judgement or undue influence can be as detrimental as any of them actually occurring;
 - b. If in doubt it is better to assume a conflict of interest exists and manage it, rather than ignore it; and,
 - c. Financial gain is not necessary for a conflict to exist.

Privileged Information

- 2.8 An individual must not use confidential information acquired in the pursuit of their role within the CCG to benefit them or another connected person.
- 2.9 Those individuals to whom this policy applies should take care not to provide any third party with a possible advantage by sharing privileged, personal or commercial information, or by providing information that may be commercially useful in advance of that information being made available publicly or any other information that is not otherwise available and in the public domain. This

² Paragraph 12 of NHS England's Managing Conflicts of Interest: Revised Statutory Guidance for CCGs 2017, published 16 June 2017.

includes but is not limited to informing a potential supplier of procurement in advance of other potential bidders.

Types of Interest

- 2.10 Conflicts of interests can be split into four different categories:
- a. Financial Interests;
 - b. Non-financial Professional Interests;
 - c. Non-financial Personal Interests; and
 - d. Indirect Interests.
- 2.11 These are defined as follows:
- a. **Financial Interests** are where an individual may financially benefit from the consequences of a commissioning decision (for example, as a provider of services);
 - b. **Non-financial Professional Interests** are 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;
 - c. **Non-financial Personal Interests** are 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.
 - d. **Indirect Interests** are 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 described above).
- 2.12 It is not possible to define all instances in which an interest may be a real or perceived conflict. However, if an individual is unsure as to whether an interest should be declared then advice should be sought from the Governance Team or Board Secretary. If in doubt, the individual concerned should assume that a potential conflict of interest exists and declare it.
- 2.13 Role specific Conflicts of Interest guidance may be found at: www.england.nhs.uk/publications/conflicts-of-interest-summary-guides/
- 2.14 For further information see paragraph 16 of the Statutory Guidance or Appendix B to this policy (Template Declarations of Interest form for CCG members and employees).

3 Principles

- 3.1 This policy encourages compliance with:
- a. Appointment Commission's Code of Accountability and Code of Conduct for NHS Boards;
 - b. The 'Seven Principles of Public Life' (the 'Nolan Principles') included in **Appendix A**;
 - c. Good Governance Standards of Public Services principles; and
 - d. The Seven Key Principles of the NHS constitution, and the Equality Act 2010.

4 Declaration of Interests

- 4.1 The CCG fosters an open and honest environment to encourage all to declare actual or potential conflicts of interest. All individuals identified in the scope of this policy must complete a Declaration of Interest return.
- 4.2 The CCG will ensure that those individuals identified in the scope of this policy regularly declare any conflict or potential conflict. All of these individuals must complete a Declaration of Interest return and they must declare any conflict to the CCG in any event within 28 days of identification of the conflict.

- 4.3 The CCG will ensure that regular declarations of interest are made and recorded, and in any event:
- a. On appointment of an individual;
 - b. At meetings;
 - c. On changing role or responsibility or other relevant change of circumstance; and
 - d. When prompted by the CCG, annually.
- 4.4 Conflicts of Interest must be declared:
- a. **On appointment:** applicants for any appointment to the CCG or its Governing Body should be asked to declare any relevant interests as part of the election/recruitment process. When an appointment is made, a formal declaration of interests should be made and recorded;
 - a. **At meetings:** all attendees should be asked under a standing item on the agenda of the meeting, to declare any interest they have in any agenda item before it is discussed or as soon as it becomes apparent. Declarations of interest made should be recorded in the minutes of the meeting. Where an individual is unable to provide a declaration in writing, e.g. if a conflict becomes apparent in the course of a meeting, they will make an oral declaration before witnesses, which will be recorded in the minutes of the meeting, and complete a written declaration form as soon as possible thereafter but no later than 28 days;
 - b. **On changing role or responsibility:** Where an individual changes role or responsibility within the CCG or the Governing Body, any change to the individual's interests should be declared immediately;
 - c. **On any other change of circumstances:** wherever an individual's circumstances change in a way that affects the individual's interests (e.g. where an individual takes on a new role outside the CCG or sets up a new business or relationship), a further declaration should be made to reflect the change in circumstances. This could involve a conflict of interest ceasing to exist or a new one materialising.
- 4.5 All declarations must be reviewed by the declarant's line manager, with consideration given to any appropriate mitigations. It may be necessary to adopt one or more of the following approaches:
- a. Take no further action;
 - b. Restrict the declarant's access to key papers/documents and/or involvement in discussions and/or decision making;
 - c. Remove the declarant from decision making where appropriate;
 - d. Remove the declarant's responsibility for an area of work;
 - e. Remove the declarant from their role altogether if the conflict is so significant that they are unable to operate effectively in their role.
- 4.6 Declarations are made by completing and signing the Declaration of Interest form (at **Appendix B** of this policy) and sending the signed declaration to the Board Secretary.
- 4.7 In the case of declarations made during a CCG meeting, the minutes ought to reflect the method by which the particular conflict management solution was arrived at. See Appendix B or the Governance Team for further assistance.
- 4.8 The Governance and Risk Team may undertake conflict of interest reviews from time to time. In the event that the Governance and Risk Team's assessment is different from the declarant's line manager the view of the Governance and Risk Team shall prevail.

Specific guidance

Partnerships and Companies

- 4.9 The CCG will ensure that, when member organisations declare interests, 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 CCG and who would potentially be in a position to benefit from decisions made by the CCG.

- 4.10 Staff should declare, as a minimum, any shareholdings and other ownership interests in any publicly listed, private or not-for-profit company, business, partnership or consultancy which is doing, or might be reasonably expected to do, business with the CCG.
- 4.11 Where shareholdings or other ownership interests are declared and give rise to risk of conflicts of interest then the general management actions outlined in this policy should be considered and applied to mitigate risks.
- 4.12 There is no need to declare shares or securities held in collective investment or pension funds or units of authorised unit trusts.

Third Party Transactions

- 4.13 Declarations should include relevant third party transactions. This includes where, in any organisation either seeking to do business or is doing business with the NHS, a person or a close family member or a partner with whom they jointly own or control a business:
 - a. Have ownership;
 - b. Control; or
 - c. Are a senior manager.

Intellectual Property

- 4.14 Staff should declare patents and other intellectual property rights they hold (either individually, or by virtue of their association with a commercial or other organisation), including where applications to protect have started or are ongoing, which are, or might be reasonably expected to be, related to items to be procured or used by the CCG.
- 4.15 Staff should seek prior permission from the CCG before entering into any agreement with bodies regarding product development, research, work on pathways etc., where this impacts on the CCG's own time, or uses its equipment, resources or intellectual property.
- 4.16 Where holding of patents and other intellectual property rights give rise to a conflict of interest then the general management actions outlined in this policy should be considered and applied to mitigate risks.

Loyalty Interests

- 4.17 Loyalty interests should be declared by staff involved in decision-making where they:
 - a. Hold a position of authority in another NHS organisation or commercial, charity, voluntary, professional, statutory or other body which could be seen to influence decisions they take in their NHS role;
 - b. Sit on advisory groups or other paid or unpaid decision making forums that can influence how an organisation spends taxpayers' money;
 - c. Are, or could be, involved in the recruitment or management of close family members and relatives, close friends and associates, and business partners;
 - d. Are aware that their organisation does business with an organisation in which close family members and relatives, close friends and associates, and business partners have decision making responsibilities.

Clinical Private Practice

- 4.18 Clinical staff should declare all private practice on appointment, and/or any new private practice when it arises³.
- 4.19 Clinical staff should (unless existing contractual provisions require otherwise or unless emergency treatment for private patients is needed):
- a. Seek prior approval of their organisation before taking up private practice;
 - b. Ensure that, where there would otherwise be a conflict or potential conflict of interest, NHS commitments take precedence over private work.⁴
 - c. Not accept direct or indirect financial incentives from private providers other than those allowed by Competition and Markets Authority guidelines:
https://assets.publishing.service.gov.uk/media/542c1543e5274a1314000c56/Non-Divestment_Order_amended.pdf

Outside Employment

- 4.20 Secondary or outside employment is defined as:
- a. Paid employment or work outside of the CCG;
 - b. Voluntary employment or work outside of the CCG;
 - c. Self-employment/private work;
 - d. Reservist occupations;
 - e. Bank/locum/agency work outside of the CCG.
- 4.21 Any additional work or employment as defined above is considered as 'secondary' or 'outside' even where the CCG may not be considered by an individual as their main or 'primary' employment or work. Individuals are not precluded from having secondary employment but the CCG must be informed of such employment. Employees of the CCG are reminded that they must seek permission from the CCG if they are seeking to undertake any additional work or employment.
- 4.22 The CCG is aware that they may be in some instances a secondary employer for GPs.
- 4.23 All CCG members, staff, Governing Body members and members of the CCG's committees and subcommittees must ensure that secondary or outside employment is declared.
- 4.24 GPs who are members of the Governing Body or committees of the CCG, should declare details of their roles and responsibilities held within their GP practices, Primary Care Networks and/or GP Federations.

Governing Body Roles

- 4.25 Governing Body members are prohibited from being Clinical Directors in any Primary Care Network. Governing Body members are also prohibited from undertaking a leadership role in a GP Federation. This includes but is not limited to being a director of a GP Federation or a member of the senior management team.

³ Hospital Consultants are already required to provide their employer with this information by virtue of Para.3 Sch. 9 of the Terms and Conditions – Consultants (England) 2003: https://www.bma.org.uk/-/media/files/pdfs/practical_advice_at_work/contracts/consultanttermsandconditions.pdf

⁴ These provisions already apply to Hospital Consultants by virtue of Paras.5 and 20, Sch. 9 of the Terms and Conditions – Consultants (England) 2003: https://www.bma.org.uk/-/media/files/pdfs/practical_advice_at_work/contracts/consultanttermsandconditions.pdf

- 4.26 Under the Constitution Governing Body members may not be on the executive committee of a Local Medical Committee. Newly appointed Governing Body members who are on the executive committee of the Local Medical Committee due to pre-existing commitments have a three month period of grace after which this exclusion takes effect.

5 Declaration of Gifts, Hospitality, and Sponsorship

Gifts

- 5.1 A 'gift' is defined as "any item of cash or goods, or any service, which is provided for personal benefit, free of charge, or at less than its commercial value."⁵
- 5.2 As general guidance - gifts that may affect, or be seen to affect, the recipient's professional judgement ought not to be accepted, and should be declared.
- 5.3 Any personal gift of cash or cash equivalent (e.g. vouchers), in any circumstances, must be declined and declared.
- 5.4 Gifts from suppliers or contractors doing business, or likely to do business with the CCG:
- Should be declined and declared, whatever their value (subject to b. below);
 - Branded promotional aids (such as pens or post-it notes) may be accepted where they are under the value of £6⁶ in total, and need not be declared.
- 5.5 With regards to gifts from other sources (e.g. patients, families, service users):
- Staff should not ask for any gifts;
 - Gifts valued at under £50 may be accepted and do not need to be declared;
 - Gifts valued at over £50 should be treated with caution and only be accepted on behalf of the CCG, not in a personal capacity. In any event these should be declared by staff;
 - A common sense approach should be applied to the valuing of gifts (an estimate that a reasonable person would make as to its value, if the actual value is not known);
 - 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.

Hospitality

- 5.6 Hospitality means offers of meals, refreshment, travel, accommodation, and other expenses in relation to attendance at meetings, conferences, education and training events etc.⁷
- 5.7 Hospitality should not be asked for or accepted where it may affect, or be seen to affect professional judgement.
- 5.8 It may only be accepted when there is a legitimate business reason and it is proportionate to the nature and purpose of the event. Staff should pay attention to the circumstances in which hospitality is offered. Even limited value hospitality may affect, or be seen to affect, their professional judgement.

⁵ Paragraph 32 of NHS England's Managing Conflicts of Interest: Revised Statutory Guidance for CCGs 2017, published 16 June 2017.

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

⁷ Paragraph 37 of NHS England's Managing Conflicts of Interest: Revised Statutory Guidance for CCGs 2017, published 16 June 2017.

- 5.9 Particular caution should be exercised when hospitality is offered by actual or potential suppliers or contractors. This can be accepted, and must be declared, if modest and reasonable. Senior approval must be obtained.
- 5.10 Meals and refreshments:
- a. Under a value of £25 - may be accepted and need not be declared;
 - b. Of a value between £25 and £75⁸ - may be accepted and must be declared;
 - c. Over a value of £75 - should be refused unless (in exceptional circumstances) senior approval is given. A clear reason should be recorded on the organisation's register(s) of interest as to why it was permissible to accept;
 - d. A common sense approach should be applied to the valuing of meals and refreshments (an estimate that a reasonable person would make as to its value, if the actual value is not known).
- 5.11 Travel and accommodation:
- a. 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;
 - b. Offers which go beyond modest, or are of a type that the CCG might not usually offer, need approval by the Governance Team, should only be accepted in exceptional circumstances, and must be declared. A clear reason should be recorded on the organisation's register(s) of interest as to why it was permissible to accept travel and accommodation of this type. A non-exhaustive list of examples includes:
 - i. Offers of business class or first-class travel and accommodation (including domestic travel);
 - ii. Offers of foreign travel and accommodation.
- 5.12 Offers of hospitality in following circumstances must be refused and declared:
- a. During a related tendering exercise;
 - b. Where a related contract is due to come to an end;
 - c. Where the performance of a contract is in question;
 - d. 'Linked sponsorship arrangements' where external sponsorship is linked to the CCG procurement of goods and services; and
 - e. Other circumstances where acceptance might compromise the staff member or CCG.

Donations

- 5.13 Donations made by suppliers or bodies seeking to do business with the CCG should be treated with caution and not routinely accepted. In exceptional circumstances they may be accepted but should always be declared. A clear reason should be recorded as to why it was deemed acceptable, alongside the actual or estimated value.
- 5.14 Staff must obtain permission from the CCG if in their professional role they intend to undertake fundraising activities on behalf of a pre-approved charitable campaign for a charity other than the CCG's own. Donations, when received, should be made to a specific charitable fund (never to an individual) and a receipt should be issued. Staff wishing to make a donation to a charitable fund in lieu of receiving a professional fee may do so, subject to ensuring that they take personal responsibility for ensuring that any tax liabilities related to such donations are properly discharged and accounted for.

⁸ The £75 value has been selected with reference to existing industry guidance issued by the ABPI
<http://www.pmcpa.org.uk/thecode/Pages/default.aspx>

Sponsorship

- 5.15 Sponsorship can be defined as the provision or pledge of money or hospitality to help fund an event. This may include but is not limited to payment for a venue or food and/or drinks at a meeting where CCG business is conducted.
- 5.16 Staff within the CCG involved in securing sponsorship should make it clear that sponsorship does not equate to endorsement of a company or its products and this should be made visibly clear on any promotional or other materials. Staff in receipt of Sponsorship should declare the same as an actual or potential Conflict of Interest. Any new receipt or offer of sponsorship (whether accepted or not) must be declared to the CCG on both the Conflict of Interest and Gifts and Hospitality register.
- 5.17 Declarations are made by completing and signing the Declaration of Interest form (at **Appendix B** of this policy) and/or Declaration of Gifts, Hospitality, and Sponsorship (at **Appendix D** of this policy) and sending the signed declaration to the Board Secretary.

Sponsored Events

- 5.18 Sponsorship of events by appropriate external bodies will only be approved if a reasonable person would conclude that the event will result in clear benefit the CCG and the NHS. During dealings with sponsors there must be no breach of patient or individual confidentiality or data protection rules and legislation. No information should be supplied to the sponsor from which they could gain a commercial advantage, and which is not in the public domain already.
- 5.19 The CCG has in place criteria for the assessment of the sponsorship of CCG events by pharmaceutical companies. These will be assessed on a case by case basis in accordance with the Sponsorship and Joint Working With The Pharmaceutical Industry Policy.

Sponsored Research

- 5.20 Funding sources for research purposes must be transparent. Any proposed research must go through the relevant health research authority or other approvals process. There must be a written protocol and written contract between staff, the organisation, and/or institutes at which the study will take place and the sponsoring organisation, which specifies the nature of the services to be provided and the payment for those services.

Sponsored Posts

- 5.21 External sponsorship of a post requires prior approval from the CCG. Rolling sponsorship of posts should be avoided unless appropriate checkpoints are put in place to review and withdraw if appropriate.
- 5.22 Sponsorship of a post should only happen where there is written confirmation that the arrangements will have no effect on purchasing decisions or prescribing and dispensing habits. This should be audited for the duration of the sponsorship. Written agreements should detail the circumstances under which organisations have the ability to exit sponsorship arrangements if conflicts of interest which cannot be managed arise.
- 5.23 Sponsored post holders must not promote or favour the sponsor's specific products, and information about alternative products and suppliers should be provided. Sponsors should not have any undue influence over the duties of the post or have any preferential access to services, materials or intellectual property relating to or developed in connection with the sponsored posts. Staff should declare any other interests arising as a result of their association with the sponsor on the Gifts, Hospitality, and Sponsorship] register.

Making Declarations

- 5.24 Where a declaration (acceptance or refusal) is to be made, the declaration of gifts, hospitality and sponsorship form should be completed promptly and authorised by the individual's line manager or senior manager within the CCG prior to accepting a gift or hospitality, or as soon as is feasible after accepting a gift or hospitality in line with this Policy. The completed form should be returned to the Board Secretary, who has designated responsibility for maintaining the Register of Gifts, Hospitality and Sponsorship. A template of the declaration of gifts, hospitality and sponsorship form has been annexed at **Appendix D**.
- 5.25 There are strict guidelines published by the Association of British Pharmaceutical Industry (ABPI) in January 2019 relating to Inducements and Inappropriate payments, and the provision of items for patients, Health Professionals and other relevant Decision Makers.⁹ Staff are reminded that it is mandatory that any individual member of CCG staff or Member undertaking work with the Pharmaceutical Industry, in whatever capacity and for whatever institution, and receiving any transfer of value or benefit in kind must give their consent for this to be declared on the ABPI Disclosure UK database. Failure to provide the necessary consent will be considered as a breach of this policy and of the CCGs' Conflicts of Interest policy and may result in disciplinary action. As part of the CCGs annual counter fraud review into Conflicts of Interest, the ABPI data for the NCL CCGs will be reviewed.
- 5.26 All gifts, hospitality and sponsorship declared should be transferred to the Register of Gifts, Hospitality and Sponsorship that the CCG maintains and published on its website. A template of the Register of Gifts, Hospitality and Sponsorship is annexed at **Appendix E**.

6 Registers of Interests and Gifts, Hospitality, and Sponsorship

- 6.1 The CCG will maintain the following registers of interests:
- Governing Board members;
 - Staff and Contractors;
 - Clinical Leads; and
 - Other staff from Member Practices involved/engaged in CCG commissioning activity.
- 6.2 The CCG will maintain a register of Gifts, Hospitality and Sponsorship, Appendix E.
- 6.3 The registers in the above paragraphs will be published annually on the CCG's website, as well as being made available at the CCG's headquarters. They will be included in the CCG's Annual Report and Annual Governance Statement.
- 6.4 The CCG will record all nil returns on the relevant register of interests.
- 6.5 Interests and offers of Gifts, Hospitality and Sponsorship will remain on the respective public register for a minimum of 6 months after the expiration of the interest. The CCG will retain a private record of historic interests for a minimum of 6 years after expiration. Prior to the publication of the Registers, Fair Processing Notices should be provided to the subject individual.
- 6.6 When conflicts are entered onto the register sufficient information about the nature of the interest and the details of those holding the interest will be recorded, as will details of deliberations and subsequent decisions about how to manage these conflicts. **Appendix C** is a template register of interests.

⁹ <http://www.pmcpa.org.uk/thecode/Pages/Download-the-Code.aspx>

- 6.7 In keeping with law and guidance on information governance, only the minimum necessary information about an individual will be included on the registers. However, further information may be requested by anyone under the provisions of the Freedom of Information Act and each such request will be considered on its own merits in line with the CCG's Freedom of Information Policy.
- 6.8 Notwithstanding the above, where in exceptional circumstances the public disclosure of information could give rise to a real risk of harm or distress the details of an individual's declaration of interests or other information may be redacted from the publicly available registers.
- 6.9 Requests for redaction of the published register of interests must be made in writing by the subject individual to the CCG's Conflicts of Interest Guardian.
- 6.10 Decisions not to publish information must be made by the CCG's Conflicts of Interest Guardian, who may seek guidance if required. The CCG will retain a confidential un-redacted version of the register(s).

7 Roles and Responsibilities

All CCG Staff, Officers, Office Holders, Governing Body Members and GP Practice Members

- 7.1 It is the responsibility of all CCG employees (including joint commissioners employed by the Local Authority), Governing Body members (including committee and sub-committee members) and GP practice members, GP Partners and as far as possible all GP practice staff involved in commissioning to:
- a. Familiarise themselves and comply with this policy and whistleblowing procedures;
 - b. Complete when required online and/or face-to-face conflicts of interest training;
 - c. Avoid undertaking duties, remunerated or otherwise, outside of their employment with the CCG if it may or does give rise to any actual or potential conflict of interest, or prejudice the standards set out in this policy;
 - d. Declare any relevant interests or complete nil returns in accordance with this policy;
 - e. Make declarations of offers of gifts and hospitality where required in consultation with their line manager; and
 - f. Refuse gifts, inducements or hospitality other than in accordance with this policy.
- 7.2 Line Managers must ensure that employees are aware of the policy and processes to be followed for declaring interests or offers of gifts, hospitality and sponsorship. Line Managers are responsible to ensure all staff comply with the CCG's policies by providing access and related training. Line managers must consider any declarations made by their employees and put in place mitigating arrangements in accordance with the instructions of the relevant Executive Director where appropriate.

Governance and Risk Team and Board Secretary

- 7.3 It is the responsibility of the Head of Governance and Risk and/or the Board Secretary to:
- a. Support the Conflicts of Interest Guardian, including briefing them on conflicts of interests, gifts, hospitality and sponsorship matters and issues arising;
 - b. Assure the Accountable Officer and Executive Management Team that appropriate arrangements for the management of conflicts of interests are in place;
 - c. Oversee the arrangements for the management of conflict of interest, gifts, hospitality and sponsorship and advise the Governing Body as required;
 - d. Ensure all CCG employees, Governing Body Members and members of CCG committees and sub committees, undertake online conflicts of interest and gifts, hospitality and sponsorship training at least once in each period running from 1 February to 31 January;

- e. Review this policy every year, or in light of changes in legislation / guidance published in relation to conflicts of interest and make recommendations to the Governing Body for any required changes;
- f. Ensure that the Register of Interests, Register of Procurement decisions and contracts awarded, and Register of Gifts, Hospitality and Sponsorship are reviewed regularly, updated and published as necessary;
- g. Ensure that for every interest declared, arrangements are in place to manage the conflicts of interests or potential conflict of interest, to ensure the integrity of the group's decisions making process;
- h. Ensure any breaches of the CCG's policies and procedures for the management of conflicts of interest are identified and managed, including:
 - i. The reporting of any breaches as part of statutory returns to NHS England;
 - ii. The publication of anonymised details of any breaches on the CCG's website; and
- i. Ensure that the CCG makes its self-certification return to NHS England on the management of conflicts of interest and gifts, hospitality and sponsorship as required e.g. quarterly reporting for self-certification purposes, and that this includes an explanation for any non-compliance with NHS England's guidance on the management of conflicts of interests.

Commissioning Lead and Procurement Leads

- 7.4 The Chief Finance Officer, as Senior Responsible Officer for Procurement, and any staff leading on any relevant procurements within the CCG must ensure that bidders, contractors and direct service providers adhere to this policy, and that the service re-design and procurement processes used by the CCG reflect the procedures set out in this policy. This includes ensuring:
- a. Declarations are made a part of any contract meeting;
 - b. Interests and offers of gifts, hospitality and sponsorship are recorded and managed;
 - c. There are arrangements for the identification and management of conflicts of interest and offers of gifts, hospitality and sponsorship through the management and delivery of the contract.

The Accountable Officer and Executive Management Team

- 7.5 The Accountable Officer has overall accountability for the CCG's approach to managing conflicts of interest and gifts, hospitality and sponsorship. However, the Executive Management Team has day to day responsibility for the CCG's management of conflicts of interest and gifts, hospitality and sponsorship and ensuring that there are arrangements for:
- a. The day-to day management of conflicts of interest and gifts, hospitality and sponsorship matters and queries;
 - b. Maintaining the CCG's registers of interest, gifts, hospitality and sponsorship, and the other registers referred to in this Policy;
 - c. Supporting the Conflicts of Interest Guardian to enable them to carry out the role effectively¹⁰;
 - d. Providing advice, support, and guidance on how conflicts of interest and gifts, hospitality and sponsorship should be managed;
 - e. Ensuring that appropriate administrative processes are put in place; and
 - f. Ensuring that appropriate governance arrangements are in place, particularly where the CCG is working in collaboration with others (e.g. Sustainability and Transformation Partnerships and/or Integrated Care Systems).

Lay Member for Audit and Governance and Conflict of Interest Guardian

¹⁰ See Paragraph 75 of NHS England's revised statutory guidance on the management of Conflicts of Interests, published 16 June 2017.

- 7.6 The Lay Member for Audit and Governance will assist the Governing Body on conflict of interest and gifts, hospitality and sponsorship matters, and will also provide direct formal attestation to NHS England alongside the Accountable Officer. In addition, they will provide a view of the working of the CCG with a strategic and impartial focus.
- 7.7 The Lay Member for Audit and Governance will be the CCG's Conflicts of Interest Guardian, provided they have no provider interests as they already have a lead role in conflicts of interest management and ensuring that the Governing Body and the wider CCG behaves with the utmost probity at all times.
- 7.8 The Lay Member for Audit and Governance will:
- a. Ensure an audit of management of conflicts of interest and gifts, hospitality and sponsorship is undertaken annually as part of the internal audit programme;
 - b. Be consulted where necessary on the management of conflicts where the Chair and Vice-Chair of a meeting at which CCG business is conducted are conflicted.
- 7.9 In their capacity as Conflict of Interest Guardian, they will:
- a. Act as a conduit for GP practice staff, members of the public and healthcare professionals, as well as employees or workers of the CCG to raise concerns in relation to conflicts of interest and gifts, hospitality and sponsorship and this policy;
 - b. Decide the level of information to be included in the CCG's Registers of Interests and gifts, hospitality and sponsorship (see above) and about any individual included on the registers;
 - c. Provide advice where there is doubt as to the application of policy touching conflicts of interest and gifts, hospitality and sponsorship; and;
 - d. Support the proper application of this policy, and provide advice as to the minimisation of risks of conflicts of interest, and management of and gifts, hospitality and sponsorship.

Primary Care Commissioning Committee and Chair

- 7.10 The Primary Care Commissioning Committee is a decision-making committee, which is established to exercise the discharge of the primary medical services functions, should:
- a. For joint commissioning take the form of a joint committee established between one or more CCGs and NHS England; and
 - b. In the case of delegated commissioning, be a committee established by the CCG.
- 7.11 As a general rule, meetings of the Primary Care Commissioning Committee, including the decision-making and deliberations leading up to the decision, should be held in public unless the CCG has concluded it is appropriate to exclude the public where it would be prejudicial to the public interest to hold that part of the meeting in public. Examples of where it may be appropriate to exclude the public include but are not limited to:
- a. Information about individual patients or other individuals which includes sensitive personal data is to be discussed;
 - b. Commercially confidential information is to be discussed, for example the detailed contents of a provider's tender submission;
 - c. Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings is to be discussed; or;
 - d. To allow the meeting to proceed without interruption and disruption.
- 7.12 The Primary Care Commissioning Committee must have a lay Chair and lay Vice-Chair. To ensure appropriate oversight and assurance, and to ensure the Lay Member for Audit and Governance's position as Conflicts of Interest Guardian is not compromised, the Lay Member for Audit and Governance should not hold the position of Chair of the Primary Care Commissioning Committee. This is because the Lay Member for Audit and Governance would conceivably be conflicted in this role due to the requirement that they attest annually to the NHS England Board that the CCG has:
- a. Had due regard to the statutory guidance on managing conflicts of interest; and

b. Implemented and maintained sufficient safeguards for the commissioning of primary care.¹¹

- 7.13 The Lay Member for Audit and Governance 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. Ideally the Lay Member for Audit and Governance would also not serve as Vice-Chair of the Primary Care Commissioning Committee. However, if this is required due to specific circumstances (for example where there is a lack of other suitable lay candidates for the role), this will need to be clearly recorded and appropriate further safeguards may need to be put in place to maintain the integrity of their role as Conflicts of Interest Guardian in circumstances where they chair all or part of any meetings in the absence of the primary care commissioning committee Chair.¹²
- 7.14 The quorum requirements for Primary Care Commissioning Committee meetings must include a majority of lay and executive members in attendance with eligibility to vote.
- 7.15 In the interest of minimising the risks of conflicts of interest, GPs on the Primary Care Commissioning Committee will only vote when they are not conflicted. The arrangements 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. The Governance Team, and/or the Statutory Guidance ought to be consulted when considering proposals for the inclusion of clinical input.
- 7.16 The CCG Constitution and paragraphs 100 to 104 of the Statutory Guidance provides details and guidance as to the Primary Care Commissioning Committee's decision making processes and voting arrangements.

The Chair of CCG Meetings

- 7.17 The Chair of a meeting of the CCG, including but not limited to the Governing Body and its Committees, is responsible for:
- a. Identifying as far as possible in advance of meetings where one or more members have a conflict of interests;
 - b. Ensuring interests are declared at the start of a meeting, and any declared interests are recorded in the minutes of the meeting;
 - c. Ensuring there are arrangements for the management of the meeting's business in the event the Chair has a conflict of interests;
 - d. Follow the declaration of interest checklist (**Appendix G**) prior to (during and, to the extent applicable, after) meetings, paying particular attention to any declarations of conflicts which have already been made by members of the CCG;
 - e. Ensuring that where members of a meeting have conflicts of interests the meeting remains quorate and if not to follow the processes set out in this Policy (see section 7, below), in the meeting's terms of reference, and in the CCG's Constitution.

Secretariat to CCG Meetings

- 7.18 The Secretariat to CCG meetings has a vital role in ensuring, where a meeting member has a conflict of interests that has been identified in advance, that member does not receive any papers or other information relating to that conflict of interest.

¹¹ Paragraph 77 of NHS England's Managing Conflicts of Interest: Revised Statutory Guidance for CCGs 2017, published 16 June 2017.

¹² Ibid. paragraph 78.

- 7.19 They must also ensure any declared conflicts and how they are managed are accurately and faithfully recorded in the meeting's minutes.
- 7.20 It is imperative that the CCG ensures complete transparency in its decision making processes through robust record keeping.

General Practitioners (GPs)

- 7.21 Following guidance from The General Medical Council (GMC) the CCG will ensure that any GPs with a responsibility for or involvement in commissioning of services must:
- a. Satisfy themselves that all decisions made are open, fair and transparent and comply with legislation;
 - b. Keep up to date and follow the guidance and codes of practice that govern the commissioning of services;
 - c. Formally declare any and all relevant interests that they, or someone close to them, including their GP or business partners and employees, or their employer/GP practice has;
 - d. Take steps to manage any conflict between their duties as a GP and their commissioning responsibilities, for example by excluding themselves from the decision making process and any subsequent monitoring arrangements.

8 Governance Arrangements and Decision Making

Declarations of Interests on Application for Appointment/Election and/or Appointment to the CCG

- 8.1 On appointing Governing Body, committee or subcommittee members and senior staff, the CCG will consider whether conflicts of interest should exclude individuals from being appointed to the relevant role.
- 8.2 Individuals seeking election or appointment will be required to declare any relevant interests. This applies to:
- a. Lay member appointments to the Governing Body;
 - b. Appointments of external individuals to the Governing Body, its committees, and other working or project groups;
 - c. Professional medical practitioners, practice nurses and practice managers standing for election to the Governing Body; and
 - d. All employees and individuals contracted to work for the CCG, especially those operating at senior level or Governing Body level.
- 8.3 The purpose of such declarations will be to enable the Governing Body and its committees to determine, on a case by case basis, whether any of the declared interests are such that they could not be managed under this policy, and consequently the applicant would be unable to make a full and proper contribution to the CCG and its decision-making. In so doing they will take into consideration the materiality of the declared interest and the extent to which the individual (or a related third party) could benefit from any decision that the Governing Body might make.
- 8.4 The CCG will assess the materiality of any declared interest, in particular whether the individual (or any person with whom they have a close association) could benefit (whether financially or otherwise) from any decision the CCG might make.
- 8.5 If after due consideration such conflicts of interest could not be so managed, or if the interest is related to an area of business significant enough that the individual would be unable to operate effectively and make a full and proper contribution in the proposed role the individual should be not be appointed to the Governing Body or to a committee or subcommittee of the CCG.

Managing Conflicts of Interests During Meetings

- 8.6 In preparation of and ahead of the meeting, the Chair, with support of the Governance Team and/or Board Secretary and, if required, the Conflicts of Interest Guardian, is to:
- a. Proactively consider what conflicts are likely to arise and how they should be managed; and
 - b. Take steps to ensure that supporting papers for particular agenda items of private sessions/meetings are not sent to conflicted individuals in advance of the meeting where relevant.
- 8.7 The Chair should ask at the beginning of each meeting if anyone has any conflicts of interest to declare in relation to the business to be transacted at the meeting. Each member of the group should declare any interests which are relevant to the business of the meeting whether or not those interests have previously been declared. Any new interests which are declared at a meeting must be recorded on the CCG's relevant register of interests as soon as is reasonably possible to ensure it is up-to-date.
- 8.8 If any conflicts of interest are declared or otherwise arise in a meeting the secretary must record in the minutes:
- a. Who has the interest;
 - b. The nature of the interest including the date the conflict arose (and, where applicable, expired), and why it gives rise to a conflict;
 - c. The items on the agenda to which the interest relates;
 - d. How the conflict will be managed;
 - e. Evidence that the conflict was managed as intended (e.g. recording when an individual left and returned to a meeting).
- 8.9 Any new offers of gifts or hospitality (whether accepted or not) which are declared at a meeting must be recorded on the CCG's Register of Gifts, Hospitality and Sponsorship as soon as is reasonably possible to ensure it is up-to-date.
- 8.10 It is the responsibility of each individual member of the meeting to declare any relevant Conflicts of Interest which they may have. Where an individual, employee or person providing services to the CCG attending a meeting is aware of an interest which has not been declared, they will declare this immediately at the start of the meeting. Declarations of Interest should be reported to the Board Secretary.
- 8.11 Where an individual, employee or person providing services to the CCG is attending a meeting is aware of an interest that has previously been declared in relation to the scheduled or likely business of the meeting, the individual will bring this to the attention of the Chair of the meeting, together with details of arrangements which have been confirmed for the management of the conflict of interest or potential conflict of interest.
- 8.12 The Chair of the meeting will determine how the conflict should be managed, and will inform the individual of the decision. The individual will comply with these arrangements, which.
- 8.13 When a member of the meeting (including the Chair or Vice-Chair) has a conflict of interest in relation to one or more items of business to be transacted at the meeting, the Chair (or Vice-Chair or remaining non-conflicted members where relevant as described above) must decide how to manage the conflict. The decision must be formally recorded in the minutes of the meeting.
- 8.14 The appropriate course of action will depend on the particular circumstances, but could include one or more of the following:
- a. Where the Chair has a conflict of interest, deciding that the Vice-Chair (or another non-conflicted member of the meeting if the Vice-Chair is also conflicted) should chair all or part of the meeting;

- b. Requiring the individual who has a conflict of interest (including the Chair or Vice-Chair if necessary) not to attend the meeting;
- c. Ensuring that the individual concerned does not receive the supporting papers or minutes of the meeting which relate to the matter(s) which give rise to the conflict;
- d. Requiring the individual to leave the discussion when the relevant matter(s) are being discussed and when any decisions are being taken in relation to those matter(s). In private meetings, this could include requiring the individual to leave the room and in public meetings to either leave the room or join the audience in the public gallery;
- e. Allowing the individual to participate in some or all of the discussion when the relevant matter(s) are being discussed but requiring them to leave the meeting when any decisions are being taken in relation to those matter(s). This may be appropriate where, for example, the conflicted individual has important relevant knowledge and experience of the matter(s) under discussion, which it would be of benefit for the meeting to hear, but this will depend on the nature and extent of the interest which has been declared;
- f. Noting the interest and ensuring that all attendees are aware of the nature and extent of the interest, but allowing the individual to remain and participate in both the discussion and in any decisions. This is only likely to be the appropriate course of action where it is decided that the interest which has been declared is either immaterial or not relevant to the matter(s) under discussion.

8.15 Where the Chair of any meeting of any group including committees or subcommittees of the Governing Body has a personal interest, previously declared or otherwise, in relation to the scheduled or likely business of the meeting, he or she must make a declaration and the Deputy Chair/Vice-Chair of the Governing Body or the Committee will act as Chair for the relevant part of the meeting. Where arrangements have been confirmed for the management of the conflict of interest or potential conflict of interest in relation to the Chair, the meeting must ensure these are followed.

8.16 If both the Chair and Vice-Chair are conflicted the voting members of the meeting who are not conflicted, provided the meeting then remains quorate, shall decide and agree how to manage the conflict(s), where necessary in consultation with the Conflicts of Interests Guardian.

8.17 Where there is no Vice-Chair, the members of the meeting will select one.

8.18 Where the meeting is not quorate, discussions may take place but any 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 may adjourn the meeting to permit the co-option of additional members.

8.19 Where this is not possible the matter shall be referred to the Governing Body for decision.

Managing Conflicts of Interest Where All or Most of the GPs Have an Interest

8.21 Where certain members of the CCG have a material interest, they will either be excluded from relevant parts of meetings, or join in the discussion but not participate in the decision-making itself.

8.22 Where a limited number of GPs have an interest, it will be straightforward for relevant individuals to be excluded from decision-making.

8.23 In cases where all of the GPs or other practice representatives on a decision-making body have a conflict of interest, particularly where the CCG is proposing to commission services on a single tender 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 Any Qualified Practitioner (AQP) framework, the CCG:

- a. May refer the decision to the Governing Body and exclude all GPs or other practice representatives with an interest from the decision-making process, i.e. so that the decision is made only by the non-GP members of the Governing Body including the Lay Members and the Registered Nurse and Secondary Care Specialist;
- b. Shall consider co-opting individuals from a Health and Wellbeing Board or from another CCG onto the Governing Body, or inviting the Health and Wellbeing Board or another CCG to review the proposal, to provide additional scrutiny, although such individuals would only have authority to participate in decision-making if provided for in the CCG's Constitution;
- c. May Co-opt other relevant non conflicted members.

Managing Conflicts of Interest for GPs that are Potential Providers of CCG-Commissioned Services

- 8.24 The CCG is prohibited by law from awarding any contract where the integrity of the procurement process or the award has been, or appears to have been, affected by a conflict of interest
- 8.25 The CCG may commission primary care services, including local incentive schemes, from General Practices. If a practice, or group of practices, provides a service, the CCG will need to demonstrate to the appropriate Committee of the Governing Body (and to the external and internal auditors) that the service:
- a. Clearly meets local health needs, and has been planned appropriately;
 - b. Goes beyond the scope of the General Medical Services (GMS)/Personal Medical Services (PMS) contract;
 - c. Offers best value for money; and
 - d. Has been commissioned via the appropriate procurement process as set out in the CCG's Procurement Policy.
- 8.26 Any breach of the above must be reported to the Audit Committee.
- 8.27 A General Practice or group of practices may belong to a provider consortium such as a federation or Primary Care Network in which GPs have a financial interest. Where General Practices including provider consortia or organisations in which GPs have a financial interest are potential providers of CCG-commissioned services, the CCG will seek to assure itself of the factors set out in the NHS England's Code of Conduct for managing conflicts of interest, and the procurement process should be overseen by the Strategy and Commissioning Committee.
- 8.28 The CCG recognises that particular care must be exercised when procuring services including the commissioning of services from GP practices. For that reason, this policy incorporates an Procurement Template which must be completed in each case where GP practices, consortia or organisations in which GPs have a financial interest are, or may be a tenderer (See **Appendix F**).

9 Managing Conflicts of Interest Throughout the Commissioning Cycle

- 9.1 The CCG recognises the importance in making decisions about the services it procures in a way that does not call into question the motives behind the procurement decisions that have been made. The CCG will ensure that they recognise and manage conflicts or potential conflicts of interest that may arise in relation to procurement and throughout the Commissioning Cycle.
- 9.2 Anyone participating in the procurement, or otherwise engaging with the CCG, in relation to the provision of services or facilities, will be required to make a declaration of interest which will include nil returns. This includes those who will take part in any tender evaluation or decision making with regards to the award of a contract. Where these functions are undertaken by the CSU, declarations from CSU employees involved in the process should also be obtained and made available to the CCG.

- 9.3 The National Health Service (Procurement, Patient Choice and Competition) Regulations 2013 place requirements on commissioners to ensure that they adhere to good practice in relation to procurement, do not engage in anti-competitive behaviour that is against the interest of patients, and protect the rights of patients to make choices about their healthcare.
- 9.4 The Regulations set out that commissioners must:
- a. Manage conflicts or 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
 - b. Keep appropriate records of how they have managed any conflicts in individual cases.
- 9.5 The nature of potential conflicts will vary to some degree depending on the way in which a service is being commissioned. For example:
- a. Competitive Tender- 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;
 - b. Any Qualified Provider- Where the CCG is commissioning a service through an AQP contract, 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;
 - c. Single tender - Where the CCG is procuring services from a GP practice where there are no other capable providers, i.e. this is the appropriate procurement route and the proposed service goes beyond the scope of the services provided by GP practices under their GP contract.

Designing Services and Conflicts of Interest

- 9.6 The CCG recognises the benefits to be gained from engagement with relevant providers, especially clinicians, in confirming the design of service specifications. However, the CCG also recognises that conflicts of interest can 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 for in a competitive process.
- 9.7 The same difficulty could arise in developing a specification for a service that is to be commissioned using the 'Any Qualified Provider' process, for example where there is not a competitive procurement but patients can instead choose from any qualified provider that wishes to provide the service and can meet NHS standards and prices.
- 9.8 The CCG will seek, as far as possible, to specify the outcomes that they wish 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 helps prevent bias towards particular providers in the specification of services.
- 9.9 The CCG will seek to follow the principles set out in the Office of Government Commerce ('OGC') guidance on pre-procurement engagement with potential bidders, in engaging with potential providers when designing service specifications.
- 9.10 The CCG will consider the following points when engaging with potential service providers:
- a. Use engagement to help shape the requirement but take care not to gear the requirement in favour of any particular provider(s);
 - b. 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' process;

- c. Work with participants on an equal basis, e.g. ensure openness of access to employees and information;
 - d. Be transparent about procedures; and
 - e. Maintain commercial confidentiality of information received from providers.
- 9.11 The CCG shall use engagement with potential providers to:
- a. Frame the requirement;
 - b. Focus on desired outcomes rather than specific solutions; and
 - c. Consider a range of options for how a service is specified.
- 9.12 Other practical steps the CCG may also consider using include:
- a. Identifying and discussing any actual or potential Conflicts of Interest at all stages of the commissioning cycle, including but not limited to the production of procurement specifications, bid scoring, and decision-making meetings;
 - b. Conflicts of Interest shall be a standing item at all procurement and or contract meetings;
 - c. Advertising the fact that a service design/re-design exercise is taking place widely (e.g. on Contracts Finder) and inviting comments from any potential providers and other interested parties (ensuring a record is kept of all interactions) – i.e. do not be selective in who works on the service specifications unless it is clear conflicts will not occur;
 - d. As the service design develops, engaging with a wide range of providers on an ongoing basis to seek comments on the proposed design, e.g. via the CCG’s website or workshops with interested parties;
 - e. If appropriate, engaging the advice of an independent clinical adviser on the design of the service;
 - f. When specifying the service, specifying desired (clinical and other) outcomes instead of specific inputs; and
 - g. Where an individual has declared a relevant and material interest or position in the context of the specification for, or award of, a contract the individual concerned will be expected to act in accordance with the arrangements for the management of conflicts of interest outlined in this policy and may be excluded from the decision making process in relation to the relevant specification or award.

Register of Procurement Decisions

- 9.13 The CCG will maintain and publish a register of procurement decisions and contracts awarded.
- 9.14 The Register will include;
- a. A contract reference, Contract/Service title, and details as to whether the contract is new or an extension of an existing Contract/service;
 - b. Procurement description;
 - c. Procurement type;
 - d. Clinical Lead and Contract Manager names;
 - e. Details of decision made and who was involved in the decision making process (i.e. Governing Body or Committee members and others with decision-making responsibility);
 - f. A summary of any conflicts of interest in relation to the decision and how this was managed; and
 - g. Contract value to CCG and Contract start and finish date.
- 9.15 The Register will be updated whenever a procurement decision (including the decision to use a single tender action) is made and contract awarded, however, no later than the end of the quarter year during which the contract was signed. Further guidance is available from the Governance Team.
- 9.16 The Register will form part of the CCG’s annual accounts and will thus be reviewed by external auditors. A template of the Procurement decision and contract awarded Register is annexed to this

policy at **Appendix H**. The Register will be published on the CCG website and be made available at the CCG's headquarters.

10 Raising Concerns

- 10.1 If an individual has concerns regarding the suspected or known breach of, or non-compliance with, this policy they are to contact the Board Secretary or Governance Team in the first instance, as soon as is reasonably possible (on an informal basis).
- 10.2 Where deemed necessary, due to the severity and/or complexity of the material event, the Board Secretary or Governance Team will escalate the report to the Head of Governance and Risk and a report will be completed. Reports are to be made using the Reporting Form at **Appendix J**. Individuals should also be advised that they are able to contact the Conflicts of Interest Guardian on a strictly confidential basis. Any suspicion of fraud relating to a breach of this policy should be reported to the Local Counter Fraud Specialists for investigation.
- 10.3 A flow diagram of the process of managing Conflict of Interest Policy breaches is annexed to this policy at **Appendix I**.
- 10.4 The CCG will maintain a Conflicts of Interest Breach register. A template of the register is annexed to this Policy at **Appendix K**. Anonymised details of breaches will be published on the CCG's website for the purpose of learning and development.

11 Breaches of the Conflict of Interest Policy

Failure to Disclose or Declare

- 11.1 There will be situations when interests, and offers of gifts, hospitality and sponsorship will not be identified, declared or managed appropriately and effectively. This may happen innocently, accidentally, or because of the deliberate actions of staff or other organisations. For the purposes of this Policy these situations are referred to as 'breaches'.
- 11.2 Failing to respond to a request for information in relation to this policy, including a request to submit a declaration form, will also be considered a breach of this Policy.
- 11.3 The CCG takes the failure to disclose such information as required by this policy seriously. If an individual fails to declare an interest or the full details of an interest, and/or offers of gifts, hospitality and sponsorship, this may result in disciplinary action being undertaken. Please see the CCG's Disciplinary Policy for more information.
- 11.4 It is an offence under the Fraud Act 2006 for personnel to fail to disclose information to the CCG in order to make a gain for themselves or another, or to cause a loss or expose the organisation to a loss. Therefore, if an individual becomes aware of any financial or other irregularities or impropriety which involve evidence or suspicion of fraud, bribery or corruption they should contact the Local Counter Fraud Specialist in accordance with the Counter Fraud, Bribery and Corruption Policy with a view to an appropriate investigation being conducted and potential prosecution being sought.

The Local Counter Fraud Specialists can be contacted on:
matt.wilson2@nhs.net or +44 (0) 7484 040691
kate.harrington-stillwell@nhs.net or +44 (0)7778 862 713

Reports of fraud and bribery can also be made directly to the NHS Counter Fraud Authority:
<https://cfa.nhs.uk/reportfraud> or 0800 028 4060

- 11.5 Breaches of this policy addressed internally may result in a Governing Body member being removed from office in line with the CCG's Constitution. A contractor may be prevented from obtaining further work with the CCG or an employee may face disciplinary action and dismissal. Breaches which amount to criminal offences may result in criminal prosecution and civil recovery action.

Identifying and Reporting Breaches

- 11.6 Staff who are aware of actual breaches of this Policy, or who are concerned that there has been, or may be, a breach, should report these concerns to the Governance Team.
- 11.7 To ensure that interests and offers of gifts, hospitality and sponsorship are effectively managed staff are encouraged to discuss actual or perceived breaches. Every individual has a responsibility to do this.
- 11.8 The CCG will investigate each reported breach according to its own specific facts and merits, and give relevant parties the opportunity to explain and clarify any relevant circumstances. For further information about how concerns should be raised please see the Speaking Up (Whistleblowing) Policy.
- 11.9 Following investigation, the CCG will:
- a. Decide if there has been or is potential for a breach and if so what the severity of the breach is;
 - b. Assess whether further action is required in response – this is likely to involve any staff member involved and their line manager, as a minimum;
 - c. Consider who else inside (and outside, e.g. the CQC, GMC, NMC, etc) the CCG should be made aware;
 - d. Take appropriate action.

Taking Action in Response to Breaches

- 11.10 Action taken in response to breaches of this Policy will be in accordance with the disciplinary procedures of the CCG where relevant and could involve organisational leads for staff support (e.g. Human Resources), fraud (e.g. Local Counter Fraud Specialists), members of the management or executive teams and the CCG's auditors.
- 11.11 Breaches could require action in one or more of the following ways:
- a. Clarification or strengthening of existing Policy, process and procedures;
 - b. Consideration as to whether HR/employment law/contractual action should be taken against staff or others;
 - c. Consideration being given to escalation to external parties. This might include referral of matters to external auditors, the NHS Counter Fraud Authority, the Police, statutory health bodies (such as NHS England, NHS Improvement or the CQC), and/or health professional regulatory bodies.
- 11.12 Sanctions should not be considered until the circumstances surrounding breaches have been properly investigated. However, if such investigations establish wrong-doing or fault then the CCG can and will consider the range of possible sanctions that are available, in a manner which is proportionate to the breach. This includes:
- a. Employment law action against staff, which might include:
 - b. Informal action (such as reprimand or signposting to training and/or guidance);
 - c. Formal disciplinary action (such as formal warning, the requirement for additional training, re-arrangement of duties, re-deployment, demotion, or dismissal);
 - d. Reporting incidents to the external parties described above for them to consider what further investigations or sanctions might be;

- e. Contractual action, such as exercise of remedies or sanctions against the body or staff which caused the breach;
- f. Legal action, such as investigation and prosecution under fraud, bribery and corruption legislation.

Learning and Transparency Concerning Breaches

11.13 Reports on any breaches, the impact of these, and action taken will be considered by the Audit Committee.

12 Criminal Implications

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

Fraud Act 2006

12.2 The Fraud Act 2006 defines a number of offences including:

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

12.3 An essential ingredient of the offences is that, the 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 if convicted in the Crown Court or 6 months imprisonment and/or a fine in the Magistrates' Court.

Bribery Act 2010

12.4 Office holders, officers, Staff, members, committee and sub-committee members of the CCG and members of the Governing Body (and its committees) should be aware that in committing an act of bribery they may be subject to a penalty of up to ten years' imprisonment, a fine, or both. They may also expose the organisation to a conviction punishable with an unlimited fine.

12.5 They should also be aware that a breach of the Bribery Act 2010, or of this guidance, renders them liable to disciplinary action by the CCG whether or not the breach leads to prosecution. Where a material breach of this guidance is found to have occurred, the likely sanction will be dismissal.

12.6 In short, the offences cover the offering, promising or giving of a financial or other advantage and the requesting, agreeing to receive or accepting of a financial or other advantage where the overall intention of such an action is to bring about an improper performance or a relevant function or activity.

12.7 The organisation may be liable where a person associated with it commits an act of bribery. An associated person is defined by the Bribery Act 2010 as a person who 'performs services' for or on behalf of the organisation. This person can be an individual or an incorporated or unincorporated body, and the capacity in which a person performs services for or on behalf of the organisation does not matter.

12.8 The CCG will have a defence to the corporate offence if it can show that, despite a particular case of bribery, it nevertheless had 'adequate procedures' in place to prevent persons associated with it

from committing bribery offences in line with the Ministry of Justice guidance¹³. The adequate procedures should be informed by the following six principles:

- a. Proportionate procedures;
- b. Top-level commitment;
- c. Risk assessment;
- d. Due diligence;
- e. Communication (including training);
- f. Monitoring and review.

12.9 Full compliance with the requirements of this Policy is expected of office holders, officers, staff, members, committee and sub-committee members of the CCG and members of the Governing Body (and its committees) in order to demonstrate the CCG's commitment to openness and transparency, in the spirit of the Act.

13 Related Documents

13.1 The following documents contain information that relates to this policy:

- a. The CCG's Constitution.
- b. Counter Fraud, Bribery and Corruption Policy;
- c. Speaking Up (Whistleblowing) Policy;
- d. Disciplinary Policy;
- e. Equality and Diversity Policy;
- f. Procurement Policy;
- g. Standards of Business Conduct Policy;
- h. Sponsorship and Joint Working With The Pharmaceutical Industry Policy;
- i. Standing Financial Instructions.

14 Dissemination

14.1 This policy will be published on the CCG's staff intranet and website for access by all CCG Employees and other relevant individuals.

14.2 A copy of this policy will be emailed to Governing Body members by the Governance Team to highlight the new policy and ask for any amended interests to be declared in a timely manner.

15 Advice

15.1 Advice on declaration of interests and gifts, hospitality and sponsorship can be sought from the Board Secretary and/or the Governance Team. Advice in relation to interpretation requirements and policy and procedure can also be sought from the Governance Team.

16 Compliance Monitoring

16.1 The Audit Committee will require assurance annually on compliance with the policy as part of its assurance programme.

¹³ <https://www.justice.gov.uk/downloads/legislation/bribery-act-2010-guidance.pdf>

The Nolan Principles

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

**Declarations of Interest Form for CCG Staff, Members, Governing Body Members,
Committee Members and Clinical Leads**

See below for guidance. You should also refer to the CCG's Conflicts of Interest Policy.

About You				
Name				
Job title / role description <i>(i.e., Position at CCG, e.g: Partner in a member practice, Lay Member Commissioning Manager etc)</i>				
Positions held in relation to CCG business <i>(e.g. member or attendee of CCG Governing Body/ Committee meetings / Joint Committees and / or Committees in Common / clinical lead etc)</i>				
Do you have any interests to declare? <i>(please cross out that which does not apply)</i>				
Interests				
Type of Interest	Description of interest <i>(and if known / relevant, when did the interest start from the perspective of it being an interest to the CCG? – for ALL the following questions)</i>	Details of the relationship with the person who has the interest <i>(for indirect Interests), eg spouse</i>	Date Interest relates to From: To	Actions to be taken to mitigate risk <i>(to be agreed with line manager or a senior CCG manager)</i>
Roles and responsibilities held within member GP practices, GP Federations, Primary Care Network, local Integrated Urgent Care Services (London Central & West Unscheduled				

Care Collaborative) or other provider of primary care				
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 CCG and/or other NHS organisations.				
Shareholdings of more than five per cent in companies in the field of health and/or social care.				
Positions of authority in a charity or social organisation in the field of health and/or social care. <i>(e.g., trustee, director, manager)</i>				
Any connection with a voluntary or other organisation contracting for NHS services.				
Any connection or involvement with a pharmaceutical company. <i>(e.g. attending an advisory board or undertaking work on specific product development)</i>				
Research funds or grants received by the individual or any				

connected organisation.				
Are you working for a practice that is a member of a GP Federation? <i>If so, please state which federation(s) (and any shareholdings).</i>				
Are you working for a practice that is a member of a Primary Care Network? <i>if so, please state which Primary Care Network?</i> And <i>Are you a Clinical Director in a Primary Care Network?</i>				
Any membership of the Local Medical Committee, Local Pharmaceutical Committee, Local Dental Committee or Local Optical Committee.				
Other specific interests.				
Do you, a close family member or a partner with whom you jointly own or control a business: <ul style="list-style-type: none"> • Have ownership; • Control; or • Are a senior manager In any organisation either seeking to do business with the				

NHS or are doing business with the NHS?				
Any other roles or relationships which the public could perceive as impairing or influencing your judgement of actions in your role with the CCG.				
Signed	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 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.			
Date				

Staff should be aware that the information provided in this form can be added to the CCG's registers which are held in hardcopy for inspection by the public and published on the CCG's website. Staff must make any third party whose personal data they are providing in this form aware that the personal data will held in hardcopy for inspection by the public and published on the CCG's website and must inform the third party that the CCG's privacy policy is available on the CCG's website.

Guidance:

- If you are unsure whether an interest needs to be declared to please contact a member of the Governance Team or the Board Secretary
- All CCG staff, members, Governing Body and Committee members, clinical leads and any other individuals involved in the CCG's decision-making processes need to complete this form and either declare their interests **or** confirm they have no interests;
- **Staff** for this purpose means anyone who works at the CCG in any capacity; employees, interims, Governing Body members, etc. If in doubt if this applies, do ask;
- Members means practice partners and any individual from a practice directly involved with the business or decision making of the CCG;
- Complete and return the form in hard copy or email a scanned copy to:

Andrew Tillbrook, Deputy Board Secretary at andrew.tillbrook@nhs.net

- If any assistance is required in order to complete this form, then please contact Andrew Tillbrook or Karl Thomson, Senior Head of Corporate Services for the NCL CCGs (karl.thompson@nhs.net)

- Remember: an interest is anything that could influence your judgement or actions; or that could be **perceived** to influence your judgement or actions;
- Relevant interests include those of your family, friends and acquaintances, and means anything actual, potential or perceived;
- If you are in doubt, **declare it**;
- When completing the form you should include enough detail that a lay person or member of the public would understand the implications and why the interest needs to be registered;
- You will need to complete a new form:
 - at least annually and/or;
 - if you start a new role within the CCG and/or;
 - if you become aware of an interest that you need to declare
- A declaration must be made of any interest likely to lead to a conflict or potential conflict as soon as the individual becomes aware of it, and within 28 days
- You will also need to declare any and all interests at the start of meetings you are part of if there is, or you feel there may be, a related agenda item for discussion.
- The register will be published on the CCG's website (for senior staff, clinical leads, Governing Body members) all declarations will be held on a register and subject to audit by the CCG's internal auditors. Requests for DoI information may be given to those in a secretariat function, servicing a committee, sub or working group)

This form (whether in paper form or electronic/digital form) is required to be completed in accordance with the CCG's Constitution, Conflicts of Interests Policy, and section 14O of The National Health Service Act 2006, the NHS (Procurement, Patient Choice and Competition) regulations 2013 and the Substantive guidance on the Procurement, Patient Choice and Competition Regulations.

Guidance on Potential Types of Interest

Types of interest	Description
Financial Interests	<p>This is where an individual may get direct financial benefits from the consequences of a commissioning decision. This could, for example, include being:</p> <ul style="list-style-type: none"> • A director, including a non-executive director, or senior employee in a private company or public limited company or other organisation which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations; • A shareholder (or similar owner interests), a partner or owner of a private or not-for-profit company, business, partnership or consultancy which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations. • A management consultant for a provider; • In secondary employment; • In receipt of secondary income from a provider; • In receipt of a grant from a provider;

	<ul style="list-style-type: none"> • In receipt of any payments (for example honoraria, one off payments, day allowances or travel or subsistence) from a provider • In receipt of research funding, including grants that may be received by the individual or any organisation in which they have an interest or role; and • Having a pension that is funded by a provider (where the value of this might be affected by the success or failure of the provider).
Non-Financial Professional Interests	<p>This is where an individual may obtain a non-financial professional benefit from the consequences of a commissioning decision, such as increasing their professional reputation or status or promoting their professional career. This may, for example, include situations where the individual is:</p> <ul style="list-style-type: none"> • An advocate for a particular group of patients; • A GP with special interests e.g., in dermatology, acupuncture etc. • A member of a particular specialist professional body (although routine GP membership of the RCGP, BMA or a medical defence organisation would not usually by itself amount to an interest which needed to be declared); • An advisor for Care Quality Commission (CQC) or National Institute for Health and Care Excellence (NICE); • A medical researcher.
Non-Financial Personal Interests	<p>This is where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit. This could include, for example, where the individual is:</p> <ul style="list-style-type: none"> • A champion for a provider; • A volunteer for a provider; • A member of a voluntary sector board or has any other position of authority in or connection with a voluntary sector organisation; • Suffering from a particular condition requiring individually funded treatment; • A member of a lobby or pressure groups with an interest in health.
Indirect Interests	<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> <ul style="list-style-type: none"> • Spouse / partner; • Close relative e.g., parent, grandparent, child, grandchild or sibling; • Close friend; • Business partner.

Template Register of interests

Name	Current position (s) held in the CCG i.e. Governing Body member; Committee member; Member practice; CCG 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 Interest	Non-Financial Professional Interest	Non-Financial Personal Interest			From	To	

**Template Declaration of Gifts, Hospitality, and Sponsorship
Appendix D**

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	De Ac

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 2018. Information may be disclosed to third parties in accordance with the Freedom of Information Act 2000, to enable the internal review of my declaration 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 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:
or a Senior CCG Manager)**

Position:

Date:(Line Manager

Return the declaration form to the Board Secretary

Template Register of Gifts, hospitality and Sponsorship

Appendix E

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

Template Declaration of Interests for Bidders / Contractors

Name of Organisation:	
Details of interests held:	
Type of Interest	Details
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	

Name of Relevant Person	[complete for all Relevant Persons]	
Details of interests held:		
Type of Interest	Details	Personal interest or that of a family member, close friend or other acquaintance?
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		

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:

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	<p>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.</p>	Meeting Chair and secretariat
	<p>2. A definition of conflicts of interest should also be accompanied with each agenda to provide clarity for all recipients.</p>	Meeting Chair and secretariat
	<p>3. Agenda to be circulated to enable attendees (including visitors) to identify any interests relating specifically to the agenda items being considered.</p>	Meeting Chair and secretariat
	<p>4. Members should contact the Chair as soon as an actual or potential conflict is identified.</p>	
	<p>5. Chair to review a summary report from preceding meetings i.e., sub-committee, working group, etc., detailing any conflicts of interest declared and how this was managed.</p>	Meeting members
	<p>A template for a summary report to present discussions at preceding meetings is detailed below.</p>	Meeting Chair
<p>6. A copy of the members' declared interests is checked to establish any actual or potential conflicts of interest that may occur during the meeting.</p>	Meeting Chair	

Timing	Checklist for Chairs	Responsibility
During the meeting	<p>7. Check and declare the meeting is quorate and ensure that this is noted in the minutes of the meeting.</p> <p>8. Chair requests members to declare any interests in agenda items- which have not already been declared, including the nature of the conflict.</p> <p>9. Chair makes a decision as to how to manage each interest which has been declared, including whether / to what extent the individual member should continue to participate in the meeting, on a case by case basis, and this decision is recorded.</p> <p>10. As minimum requirement, the following should be recorded in the minutes of the meeting:</p> <ul style="list-style-type: none"> • Individual declaring the interest; • At what point the interest was declared; • The nature of the interest; • The Chair’s decision and resulting action taken; • The point during the meeting at which any individuals retired from and returned to the meeting - even if an interest has not been declared; • Visitors in attendance who participate in the meeting must also follow the meeting protocol and declare any interests in a timely manner. <p>A template for recording any interests during meetings is detailed below.</p>	<p>Meeting Chair</p> <p>Meeting Chair</p> <p>Meeting Chair and secretariat</p> <p>Secretariat</p>
Following the meeting	<p>11. All new interests declared at the meeting should be promptly updated onto the declaration of interest form;</p> <p>12. All new completed declarations of interest should be transferred onto the register of interests.</p>	<p>Individual(s) declaring interest(s)</p> <p>Designated person responsible for registers of interest</p>

Template for recording any interests during meetings

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

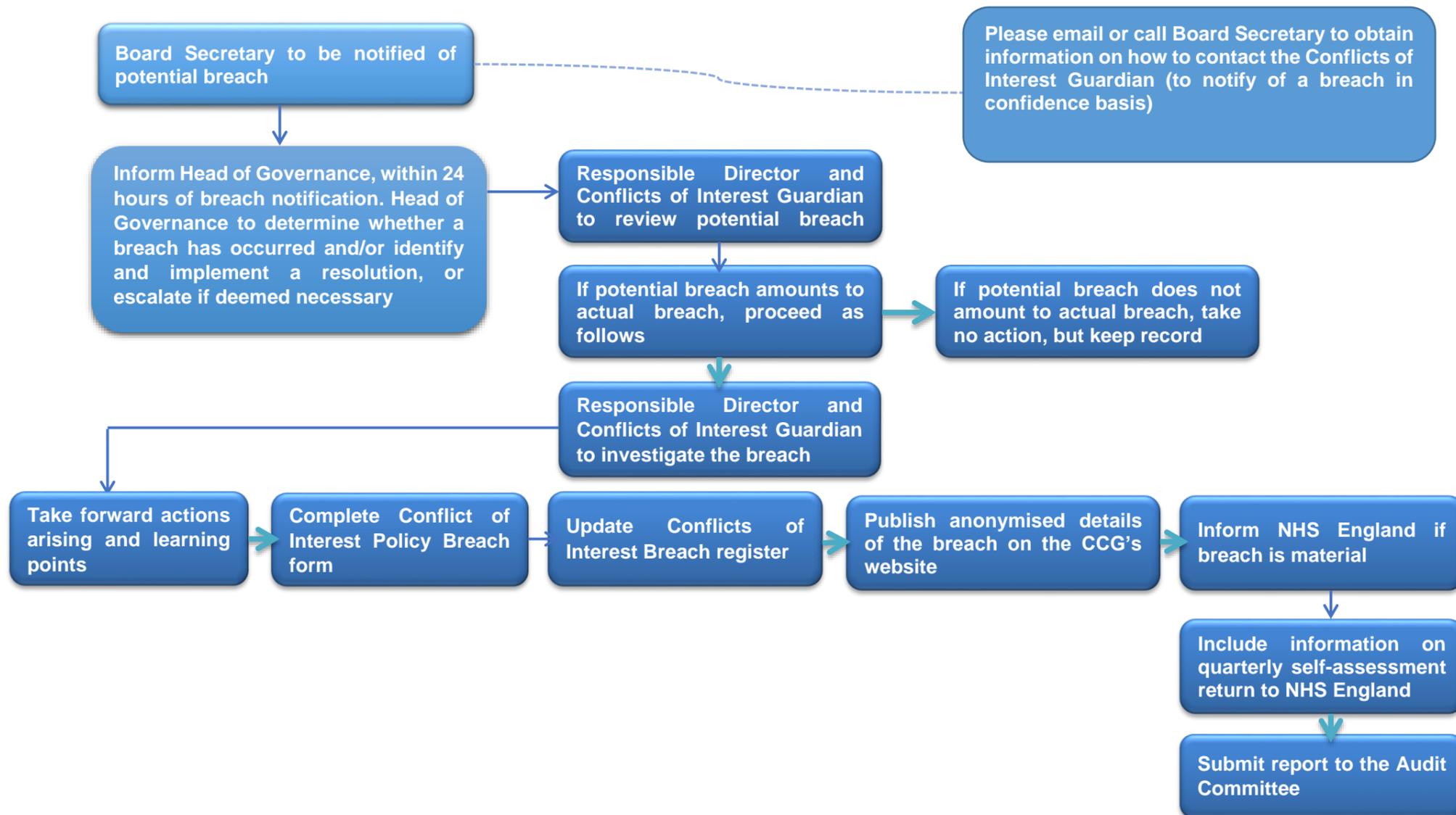
Register of Procurement decisions and Contracts awarded

Appendix H

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 contact manager	Decision making process and name of decision making committee	Members present at decision making	Summary of conflicts of interest declared and how these were managed	Contract awarded (supplier name & registered address)	Contract value to CCG (£) (Total)	Contract start and finish dates

Last Update:

(In accordance with NHS England's Guidance on managing conflicts of interest)



Conflicts of Interest Policy Breach Reporting Form for CCG Staff and Members

Date of Breach	
Details of breach of the conflicts of interest policy	
Immediate Action Taken	
Actions Taken to Mitigate the risk	
Learning/Actions Arising: [Please complete & state None if nothing/no action]	
Other Information	
To be completed by the relevant Executive Director	
Date COI Guardian was notified of breach	
Is this a Material Breach? (Definition of materiality breach to be agreed)	
Date Material breach was reported to NHS England?	

I certify that the information I have given in this declaration form is correct and to the best of my knowledge. Should it later be discovered that I have given false information, I understand that my employment/contract could be terminated by dismissal and that I may be subject to criminal investigation.'

Name of employee.....Signature of Employee.....

Date.....

Name of Line Manager.....Signature of Line Manager.....

Date.....

Executive Director

Signature.....Date.....

This form must be completed and returned to the Board Secretary within five working days of the initial report to the Conflicts of Interest Guardian.

Please return this form to: The Board Secretary

Signed:

Date:

Register of Breaches of Conflicts of Interest Policy

Appendix K

CCG Register of Breaches of CCGs Conflicts of Interest Policy

Last Update:

CCG Contact: Board Secretary

Telephone:

Email:

Date of breach	Details of breach of the conflicts of interest policy	Details of how and by whom the breach was investigated	Action taken to mitigate breach	Date breach reported to Audit Committee	Date of breach reported to NHS England if material as defined by the Policy