

CONFLICTS OF INTEREST POLICY

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POLICY AMENDMENTS

Amendments to the Policy will be issued from time to time. A new amendment history will be issued with each change.

New Version Number	Issued by	Nature of Amendment	Approved by and Date	Date Of Publication
0.1	Board Secretary/Senior Governance Manager	New Policy Development	Reviewed by Audit Committee Members by Email – May 2020	
1.0	Board Secretary/Senior Governance Manager	New Policy	Approved by Governing Body – June 2020	July 2020
1.1	Board Secretary/Senior Governance Manager	Minor amendments include: <ul style="list-style-type: none"> • Consistency in Board Secretary/Senior Governance Manager job title • Removal of the term vice-chair replaced with deputy-chair to reflect constitution • Update to implementation section to reaffirm responsibility in this area. 	Agreed by Director of Corporate Services, Governance and Performance To be approved by the Governing Body at the next full review.	November 2020

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1.0 INTRODUCTION AND POLICY AIMS

- 1.1 This Policy sets out how NHS North Yorkshire Clinical Commissioning Group (NY CCG) will effectively manage conflicts of interest to ensure that the CCG maintains the public trust in the commissioning system. The Policy will ensure that the CCG can ensure that its commissioning decisions can withstand scrutiny and challenge. The Policy should also provide confidence that the CCG commissioning decisions are robust, fair, and transparent and offer value for money.
- 1.2 This Policy has been developed to ensure the CCG meets the NHS England Managing Conflicts of Interest Statutory Guidance produced in December 2014 (as amended June 2017) in order to:
- Safeguard clinically led commissioning, whilst ensuring objective investment decisions;
 - Enable the CCG to demonstrate that it is acting fairly and transparently and in the best interest of our patients and local population;
 - Uphold confidence and trust in the NHS;
 - Support the CCG to understand when conflicts (whether actual or potential) may arise and how to manage them if they do;
 - Ensure that the CCG operates within the legal framework;
 - Provide safeguards for the management of conflicts of interest including:
 - The nature of conflicts of interests
 - The arrangements for declaring interests within the CCG
 - The arrangements for dealing with breaches of the Conflicts of Interest Policy
 - The maintenance of the CCG's register of interests and record keeping of the steps taken to manage the conflict.
 - The appropriate exclusion of individuals from decision-making where a significant conflict arises
 - Engagement with a range of potential providers on service design.
 - The arrangements for an annual audit of conflicts of interest management.
- "If conflicts of interest are not managed effectively by CCGs, confidence in the probity of commissioning decisions and the integrity of clinicians involved could be seriously undermined. However, with good planning & governance, CCGs should be able to avoid these risks." (RCGP & NHS Confederation's briefing paper on managing conflicts of interest September 2011).*
- 1.3 NY CCG is now responsible for the commissioning of primary care services. This could expose them to a greater risk of conflicts of interest, both real and perceived, especially in relation to budgets and functions delegated by NHS England.
- 1.4 The CCG recognises that conflicts of interest are unavoidable and therefore has arrangements in place to manage them. The measures outlined in this policy are aimed at ensuring that decisions made by the CCG will be taken, and seen to be taken, uninfluenced by external or private interests, specifically:
- Ensure that the CCG and clinicians in commissioning roles demonstrate they are acting fairly and transparently and in the best interest of their patients and local populations;
 - Ensure that the CCG operates within the legal framework;
 - Safeguard clinically led commissioning, whilst ensuring objective investment decisions;
 - Provide the public, providers, Parliament and regulators with confidence in the probity, integrity and fairness of commissioners' decisions;

- Provide support and information for individuals in order that they understand when actual or potential conflicts may arise and how they will be managed.

In addition, the policy sets out:

- The additional factors that need to be addressed when commissioning primary medical care services, either under joint commissioning or delegated commissioning arrangements. This includes factors to consider when drawing up plans for services that might be provided by GP practices and also includes the necessary aspects of the make-up of the decision-making committee which must have a lay and executive member majority;
- The steps that the CCG will take to assure our Audit Committee, Health and Wellbeing Board, NHS England and, where necessary, our auditors, that these services are appropriately commissioned from GP practices;
- Procedures for decision-making in cases where all the GPs (or other practice representatives) sitting on a decision-making group have a potential financial interest in the decision.

In addition to the specific arrangements in this policy, the CCG will embody public service values and principles in all its business transactions as outlined in the Standards of Business Conduct Policy, supplemented by Prime Financial Policies.

- 1.5 This policy is designed to contribute to the CCG's obligation to ensure adequate measures are in place to prevent acts of bribery within the meaning of the Bribery Act 2010.

The Bribery Act 2010 came into force in July 2011 and has particular relevance to this policy. The Act created three relevant criminal offences which 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. It increased the maximum penalty for bribery to 10 years' imprisonment, with an unlimited fine. Furthermore the Act introduced a 'corporate offence' of failing to prevent bribery by the organisation not having adequate preventative procedures in place.

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

2.0 LEGISLATIVE FRAMEWORK

The following legislation and statutory guidance applies in developing this Policy.

- 2.1 Section 140 of the Health and Social Care Act which requires all CCGs to make arrangements to:
- Maintain an appropriate register of interests
 - Publish or make arrangements for the public to access those registers
 - Make arrangements for requiring the prompt declaration of interests by the person specified (members and employees) and ensure that these interests are entered into the relevant register.

- Make arrangements for managing conflicts and potential conflicts of interest and
- Have regard to guidance published by NHS England and NHS Improvement in relation to conflicts of interest.

2.2 Section 14O is supplemented by the procurement specific requirements set out in the National Health Service (Procurement, Patient Choice and Competition) (No.2) Regulations 2013. In particular Regulation 6 requires that:

- Must not award a contract for the provision of NHS healthcare services where conflicts, or potential conflicts, between the interests involved in commissioning such services and the interests in providing them affect or appear to affect the integrity of the award of that contract; and
- Must keep a record of how it managed any such conflict in relation to NHS commissioning contracts it enters into, details of which should be published by the CCG.

Regulation 6 sets out the basic framework for CCGs to operate within. The detailed requirements are set out in the guidance issued by NHS Improvement (Substantive Guidance on the Procurement, Patient Choice and Competition Regulations).

2.3 NHS England: Managing Conflicts of Interest Statutory Guidance - December 2014 (as amended June 2017) sets out how CCGs should manage conflicts of interest. It contains specific provisions in relation to co-commissioning primary care services but is relevant to CCG responsibilities generally. This pertains to Section 14Z8 of the Health and Social Care Act 2012 which gives NHS England the ability to issue statutory guidance regarding commissioning and which CCGs have a regard to comply.

2.4 In addition to complying with this guidance, CCGs will also need to adhere to relevant guidance issued by professional bodies on conflicts of interest, including the British Medical Association (BMA) the Royal College of General Practitioners² and the General Medical Council (GMC), and to procurement rules including The Public Contract Regulations 2015 and The National Health Service (procurement, patient choice and competition) (no.2) regulations 2013, as well as the Bribery Act 2010.

3.0 IMPACT ANALYSIS

3.1 Equality

As a result of performing the analysis, the policy, project or function does not appear to have any adverse effects on people who share Protected Characteristics and no further actions are recommended at this stage.

The supporting paperwork is attached (Appendix M).

4.0 SCOPE

4.1 This policy applies to the Council of Members, Members of the Governing Body and Members of, and attendees at, its committees and sub committees (both voting and non-voting members), all CCG employees, and all Members of the CCG (ie GP Partners and any individuals involved with the decision making of the CCG).

Individuals working on behalf of the CCG or providing services or facilities to the CCG will be made aware of their obligations with regard to declaring interests or

potential conflicts of interest. This requirement will be written into contract documentation.

5.0 POLICY REVIEW

- 5.1 This policy will be reviewed in four years. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation / guidance, as instructed by the senior manager responsible for this policy.

6.0 DEFINITION OF AN INTEREST

- 6.1 A conflict of interest is a set of circumstances by which a reasonable person would consider that an individual's ability to apply judgement or act, in the context of delivering, commissioning, or assuring taxpayer funded health and care services is, or could be, impaired by another interest they hold.
- 6.2 A conflict of interest may be:
- Actual – there is a material conflict between one or more interests.
 - Potential – there is the possibility of a material conflict between one or more interests in the future.
- 6.3 Staff may hold interests for which they cannot see potential conflict. However, caution is always advisable because others may see it differently. It will be important to exercise judgement and to declare such interests where there is otherwise a risk of imputation of improper conduct. The perception of an interest can be as damaging as an actual conflict of interest.
- 6.4 Conflicts of interest can arise in many situations, environments and forms of commissioning, with an increased risk in primary care commissioning, out-of hours commissioning and involvement with integrated care organisations, as clinical commissioners may here find themselves in a position of being at once commissioner and provider of services. Conflicts of interest can arise throughout the whole commissioning cycle from needs assessment, to procurement exercises, to contract monitoring.
- 6.5 Interests can be captured in four different categories:
- i. **Financial interests:** This is where an individual may get direct financial benefits from the consequences of a commissioning decision. This could, for example, include being:
- A director, including a non-executive director, or senior employee in a private company or public limited company or other organisation which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations. This includes involvement with a potential provider of a new care model
 - A shareholder (or similar ownership interests), a partner or owner of a private or not-for-profit company, business, partnership or consultancy which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations.
 - A management consultant for a provider.
 - A provider of clinical private practice.

This could also include an individual being:

- In employment outside of the CCG (see Section 9.12);
- In receipt of secondary income from a provider;
- In receipt of a grant from a provider;
- In receipt of any payments (for example honoraria, one-off payments, day allowances or travel or subsistence) from a provider;
- In receipt of research funding, including grants that may be received by the individual or any organisation in which they have an interest or role; and
- Having a pension that is funded by a provider (where the value of this might be affected by the success or failure of the provider).

ii. Non-financial professional interests: This is where an individual may obtain a non-financial professional benefit from the consequences of a commissioning decision, such as increasing their professional reputation or status or promoting their professional career. This may, for example, include situations where the individual is:

- An advocate for a particular group of patients;
- A GP with special interests e.g., in dermatology, acupuncture etc.
- An active member of a particular specialist professional body (although routine GP membership of the Royal College of General Practitioners (RCGP), British Medical Association (BMA) or a medical defence organisation would not usually by itself amount to an interest which needed to be declared);
- An advisor for the Care Quality Commission (CQC) or the National Institute for Health and Care Excellence (NICE);
- Engaged in a research role.
- The development and holding of patents and other intellectual property rights which allow staff to protect something that they create, preventing unauthorised use of products or the copying of protected ideas;
- GPs and practice managers, 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.

iii. Non-financial personal interests: This is where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit. This could include, for example, where the individual is:

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

iv. Indirect interests: This is where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest in a commissioning decision (as those categories are described above) for example, a:

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

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

Whether an interest held by another person gives rise to a conflict of interests will depend upon the nature of the relationship between that person and the individual, and the role of the individual within the CCG.

- 6.7 This Policy provides clear guidance on what might constitute a conflict of interest, including examples of situations that may arise. See Appendix A.

7.0 PRINCIPLES

- 7.1 This section sets out a series of principles for those who are serving as members of CCG governing bodies, CCG committees or take decisions where they are acting on behalf of the public or spending public money.

- 7.2 CCGs should observe the principles of good governance in the way they do business. These include:

- The 7 principles of public life (known as the Nolan Principles as set out below)
- The Good Governance Standards for Public Services (2004), Office for Public Management (OPM) and Chartered Institute of Public Finance and Accountancy (CIPFA);
- The seven key principles of the NHS Constitution;
- The Equality Act 2010;
- The UK Corporate Governance Code.
- Standards for members of NHS boards and CCG governing bodies in England.

- 7.3 All those with a position in public life should adhere to the 7 principles of public life, which are:

- **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.

7.4 In addition, to support the management of conflicts of interest, CCGs should:

- **Do business appropriately:** Conflicts of interest become much easier to identify, avoid and/or manage when the processes for needs assessments, consultation mechanisms, commissioning strategies and procurement procedures are right from the outset, because the rationale for all decision-making will be clear and transparent and should withstand scrutiny;
- **Be proactive, not reactive:** Commissioners should seek to identify and minimise the risk of conflicts of interest at the earliest possible opportunity;
- **Be balanced, sensible and proportionate:** Rules should be clear and robust but not overly prescriptive or restrictive. They should ensure that decision-making is transparent and fair whilst not being overly constraining, complex or cumbersome;
- **Be transparent:** Document clearly the approach and decisions taken at every stage in the commissioning cycle so that a clear audit trail is evident;
- Create an **environment and culture** where individuals feel supported and confident in declaring relevant information and raising any concerns.

7.5 In addition to the above, CCGs need to bear in mind:

- A perception of wrongdoing, impaired judgement or undue influence can be as detrimental as any of them actually occurring;
- If in doubt, it is better to assume the existence of a conflict of interest and manage it appropriately rather than ignore it;
- For a conflict of interest to exist, financial gain is not necessary.

8.0 APPOINTING GOVERNING BODY OR COMMITTEE MEMBERS AND SENIOR STAFF

- 8.1 Everyone in a CCG has responsibility to appropriately manage conflicts of interest.
- 8.2 On appointing Governing Body, committee or sub-committee members and senior staff, the CCG will consider whether conflicts of interest should exclude individuals from being appointed to the relevant role. This will need to be considered on a case-by-case basis but the CCG's constitution should reflect the CCG's general principles.
- 8.3 The CCG will assess the materiality of the interest, in particular whether the individual (or any person with whom they have a close association could benefit (whether financially or otherwise) from any decision the CCG might make. This will be particularly relevant for Governing Body, committee and sub-committee appointments, but should also be considered for all employees and especially those operating at senior level.
- 8.4 The CCG will also determine the extent of the interest and the nature of the appointee's proposed role within the CCG. If the interest is related to an area of business significant enough that the individual would be unable to operate effectively and make a full and proper contribution in the proposed role, then that individual should not be appointed to the role.
- 8.5 Any individual who has a material interest in an organisation which provides, or is likely to provide, substantial services to the CCG (whether as a provider of healthcare, including 'new care model' providers, or healthcare commissioning support services, or otherwise) should recognise the inherent conflict of interest risk that may arise and should not be a member of the governing body or of a committee or sub-committee of the CCG, in particular if the nature and extent of their interest and the nature of their proposed role is such that they are likely to need to exclude themselves from decision-making on so regular a basis that it significantly limits their ability to effectively perform that role.

9.0 ROLES AND RESPONSIBILITIES

9.1 Governing Body

The CCG's Governing Body will be responsible for overseeing this Policy and will ensure that systems and processes are in place to support all those within the scope of this document (set out in Section 4.0. above). The Governing Body will receive assurance via the Audit Committee that the CCG remains compliant with the Policy.

9.2 Accountable Officer

The Accountable Officer will have overall responsibility for this Policy, ensuring that a process for managing conflicts of interest is in place and the CCG is compliant with its implementation. Together with the CCG's Audit Committee Chair, the Accountable Officer will be required to provide formal attestation to NHS England that the CCG has complied with the NHS England Managing Conflicts of Interest Statutory Guidance in line with latest NHSE Guidance.

9.3 **Conflict of Interest Guardian**

The Audit Committee Chair will act as the CCG's Conflicts of Interest Guardian and be the point of contact for any conflict of interest queries or issues, supported by the Board Secretary/Senior Governance Manager. Should there be any potential Conflicts of Interest identified for the Conflicts of Interest Guardian, advice will be sought from the CCG's Governing Body Chair and Accountable Officer.

Together with the CCG's Accountable Officer, the Audit Committee Chair will be required to provide formal attestation to NHS England that the CCG has complied with the NHS England Managing Conflicts of Interest Statutory Guidance in line with latest NHSE Guidance. The Conflicts of Interest Guardian will, in collaboration with the CCG's governance lead:

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

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

9.4 **Lay Members**

Lay members play a critical role in CCGs, providing scrutiny, challenge and an independent voice in support of robust and transparent decision-making and management of conflicts of interest.

By statute, CCGs must have at least two lay members, one of whom must have qualifications, expertise or experience such as to enable the person to express informed views about financial management and audit matters and serve as the chair of the audit committee; and the other, knowledge of the geographical area covered in the CCG's constitution such as to enable the person to express informed views about the discharge of the CCG's functions. In light of lay members' expanding role in primary care commissioning, NHS England strongly recommend that all CCGs consider increasing this requirement within their constitution to a minimum of three lay members on their Governing Body. NHS England encourages CCGs to consider appointing more than three lay members, if they have the means to do so.

Where there are difficulties in recruiting additional lay members, CCGs could consider 'sharing' lay members. The additional lay member should have knowledge and insight of the geographical area covered in the CCG constitution.

9.5 **Primary Care Commissioning Committee Chair**

The Primary Care Commissioning Committee must have a lay chair and lay deputy chair. To ensure appropriate oversight and assurance, and to ensure the CCG audit

chair's position as Conflicts of Interest Guardian is not compromised, the audit chair should not hold the position of chair of the Primary Care Commissioning Committee. This is because CCG audit chairs would conceivably be conflicted in this role due to the requirement that they attest annually to the NHS England Board that the CCG has:

- Had due regard to the statutory guidance on managing conflicts of interest; and
- Implemented and maintained sufficient safeguards for the commissioning of primary care.

CCG audit chairs can however serve on the Primary Care Commissioning Committee provided appropriate safeguards are put in place to avoid compromising their role as Conflicts of Interest Guardian. Ideally the CCG audit chair would also not serve as deputy chair of the primary care commissioning committee. However, if this is required due to specific local 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.

9.6 Audit Committee

The CCG's Audit Committee will provide assurance to the Governing Body that the process for managing conflicts of interest is regularly reviewed and that it is in line with statutory Guidance.

9.7 Board Secretary/Senior Governance Manager

The Board Secretary/Senior Governance Manager will support the Conflicts of Interest Guardian in dealing with queries and issues, and for managing the breaches process. The Board Secretary/Senior Governance Manager will be responsible for maintaining the register of interests and ensuring that these are publicly available.

9.8 Chairs of Committees

Chairs of all Committees are responsible for ensuring that they manage relevant declarations of interest made at each meeting in line with this Policy. A Checklist for Chairs is set out in the appendices.

9.9 Executive Directors

The Executive Directors will ensure that all members of staff and Member Practices are aware of this Policy and the processes to be followed.

9.10 Employees and Member Practices

Employees, Member Practices and their staff should ensure that they familiarise themselves with this Policy and ensure that they comply with the processes and procedures set out within the document.

9.11 NHS England

NHS England will support the CCG, where necessary, in meeting its duties in relation to managing conflicts of interest. In the context of co-commissioning, NHS England will develop a governance training programme for lay members to assist them with their role as members of joint or delegated commissioning committees.

9.12 Outside Employment

Outside employment means employment and other engagements, outside of formal employment arrangements. CCGs should take all reasonable steps to ensure that employees, committee members, contractors and others engaged under contract with them are aware of the requirement to inform the CCG if they are employed or engaged in, or wish to be employed or engaged in, any employment or consultancy work in addition to their work with the CCG (for example, in relation to new care model arrangements). The purpose of this is to ensure that the CCG is aware of any potential conflict of interest. Examples of work which might conflict with the business of the CCG, including part-time, temporary and fixed term contract work, include:

- Employment with another NHS body;
- Employment with another organisation which might be in a position to supply goods/services to the CCG including paid advisory positions and paid honorariums which relate to bodies likely to do business with the CCG;
- Directorships e.g. of a GP federation or non-executive roles;
- Self-employment, including private practice, charitable trustee roles, political roles and consultancy work, in a capacity which might conflict with the work of the CCG or which might be in a position to supply goods/services to the CCG.

The following principles and rules should be adhered to:

- CCGs should require that individuals obtain prior permission to engage in outside employment, and reserve the right to refuse permission where it believes a conflict will arise which cannot be effectively managed;
- Staff should declare any existing outside employment on appointment, and any new outside employment when it arises;
- CCGs may also have legitimate reasons within employment law for knowing about outside employment of staff; even if this does not give rise to risk of a conflict.

10.0 DECLARATION OF INTERESTS

10.1 Statutory Requirements

CCGs must make arrangements to ensure individuals declare any conflict or potential conflict in relation to a decision to be made by the group as soon as they become aware of it, and in any event within 28 days. CCGs must record the interest in the registers as soon as they become aware of it (National Health Service Act 2006 (as amended by the Health and Social Care Act 2012) section 140(3).

10.2 CCG Staff should declare any interests (Outlined in Section 6.0) by completing the declaration of interest form at Appendix B and submit this to the Governance Team.

10.3 All individuals within the CCG must declare any interests that might have any bearing on the work of the CCG:

All CCG employees, including:

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

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

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

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

Where the CCG is participating in a joint committee alongside other CCGs, any interests which are declared by the committee members should be recorded on the register(s) of interest of each participating CCG.

All members of the CCG (i.e., each practice)

This includes each provider of primary medical services which is a member of the CCG under Section 14O (1) of the 2006 Act. Declarations should be made by the following groups:

- GP partners (or where the practice is a company, each director);
- Any individual directly involved with the business or decision-making of the CCG.

10.4 GPs and other staff within the CCG's member practices are not required to declare offers/receipt of gifts and hospitality to the CCG which are unconnected with their role or involvement with the CCG. However GP staff will need to adhere to other relevant guidance issued by professional bodies.

10.5 Declarations of interest should be made as soon as reasonably practicable and by law within 28 days after the interest arises (this could include an interest an individual is pursuing). Further opportunities to make declarations include:

On appointment

Applicants for any appointment to the CCG or its governing body or any committees should be asked to declare any relevant interests. When an appointment is made, a formal declaration of interests should again be made and recorded.

At meetings

All attendees are required to declare their interests as a standing agenda item for every governing body, committee, sub-committee or working group meeting, before the item is discussed. Even if an interest has been recorded in the register of interests, it should still be declared in meetings where matters relating to that interest are discussed. Declarations of interest should be recorded in minutes of meetings.

When prompted by their organisation

Because of their role in spending taxpayers' money, CCGs should ensure that, at least annually, staff are prompted to update their declarations of interest, or make a nil return where there are no interests or changes to declare.

On changing role, responsibility or circumstances

Whenever an individual's role, responsibility or circumstances change in a way that affects the individual's interests (e.g. where an individual takes on a new role outside the CCG, enters into a new business or relationship, starts a new project/piece of work or may be affected by a procurement decision e.g. if their role

may transfer to a proposed new provider), a further declaration should be made to reflect the change in circumstances as soon as possible, and in any event *within 28 days*. This could involve a conflict of interest ceasing to exist or a new one materialising. It should be made clear to all individuals who are required to make a declaration of interest that if their circumstances change, it is their responsibility to make a further declaration as soon as possible and in any event within 28 days, rather than waiting to be asked.

- 10.6 The CCG has systems in place to ensure that receipt of gifts and hospitality are made by all persons referred to in Section 10. Declarations of receipt of gifts and hospitality should be made as soon as reasonably practicable. A template for declaring gifts and hospitality is included at Appendix E.
- 10.7 Whenever interests or offers of gifts and hospitality are declared, they should be promptly reported to the Board Secretary/Senior Governance Manager who has designated responsibility for maintaining the register of interests (Appendix C) and the register of gifts and hospitality (Appendix F). This individual should ensure that the register of interests is updated accordingly.

11.0 REGISTER(S) OF INTEREST

11.1 Statutory Requirements

CCGs must maintain one or more register of interest of: the members of the group, members of its governing body, members of its committees or sub-committees of its governing body, and its employees. CCGs must publish, and make arrangements to ensure that members of the public have access to, these registers on request.

- 11.2 The Board Secretary/Senior Governance Manager, on behalf of the Accountable Officer, will maintain registers of all relevant and material interests and positions of influence declared by all CCG employees, Members of the Governing Body, and all member of the CCG (ie each Practice).
- 11.3 All interests declared must be promptly transferred to the relevant CCG register(s) by the team or individual who has designated responsibility for maintaining registers of interest.
- 11.4 An interest should remain on the public register for a minimum of 6 months after the interest has expired. In addition, the CCG must retain a private record of historic interests for a minimum of 6 years after the date on which it expired. The CCG's published register of interests should state that historic interests are retained by the CCG for the specified timeframe, with details of whom to contact to submit a request for this information.
- 11.5 All attendees at meetings should be asked to declare any interest they have in any agenda item before it is discussed or as soon as it becomes apparent. Even if an interest is declared in the register of interests it should be declared in meetings where matters relating to that interest are discussed. Declarations of interest must be recorded in minutes.
- 11.6 The CCG will review its Register of Interests on an annual basis to ensure that it is accurate and up to date. Declarations of interest should be obtained from all relevant individuals once yearly and where there are no interests or changes to declare, a "nil" return should be recorded.

- 11.7 Where an individual changes role or responsibility within the CCG or the Governing Body, any change to the individual's interests should be declared.
- 11.8 Any changes / additions to declarations registered should be notified to the Board Secretart/Senior Governance Manager as soon as possible after the change occurs for recording in the register and in any event no later than 28 days.
- 11.9 The CCG will publish its Register of Interests on the CCG's website and make arrangements to ensure the register is available for inspection at the CCG's headquarters.
- 11.10 Registers will be reviewed every year by the Audit Committee with an assurance report provided to the Governing Body, to include explanations of any concerns and how these were managed.
- 11.11 Declared interests of the Council of Members, the Governing Body and its committees will be published in the CCG's Annual Report and Accounts.

12.0 PUBLICATION OF REGISTERS

- 12.1 All staff listed in Section 10 should declare interests and offers/receipt of gifts and hospitality, but it is recognised that some staff are more likely than others to have a decision making influence on the use of taxpayers' money, because of the requirements of their role. For the purposes of this guidance these people are referred to as 'decision making staff'.
- 12.2 The CCG publishes register(s) of interests and gifts and hospitality of decision making staff at least annually its website and makes the registers available at their headquarters upon request.
- 12.3 The CCG defines decision making staff according to its own context, and this is justifiable and captures those groups of staff that have a material influence on how taxpayers' money is spent.
- 12.4 The following non-exhaustive list describes who these individuals are likely to be:
- All governing body members;
 - Members of advisory groups which contribute to direct or delegated decision making on the commissioning or provision of taxpayer funded services such as working groups involved in service redesign or stakeholder engagement that will affect future provision of services;
 - Members of the Primary Care Commissioning Committee (PCCC);
 - Members of other committees of the CCG e.g., audit committee, remuneration committee etc.;
 - Members of new care models joint provider / commissioner groups / committees;
 - Members of procurement (sub-)committees;
 - VSM and those at Agenda for Change band 8b and above as this includes Heads of Service;
 - Management, administrative and clinical staff who have the power to enter into contracts on behalf of the CCG; and

- Management, administrative and clinical staff involved in decision making concerning the commissioning of services, purchasing of good, medicines, medical devices or equipment, and formulary decisions.

- 12.5 In exceptional circumstances, where the public disclosure of information could give rise to a real risk of harm or is prohibited by law, an individual's name and/or other information may be redacted from the publicly available register(s).

Where an individual believes that substantial damage or distress may be caused, to him/herself or somebody else by the publication of information about them, they are entitled to request that the information is not published. Such requests must be made in writing. Decisions not to publish information must be made by the Conflicts of Interest Guardian for the CCG, who should seek appropriate legal advice where required, and the CCG should retain a confidential un-redacted version of the register(s).

- 12.6 All decision making staff should be made aware, in advance of publication, that the register(s) will be kept, how the information on the register(s) may be used or shared and that the register(s) will be published. This should be done by the provision of a fair processing notice that details the identity of the data controller, the purposes for which the registers are held and published, how the information on the register(s) may be used or shared and contact details for the data protection officer. This information should additionally be provided to individuals identified in the register(s) because they are in a relationship with the person making the declaration.
- 12.7 All staff who are not decision making staff but who are still required to make a declaration of interest(s) or a declaration of gifts or hospitality should be made aware that the register(s) will be kept and how the information on the register(s) may be used or shared. This should be done by the provision of a separate fair processing notice that details the identity of the data controller, the purposes for which the register(s) are held, how the information on the register(s) may be used or shared and contact details for the data protection officer. This information should additionally be provided to individuals identified in the register(s) because they are in a relationship with the person making the declaration.
- 12.8 The register(s) of interests and gifts and hospitality must be published as part of the CCG's Annual Report and Annual Governance Statement. A web link to the CCG's registers is acceptable.

13.0 REGISTER OF GIFTS, HOSPITALITY AND SPONSORSHIP

- 13.1 The CCG will ensure that robust processes are in place to ensure that individuals do not accept gifts or hospitality or other benefits, which might reasonably be seen to compromise their professional judgement or integrity.
- 13.2 CCGs should maintain one or more registers of gifts and hospitality for all CCG employees, Members of the Governing Body, all Members of the CCG, and all member of the CCG (ie each Practice).
- 13.3 All individuals need to consider the risks associated with accepting offers of gifts, hospitality and entertainment when undertaking activities for or on behalf of the CCG or their GP practice. This is especially important during procurement

exercises, as the acceptance of gifts could give rise to real or perceived conflicts of interests, or accusations of unfair influence, collusion or canvassing.

- 13.4 Any hospitality or gifts declared must be made as soon as the individual becomes aware of it, and in any event within 28 days. This information must be promptly transferred to a register of gifts and hospitality (see Appendix F), which is maintained by the Board Secretary/Senior Governance Manager. This should include any gifts and hospitality declared in meetings.

Gifts

- 13.5 Staff in the NHS offer support during significant events in people's lives. For this work they may sometimes receive gifts as a legitimate expression of gratitude. We should be proud that our services are so valued. But situations where the acceptance of gifts could give rise to conflicts of interest should be avoided. CCG staff and members should be mindful that even gifts of a small value may give rise to perceptions of impropriety and might influence behaviour if not handled in an appropriate way.
- 13.6 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.
- 13.7 **Overarching principles**
- CCG staff should not accept gifts that may affect, or be seen to affect, their professional judgement. This overarching principle should apply in all circumstances;
 - Any personal gift of cash or cash equivalents (e.g. vouchers, tokens, offers of remuneration to attend meetings whilst in a capacity working for or representing the CCG) must always be declined, whatever their value and whatever their source, and the offer which has been declined must be declared to the team or individual who has designated responsibility for maintaining the register of gifts and hospitality and recorded on the register.
- 13.8 **Gifts from suppliers or contractors**
- Gifts from suppliers or contractors doing business (or likely to do business) with the CCG may be accepted where they are under the value of a common industry standard of £6 (these gifts do not need to be declared but staff should notify their line managers when a gift is accepted). All gifts over the value of £6 should be declined and declared by completing a gifts and hospitality declaration form and recorded on the gifts and hospitality register.
- 13.9 **Gifts from other sources** (e.g. patients, families, service users):
- CCG staff should not ask for any gifts;
 - Modest gifts under a value of £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 an organisation (i.e. to an organisation's charitable funds), not in a personal capacity. These should be declared by staff;
 - A common sense approach should be applied to the valuing of gifts (using an actual amount, if known, or an estimate that a reasonable person would make as to its value);
 - Multiple gifts from the same source over a 12 month period should be treated in the same way as single gifts over £50 where the cumulative value exceeds £50.

Hospitality

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

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

13.12 Overarching principles

- CCG staff should not ask for or accept hospitality that may affect, or be seen to affect, their professional judgement;
- Hospitality must only be accepted when there is a legitimate business reason and it is proportionate to the nature and purpose of the event;
- Particular caution should be exercised when hospitality is offered by actual or potential suppliers or contractors, these can be accepted if modest and reasonable, but individuals should always obtain senior approval and declare these.

13.13 Meals and Refreshments

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

13.14 Travel and Accommodation

- Modest offers to pay some or all of the travel and accommodation costs related to attendance at events may be accepted and must be declared;
- Offers which go beyond modest, or are of a type that the CCG itself might not usually offer, need approval by senior staff (e.g. the CCG governance lead or equivalent), should only be accepted in exceptional circumstances, and must be declared. A clear reason should be recorded on an 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 deemed as beyond modest includes:
 - Offers of business class or first class travel and accommodation (including domestic travel); and
 - Offers of foreign travel and accommodation.

Sponsored Events

13.15 Sponsorship of NHS events by external parties is valued. Offers to meet some or part of the costs of running an event secures their ability to take place, benefiting NHS staff and patients. Without this funding there may be fewer opportunities for

learning, development and partnership working. However, there is potential for conflicts of interest between the organiser and the sponsor, particularly regarding the ability to market commercial products or services. As a result there should be proper safeguards in place to prevent conflicts occurring.

13.16 When sponsorships are offered, the following principles must be adhered to:

- Sponsorship of CCG events by appropriate external bodies should only be approved if a reasonable person would conclude that the event will result in clear benefit for 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 information which is not in the public domain should not normally be supplied;
- At the CCG's discretion, sponsors or their representatives may attend or take part in the event but they should not have a dominant influence over the content or the main purpose of the event;
- The involvement of a sponsor in an event should always be clearly identified in the interest of transparency;
- CCGs 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 relating to the event;
- Staff should declare involvement with arranging sponsored events to their CCG.

Other Forms of Sponsorship

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

14.0 GOVERNANCE ARRANGEMENTS AND DECISION MAKING

14.1 Management Arrangements

The CCG will regularly review its governance structures for managing conflicts of interest to ensure that they reflect current guidance and are appropriate, including co-commissioning roles. This will include reviewing:

- i. the make-up of the Governing Body and committee structures (including, where relevant, the approach set out below for decision making in delegated or joint commissioning of primary care);
- ii. whether there are sufficient management and internal controls to detect breaches of the CCG's conflicts of interest policy, including appropriate external oversight and adequate provision for whistleblowing;
- iii. how non-compliance with policies and procedures relating to conflicts of interest will be managed (including how this will be addressed when it relates to contracts already entered into). As well as actions to address non-compliance,

the CCG will develop processes to review any lessons to be learned from such cases. This will be overseen by the CCG's Audit Committee.

- iv. the approach to the CCG's registers of interest, together with the introduction of a record of decisions, as set out above;
- v. that no individuals involved in the monitoring of a contract have direct or indirect financial, professional or personal interest in the incumbent provider or in any other provider that could prevent them, or be perceived to prevent them, from carrying out their role in an impartial, fair and transparent manner.
- vi. that any training or other programmes are implemented to assist with compliance, including participation in the training offered by NHS England

14.2 Full details of how declared interests should be managed are as outlined in Section 6.1 of the Constitution (for ease of reference see extract at Appendix G). Examples of possible scenarios and how to manage them are included as Appendix A.

14.3 **Interests of the Chair of a Meeting**

Where the Chair of a meeting has a relevant interest, whether previously declared or not, in relation to the scheduled or likely business of the meeting, the Deputy Chair will act as Chair for the relevant part of the meeting and may require the Chair to withdraw for that part of the discussion. If there is no Deputy Chair, the meeting will select one and the meeting must ensure that arrangements for the management of the conflict of interest are followed.

14.4 **Effects of withdrawal**

Where 50% of members of a meeting are required to withdraw, the Chair (or Deputy) will determine whether or not the discussion can proceed. This decision will be based on whether the meeting is quorate, as set out in Section 6.1 of the NY CCG Constitution (in relation to the Governing Body) or in line with the terms of reference (for all other meetings). Where a quorum cannot be convened the Chair will consult with the Audit Committee Chair to ensure timely management of the issue.

14.5 **Chairing Arrangements and Decision-Making Processes**

The Chair of a meeting of the CCG's governing body or any of its committees, sub-committees or groups has ultimate responsibility for deciding whether there is a conflict of interest and for taking the appropriate course of action in order to manage the conflict of interest.

14.6 In the event that the chair of a meeting has a conflict of interest, the deputy chair is responsible for deciding the appropriate course of action in order to manage the conflict of interest. If the deputy chair is also conflicted then the remaining non-conflicted voting members of the meeting should agree between themselves how to manage the conflict(s).

14.7 In making such decisions, the chair (or deputy chair or remaining non-conflicted members as above) may wish to consult with the Conflicts of Interest Guardian or another member of the governing body.

14.8 It is good practice for the chair, with support of the CCG's Board Secretary/Senior Governance Manager and, if required, the Conflicts of Interest Guardian, to proactively consider ahead of meetings what conflicts are likely to arise and how they should be managed, including taking 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.

- 14.9 To support chairs in their role, a declaration of interest checklist has been prepared prior to meetings, which should include details of any declarations of conflicts which have already been made by members of the group. A template declaration of interest checklist is available at Appendix H.
- 14.10 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. This will be included as a specific Agenda Item on each of the CCG's meetings. 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 that are declared at a meeting must be included on the CCG's relevant register of interests to ensure it is up-to-date.
- 14.11 Similarly, any new offers of gifts or hospitality (whether accepted or not) which are declared at a meeting must be included on the CCG's register of gifts and hospitality to ensure it is up-to-date.
- 14.12 It is the responsibility of each individual member of the meeting to declare any relevant interests which they may have. However, should any member of the meeting be aware of facts or circumstances which may give rise to a conflict of interests but which have not been declared then they should bring this to the attention of the chair who will decide whether there is a conflict of interest and the appropriate course of action to take in order to manage the conflict of interest.
- 14.13 When a member of the meeting (including the chair or deputy chair) has a conflict of Interest in relation to one or more items of business to be transacted at the meeting, the chair (or deputy chair or remaining non-conflicted members where relevant as described above) must decide how to manage the conflict. The appropriate course of action will depend on the particular circumstances, but could include one or more of the following:
- Where the chair has a conflict of interest, deciding that the deputy chair (or another non-conflicted member of the meeting if the deputy chair is also conflicted) should chair all or part of the meeting;
 - Requiring the individual who has a conflict of interest (including the chair or deputy chair if necessary) not to attend the meeting;
 - 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;
 - 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;
 - 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;

- 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.

14.14 Where the conflict of interest relates to outside employment and an individual continues to participate in meetings pursuant to the preceding two bullet points, he or she should ensure the capacity in which they continue to participate in the discussions is made clear and correctly recorded in the meeting minutes. Where it is appropriate for them to participate in decisions they must only do so if they are acting in their CCG role.

14.15 All decisions taken at the Council of Members meetings, Governing Body Meetings and formal Committees will be recorded in the CCGs Decision Register. The register will include detail on whether the meeting was quorate and also if any conflict of interest was declared in relation to the business of the meeting.

14.16 **Minute-Taking**

In line with the CCG's Minute Taking Guidelines, any conflicts of interest which are declared or otherwise arise in a meeting, should be recorded in the minutes as follows:

- who has the interest;
- the nature of the interest and why it gives rise to a conflict, including the magnitude of any interest;
- the items on the agenda to which the interest relates;
- how the conflict was agreed to be managed; and
- evidence that the conflict was managed as intended (for example recording the points during the meeting when particular individuals left or returned to the meeting).

14.17 The above applies to all meetings, including contract management meetings where conflicts of interest should be declared as part of the process.

14.18 Guidance on how to record conflicts of interest in minutes can be found at Appendix I.

15.0 **MANAGING CONFLICTS OF INTEREST THROUGHOUT THE COMMISSIONING CYCLE**

15.1 Conflicts of interest need to be managed appropriately throughout the whole commissioning cycle. At the outset of a commissioning process, the relevant interests of all individuals involved should be identified and clear arrangements put in place to manage any conflicts of interest. This includes consideration as to which stages of the process a conflicted individual should not participate in, and, in some circumstances, whether that individual should be involved in the process at all.

15.2 **Designing Service Requirements**

The way in which services are designed can either increase or decrease perceived or actual conflicts of interest. Public involvement supports transparent and credible commissioning decisions. It should happen at every stage of the commissioning

cycle from needs assessment, planning and prioritisation to service design, procurement and monitoring. The CCG has a legal duty under the Act to involve patients and the public in their respective commissioning processes and decisions.

15.3 **Provider Engagement**

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

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

15.5 As the service design develops, it is good practice to engage with a range of providers on an on-going basis to seek comments on the proposed design e.g., via the commissioners website and/or via workshops with interested parties (ensuring a record is kept of all interaction). NHS Improvement has issued guidance on the use of provider boards in service design.

15.6 Engagement should help to shape the requirement to meet patient need, but it is important not to gear the requirement in favour of any particular provider(s). If appropriate, the advice of an independent clinical adviser on the design of the service should be secured.

15.7 **Specifications**

The CCG will seek, as far as possible, to specify the outcomes that it wishes to see delivered through a new service, rather than the process by which these outcomes are to be achieved. As well as supporting innovation, this helps prevent bias towards particular providers in the specification of services. The CCG will also ensure that careful consideration is given to the appropriate degree of financial risk transfer in any new contractual model.

15.8 **Procurement**

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 decision that has been made. This has now been put on a statutory footing in the 2013 Regulations mentioned above. The CCG will publish a Procurement Policy which includes specific reference to conflicts of interest and will ensure that:

- a) all relevant clinicians (not just members of the CCG) and potential providers, together with local members of the public, are engaged in the decision-making processes used to design and re-design services;
- b) service redesign and procurement processes are conducted in an open, transparent, non-discriminatory and fair way.

- 15.9 Where a relevant and material interest or position of influence exists in the context of the specification for, or award of, a contract, the individual will be expected to:
- Declare the interest.
 - Ensure that the interest is recorded in the procurement register (see appendix J).
 - Only take part in discussions as part of extended membership meetings involving other major stakeholders in the service being discussed and not have a vote in relation to the specification or award.

- 15.10 Individuals will be expected to declare any interest early in the procurement process if they are to be a potential bidder in that process. In addition, where someone is to be part of the tender evaluation panel or decision making process regarding the award of the contract, any potential conflict of interest must be declared at the earliest opportunity. Failure to do so could result in the procurement process being declared invalid and possible suspension of the relevant individual from the CCG.

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

- Where a CCG is commissioning a service through Competitive Tender (i.e., seeking to identify the best provider or set of providers for a service) a conflict of interest may arise where GP practices or other providers in which CCG members have an interest are amongst those bidding.
 - Where the CCG is commissioning a service through Any Qualified Provider a conflict could arise where one or more GP practices (or other providers in which CCG members have an interest) are amongst the qualified providers from whom patients can choose.
- 15.11 Guidance within the GMC's core guidance Good Medical Practice (2013) – Honesty in Financial Dealings paragraphs 77-80 states:
- You must be honest in financial and commercial dealings with patients, employers, insurers and other organisations or individuals.
 - You must not allow any interests you have to affect the way you prescribe for, treat, refer or commission services for patients.
 - If you are faced with a conflict of interest, you must be open about the conflict, declaring your interest formally, and you should be prepared to exclude yourself from decision making.
 - You must not ask for or accept – from patients, colleagues or others – any inducement, gift or hospitality that may affect or be seen to affect the way you prescribe for, treat or refer to patients or commission services for patients. You must not offer these inducements.
- 15.12 In addition, the GMC's document Financial & Commercial Arrangements and Conflicts of Interest (2013) indicates GPs should:
- Use your professional judgment to identify when conflicts of interest arise.
 - Avoid conflicts of interest wherever possible.
 - Declare any conflict to anyone affected, formally and as early as possible, in line with the policies of your employer or the organisation contracting your services.
 - Get advice about the implications of any potential conflict of interest.
 - Make sure that the conflict does not affect your decisions about patient care.

If you are in doubt about whether there is a conflict of interest, act as though there is.

- 15.13 The CCG recognise that particular care must be exercised when commissioning services from GP practices, including provider consortia or organisations in which GPs have a financial interest.

For that reason, this policy incorporates the Procurement Checklist Template (Appendix K) developed by NHS England for that purpose 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. In addition, systems will be put in place to ensure that such contracts are monitored on an ongoing basis to ensure any conflict is appropriately managed.

- 15.14 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. In this context, it is likely that the CCG will wish to take specialist legal advice.

The CCG will also adhere to all relevant regulations and principles which pertain to NHS Procurement and UK / EU Competition Law, including the NHS (Procurement, Patient Choice and Competition) (No2) Regulations 2013.

- 15.15 The Assistant Director of Contracting and Procurement will update the Procurement Register whenever a procurement decision is taken. The Procurement Register will include the following detail:

- Who was involved in making the decision (including the name of the CCG clinical lead, the CCG contract manager, the name of the decision making committee and the name of any other individuals with decision-making responsibility);
- A summary of any conflicts of interest in relation to the decision and how this was managed by the CCG; and
- The award decision taken.

- 15.16 The CCG will publish its updated Register of Procurement Decisions on the CCGs website following each procurement decision and make arrangements to ensure the register is available for inspection at the CCG's headquarters.

15.17 Declarations of Interest for Bidders / Contractors

As part of the CCG's procurement processes, bidders will be asked to declare any conflicts of interest. This allows the CCG to ensure that it complies with the principles of equal treatment and transparency. When a bidder declares a conflict, the CCG will decide how best to deal with it to ensure that no bidder is treated differently to any other. A declaration of interests for bidders/ contractors template is attached at Appendix L.

- 15.18 It will not usually be appropriate to declare such a conflict on the register of procurement decisions, as it may compromise the anonymity of bidders during the procurement process. However, the CCG will retain an internal audit trail of how the conflict or perceived conflict was dealt with to allow it to provide information at a later date if required. The CCG is required under regulation 84 of the Public Contract Regulations 2015 to make and retain records of contract award decisions and key decisions that are made during the procurement process (there is no obligation to publish them). Such records must include "communications with economic operators and internal deliberations" which should include decisions made in relation to actual or perceived conflicts of interest declared by bidders.

These records must be retained for a period of at least three years from the date of award of the contract.

15.19 Contract Monitoring

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

- 15.20 The individuals involved in the monitoring of a contract should not have any direct or indirect financial, professional or personal interest in the incumbent provider or in any other provider that could prevent them, or be perceived to prevent them, from carrying out their role in an impartial, fair and transparent manner. The CCG will be mindful of any potential conflicts of interest when it disseminates any contract or performance information/reports on providers, and manage the risks appropriately.

16.0 RAISING CONCERNS AND BREACHES

- 16.1 Effective management of conflicts of interest requires an environment and culture where individuals feel supported and confident in declaring relevant information, including notifying any actual or suspected breaches of the rules.

It is the duty of every individual within the CCG to speak up about genuine concerns in relation to the management of conflicts of interests, and to report any concerns in accordance with the terms of this policy and the CCG's Whistleblowing Policy or with the whistleblowing policy of the relevant employer organisation (where the breach is being reported by an employee or worker of another organisation). Individuals should not ignore their suspicions or seek to investigate them, but speak to the CCG's Conflict of Interest Guardian, the Accountable Officer or the Director of Corporate Services, Governance and Performance.

- 16.2 Where a breach is suspected or has occurred, this will be investigated by the Director of Corporate Services, Governance and Performance who will draw on other expertise available to the organisation such as internal audit. The findings will be shared with the Conflicts of Interest Guardian and the breach formally reported to the Audit Committee.
- 16.3 A review of lessons learned will be conducted by the Director of Corporate Services, Governance and Performance following any incident of non-compliance with this policy and the report reviewed by the CCG's Audit Committee. Anonymised details of breaches will be published on the CCG's website for the purpose of learning and development.
- 16.4 Anyone who wishes to report a suspected or known breach of the policy, who is not an employee or worker of the CCG, should ensure that they comply with their own organisation's whistleblowing policy, since most such policies should provide protection against detriment or dismissal.

- 16.5 All notifications will be treated with appropriate confidentiality at all times, in accordance with the CCG's policies and applicable laws, and the person making such disclosures can expect an appropriate explanation of any decisions taken as a result of any investigation.
- 16.6 **Fraud of Bribery**
Any suspicions or concerns of acts of fraud or bribery can be reported online via <https://www.reportnhsfraud.nhs.uk/> or via the NHS Fraud and Corruption Reporting Line on 0800 0284060. This provides an easily accessible and confidential route for the reporting of genuine suspicions of fraud within or affecting the NHS. All calls are dealt with by experienced trained staff and any caller who wishes to remain anonymous may do so. Please refer to the CCG's Anti-Fraud, Bribery and Corruption Policy for further details.
- 16.7 **Impact of Non-compliance**
Failure to comply with the CCG's policy on conflicts of interest management can have serious implications for the CCG and any individuals concerned.
- 16.8 **Civil Implications**
If conflicts of interest are not effectively managed, the CCG could face civil challenges to its decisions. For instance, if breaches occur during a service re-design or procurement exercise, the CCG risks a legal challenge from providers that could potentially overturn the award of a contract, lead to damages claims against the CCG, and necessitate a repeat of the procurement process. This could delay the development of better services and care for patients, waste public money and damage the CCG's reputation. In extreme cases, staff and other individuals could face personal civil liability, for example a claim for misfeasance in public office.
- 16.9 **Criminal Implications**
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 CCGs and linked organisations, and the individuals who are engaged by them. The Fraud Act 2006 created a criminal offence of fraud and defines three ways of committing it:
- Fraud by false representation;
 - Fraud by failing to disclose information; and,
 - Fraud by abuse of position.
- 16.10 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. The offences can be committed by a body corporate.
- 16.11 **Disciplinary Implications**
Individuals who fail to disclose any relevant interests or who otherwise breach this policy will be subject to investigation and, where appropriate, to disciplinary action in accordance with the CCG's Disciplinary Policy. Individuals should be aware that the outcomes of such action may, if appropriate, result in the termination of their employment or position with the CCG.

17.0 IMPLEMENTATION

- 17.1 Following approval by the Governing Body, this Director of Corporate Services, Governance and Performance will be responsible for the implementation of this policy supported by the Board Secretary/Corporate Governance Manager.

18.0 TRAINING AND AWARENESS

- 18.1 This policy will be made available to all Members and staff via the CCG's website. Notice of all approved policies placed on the website will be included in CCG briefing processes. The policy will be brought to the attention of all new Members and staff via the induction process.
- 18.2 NHS England has developed a series of case studies (Appendix A) to accompany the revised statutory guidance on managing conflicts of interest for CCGs, published in June 2016. The case studies are intended to raise awareness of the different types of conflicts of interest that could arise in CCGs and to support CCGs to robustly and effectively identify and manage them. The case studies could also be used as a training resource for CCGs, to support them in providing advice to their employees and members on what might constitute a conflict of interest.
- 18.3 Advice on this policy can be obtained from the Accountable Officer, Chair of the Audit Committee, or Board Secretary/Senior Governance Manager.
- 18.4 The CCG will ensure that NHSE Mandatory Training is rolled out across the organisation and will ensure that this completed in line with latest NHSE Guidance.
- 18.5 The CCG has determined that all Governing Body Members should complete Level 3 training and all senior members of staff dealing in procurement should complete level 2 training:

Module 1 covers what conflicts of interest are; how to declare and manage conflicts of interest, including individuals' responsibilities; and how to report any concerns.

Module 2 provides further information on managing conflicts of interest throughout the whole commissioning cycle and in recruitment processes.

Module 3 provides advice on how chairs should manage conflicts of interest; an overview of the safeguards that should be applied in Primary Care Commissioning Committees; and how to identify and manage breaches of conflicts of interest rules, through a series of practical scenarios.

19.0 MONITORING AND AUDIT

- 19.1 The CCG is required on an annual basis to confirm via self-certification:
- That the CCG has a clear policy for the management of conflicts of interest in line with the statutory guidance and a robust process for the management of breaches;
 - If the CCG has a minimum of three lay members;
 - That the CCG audit chair has taken on the role of the Conflicts of Interest Guardian;
 - The level of compliance with the mandated conflicts of interest on-line training in line with latest NHSE Guidance.

- 19.2 In addition, CCGs are required to report to NHSE via self-certification whether the CCG:
- Has processes in place to ensure individuals declare any interests which may give rise to a conflict or potential conflict as soon as they become aware of it, and in any event within 28 days, ensuring accurate up to date registers are complete for: conflicts of interest, procurement decisions and gifts and hospitality
 - Has made these registers available on its website and, upon request, at the CCG's HQ.
 - Is aware of any breaches of its policies and procedures in relation to the management of conflicts of interest and how many:
 - To include details of how they were managed;
 - Confirmation that anonymised details of the breach have been published on the CCG website;
 - Confirmation that they been communicated to NHS England.
- 19.3 If the CCG has decided not to comply with one or more of the requirements of this statutory guidance – it is expected that this will be discussed in advance with NHS England. CCGs must also include within their self-certification statements the reasons for deciding not to do so, on a “comply or explain” basis.
- 19.4 The CCG will ensure that an annual audit of conflicts of interest management is incorporated into its Internal Audit Plan. This should be completed in quarter three or four of the financial year, to enable updates to this Policy to be completed.
- 19.5 The results of the audit will be reflected in the CCG's Annual Governance Statement and will be discussed at the end of year governance meeting with the NHSE Area Team.

20.0 REFERENCES

- Managing Conflicts of Interest: Statutory Guidance for CCGs – December 2014 (Revised June 2017), NHSE
- Best Practice Update on Conflicts of Interest Management: Call to Action for CCGs – February 2019, NHSE
- Managing Conflicts of Interest in CCGs – NHS Federation & RCGP Centre for Commissioning
- BMA's Ensuring Transparency & Probity Guidance
- Section 140 of National Health Service Act 2006, as inserted by section 25 of the 2012 Act
- The NHS (Procurement, Patient Choice and Competition)(No 2) Regulations 2013 (SI 2013 No 500)
- GMC core guidance – Good Medical Practice (2013)
- GMC guidance – Financial & Commercial Arrangements and Conflicts of Interest 2013
- Public Contracts Regulations 2015
- Bribery Act 2010
- Policy on Standards of Business Conduct & Management of Conflicts of Interest – template for CCGs developed by Internal Auditor, North Yorkshire Service.

21.0 ASSOCIATED DOCUMENTS

This policy reflects ‘Managing Conflicts of Interests: Statutory Guidance for CCGs’ (Issued by NHS England, June 2017). It should be read alongside the following NY CCG documents:

- CCG Constitution
- Standards of Business Conduct Policy
- Procurement Policy
- Local Anti-Fraud, Bribery & Corruption Policy
- Recruitment Policy
- Whistleblowing Policy

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Appendix A – Illustrative Examples of Potential Conflicts

Notes

- The illustrations given below should not be considered to be prescriptive in every instance.
- These are guidelines and both the materiality of the conflict and the significance of the issue should be considered carefully by the Chair in deciding on how to manage the conflict.
- It is the responsibility of the Chair to review the agenda and operate caution in terms of deferment or referral if necessary.
- Chairs to also consider potential conflicts of interest arising from verbal reports.
- Links should be considered to strategy direction e.g., is the introduction of a LES in line with the strategy.
- If significant / complete conflict of interest at a locality level the matter could be referred to the CCG for decision.

Case Studies


NHS England has developed a series of case studies to accompany the revised statutory guidance on managing conflicts of interest for CCGs, published in June 2016. The case studies are intended to raise awareness of the different types of conflicts of interest that could arise in CCGs and to support CCGs to robustly and effectively identify and manage them. The case studies could also be used as a training resource for CCGs, to support them in providing advice to their employees and members on what might constitute a conflict of interest.

<https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/06/coi-case-studies-jun16.pdf>

Appendix A – Conflict of Interest Scenarios

Interest	Pecuniary (Self, partner or close associate)	Personal (Self)	Personal (Partner or close associate)	Competing Loyalties
Needs assessment	Fully participate	Fully participate	Fully participate	Fully participate
Decide priorities	Discuss but cannot vote	Discuss and vote	Discuss and vote	Discuss and vote
Review commissioning proposals	Remain but cannot speak or vote	Remain but cannot speak or vote	Remain but cannot speak or vote	Discuss and vote
Design services (ensure a fully inclusive process)	Discuss and vote	Discuss and vote	Discuss and vote	Discuss and vote
Review prioritised business cases	Leave the room	Remain but cannot speak or vote (unless interest is deemed not prejudicial)	Remain but cannot speak or vote (unless interest is deemed not prejudicial)	Discuss and vote
Procurement/ contracting	Leave the room	Remain but cannot speak or vote (unless interest is deemed not prejudicial)	Remain but cannot speak or vote (unless interest is deemed not prejudicial)	Discuss and vote
Performance Management	Remain but cannot speak or vote (unless significant and then leave the room)	Remain but cannot speak or vote (unless significant and then leave the room)	Remain but cannot speak or vote (unless significant and then leave the room)	Discuss and vote
Review Health Outcomes	Fully participate	Fully participate	Fully participate	Fully participate

Appendix B – Declaration of Index Form template for CCG Members and Employees

Declaration of Interests for CCG Members and Employees						 North Yorkshire Clinical Commissioning Group	
Please complete the form after referring to the guidance notes (on the guidance tab)							
Name:							
Position within, or relationship with, the CCG/are you part of a member practice, if so please state which practice. <small>(or NHS England in the event of joint committees)</small>		Are you part of a Primary Care Network (PCN)? <small>(Please use drop down menu)</small>		If Yes, please state name of PCN <small>(Please use drop down menu)</small>			
Committees/member of: Statutory and Non-Statutory Committees of the CCG: <small>(Please tick all that apply)</small>		<input type="checkbox"/> Governing Body <input type="checkbox"/> Remuneration Committee <input type="checkbox"/> Quality & Clinical Governance Committee <input type="checkbox"/> Council of Members <input type="checkbox"/> Remuneration Panel <input type="checkbox"/> Finance, Performance, Contracting & Commissioning Committee <input type="checkbox"/> Audit Committee <input type="checkbox"/> North Yorkshire Executive Directors <input type="checkbox"/> Primary Care Commissioning Committee					
Declaration: <small>(please choose from drop down menu)</small>		If you have no interests to declare, please enter 'Nil' on line 1 and sign and date at the bottom of the form.					
Nature of Interest <small>(See guidance tab and please choose from the drop down menu)</small>	Description of Interest <small>(Please describe your particular interest)</small>	Type <small>(Please choose from the drop down menu)</small>	Self or Other <small>(Please choose from the drop down menu)</small>	Date Interest Relates		Actions to be taken to mitigate risk <small>(to be agreed with line manager or a senior CCG manager)</small>	
				From	To		
Example Material shareholdings in private or public companies in the field of health and social care	Please insert as much detail as you need to here, the cell will resize when you tab across...	Indirect	Spouse/Partner	Mar-15	Ongoing	To be managed in accordance with the COI Policy	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
The information submitted will be held by the CCG for personnel or other reasons specified on this form and to comply with the organisation's policies. This information may be held in both manual and electronic form in accordance with the Data Protection Act 1998. Information may be disclosed to third parties in accordance with the Freedom of Information Act 2000 and, in the case of 'decision making staff' (as defined in the statutory guidance on managing conflicts of interest for CCGs) may be 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.							
Decision making staff should be aware that the information provided in this form will be added to the CCG's registers which are held in hard copy for inspection by the public and published on the CCG's website. Decision making staff must make any third party whose personal data they are providing in this form aware that the personal data will be held in hard copy for inspection by the public and published on the CCG's website and must inform the third party that the CCG's privacy policy is available on the CCG's website. If you are not sure about whether you are a 'decision-making' member of staff, please speak to your line manager before completing this form.							
Signature*:				Date:			
Signature:				Date:			
Position: <small>(of Line Manager or Senior CCG Manager)</small>							
* We will accept this form with either your electronic signature inserted or if your name is typed and the form sent to us from your nhs email account.							
Please return to the Corporate Project Officer by email at: nyccg.corporate@nhs.net							
The Senior Governance Manager is the nominated Lead to provide advice, support and guidance in the management of Conflicts of Interest, supporting the Conflict of Interest Guardian (the Audit Chair).							
The Governing Body Lay Member for Audit, Ken Readshaw is the nominated Conflict of Interest Guardian.							

Appendix B – Guidance Notes for Completing Declaration of Interest Form

Type of Interest	Description
Financial	<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 (see paragraph 56 to 57); • In receipt of secondary income from a provider; • In receipt of a grant from a provider; • In receipt of any payments (for example honoraria, one off payments, day allowances or travel or subsistence) from a provider • In receipt of research funding, including grants that may be received by the individual or any organisation in which they have an interest or role; and • Having a pension that is funded by a provider (where the value of this might be affected by the success or failure of the provider).
Non-Financial Professional	<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	<p>This is where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit. This could include, for example, where the individual is:</p> <ul style="list-style-type: none"> • A voluntary sector champion for a provider; • A volunteer for a provider; • A member of a voluntary sector board or has any other position of authority in or connection with a voluntary sector organisation; • Suffering from a particular condition requiring individually funded treatment; • A member of a lobby or pressure groups with an interest in health.
Indirect	<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.

**Nature of
Interest
drop down
list on
form:**

Roles and responsibilities held within member practices.
Directorships, including non-executive directorships held in private or public limited companies.
Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the CCG or NHS England.
Material shareholdings in private or public companies in the field of health and social care.
As an employee or trustee of a voluntary organisation, social enterprise or charity seeking to enter into a contract with the CCG.
Any interest that they (if registered with the GMC) would be required to declare in accordance with paragraph 55 of the GMC's publication 'Management for Doctors' or any successor guidance.
Any interest that they (if registered with the Nursing & Midwifery Council) would be required to declare in accordance with paragraph 7 of the NMC's publication 'Code of Professional Conduct' or any successor Code.
Partner / employee of practice which provides medical services over and above the GP contractual obligations
Research funding / grants that may be received by the individual or any organisation they have an interest or role in.
Any other role or relationship which the public could perceive would impair or otherwise influence the individual's judgement or actions in their role within the CCG.
Any other employment or private practice (<i>include hours worked per week</i>).

[illegible]

Appendix D – Conflict of interest summary guides

NHS England has published a series of summary guides for a variety of roles within Clinical Commissioning Groups to assist with managing Conflicts of Interest. The link to these and a summary of each is below:

<https://www.england.nhs.uk/publication/conflicts-of-interest-summary-guides/>

Conflicts of Interest Summary Guide for GPs in Commissioning Roles

Outlines: what you need to know; what should be declared and when, with examples on how to manage a declaration of interest; provides a summary of gifts and hospitality that can be accepted; and, contains a link to the full guidance.

Conflicts of Interest Summary Guide for Conflicts of Interest Guardians

Outlines: what you need to know; what your role is; what should be declared and when, with examples on how to manage a declaration of interest; provides a summary of gifts and hospitality that can be accepted; and, contains a link to the full guidance.

Conflicts of Interest Summary guide for CCG Governance Leads

Outlines: what you need to know; what your role is; what should be declared and when, with examples on how to manage a declaration of interest; provides a summary of gifts and hospitality that can be accepted; and, contains a link to the full guidance.

Conflicts of Interest Summary Guide for CCG Lay Members

Outlines: what you need to know; what your role is; what should be declared and when, with examples on how to manage a declaration of interest; provides a summary of gifts and hospitality that can be accepted; and, contains a link to the full guidance.

Conflicts of Interest Summary Guide for Administration Staff

Outlines: what you need to know; what your role is; what should be declared and when; some of the things you will be required to do; provides a summary of gifts and hospitality that can be accepted; and, contains a link to the full guidance.

Conflicts of Interest Summary Guide for Healthwatch members of CCG Primary Care Committees

Outlines: what you need to know; what your role is; what should be declared and when, with examples on managing a declaration of interest; and, contains a link to the full guidance.

Appendix E – Template Declaration of Interest for Gifts and Hospitality

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

The information submitted will be held by the CCG for personnel or other reasons specified on this form and to comply with the organisation's policies. This information may be held in both manual and electronic form in accordance with the GDPR 2018. Information may be disclosed to third parties in accordance with the Freedom of Information Act 2000 and, in the case of 'decision making staff' (as defined in the statutory guidance on managing conflicts of interest for CCGs) may be 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.

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

Signature:*		Date:	
Signature:		Position:	

(Line manager or Senior CCG Manager)

* We will accept this form with either your electronic signature inserted or if your name is typed and the form sent to us from your nhs email address. **Please send completed form to via email to the Corporate Project Officer at nyccg.corporate@nhs.net**

Ken Readshaw, Audit Chair is the nominated Conflict of Interest Guardian.

Sasha Sencier, Senior Governance Manager is the nominated day-to-day individual to provide advice, support and guidance and can be contacted by email: Sasha.Sencier@nhs.net

Appendix F – Template Register of Gifts and Hospitality

Recipient 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	Name & title of officer reviewing and approving the declaration made and date	Reason for Accepting or Declining

Appendix G – Extract from CCG Constitution

6.1 Conflicts of Interest

- 6.1.1 As required by section 14O of the 2006 Act, the CCG has made arrangements to manage conflicts and potential conflicts of interest to ensure that decisions made by the CCG will be taken and seen to be taken without being unduly influenced by external or private interest.
- 6.1.2 The CCG has agreed policies and procedures for the identification and management of conflicts of interest.
- 6.1.3 Employees, Members, Committee and Sub-Committee members of the CCG and members of the Governing Body (and its Committees, SubCommittees, Joint Committees) will comply with the CCG policy on conflicts of interest. Where an individual, including any individual directly involved with the business or decision-making of the CCG and not otherwise covered by one of the categories above, has an interest, or becomes aware of an interest which could lead to a conflict of interests in the event of the CCG considering an action or decision in relation to that interest, that must be considered as a potential conflict, and is subject to the provisions of this constitution and the Standards of Business Conduct Policy.
- 6.1.4 The CCG has appointed the Audit Committee Chair to be the Conflicts of Interest Guardian. In collaboration with the CCG's governance lead, their role is to:
- a) Act as a conduit for GP practice staff, members of the public and healthcare professionals who have any concerns with regards to conflicts of interest;
 - b) Be a safe point of contact for employees or workers of the CCG to raise any concerns in relation to conflicts of interest;
 - c) Support the rigorous application of conflict of interest principles and policies;
 - d) Provide independent advice and judgment to staff and members where there is any doubt about how to apply conflicts of interest policies and principles in an individual situation e) Provide advice on minimising the risks of conflicts of interest.

6.2 Declaring and Registering Interests

- 6.2.1 The CCG will maintain registers of the interests of those individuals listed in the CCG's policy.
- 6.2.2 The CCG will, as a minimum, publish the registers of conflicts of interest and gifts and hospitality of decision making staff at least annually on the CCG website and make them available at our headquarters upon request.
- 6.2.3 All relevant persons for the purposes of NHS England's statutory guidance Managing Conflicts of Interest: Revised Statutory Guidance for CCGs 2017 must declare any interests. Declarations should be made as soon as reasonably practicable and by law within 28 days after the interest arises. This could include

interests an individual is pursuing. Interests will also be declared on appointment and during relevant discussion in meetings.

- 6.2.4 The CCG will ensure that, as a matter of course, declarations of interest are made and confirmed, or updated at least annually. All persons required to, must declare any interests as soon as reasonable practicable and by law within 28 days after the interest arises.
- 6.2.5 Interests (including gifts and hospitality) of decision making staff will remain on the public register for a minimum of six months. In addition, the CCG will retain a record of historic interests and offers/receipt of gifts and hospitality for a minimum of six years after the date on which it expired. The CCG's published register of interests states that historic interests are retained by the CCG for the specified timeframe and details of whom to contact to submit a request for this information.
- 6.2.6 Activities funded in whole or in part by 3rd parties who may have an interest in CCG business such as sponsored events, posts and research will be managed in accordance with the CCG policy to ensure transparency and that any potential for conflicts of interest are well-managed.

6.3 Training in Relation to Conflicts of Interest

- 6.3.1 The CCG ensures that relevant staff and all Governing Body members receive training on the identification and management of conflicts of interest and that relevant staff undertake the NHS England Mandatory training.

Appendix H – 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	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.	Meeting Chair and secretariat
	2. A definition of conflicts of interest should also be accompanied with each agenda to provide clarity for all recipients.	Meeting Chair and secretariat
	3. Agenda to be circulated to enable attendees (including visitors) to identify any interests relating specifically to the agenda items being considered.	Meeting Chair and secretariat
	4. Members should contact the Chair as soon as an actual or potential conflict is identified.	Meeting members
	5. Chair to review a summary report from preceding meetings ie sub-committee, working group, etc., detailing any conflicts of interest declared and how this was managed.	Meeting Chair
	A template for a summary report to present discussions at preceding meetings is detailed below.	Meeting Chair
During the meeting	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.	Meeting Chair and secretariat
	7. Check and declare the meeting is quorate and ensure that this is noted in the minutes of the meeting.	Meeting Chair
	8. Chair requests members to declare any interests in agenda items - which have not already been declared, including the nature of the conflict.	Meeting Chair
	9. Chair makes a decision as to how to manage each interest which has been declared, including if there is a conflict 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.	Meeting Chair and secretariat

Timing	Checklist for Chairs	Responsibility
	<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. A conflict will be managed in the same way as Members. <p>A template for recording any interests during meetings is detailed below.</p>	Secretariat
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>

Appendix I – Template For Recording Interests During Meetings

Conflicts of Interest are recorded in the minutes of meetings and also recorded on the CCGs Decision Register.
The below template can be used as an additional tool to the secretariat.

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

Appendix I – Recording Declarations of Interest in Minutes

Declarations of Members' Interest in Relation to the Business of the Meeting

The Chair reminded committee members of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of the meeting.

Declarations declared by members of the [INSERT COMMITTEE NAME] are listed in the CCG's Register of Interests. The Register is available either via the secretary to the governing body or the CCG website.

The following update was received at the meeting:

- With reference to business to be discussed at this meeting, MS declared that he is a shareholder in XXX Care Ltd.

The Chair declared that the meeting is quorate and that MS would not be included in any discussions on agenda item X due to a direct conflict of interest which could potentially lead to financial gain for MS.

The Chair and MS discussed the conflict of interest, which is recorded on the register of interest, before the meeting and MS agreed to remove himself from the table and not be involved in the discussion around agenda item X.

Agenda Item <Note the agenda item>

MS left the meeting, excluding himself from the discussion regarding xx.

<conclude decision has been made>

<Note the agenda item xx>

MS was brought back into the meeting.

Appendix J – Template Register of Procurement Decisions and Contracts Awarded

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

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

Signed:

On behalf of:

Date:

Please return to: Assistant Director of Contracting and Procurement steve.jordan@nhs.net

Appendix K – Template Procurement Checklist

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

10. Why have you chosen this procurement route e.g., single action tender?¹	
11. What additional external involvement will there be in scrutinising the proposed decisions?	
12. How will the CCG make its final commissioning decision in ways that preserve the integrity of the decision-making process and award of any contract?	
Additional question when qualifying a provider on a list or framework or pre selection for tender (including but not limited to any qualified provider) or direct award (for services where national tariffs do not apply)	
13. How have you determined a fair price for the service?	
Additional questions when qualifying a provider on a list or framework or pre selection for tender (including but not limited to any qualified provider) where GP practices are likely to be qualified providers	
14. How will you ensure that patients are aware of the full range of qualified providers from whom they can choose?	
Additional questions for proposed direct awards to GP providers	
15. What steps have been taken to demonstrate that the services to which the contract relates are capable of being provided by only one provider?	
16. In what ways does the proposed service go above and beyond what GP practices should be expected to provide under the GP contract?	
17. What assurances will there be that a GP practice is providing high-quality services under the GP contract before it has the opportunity to provide any new services?	

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

Appendix L – Template Declaration of Conflict of Interest for Bidders/Contractors

This page requires completion of details of organisations

Name of Organisation		
Details of Interest 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 or professional, which the public could perceive may impair or otherwise influence the CCG's or nay of its members or employees' judgments, decisions or actions		
Name of relevant person	<i>(complete for all relevant persons)</i>	
Details of interest held:		
Type of interest	Details	Personal interest or that of a family member, close friend or another 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 or professional, which the public could perceive may impair or otherwise influence the CCG or any of its members or employees judgments, decisions or actions		

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

Signed:

On behalf of:

Date:

Appendix M – Equality Impact Assessment

1. Equality Impact Assessment									
Policy / Project / Function:	Conflicts of Interest Policy								
Date of Analysis:	June 2020								
This Equality Impact Assessment was completed by: (Name and Department)	Sasha Sencier, Board Secretary/Senior Governance Manager, Corporate Services								
What are the aims and intended effects of this policy, project or function?	This Policy sets out how NHS North Yorkshire Clinical Commissioning Group will effectively manage conflicts of interest to ensure that the CCG maintains the public trust in the commissioning system. The Policy will ensure that the CCG can ensure that its commissioning decisions can withstand scrutiny and challenge. The Policy should also provide confidence that the CCG commissioning decisions are robust, fair, and transparent and offer value for money.								
Please list any other policies that are related to or referred to as part of this analysis?	<ul style="list-style-type: none"> • CCG Constitution • Procurement Policy • Standards of Business Conduct Policy • Local Anti-Fraud, Bribery & Corruption Policy • Recruitment Policy • Whistleblowing Policy 								
Who does the policy, project or function affect? Please Tick ✓	<table> <tr> <td>Employees</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Service Users</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Members of the Public</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other (List Below)</td> <td><input type="checkbox"/></td> </tr> </table>	Employees	<input checked="" type="checkbox"/>	Service Users	<input checked="" type="checkbox"/>	Members of the Public	<input type="checkbox"/>	Other (List Below)	<input type="checkbox"/>
Employees	<input checked="" type="checkbox"/>								
Service Users	<input checked="" type="checkbox"/>								
Members of the Public	<input type="checkbox"/>								
Other (List Below)	<input type="checkbox"/>								

2. Equality Impact Assessment: Screening

	Could this policy have a positive impact on_____		Could this policy have a negative impact on_____		Is there any evidence which already exists from previous (eg from previous engagement) to evidence this impact
	Yes	No	Yes	No	
Race	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Considered – Neutral Impact
Age	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Considered – Neutral Impact
Sexual Orientation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Considered – Neutral Impact
Disabled People	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Considered – Neutral Impact
Gender	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Considered – Neutral Impact
Transgender People	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Considered – Neutral Impact
Pregnancy and Maternity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Considered – Neutral Impact
Marital Status	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Considered – Neutral Impact
Religion and Belief	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Considered – Neutral Impact
Reasoning					

If there is no positive or negative impact on any of the Nine Protected Characteristics go to Section 7 Equality Impact Analysis Findings

3. Equality Impact Analysis: Local Profile Data

Local Profile/Demography of the Groups affected as at June 2020	
General	Total number of employees in the CCG is 167
Age	Staff are under 30 7.8% Staff aged 30 – 55 62.9% Staff are over 55 29.3%
Race	% of staff employed in the CCG declared themselves as: White 87.4% Black 0.6% Asian 0.6% Mixed Race 1.2% Not stated/undefined 10.2%
Sex	% of staff employed in the CCG declared themselves as: Female 63.5% Male 36.5%
Gender reassignment	No information available
Disability	% of staff employed in the CCG declared themselves as: Having no disability 78.4% Having a disability 1.2% Not stated/undefined 20.4%
Sexual Orientation	% of staff employed in the CCG declared themselves as: Heterosexual 66.5% LGBTQ+ 0.6% Not stated/undefined 32.9%
Religion, faith and belief	% of staff employed in the CCG declared themselves as: Christian 43.7% Other faith or beliefs 27.6% Not stated/undefined 28.7%
Marriage and civil partnership	% of staff employed in the CCG declared themselves as: Married/Civil Partnership 67.1% Single/Divorced/Widowed 27.5% Not stated/undefined 5.4%
Pregnancy and maternity	No information yet as the CCG has not been established long enough to build meaningful data

4. Equality Impact Analysis: Equality Data Available

Is any Equality Data available relating to the use or implementation of this policy, project or function?

Equality data is internal or external information that may indicate how the activity being analysed can affect different groups of people who share the nine *Protected Characteristics* – referred to hereafter as ‘*Equality Groups*’.

Examples of *Equality Data* include: (this list is not definitive)

1. Application success rates
Equality Groups
2. Complaints by *Equality Groups*
3. Service usage and withdrawal of services by *Equality Groups*
4. Grievances or decisions upheld and dismissed by *Equality Groups*
5. *Previous EIAs*

Yes ☒ Staff Profile Data

No ☐

Where you have answered yes, please incorporate this data when performing the *Equality Impact Assessment Test* (the next section of this document).

List any Consultation e.g. with employees, service users, Unions or members of the public that has taken place in the development or implementation of this policy, project or function

Members of the Audit Committee have considered this policy before approval from the Governing Body.

Promoting Inclusivity
How does the project, service or function contribute towards our aims of eliminating discrimination and promoting equality and diversity within our organisation

This Policy does not directly promote inclusivity but is designed to assist all employees in managing conflicts of interest appropriately within the CCG.

5. Equality Impact Analysis: Assessment Test

What impact will the implementation of this policy, project or function have on employees, service users or other people who share characteristics protected by *The Equality Act 2010*?

Protected Characteristic	No Impact	Positive Impact	Negative Impact	Evidence of impact and if applicable, justification where a <i>Genuine Determining Reason</i> exists
Gender (Men and Women)	X			Considered – No Impact
Race (All Racial Groups)	X			Considered – No Impact
Disability (Mental and Physical)	X			Considered – No Impact
Religion or Belief	X			Considered – No Impact
Sexual Orientation (Heterosexual, Homosexual and Bisexual)	X			Considered – No Impact
Pregnancy and Maternity	X			Considered – No Impact
Transgender	X			Considered – No Impact
Marital Status	X			Considered – No Impact
Age	X			Considered – No Impact

6. Action Planning

As a result of performing this analysis, what actions are proposed to remove or reduce any risks of adverse outcomes identified on employees, service users or other people who share characteristics protected by *The Equality Act 2010*?

Identified Risk	Recommended Actions	Responsible Lead	Completion Date	Review Date
NONE IDENTIFIED				

7. Equality Impact Analysis Findings			
Analysis Rating: Green <input checked="" type="checkbox"/>			
		Actions	Wording for Policy / Project / Function
Green No major change	As a result of performing the analysis, the policy, project or function does not appear to have any adverse effects on people who share <i>Protected Characteristics</i> and no further actions are recommended at this stage.	The policy / project / function can be published with the EIA Another EIA must be completed if the policy is changed, reviewed or if any discrimination is identified at a later date	As a result of performing the analysis, the policy, project or function does not appear to have any adverse effects on people who share <i>Protected Characteristics</i> and no further actions are recommended at this stage.