

Standards of Business Conduct and Managing Conflicts of Interest Policy

NHS Swindon Clinical Commissioning Group
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NHS Swindon Clinical Commissioning Group (CCG)

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List any policies or procedures from external institutions that have been used to inform the writing of this policy.

Title/Author	Institution
Managing Conflicts of Interest: Revised Statutory Guidance for CCGs, June 2016	NHS England
Standards for Members of NHS Boards and Clinical Commissioning Group Governing Bodies in England	Professional Standards Authority

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Procurement Strategy		
NHS Swindon CCG's Constitution		

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Table of Contents

1.	Introduction.....	7
2.	Scope	7
3.	Purpose	8
4.	Prevention of corruption	9
5.	Definition of a Conflict of Interest.....	11
6.	Identification and Management of Conflicts of Interest.....	13
7.	Declarations of Interest.....	14
8.	Register of Declared Interests	15
9.	Register(s) of Gifts and Hospitality	17
10.	Publication of Registers.....	19
11.	Secondary employment.....	20
12.	The Appointment of Governing Body or Committee Members and Senior Employees.....	20
13.	Conflicts of Interest Guardian	21
14.	Chairing Arrangements and Decision-Making Processes.....	22
15.	Managing conflicts of interest throughout the commissioning cycle	24
16.	Procurement and Awarding Grants	25
17.	Register of procurement decisions	27
18.	Declarations of interests for bidders / contractors	28
19.	Contract Monitoring	28
20.	Raising concerns and reporting breaches	29
21.	Training	30
22.	Equality and Diversity	30
23.	Distribution	30

24.	Review.....	31
25.	Appendices.....	32
	Appendix A - Declaration of interests for CCG members and employees	32
	Appendix B – Template Register of Interests.....	34
	Appendix C – Declarations of Gifts and Hospitality	35
	Appendix D – Template Register of Gifts and Hospitality.....	36
	Appendix E – Template Declarations of Interest Checklist.....	37
	Appendix F – Template for Recording Minutes	42
	Appendix G – Procurement Checklist	44
	Appendix H – Template Register of Procurement Decisions and Contracts Awarded.....	48
	Appendix I - Template Declaration of conflict of interests for bidders/contractors	49

Standards of Business Conduct and Managing Conflicts of Interest Policy

1. Introduction

- 1.1 The National Health Service Act 2006 (as amended by the Health and Social Care Act 2012) (“the Act”) established provisions for all Clinical Commissioning Groups (CCGs) to manage actual and potential Conflicts of Interests to ensure that they do not affect or appear to affect the integrity of the Clinical Commissioning Group (CCG)’s decision-making processes and maintain registers of those interests. Section 14O of the Act sets out the minimum requirements of what CCGs must do in terms of managing conflicts of interest. These requirements are supplemented by procurement-specific requirements in the NHS (Procurement, Patient Choice and Competition) (No 2) regulations 2013.
- 1.2 Conflicts of interest are inevitable in commissioning and CCGs manage conflicts of interest as part of their day-to-day activities. Effective handling of conflicts of interest is crucial to give confidence to patients, tax payers, healthcare providers and Parliament that CCG commissioning decisions are robust, fair and transparent and offer value for money. It is essential in order to protect healthcare professionals and maintain public trust in the NHS. Failure to manage conflicts of interest could lead to legal challenge and even criminal action in the event of fraud, bribery and corruption.
- 1.3 This policy details the expectations regarding standards of business conduct for NHS Swindon Clinical Commissioning Group (the CCG) including the management of conflicts of interest and has been revised and developed with regard to “Managing Conflicts of Interest: Revised Statutory Guidance for CCGs” published by NHS England on the 28th of June 2016.
- 1.4 This policy should be read and operated alongside the CCG’s Constitution and the Counter Fraud, Bribery and Corruption Policy.

2. Scope

- 2.1 This policy applies to all CCG staff members, including Governing Body Members and Practice Representatives involved in the CCG’s decision-making processes, whether permanent, temporary or contracted-in (either as an individual or through a third party supplier). Please see Section 8.2 for detail as to how this applies.
- 2.2 This policy applies to all NHS England staff members when serving on a joint committee with the CCG for the purpose of co-commissioning primary care services.
- 2.3 This policy applies to the following types of interest and definitions of these can be found in Section 5:
 - Financial interests;
 - Non-financial professional interests;

- Non-financial personal interests;
- Indirect interests.

3. Purpose

3.1 NHS Swindon CCG's Governing Body has ultimate responsibility for all actions carried out by staff and committees throughout the CCG's activities. This responsibility includes the stewardship of significant public resources and the commissioning of healthcare to the community. The Governing Body is therefore determined to ensure the organisation inspires confidence and trust amongst its patients, staff, partners, funders and suppliers by demonstrating integrity and avoiding any potential or real situations of undue bias or influence in its decision-making.

3.2 This policy reflects the seven principles of public life as set out by the Nolan Committee and the CCG expects all Governing Body and Committee members and those who take decisions where they are acting on behalf of the public or spending public money to adhere to these principles, 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.

- 3.3 This policy also reflects the principles of good governance as embodied by:
- 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.
- 3.4 The Governing Body has a legal obligation to act in the best interests of the CCG, and in accordance with the CCG's Constitution to avoid situations where there may be a potential conflict of interest. To support the management of conflicts of interest, the CCG seeks to:
- Do business appropriately: by ensuring that the rationale for all decision-making is clear and transparent and withstands scrutiny;
 - Identify and minimise the risk of conflicts of Interest at the earliest possible opportunity;
 - Set rules that are clear and robust but not overly prescriptive or restrictive so as to ensure that decision making is transparent and fair whilst not being overly constraining, complex or cumbersome;
 - To aid transparency by clearly documenting the approach and decisions taken at every stage of 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;
 - Acknowledge that a perception of wrongdoing, impaired judgement or undue influence can be as detrimental as any of them actually occurring.

4. Prevention of corruption

4.1 Bribery Act 2010

- 4.1.1 The Bribery Act 2010 came into force on 1st July 2011. It makes it easier to tackle bribery offences by creating specific criminal offences which carry custodial sentences of up to 10 years and unlimited fines. The Act also introduced a corporate offence which means that the majority of organisations across the public, private and charitable sectors will be exposed to criminal liability for failing to prevent bribery.

- 4.1.2 NHS Swindon CCG has a strict zero tolerance policy towards bribery and corruption and will ensure that all employees are aware of the Act and its implications.
- 4.1.3 In its simplest terms, "bribery" is the practice of offering something in exchange for benefits. Whilst money is a classic form of bribe, bribes can also be more intangible, and they might include things like the offer of property, valuable objects, or a promise to perform a particular service in the future.
- 4.1.4 A bribe need not have any financial value at all. In order to be considered a bribe, any offer or acceptance is with the understanding or expectation that the individual who offers the bribe receives something in return and the individual who accepts the bribe will be doing something in return. This differentiates 'bribes' from 'gifts' offered in genuine good will, and also distinguishes 'bribery' from 'tipping', a practice in which gifts are offered in return for good service.
- 4.1.5 Under the Bribery Act 2010, there are four offences:
- Bribing, or offering to bribe, another person/s;
 - Requesting, agreeing to receive or accepting a bribe;
 - Bribing, or offering to bribe, a foreign public official;
 - Failing to prevent bribery.
- 4.1.6 Where an individual believes there is the opportunity for bribery, whether because of poor procedures or oversight, this should be reported to the LCFS (Local Counter Fraud Specialist), Chief Financial Officer or via the NHS Fraud and Corruption Reporting Line (0800 028 4060). Additionally, it can be raised as a concern in accordance with NHS Swindon CCG's Whistleblowing Policy.
- 4.1.7 Please refer to the Counter Fraud, Bribery & Corruption Policy for more detailed information.

4.2 Counter Fraud Measures

- 4.2.1 No individual must use their position to gain advantage. NHS Swindon CCG will encourage individuals with concerns or reasonably held suspicions about potentially fraudulent activity or practice, to report these. Individuals should inform the nominated Local Counter Fraud Specialist (LCFS) and Chief Financial Officer immediately. Should the Chief Financial Officer be implicated, the individual should instead report to the Clinical Chair and/or the Accountable Officer of the CCG, who will liaise with the LCFS on the appropriate action.
- 4.2.2 Individuals can also call the NHS Fraud and Corruption Reporting line on free phone 0800 028 40 60 or via the online fraud reporting page <https://www.reportnhsfraud.nhs.uk>. 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.
- 4.2.3 Anonymous letters, telephone calls etc are occasionally received from individuals who wish to raise matters of concern other than through official channels. Whilst the

suspicions may be erroneous or unsubstantiated, they may also reflect a genuine cause for concern and will always be taken seriously.

- 4.2.4 The LCFS will make sufficient enquiries to establish whether or not there is any foundation to the suspicion that has been raised. Individuals should not ignore their suspicions, investigate themselves or tell colleagues or others about their suspicions. Please refer to the Counter Fraud, Bribery & Corruption Policy for further information.

5. Definition of a Conflict of Interest

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

5.2 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 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.

5.3 Interests can be captured in four different categories:

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

- A director, including a non-executive director, or senior employee in a private company or public limited company or other organisation which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations;
- 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.

This could also include an individual being:

- In secondary employment (see Section 11);
- 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).

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

- An advocate for a particular group of patients;
- A GP with special interests e.g., in dermatology, acupuncture etc.
- A member of a particular specialist professional body (although routine GP membership of the RCGP, British Medical Association (BMA) or a medical defence organisation would not usually by itself amount to an interest which needed to be declared);
- An advisor for the Care Quality Commission (CQC) or the National Institute for Health and Care Excellence (NICE);
- A medical researcher.
- 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.

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

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

- A member of a lobby or pressure group with an interest in health.

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

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

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.

- 5.4 A range of conflicts of interest case studies have been produced by NHS England in order to further aid understanding. These case studies can be accessed [here](#), and from NHS England’s website: <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/06/coi-case-studies-jun16.pdf>
- 5.5 The categories and examples mentioned within this section are not exhaustive and discretion should be exercised on a case-by-case basis, having regard to the principles in Section 3 of this policy.

6. Identification and Management of Conflicts of Interest

- 6.1 Conflicts of interest are a common and sometimes unavoidable part of the delivery of healthcare. As such, it may not be possible or desirable to completely eliminate the risk of conflicts. Instead, it may be preferable to recognise the associated risks and put measures in place to manage the conflicts appropriately when they do arise.
- 6.2 The statutory guidance states that as a minimum, CCGs should have robust systems in place to identify and manage conflicts of interest. This involves the creation of an environment in which CCG staff, Governing Body and committee members, and member practices feel able, encouraged and obliged to be open, honest and upfront about actual or potential conflicts. The effect should be to make everyone aware of what to do if they suspect a conflict and ensure decision-making is efficient, transparent and fair.

- 6.3 The Accountable Officer has overall accountability for the CCG's management of conflicts of interest. The CCG has identified the Acting Head of Corporate Governance and team as having the responsibility for:
- The day-to day management of conflicts of interest matters and queries;
 - Maintaining the CCG's register(s) of interest and the other registers referred to in this policy;
 - Supporting the Conflicts of Interest Guardian to enable them to carry out the role effectively (see Section 13 for more detail);
 - Providing advice, support, and guidance on how conflicts of interest should be managed; and
 - Ensuring that appropriate administrative processes are put in place.
- 6.4 There may be occasions where an individual declares an interest in good faith but, upon closer consideration, it is clear that this does not constitute a genuine conflict of interest. The Acting Head of Corporate Governance and team will provide advice and decide whether it is necessary for the interest to be declared. An audit trail of any such decision will be maintained by the CCG.
- 6.5 There may be other occasions where the conflict of interest is profound and acute. In such scenarios the CCG will consider whether, practically, such an interest is manageable at all. If it is not, the appropriate course of action may be to refuse to allow the circumstances which gave rise to the conflict to persist. This may require an individual to step down from a particular role and / or move to another role within the CCG.

7. Declarations of Interest

- 7.1 The National Health Service Act 2006 (as amended by the Health and Social Care Act 2012) section 140(3) states that 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.
- 7.2 Declarations of interest need to be regularly confirmed and / or updated. Whenever interests are declared, they should be promptly reported to the Acting Head of Corporate Governance and team who will ensure that the register of interests is updated accordingly. The CCG's template declaration of interest form is appended to this Policy at Appendix A.

7.3 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).

7.4 Further declarations of interest should be made:

7.4.1 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.

7.4.2 Six-monthly:

The CCG will review on a six-monthly basis that their register of interests is accurate and up-to-date. Declarations of interest should be obtained from all relevant individuals every six months and where there are no interests or changes to declare, a “nil return” should be recorded.

7.4.3 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.

7.4.4 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 or enters into a new business or relationship), a further declaration should be made to reflect the change in circumstances as soon as possible, and in any event *within 28 days*.

It is the individual’s responsibility to make a further declaration to the Acting Head of Corporate Governance and team as soon as possible and in any event within 28 days, rather than waiting to be asked.

8. Register of Declared Interests

8.1 It is a statutory requirement that CCGs must maintain one or more registers 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. The CCG will publish the registers on its website and make arrangements to ensure that members of the public have access to, these registers on request.

8.2 Register(s) of interest should be maintained for:

8.2.1 **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;
- Any self-employed consultants or other individuals working for the CCG under a contract of services; 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 Policy, as if they were CCG employees.

8.2.2 **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.

8.2.3 **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.

8.3 An interest will remain on the public register for a minimum of 6 months after the interest has expired. The CCG will also retain a private record of historic interests for a minimum of 6 years after the date on which it expired.

- 8.4 In addition, the CCG's published register of interests will state that historic interests are retained by the CCG for the specified timeframe and that a request for this information should be submitted to the Acting Head of Corporate Governance and team.
- 8.5 The Register of Declared Interests will be regularly updated and the CCG's template register is appended to this Policy at Appendix B.

9. Register(s) of Gifts and Hospitality

- 9.1 The CCG will maintain one or more registers of gifts and hospitality for the individuals listed in Section 8.2. The CCG will ensure that robust processes are in place to ensure that such individuals do not accept gifts or hospitality or other benefits, which might reasonably be seen to compromise their professional judgement or integrity.
- 9.2 All the individuals listed in Section 8.2 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.

9.3 Gifts

- 9.3.1 A 'gift' is defined as any item of cash or goods, or any service, which is provided for personal benefit, free of charge or at less than its commercial value.
- 9.3.2 All gifts of any nature offered to CCG staff, Governing Body and Committee members and individuals within GP member practices by suppliers or contractors linked (currently or prospectively) to the CCG's business should be declined, whatever their value. The person to whom the gifts were offered should also declare the offer to the Acting Head of Corporate Governance and team so that the offer which has been declined can be recorded on the register.
- 9.3.3 Gifts offered from other sources should also be declined if accepting them might give rise to perceptions of bias or favouritism, and a common sense approach should be adopted as to whether or not this is the case.
- 9.3.4 The only exceptions to the presumption to decline gifts relates to items of little financial value (i.e. less than £10) such as diaries, calendars, stationery and other gifts acquired from meetings, events or conferences, and items such as flowers and small tokens of appreciation from members of the public to staff for work well done. Gifts of this nature do not need to be declared to the Acting Head of Corporate Governance and team, nor recorded on the register.
- 9.3.5 Any personal gift of cash or cash equivalents (e.g. vouchers, tokens, offers of remuneration to attend meetings whilst in a capacity working for or representing the

CCG) must always be declined, whatever their value and whatever their source, and the offer which has been declined must be declared to the Acting Head of Corporate Governance and team and recorded on the register.

9.4 Hospitality

- 9.4.1 A blanket ban on accepting or providing hospitality is neither practical nor desirable from a business point of view. However, individuals should be able to demonstrate that the acceptance or provision of hospitality would benefit the NHS or CCG.
- 9.4.2 Modest hospitality provided in normal and reasonable circumstances may be acceptable, although it should be on a similar scale to that which the CCG might offer in similar circumstances (e.g., tea, coffee, light refreshments at meetings). A common sense approach should be adopted as to whether hospitality offered is modest or not. Hospitality of this nature does not need to be declared to the Acting Head of Corporate Governance and team nor recorded on the register, unless it is offered by suppliers or contractors linked (currently or prospectively) to the CCG's business in which case all such offers (whether or not accepted) should be declared and recorded.
- 9.4.3 There is a presumption that offers of hospitality which go beyond modest or of a type that the CCG itself might offer, should be politely refused. A non-exhaustive list of examples includes:
- Hospitality of a value of above £25; and
 - In particular, offers of foreign travel and accommodation.
- 9.4.4 There may be some limited and exceptional circumstances where accepting the types of hospitality referred to 9.4.3 above may be contemplated. Express prior approval should be sought from a senior member of the CCG before accepting such offers, and the reasons for acceptance should be recorded in the CCGs register of gifts and hospitality. Hospitality of this nature should be declared to the Acting Head of Corporate Governance and team and recorded on the register, whether accepted or not.
- 9.4.5 In addition, particular caution should be exercised where hospitality is offered by suppliers or contractors linked (currently or prospectively) to the CCG's business. Offers of this nature can be accepted if they are modest and reasonable but advice should always be sought from a senior member of the CCG as there may be particular sensitivities, for example if a contract re-tender is imminent. All offers of hospitality from actual or prospective suppliers or contractors (whether or not accepted) should be declared and recorded.

9.5 Commercial sponsorship

- 9.5.1 CCG staff, Governing Body and Committee members, and GP member practices may be offered commercial sponsorship for courses, conferences, post / project funding, meetings and publications in connection with the activities which they carry

out for or on behalf of the CCG or their GP practices. All such offers (whether accepted or declined) must be declared so that they can be included in the CCG's register of interests. The Acting Head of Corporate Governance and team and / or a member of the CCG's Executive Management Team should be approached for advice as to whether or not it would be appropriate to accept any such offers.

9.5.2 The acceptance of commercial sponsorship must not in any way compromise commissioning decisions of the CCG or be dependent on the purchase or supply of goods or services. Sponsors must not have any influence over the content of an event, meeting, seminar, publication or training event. The CCG will not endorse individual companies or their products. If accepted, it should be made clear that the fact of sponsorship does not mean that the CCG endorses a company's products or services.

9.5.3 During dealings with sponsors there must be no breach of patient or individual confidentiality or data protection legislation. Furthermore, no information should be supplied to a company for their commercial gain unless there is a clear benefit to the NHS. As a general rule, information which is not in the public domain should not normally be supplied.

9.6 Declaration of offers and receipt of gifts and hospitality

9.6.1 All hospitality and / or gifts declared will be promptly transferred to the CCG's register of gifts and hospitality by the Acting Head of Corporate Governance and team. This includes gifts and hospitality declared in meetings.

9.6.2 The CCG's template for declaring gifts and hospitality is appended to this policy as Appendix C and the template gifts and hospitality register is appended to this policy as Appendix D.

10. Publication of Registers

10.1 The CCG will publish the Register(s) of Interest and Register(s) of Gifts and Hospitality and the Register of Procurement Decisions in a prominent place on the CCG's website.

10.2 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.

10.3 Decisions not to publish information will be made by the Conflicts of Interest Guardian for the CCG, who will seek appropriate legal advice where required, and the CCG will retain a confidential un-redacted version of the register(s).

- 10.4 All persons who are required to make a declaration of interest(s) or a declaration of gifts or hospitality will be made aware that the register(s) will be published in advance of publication. This information will also be provided to individuals identified in the registers because they are in a relationship with the person making the declaration.
- 10.5 The Register(s) of Interests (including the Register of Gifts and Hospitality) will be published as part of the CCG's Annual Report and Annual Governance Statement.

11. Secondary employment

- 11.1 The CCG will 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 engage in, any employment or consultancy work in addition to their work with the CCG. The purpose of this is to ensure that the CCG is aware of any potential conflict of interest.
- 11.2 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;
 - Directorship of a GP federation; and
 - Self-employment, including private practice, 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.
- 11.3 The CCG requires that individuals obtain prior permission to engage in secondary employment, and it reserves the right to refuse permission where it believes a conflict will arise which cannot be effectively managed.
- 11.4 The CCG regards it as unacceptable for pharmacy advisers or other advisers, employees or consultants to the CCG on matters of procurement be in receipt of payments from the pharmaceutical or devices sector.

12. The Appointment of Governing Body or Committee Members and Senior Employees

- 12.1 On appointing Governing Body, Committee or Sub-Committee members and senior staff, the CCGs 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.

- 12.2 The CCG will assess the materiality of the interest, in particular whether the individual 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.
- 12.3 The CCG will also need to 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.
- 12.4 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 or commissioning support services, or otherwise) should recognise the inherent conflict of interest risk that may arise and should not be a member of the Governing Body or of a Committee or Sub-Committee of the CCG, in particular if the nature and extent of their interest and the nature of their proposed role is such that they are likely to need to exclude themselves from decision-making on so regular a basis that it significantly limits their ability to effectively perform that role.

13. Conflicts of Interest Guardian

- 13.1 The CCG has a Conflicts of Interest Guardian in order to further strengthen scrutiny and transparency of the CCGs' decision-making processes. This role is undertaken by the CCG's Lay Member for Governance and Audit Committee Chair. They are supported by the CCG's Acting Head of Corporate Governance or who has the responsibility for the day-to-day management of conflicts of interest matters and queries.
- 13.2 The Conflicts of Interest Guardian will in collaboration with the CCG's Acting Head of Corporate Governance:
- 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; and
 - Provide advice on minimising the risks of conflicts of interest.
- 13.3 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 have individual responsibility in playing their part on an ongoing and daily basis.

13.4 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. They chair a number of CCG committees, including the Audit Committee and Primary Care Commissioning Committee. The CCG complies with the statutory guidance by having three Lay Members.

14. Charing Arrangements and Decision-Making Processes

14.1 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.

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

14.3 In making such decisions, the Chair (or Vice 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.

14.4 It is good practice for the Chair, with support of the CCG's Acting Head of Corporate Governance 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. To support chairs in their role, a template declaration of interest checklist has been appended to this policy at Appendix E.

14.5 The chair should ask at the beginning of each meeting if anyone has any conflicts of interest to declare in relation to the business to be transacted at the meeting. Each member of the group should declare any interests which are relevant to the business of the meeting whether or not those interests have previously been declared. Any new interests which are declared at a meeting must be included on the CCG's relevant register of interests to ensure it is up-to-date.

14.6 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.

14.7 It is the responsibility of each individual member of the meeting to declare any relevant interests which they may have. However, should the chair or any other

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.

14.8 When a member of the meeting (including the chair or vice chair) has a conflict of interest in relation to one or more items of business to be transacted at the meeting, the Chair (or Vice Chair or remaining non-conflicted members where relevant as described above) must decide how to manage the conflict. The 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 vice chair (or another non-conflicted member of the meeting if the vice chair is also conflicted) should chair all or part of the meeting;
- Requiring the individual who has a conflict of interest (including the chair or vice 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 seating area;
- 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. The conflicts of interest case studies provided by NHS England (link detailed in paragraph 5.4 of this policy) include examples of material and immaterial conflicts of interest.

- 14.9 If an exclusion of a member affects the quorum of the meeting, consideration should be given to postponing the agenda item until a quorum can be achieved without conflict.
- 14.10 In order to ensure complete transparency and uphold robust record keeping, the minutes of the meeting should clearly record the interest(s) declared, by whom, the nature of the interest and why it gives rise to a conflict including the magnitude of the interest, the agenda item to which the interest relates, how the conflict was managed and evidence that the conflict was managed as intended. A template for minute keeping is appended to this policy in Appendix F.

15. 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

- 15.2.1 The way in which services are designed can either increase or decrease the extent of perceived or actual conflicts of interest. Particular attention should be given to public and patient involvement in service development.
- 15.2.2 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 properly involve patients and the public in their respective commissioning processes and decisions.

15.3 Provider Engagement

- 15.3.1 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. However, conflicts of interest, as well as challenges to the fairness of the procurement process, can arise if the CCG engages selectively with only certain providers in developing a service specification for a contract for which they may later bid.
- 15.3.2 Provider engagement should therefore 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.

15.3.3 As the service design develops, the CCG will engage with a range of providers on an on-going basis to seek comments on the proposed design e.g. via the website and/or via workshops with interested parties (ensuring a record is kept of all interaction).

15.4 Specifications

15.4.1 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. This will help prevent bias towards particular providers in the specification of services. However, careful consideration will need to be given to the appropriate degree of financial risk transfer in any new contractual model.

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

16. Procurement and Awarding Grants

16.1 The CCG will recognise and manage any conflicts or potential conflicts of interest that may arise in relation to the procurement of any services or the administration of grants. "Procurement" relates to any purchase of goods, services or works and the term "procurement decision" should be understood in a wide sense to ensure transparency of decision making on spending public funds.

16.2 The decision to use a single tender action, for instance, is a procurement decision and if it results in the CCG entering into a new contract, extending an existing contract, or materially altering the terms of an existing contract, then it is a decision that should be recorded.

16.3 The CCG must comply with two different regimes of procurement law and regulation when commissioning healthcare services: the NHS procurement regime, and the European procurement regime:

- The NHS procurement regime – the NHS (Procurement, Patient Choice and Competition (No.2)) Regulations 2013: made under S75 of the 2012 Act; apply only to NHS England and CCGs; enforced by NHS Improvement; and
- The European procurement regime – Public Contracts Regulations 2015 (PCR 2105): incorporate the European Public Contracts Directive into national law; apply to all public contracts over the threshold value (€750,000, currently £589,148); enforced through the Courts. The general principles arising under the Treaty on the Functioning of the European Union of equal treatment, transparency, mutual recognition, non-discrimination and proportionality may apply even to public contracts for healthcare services falling below the threshold value if there is likely to be interest from providers in other member states.

16.4 The National Health Service (Procurement, Patient Choice and Competition) (No.2) Regulations 2013 state: *CCGs must not award a contract for the provision of NHS health care services where conflicts, or potential conflicts, between the interests*

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involved in commissioning such services and the interests involved in providing them affect, or appear to affect, the integrity of the award of that contract; and CCGs must keep a record of how it managed any such conflict in relation to NHS commissioning contracts it has entered into.

- 16.5 Paragraph 24 of PCR 2015 states: “Contracting authorities shall take appropriate measures to effectively prevent, identify and remedy conflicts of interest arising in the conduct of procurement procedures so as to avoid any distortion of competition and to ensure equal treatment of all economic operators”. Conflicts of interest are described as “any situation where relevant staff members have, directly or indirectly, a financial, economic or other personal interest which might be perceived to compromise their impartiality and independence in the context of the procurement procedure”.
- 16.6 The Procurement, Patient Choice and Competition Regulations (PPCCR) place requirements on CCGs to ensure that they adhere to good practice in relation to procurement, run a fair, transparent process that does not discriminate against any provider, do not engage in anti-competitive behaviour that is against the interest of patients, and protect the right of patients to make choices about their healthcare. Furthermore the PPCCR places requirements on commissioners to secure high quality, efficient NHS healthcare services that meet the needs of the people who use those services. The PCR 2015 are focussed on ensuring a fair and open selection process for providers.
- 16.7 An area in which conflicts could arise is where the CCG commissions (or continues to commission by contract extension) healthcare services, including GP services, in which a member of the CCG has a financial or other interest. This may arise in the context of co-commissioning of primary care, particularly with regard to delegated commissioning, where GPs are current or possible providers.
- 16.8 A procurement template, provided in Appendix G to this policy, sets out factors that the CCG should address when drawing up plans to commission general practice services.
- 16.9 The CCG is required to make the evidence of their management of conflicts publicly available, and the relevant information from the procurement template should be used to complete the register of procurement decisions. Complete transparency around procurement will provide:
- Evidence that the CCG is seeking and encouraging scrutiny of its decision-making process;
 - A record of the public involvement throughout the commissioning of the service;
 - A record of how the proposed service meets local needs and priorities for partners such as the Health and Wellbeing Boards, local Healthwatch and local communities;

- Evidence to the audit committee and internal and external auditors that a robust process has been followed in deciding to commission the service, in selecting the appropriate procurement route, and in addressing potential conflicts.

16.10 The CCG will maintain a register of procurement decisions taken, either for the procurement of a new service or any extension or material variation of a current contract. A template register is included at Appendix H.

17. Register of procurement decisions

17.1 CCGs need to maintain a register of procurement decisions taken, either for the procurement of a new service or any extension or material variation of a current contract. This must include:

- The details of the decision;
- 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.

17.2 The register of procurement decisions must be updated whenever a procurement decision is taken. A draft register is appended to this policy as Appendix H. The Procurement, Patient Choice and Competition Regulations 9(1) place a requirement on commissioners to maintain and publish on their website a record of each contract it awards.

17.3 The CCG will make the register of procurement decisions publicly available and easily accessible to patients and the public by:

- Ensuring that the register is available in a prominent place on the CCG's website; and
- Making the register available upon request for inspection at the CCG's Headquarters

17.4 Although it is not a requirement to keep a register of services that may be procured in the future, the CCG will seek to ensure that planned service developments and possible procurements are transparent and available for the public to see.

18. Declarations of interests for bidders / contractors

- 18.1 As part of a procurement process, bidders should be asked to declare any conflicts of interest. This will allow the CCG to ensure that it complies with the principles of equal treatment and transparency. When a bidder declares a conflict, the CCG must 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 appended to this policy at Appendix I.
- 18.2 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 them to provide information at a later date if required.
- 18.3 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 (although 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.

19. Contract Monitoring

- 19.1 The management of conflicts of interest applies to all aspects of the commissioning cycle, including contract management.
- 19.2 Any contract monitoring meeting needs to consider conflicts of interest as part of the process i.e., the chair of a contract management meeting should invite declarations of interests; record any declared interests in the minutes of the meeting; and manage any conflicts appropriately and in line with this policy. 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.
- 19.3 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.
- 19.4 The CCG will be mindful of any potential conflicts of interest when it disseminates any contract or performance information / reports on providers, and will manage the risks appropriately.

20. Raising concerns and reporting breaches

- 20.1 It is the duty of every CCG employee, Governing Body member, Committee or Sub-Committee member and GP practice member to speak up about genuine concerns in relation to the administration of the CCG's policy on standards of business conduct and conflicts of interest management, and to report these concerns.
- 20.2 Individuals should not ignore their suspicions or investigate themselves, but rather speak to the designated CCG point of contact for these matters which is the Lay Member for Governance as Conflicts of Interest Guardian and Whistleblowing Lead.
- 20.3 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. In particular, the Acting Head of Corporate Governance and team can advise about the support available for individuals who wish to come forward to notify an actual or suspected breach of the rules, and of the sanctions and consequences for any failure to declare an interest or to notify an actual or suspected breach at the earliest possible opportunity.
- 20.4 Individuals can report suspected or known breaches to the Lay Member for Governance on a strictly confidential basis either in person or via email:
laymembergovernance@swindonccg.nhs.uk
- 20.5 The Lay Member for Governance, supported by the Acting Head of Governance as and when appropriate, will undertake an investigation into any reported breach and will cross refer to and comply with other CCG policies such as whistleblowing, counter fraud, where relevant.
- 20.6 Anyone who wishes to report a suspected or known breach of the policy, who is not an employee 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.
- 20.7 All notifications of breaches 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.
- 20.8 Furthermore, providers, patients and other third parties can make a complaint to NHS Improvement in relation to the CCG's conduct under the Procurement Patient Choice and Competition Regulations.
- 20.9 Anonymised details of breaches will be published on the CCG's website for the purpose of learning and development.
- 20.10 The CCG will ensure that individuals who fail to disclose any relevant interests or who otherwise breach the CCG's rules and policies relating to the management of conflicts of interest are subject to investigation and, where appropriate, to disciplinary action. CCG staff, Governing Body and committee members in particular should be aware that

the outcomes of such action may, if appropriate, result in the termination of their employment or position with the CCG.

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

21. Training

- 21.1 In order that all employees, Governing Body members and members of Committees, Sub-Committees and others within the CCG understand what conflicts are and how to manage them effectively, conflicts of interest training will be mandatory.
- 21.2 NHS England is developing an online training package for CCG employees, Governing Body members, members of CCG Committees and sub-committees and practice staff with involvement in CCG business, which will be rolled out in the autumn of 2016.
- 21.3 This mandatory training will need to be completed on a yearly basis by all staff by 31 January of each year in order to raise awareness of the risks of conflicts of interest and to support staff in managing conflicts of interest.
- 21.4 The CCG is required to record its completion rates as part of the annual conflicts of interest audit.
- 21.5 NHS England will also provide face-to-face training on conflicts of interest to key individuals within CCGs and to share good practice across CCGs and NHS England.
- 21.6 Specific training pertaining to Fraud, Corruption and Bribery is undertaken by all staff and in addition there is a continuous programme of awareness that incorporates many aspects of this policy.

22. Equality and Diversity

- 22.1 An Equality Impact Assessment (EIA) has yet to be completed for this policy but no significant issues are expected.

23. Distribution

- 23.1 Once agreed, this policy will be distributed by the Communications Team to all staff, available on the staff intranet and included in the induction of all new and returning staff.

23.2 The templates contained within this policy as appendices will be available on the CCG's intranet, and from the Acting Head of Corporate Governance and team, as word documents to download and complete as per the details of this policy.

24. Review

This document may be reviewed at any time, but will be reviewed at least annually.

25. Appendices

Appendix A - Declaration of interests for CCG members and employees

Name:				
Position within, or relationship with, the CCG (or NHS England in the event of joint committees):				
Detail of interests held (complete all that are applicable):				
Type of Interest* *See reverse of form for details	Description of Interest (including for indirect interests, details of the relationship with the person who has the interest)	Date interest relates From & To		Actions to be taken to mitigate risk (to be agreed with line manager or a senior CCG manager)

The information submitted will be held by the CCG for personnel or other reasons specified on this form and to comply with the organisation's policies. This information may be held in both manual and electronic form in accordance with the Data Protection Act 1998. Information may be disclosed to third parties in accordance with the Freedom of Information Act 2000 and published in registers that the CCG holds.

I confirm that the information provided above is complete and correct. I acknowledge that any changes in these declarations must be notified to the CCG as soon as practicable and no later than 28 days after the interest arises. I am aware that if I do not make full, accurate and timely declarations then civil, criminal, or internal disciplinary action may result.

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

Signed:

Date:

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

Date:

Please return a wet (hand) signed copy together with a scanned signed copy to The Governance Team, Email: governance@swindonccg.nhs.uk

Types of Interest

Type of Interest	Description
Financial Interests	<p>This is where an individual may get direct financial benefits from the consequences of a commissioning decision. This could, for example, include being:</p> <ul style="list-style-type: none"> • A director, including a non-executive director, or senior employee in a private company or public limited company or other organisation which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations; • A shareholder (or similar owner interests), a partner or owner of a private or not-for-profit company, business, partnership or consultancy which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations. • A management consultant for a provider; • In secondary employment (see Section 11); • 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 Interests	<p>This is where an individual may obtain a non-financial professional benefit from the consequences of a commissioning decision, such as increasing their professional reputation or status or promoting their professional career. This may, for example, include situations where the individual is:</p> <ul style="list-style-type: none"> • An advocate for a particular group of patients; • A GP with special interests e.g., in dermatology, acupuncture etc. • A member of a particular specialist professional body (although routine GP membership of the RCGP, BMA or a medical defence organisation would not usually by itself amount to an interest which needed to be declared); • An advisor for Care Quality Commission (CQC) or National Institute for Health and Care Excellence (NICE); • A medical researcher.
Non-Financial Personal Interests	<p>This is where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit. This could include, for example, where the individual is:</p> <ul style="list-style-type: none"> • A 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 Interests	<p>This is where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest in a commissioning decision (as those categories are described above). For example, this should include:</p> <ul style="list-style-type: none"> • Spouse / partner; • Close relative e.g., parent, grandparent, child, grandchild or sibling; • Close friend; • Business partner.

Appendix B – Template Register of Interests



Swindon

Clinical Commissioning Group

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

Appendix C – Declarations of Gifts and Hospitality

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

The information submitted will be held by the CCG for personnel or other reasons specified on this form and to comply with the organisation's policies. This information may be held in both manual and electronic form in accordance with the Data Protection Act 1998. Information may be disclosed to third parties in accordance with the Freedom of Information Act 2000 and published in registers that the CCG holds.

I confirm that the information provided above is complete and correct. I acknowledge that any changes in these declarations must be notified to the CCG as soon as practicable and no later than 28 days after the interest arises. I am aware that if I do not make full, accurate and timely declarations then civil, criminal, professional regulatory or internal disciplinary action may result.

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

Signed:

Date:

Signed:

Position:

Date:

(Line Manager or a Senior CCG Manager)

Please return a wet (hand) signed copy together with a scanned signed copy to The Governance Team, Email: governance@swindonccg.nhs.uk

Appendix E – Template Declarations of Interest Checklist

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

Timing	Checklist for Chairs	Responsibility
<p>In advance of the meeting</p>	<ol style="list-style-type: none"> 1. The agenda to include a standing item on declaration of interests to enable individuals to raise any issues and/or make a declaration at the meeting. 2. A definition of conflicts of interest should also be accompanied with each agenda to provide clarity for all recipients. 3. Agenda to be circulated to enable attendees (including visitors) to identify any interests relating specifically to the agenda items being considered. 4. Members should contact the Chair as soon as an actual or potential conflict is identified. 5. Chair to review a summary report from preceding meetings i.e., sub-committee, working group, etc., detailing any conflicts of interest declared and how this was managed. <p>A template for a summary report to present discussions at preceding meetings is detailed below.</p> <ol style="list-style-type: none"> 6. A copy of the members’ declared interests is checked to establish any actual or potential conflicts of interest that may occur during the meeting. 	<p>Meeting Chair and secretariat</p> <p>Meeting Chair and secretariat</p> <p>Meeting Chair and secretariat</p> <p>Meeting members</p> <p>Meeting Chair</p> <p>Meeting Chair</p>
<p>During the meeting</p>	<ol style="list-style-type: none"> 7. Check and declare the meeting is quorate and ensure that this is noted in the minutes of the meeting. 8. Chair requests members to declare any interests in agenda items- which have not already been declared, including the nature of the conflict. 	<p>Meeting Chair</p> <p>Meeting Chair</p>

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

Template for recording any interests during meetings

Report from <insert details of sub-committee/ work group>	
Title of paper	<insert full title of the paper>
Meeting details	<insert date, time and location of the meeting>
Report author and job title	<insert full name and job title/ position of the person who has written this report>
Executive summary	<include summary of discussions held, options developed, commissioning rationale, etc.>
Recommendations	<include details of any recommendations made including full rationale> <include details of finance and resource implications>
Outcome of Impact Assessments completed (e.g. Quality IA or Equality IA)	<Provide details of the QIA/EIA. If this section is not relevant to the paper state 'not applicable'>

Outline engagement – clinical, stakeholder and public/patient:	<Insert details of any patient, public or stakeholder engagement activity. If this section is not relevant to the paper state ‘not applicable’>
Management of Conflicts of Interest	<Include details of any conflicts of interest declared> <Where declarations are made, include details of conflicted individual(s) name, position; the conflict(s) details, and how these have been managed in the meeting> <Confirm whether the interest is recorded on the register of interests- if not agreed course of action>
Assurance departments/ organisations who will be affected have been consulted:	<Insert details of the people you have worked with or consulted during the process : Finance (insert job title) Commissioning (insert job title) Contracting (insert job title) Medicines Optimisation (insert job title) Clinical leads (insert job title) Quality (insert job title) Safeguarding (insert job title) Other (insert job title)>
Report previously presented at:	<Insert details (including the date) of any other meeting where this paper has been presented; or state ‘not applicable’>
Risk Assessments	<insert details of how this paper mitigates risks- including conflicts of interest>

Template to record interests during the meeting

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

Appendix F – Template for Recording Minutes

NHS Swindon Clinical Commissioning Group Joint Primary Care Committee Meeting

Date: 15 September 2016
 Time: 2pm to 4pm
 Location: MR2, Pierre Simonet Building

Attendees:

Name	Initials	Role
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Item No	Agenda Item	Actions
1	Chairs welcome	
2	Apologies for absence <apologies to be noted>	
3	<p>Declarations of interest</p> <p><i>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 Clinical Commissioning Group NHS Swindon.</i></p> <p><i>Declarations declared by members of the Primary Care Commissioning Committee are listed in the CCG's Register of Interests. The Register is available either via the secretary to the governing body or the CCG website at the following link: http://xxxccg.nhs.uk/about-xxx-ccg/who-we-are/our-governing-body/</i></p> <p>Declarations of interest from sub committees. <i>None declared</i></p>	

	<p>Declarations of interest from today's meeting</p> <p><i>The following update was received at the meeting:</i></p> <ul style="list-style-type: none"> • <i>With reference to business to be discussed at this meeting, the XX declared that he is a shareholder in XX Care Ltd.</i> <p><i>The Chair declared that the meeting is quorate and that XX 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 XX.</i></p> <p><i>The Chair and XX discussed the conflict of interest, which is recorded on the register of interest, before the meeting and MS agreed to remove himself from the table and not be involved in the discussion around agenda item X.</i></p>	
4	<p>Minutes of the last meeting <date to be inserted> and matters arising</p>	
5	<p>Agenda Item <Note the agenda item></p> <p><i>XX left the meeting, excluding himself from the discussion regarding xyz.</i></p> <p><conclude decision has been made></p> <p><Note the agenda item xx></p> <p><i>XX was brought back into the meeting.</i></p>	
6	<p>Any other business</p>	
7	<p>Date and time of the next meeting</p>	

Appendix G – Procurement Checklist

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

<p>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?</p>	
<p>10. Why have you chosen this procurement route e.g., single action tender?¹</p>	
<p>11. What additional external involvement will there be in scrutinising the proposed decisions?</p>	
<p>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?</p>	
<p>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)</p>	
<p>13. How have you determined a fair price for the service?</p>	
<p>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</p>	
<p>14. How will you ensure that patients are aware of the full range of qualified providers from whom they can choose?</p>	
<p>Additional questions for proposed direct awards to GP providers</p>	
<p>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?</p>	
<p>16. In what ways does the proposed service go above and beyond what GP practices should be expected to provide under the GP contract?</p>	

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 relevant guidance.

Template: Procurement Decisions and Contracts Awarded

Template: Procurement decisions and contracts awarded

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

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

Signed:

On behalf of:

Date:

Please return a wet (hand) signed copy together with a scanned signed copy to The Governance Team, Email: governance@swindonccg.nhs.uk

Appendix I - Template Declaration of conflict of interests for bidders/contractors

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

Name of Relevant Person	[complete for all Relevant Persons]	
Details of interests held:		
Type of Interest	Details	Personal interest or that of a family member, close friend or other acquaintance?
Provision of services or other work for the CCG or NHS England		
Provision of services or other work for any other potential bidder in respect of this project or procurement process		
Any other connection with the CCG or NHS England, whether personal or professional, which the public could perceive may impair or otherwise influence the CCG's or any of its members' or employees' judgments, decisions or actions		

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

Signed:

On behalf of:

Date:

Please return a wet (hand) signed copy together with a scanned signed copy to The Governance Team, Email: governance@swindonccg.nhs.uk