

STANDARDS OF BUSINESS CONDUCT AND MANAGING CONFLICT OF INTEREST POLICY

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Equality Statement

Equality, diversity and human rights are central to the work of the Hampshire, Southampton and Isle of Wight (HSI) CCG. This means ensuring local people have access to timely and high quality care that is provided in an environment which is free from unlawful discrimination. It also means that the CCG will tackle health inequalities and ensure there are no barriers to health and wellbeing.

To deliver this work CCG staff are encouraged to understand equality, diversity and human rights issues so they feel able to challenge prejudice and ensure equality is incorporated into their own work areas. CCG staff also have a right to work in an environment which is free from unlawful discrimination and a range of policies are in place to protect them from discrimination.

The CCGs' equality, diversity and human rights work is underpinned by the following:

- NHS Constitution 2015
- Equality Act 2010 and the requirements of the Public Sector Equality Duty of the Equality Act 2010
- Human Rights Act 1998
- Health and Social Care Act 2012 duties placed on CCGs to reduce health inequalities, promote patient involvement and involve and consult the public.

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STANDARDS OF BUSINESS CONDUCT POLICY

1. Introduction

- 1.1 This policy provides the NHS Hampshire, Southampton and Isle of Wight CCG's (hereafter referred to as 'the CCG's') requirements for managing actual and potential conflicts of interest, to ensure they do not affect, or appear to affect, the integrity of the CCG's decision making processes, in accordance with statutory guidance under Sections 14O and 14Z8 of the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012) and the NHS England Managing Conflicts of Interest Guidance (1 June 2017).
- 1.2 This policy underpins the CCG's Constitution and seeks to describe the public service values, which underpin the work of the NHS and to reflect current guidance and best practice to which all individuals within the CCG must have regard in their work for the organisation.
- 1.3 The CCG manages conflicts of interest as part of its day-to-day activities. Effective handling of such conflicts is crucial to protect both the CCG and the individuals involved with the work of the CCG from any appearance of impropriety and thereby to build and maintain both stakeholder and public trust in robust decision making within the commissioning system. Importantly, it also serves to give confidence to patients, providers, Parliament and tax payers that commissioning decisions are robust, fair, transparent and offer value for money.
- 1.4 This policy sets out the approach that the CCG will implement to identify, manage and record any potential or actual conflicts of interests that may arise in connection with the commissioning of healthcare for the population of Hampshire, Southampton and Isle of Wight.

2. Aims and scope of the policy

- 2.1 The aim of this policy is to protect both the organisation and individuals involved, from impropriety or any appearance of impropriety by setting out how the CCG will manage conflicts of interest to ensure there is confidence in the commissioning decisions made and to ensure the integrity of all members, officers, office holders, staff, stakeholders and suppliers involved with the work of the CCG.
- 2.2 Conflicts of interest may arise where an individual's personal interests, loyalties or those of a connected person (for example a relative or close friend) conflict with those of the CCG or might be perceived to conflict with those of the CCG.
- 2.3 Such conflicts may create problems such as inhibiting free discussion which could result in decisions or actions being made that are not in the interests of the CCG, and risk giving the impression that the CCG has acted improperly.
- 2.4 The CCG Governing Body's responsibility includes the stewardship of significant public resources and the commissioning of health and social care services to the population of Hampshire, Southampton and the Isle of Wight.

- 2.5 The CCG Governing Body is therefore determined to ensure the organisation inspires confidence and trust amongst its members, officers, office holders, staff, stakeholders, suppliers and the public by demonstrating integrity and avoiding any potential or real situations of undue bias or influence in the decision-making of the CCG.
- 2.6 This policy aims to:
- Enable the CCG, and clinicians and others from member practices who are involved in the work of the CCG, to demonstrate fairness and transparency, and that actions are in the best interest of patients and the CCG's local population
 - Ensure that the CCG operates within the relevant legal framework and in accordance with good practice, but without being bound by over-prescriptive rules that stifle efficiency or innovation
 - 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 our decisions
 - Uphold the confidence and trust between patients and GPs, in their recognition that individual commissioners want to behave ethically but may need support and training to understand when conflicts (actual or potential) may arise and how to manage them if they do.
- 2.7 This policy applies to:
- The CCGs Member practices including GP partners, their employees, and any individual in their role as representatives of the CCG, or directly involved with the business or decision making of the CCG
 - Members of new care models joint provider / commissioner groups / committees
 - Committees of member practices of the CCG
 - Individuals on the CCG Governing Body and its committees and sub-committees, including:
 - Co-opted members
 - Appointed deputies, and
 - Any members of committees/groups from other organisations
 - Full and part-time employees of the CCG (whether their remit is clinical or non-clinical)
 - Bank, agency and seconded staff
 - Third parties acting on behalf of the CCG (including commissioning support, employees of NHS England and shared services)
 - Students and trainees (including apprentices).
- 2.8 Any self-employed consultant 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.

- 2.9 All those in paragraphs 2.7 and 2.8 are collectively referred to as ‘individuals’ hereafter unless otherwise stated (for example, ‘employees’ refers to people who are paid directly through CCG payroll, ‘staff’ refers to the wider CCG workforce).
- 2.10 All contractors and suppliers engaged in business with the CCG should be notified of the existence of the policy and as such they will be expected to act in accordance with the guidance contained within.

3. Principles

- 3.1 The CCG aspires to the highest standards of corporate behaviour and responsibility. All individuals must at all times comply with this policy, and:
- The requirements of the CCG’s Constitution and be aware of the responsibilities outlined therein
 - The Standards for members of NHS Boards and CCG Governing Bodies in England
 - Act in good faith and in the interests of the CCG and should follow the ‘Seven Principles of Public Life, set out by the Committee on Standards in Public Life’ (the Nolan principles)
 - Conduct themselves in accordance with the “Standards of Business Conduct Policy for NHS Staff” and “Best Practice Guidance for Joint Working Between the NHS and Pharmaceutical Industry and Other Relevant Organisations (2008)”
 - The seven key principles of the NHS Constitution
 - With the:
 - Good Governance Standards of Public Service
 - UK Corporate Governance Code
 - Equality Act 2010.

4. Fraud, bribery and corruption

4.1 Bribery Act 2010

- 4.1.1 All individuals working for the CCG are required to be aware of the Bribery Act 2010 and should receive awareness training through the CCG Conflicts of Interest e-learning and the Fraud, Bribery and Corruption e-learning.
- 4.1.2 The CCG has a responsibility to ensure that all individuals working with the organisation are made aware of their duties and responsibilities arising from the Bribery Act 2010. Under this Act there are four main offences:
- Section 1 - Bribing, or offering to bribe, another person
 - Section 2 - Requesting, agreeing to receive or accepting a bribe
 - Section 6 - Bribing, or offering to bribe, a foreign public official
 - Section 7 - Failing to prevent bribery (which is a corporate offence and can

result in fines levied against the organisation and criminal action against those charged with managing CCG arrangements for conflicts of interest).

- 4.1.3 Bribes do not need to be monetary and can amount to some other advantage, as described in the Act.
- 4.1.4 The penalty for committing bribery offences is, on conviction or indictment, imprisonment for a term up to 10 years, or a fine, or both.
- 4.1.5 The CCG will ensure through an annual review, that there are adequate procedures to mitigate the risk of bribery and corporate offences in line with the Ministry of Justice Guidance.

4.2 Counter Fraud Measures

- 4.2.1 All individuals are required not to use their position to gain advantage and are expected to maintain the highest standards of honesty and integrity. The CCG is keen to prevent fraud and encourages individuals with concerns or reasonably held suspicions about potentially fraudulent activity or practice, to report these.
- 4.2.2 The CCG's [Counter Fraud, Bribery and Corruption Policy](#) provides further information about the CCG's approach to fraud and corruption and the penalties that could be imposed contrary to the Fraud Act 2006.
- 4.2.3 Individuals should inform the nominated Local Counter Fraud Specialist (LCFS) or Chief Finance Officer immediately regarding any concerns or reasonably held suspicions unless they are implicated. If that is the case, they should inform the Chief Executive Officer or Chair of the CCG, who will decide on the action to be taken.
- 4.2.4 Individuals can also call the NHS Fraud and Corruption Reporting line on free phone 0800 028 40 60 or online at <https://cfa.nhs.uk/reportfraud>. This provides 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.
- 4.2.5 Anonymous letters, telephone calls etc are occasionally received from individuals who wish to raise matters of concerns, but not 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. The LCFS will make sufficient enquiries to establish whether or not there is any foundation to the suspicion that has been raised.
- 4.2.6 Individuals should not ignore their suspicions, investigate themselves or tell colleagues or others about their suspicions.

5. Constitution, Standing Orders, Scheme of Reservation and Delegation and Prime Financial Policies

- 5.1 All individuals must carry out their duties in accordance with the CCGs Constitution, Standing Orders, Scheme of Reservation and Delegation and

Standing Financial Instructions (SFIs). These set out the statutory and governance framework in which the CCG operates and there is considerable overlap between the contents of this policy and provision made within these. Individuals must at all times refer to and act in accordance with the Constitution, Standing Orders, Scheme of Reservation and Delegation and SFIs to ensure group processes are followed.

- 5.2 In the event of doubt individuals should seek advice from their line manager or the Governance Team. In the event of any conflict arising between the details of this policy and the Constitution, Standing Orders, Scheme of Reservation and Delegation and SFIs then the provision of the Constitution, Standing Orders, Scheme of Reservation and Delegation and SFIs shall prevail.

6. Conflicts of Interests

6.1 Overview

6.1.1 A conflict of interest is defined as a “set of circumstances by which a reasonable person would consider that an individual’s ability to apply judgement or act, in the context of delivering, commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold”.

6.1.2 The CCG requires clear and robust mechanisms for minimising, managing and registering real and perceived conflicts of interest. If they are not managed effectively, confidence in the probity of commissioning decisions, procurement, policy, employment and other decisions, as well as the integrity of the clinicians involved could be seriously undermined. With good planning and governance, the CCG should be able to avoid or manage these risks.

6.1.3 This policy outlines the management of conflicts of interest including:

- The nature of a Conflict of Interest
- Arrangements for the declaration of a conflict of interest
- Maintaining a register of conflict of interests
- Keeping a record of the steps taken to manage a conflict
- Excluding individuals from decision making when a conflict arises
- Engagement with a range of potential providers on service design.

6.2 Principles

6.2.1 Conflicts of interests are inevitable, but in most cases it is possible to handle them with integrity and probity by ensuring they are identified, declared and managed in an open and transparent way. Therefore, a general principle for individuals involved in the business of the CCG is ‘if in doubt disclose’ at the time of identifying a potential conflict.

6.2.2 The CCG adheres to the principles set out above as well as the principles set out by the NHS Confederation and Royal College of General Practice for managing conflicts of interests, which advocates that conflicts of interest can be managed

by:

- **Doing business properly** – ensuring the rationale for decision making is transparent and clear and will withstand scrutiny, with needs assessments, consultation mechanisms, commissioning strategies and procurement procedures in place at the outset.
- **Being proactive not reactive** – identifying and minimising the conflicts of interest at the earliest opportunity, for instance setting out in advance what is acceptable and what is not and by considering potential conflicts of interest when electing or selecting individuals to join the Governing Body or other decision-making bodies. Ensuring individuals receive proper induction and training so that they understand their obligations to declare conflicts of interest and how to handle a conflict should it occur.
- **Assume that individuals will seek to act ethically and professionally, but may not always be sensitive to all conflicts of interest** - ensure there are prompts and checks to identify when conflicts occur and individuals exclude themselves appropriately from decision making.
- **Being balanced and proportionate** – identify and manage conflicts but do not expect to eliminate them or become a constraint to undertaking the business and making decisions.
- **Openness** – Ensuring early engagement with patients, the public, clinicians and other stakeholders, including local Healthwatch and Health and Wellbeing Boards, in relation to proposed commissioning plans.
- **Responsiveness and best practice** – Ensuring that commissioning intentions are based on local health needs and reflect evidence of best practice – securing ‘buy in’ from local stakeholders to the clinical case for change.
- **Transparency** – Documenting clearly the approach taken at every stage in the commissioning cycle so that a clear audit trail is evident, ensuring procurement decisions are sound, robust, defensible and patient driven. Importantly, key decision-making meetings are held in public with declarations of interest routinely monitored.
- **Securing expert advice** – Ensuring that plans take into account advice from appropriate health and social care professionals, e.g. through clinical senates and networks, and draw on commissioning support, for instance around formal consultations and for procurement processes.
- **Engaging with providers** – Early engagement with both incumbent and potential new providers over potential changes to the services commissioned for a local population.
- **Creating clear and transparent commissioning specifications** – That reflect the depth of engagement and set out the basis on which any contract will be awarded.
- **Following proper procurement processes and legal arrangements** – Including even-handed approaches to providers.
- **Ensuring sound record-keeping** – Including up to date registers of interests and of procurement decisions; and
- **A clear, recognised and easily enacted system for dispute resolution.**

6.2.3 It is important to recognise that the statutory duty placed upon CCGs is to manage, not to avoid, conflicts of interests. This recognises that when GPs are involved in commissioning local healthcare services, particularly primary medical services, it is not always possible to avoid conflicts of interests (whilst retaining clinical input into commissioning). Robust arrangements are required to manage any conflicts of interests that do arise in the work of the CCG.

6.3 Potential Conflicts of Interest

6.3.1 A conflict can occur when an individual's ability to exercise judgement in one role is impaired or otherwise influenced, or perceived to be impaired or influenced, by their obligation in another role or relationship. The individual does not need to exploit their position or obtain an actual benefit, financial or otherwise, for a conflict to occur.

6.3.2 In some circumstances there may be a perception that a conflict exists even where there is no actual conflict between two roles or relationships. It is important, therefore, to manage all actual and perceived conflicts of interests in order to maintain public trust.

6.3.3 Conflicts can arise in a number of ways, such as direct financial gain or commercial advantage, an indirect financial interest (e.g. payment to a spouse) or a non-financial interest (e.g. kudos or reputation). Conflicts of loyalty may arise (e.g. in respect of an organisation of which the individual is a member or has an affiliation).

6.3.4 Conflicts can arise from personal or professional relationships with others e.g. where the role or interest of a family member, friend or acquaintance may influence an individual's judgement or actions, or could be perceived to do so.

6.3.5 For a commissioner, a conflict of interest may therefore arise when their judgment as a commissioner could be, or is perceived to be, influenced and impaired by their own concerns and obligations as a provider. In the case of a GP involved in commissioning, an obvious example is the award of a new contract to a provider, in which the individual GP has a financial stake, however the same considerations, as laid out in this policy, will apply when deciding whether to extend a contract.

6.3.6 Where an individual 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.

6.3.7 Important things to remember are that:

- A perception of wrongdoing, impaired judgement or undue influence can be as detrimental as any of these 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.

6.3.8 Interests can be captured in four different categories:

<p>Financial Interests</p> <p>This is where an individual may get direct financial benefits from the consequences of a commissioning decision. This could, for example, include being:</p>	<ul style="list-style-type: none"> • A director, including a non-executive director, or senior employee in a private company or public limited company or other organisation which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations • A shareholder (or similar owner interests), a partner or owner of a private or not-for-profit company, business, partnership or consultancy which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations • A management consultant for a provider • In secondary employment • In receipt of secondary income from a provider • In receipt of a grant from a provider • In receipt of any payments (for example honoraria, one off payments, day allowances or travel or subsistence) from a provider • In receipt of research funding, including grants that may be received by the individual or any organisation in which they have an interest or role • Having a pension that is funded by a provider (where the value of this might be affected by the success or failure of the provider).
<p>Non-Financial Professional Interests</p> <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 • 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.
<p>Non-Financial Personal Interests</p> <p>This is where an individual may benefit personally in ways which are not directly</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

<p>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>	<p>voluntary sector organisation</p> <ul style="list-style-type: none"> • Suffering from a particular condition requiring individually funded treatment • A member of a lobby or pressure groups with an interest in health and care.
<p>Indirect Interests</p> <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.

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

6.3.10 Examples of potential conflicts of interest would include:

- Where an individual is a provider of services
- Where an individual holds a contract with or is a director/ shareholder/ employee of a company or party to a partnership which holds a contract with the CCG
- Where an individual is a director, shareholder, employee or partner of an entity which has an interest in bidding for a contract for services which is being put out to tender by the CCG
- Where clinical leaders have a financial interest in a provider company
- Where GPs may refer their patients to a provider company in which they have a financial interest
- Where GPs make decisions regarding the care of their patients to influence the payments they receive from commissioners
- Where enhanced local services are commissioned that could be provided by member practices
- Where an individual whose spouse (or other family member or business partner) has a financial interest in a provider that may be affected by a decision to reconfigure services
- Where an individual's reputation or standing as a practitioner may be affected by a decision to award a contract for services or who is an advocate or representative for a particular group of patients
- Where an individual has an interest in the award of a contract for services because of the interests of a particular patient at that member's practice
- Where the spouse or other family member is employed by a provider that is bidding for a contract.

6.3.11 Conflicts of Interest can arise when decision making is influenced subjectively through association with colleagues or organisations out of loyalty to the relationships they have, rather than through an objective process. The scope of loyalty interests is potentially huge, so judgement is required for making declarations.

6.3.12 Loyalty Interests should be declared by individuals involved in decision making where they:

- Hold a position of authority in another NHS organisation or commercial, charity, voluntary, professional, statutory or other body which could be seen to influence decisions they take in their NHS role
- Sit on advisory groups or other paid or unpaid decision-making forums that can influence how the organisation spends taxpayers' money
- Are, or could be, involved in the recruitment or management of close family members or relatives, close friends and associates and business partners
- Hold a political position or are running for parliamentary office
- Are aware that the organisation does business with an organisation with whom close family members and relatives, close friends and associates and business partners have decision making responsibilities.

6.3.13 Where holding loyalty interest gives rise to a conflict of interest then the general management actions outlined should be considered and applied to mitigate risks

6.4 Management of Conflicts of Interest

6.4.1 Ways in which the CCG will manage conflicts in decision making include:

- Maintaining appropriate registers of interests
- Completing proactive checks to cross check declarations against CCG contracts and finance and procurement systems
- Publishing and making arrangements for the public to access those registers
- Managing membership of formal committees and decision-making bodies supporting the CCG, and the arrangement for the prompt declaration of interests and entry into the register of interests
- Meeting and decision-making management, including clear records of formal committees and decision-making bodies, and how conflicts of interests have been managed
- Maintaining and publishing a register of procurement decisions
- Maintaining internal controls to detect breaches and adequate provision for raising concerns under this policy
- Identify and implement training to assist with compliance for all staff and for those with a specialised role
- Have a standing conflicts of interest item on Governing Body, sub-committee and procurement/working group agendas.

- 6.4.2 The CCG will maintain registers of interests of the members of the group, members of the Governing Body, members of the committees and sub-committees of the Governing Body and employees. The CCG will publish the register of gifts and hospitality, and the register of interests for senior staff and Governing Body members at least annually in a prominent place on its website and make them available to the public at the headquarters upon request.
- 6.4.3 The registers will form part of the CCG's annual accounts and as such will be signed off by external auditors. The CCG Audit and Risk Committee will provide scrutiny over the management of conflicts of interest, registers and associate audits at least annually.
- 6.4.4 The CCG will ensure that details of all contracts, including the contract value, are published on the website as soon as contracts are agreed where this is permitted under procurement law. Where the CCG decides to commission services through Any Qualified Provider (AQP), it will publish on the website the type of service commissioned and the agreed price for each service. Furthermore, the CCG will ensure that such details are also set out in the annual report. Where services are commissioned through an AQP approach, information will be publicly available about those providers who qualify to provide the service.
- 6.4.5 There may be occasions where a conflict of interest is profound and acute. In such scenarios (such as where an individual has a direct financial interest which gives rise to a conflict, for example secondary employment or involvement with an organisation which benefits financially from contracts for the supply of goods and services to the CCG or aspires to be a new care model provider), the CCG may need to consider whether, practically, such an interest is manageable. If an interest is not manageable, 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 and may require the CCG to take action to terminate an appointment if the individual refuses to step down. Prior to any such decision being made, advice should be sought from the HR Team.

6.5 Declaration of Interest

- 6.5.1 It is a statutory requirement that individuals must declare any interest that they have, (see [Appendix 1](#)), in relation to CCG business or a decision to be made by the CCG, in writing, to be reviewed by their line manager and sent on to the CCG's Governance Team as soon as they are aware of it and in any event no later than 28 days after becoming aware.
- 6.5.2 Where an individual is unable to provide a declaration in writing, for example, if a conflict becomes apparent during a meeting, they will make an oral declaration before witnesses which will be formally written in the meeting record. A written declaration will need to be submitted following the meeting to ensure inclusion on the register.
- 6.5.3 Individuals contracted to work on behalf of the group, or otherwise providing services or facilities to the group, will be made aware of their obligations under this policy to declare conflicts or potential conflicts of interests. This requirement will be written into their contracts for services.

6.5.4 The CCG will ensure as a matter of course that declarations of interest are made and regularly confirmed or updated. This includes the following circumstances:

- **On appointment** – all appointments will be asked to make a formal declaration of interest and in the case of Governing Body members, prior to appointment. The CCG will need to assess the materiality of the interest, in particular whether the individual (or family member/business partner) could benefit from any decision the Governing Body might make). If the interest is significant to the extent that the individual would be unable to make a full and proper contribution to the Governing Body because they are required to exclude themselves from decision-making on so regular a basis, then that individual should not become a member of the Governing Body.
- **Annually** - to ensure the register of interest is accurate and up to date. If there are no interests or changes to declare a 'nil return' should be submitted.
- **At meetings** – a standing agenda item will be on the Governing Body, sub-committee and any working group agendas. Even if an interest has been recorded in the register of interests, it should still be declared in meetings before matters relating to that interest are discussed and any declarations will be recorded in the minutes of the meeting.
- **When prompted by the CCG** – because of the CCG's role in spending taxpayers' money, on at least an annual basis the CCG will ensure that individuals 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 or responsibility** – a further declaration should be made to reflect the change in circumstances; this could involve a conflict of interest ceasing to exist or a new one materialising (for example, where an individual takes on a new role outside the CCG, sets up 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 of the change.
- **During the procurement process** - anyone participating in the procurement, or otherwise engaging with the CCG, in relation to the provision of services or facilities, will be required to make a declaration of interest which will include nil returns. This includes those who will take part in any tender evaluation or decision making with regards to the award of a contract. Where any procurement functions are undertaken by the Commissioning Support Unit (CSU) or South of England Procurement Services (SoEPS), declarations from CSU / SoEPS employees involved in the process should also be obtained and made available to the CCG.

6.5.5 The Conflicts of Interest Guardian (refer to [section 20.9](#)) and Chief Finance Officer (through the Governance Team) will also raise awareness for new and existing staff, and Governing Body, committee and sub-committee members of the need to declare potential conflicts of interest. This will include the regular signposting of this policy, and the need to complete the declaration form as soon as an interest becomes apparent.

6.5.6 If an individual employed by the CCG fails to declare an interest or the full details of an interest, this may result in disciplinary action being undertaken in line with the CCG Disciplinary Policy. A referral may be made to the Local Counter Fraud Service who may investigate the matter criminally in accordance with the CCG's [Counter Fraud, Bribery and Corruption Policy](#).

6.5.7 All interests will 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.

6.6 Decision-making when a conflict of interest arises: general approaches

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

6.6.2 Where appropriate, a Conflicts of Interest Management Plan should be completed by the line manager of the individual declaring a potential conflict of interest. This plan will outline the specific measures to be implemented to minimise any perceived or real conflict arising from the declared interest. A template for this plan is included in [Appendix 2](#).

6.6.3 For roles where line management is not explicitly stated, oversight of Conflicts of Interest and Management Plans will be as follows:

- The relevant Clinical Director and/or Managing Director for CCG Clinical Leads
- The Chief of Staff for Non-Executive Directors
- The CCG Managing Director for Non-Executive Advisers.

6.6.4 The most obvious area in which conflicts of interest could arise is where a 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 most often arise in the context of co-commissioning of primary care, but it also needs to be considered in respect of any commissioning issue where GPs are current or possible providers.

6.6.5 In any commissioning transaction (including conversations between two or more individuals, e-mails, correspondence and other communications), individuals must ensure, where they are aware of an interest, that they comply with the arrangements confirmed for the management of that interest.

6.7 Decision-making when a conflict of interest arises: Meetings

6.7.1 Committee chairs have a responsibility to ensure that declarations of interest are raised at the beginning of all meetings, this will be aided by having a standard agenda item (for both physical and online meetings).

- 6.7.2 At the beginning of all meetings there will be an opportunity for individuals to identify potential conflicts of interests relating to specific items of business. Individuals should also raise such items at the beginning of each agenda item so the appropriate course of action can be taken.
- 6.7.3 The Chair will take such steps as deemed appropriate, and request information deemed appropriate from individuals, to ensure that all conflicts of interest and potential conflicts of interest are declared.
- 6.7.4 The Chair (or Vice Chair if appropriate) of a meeting has ultimate responsibility for deciding whether there is a conflict of interest and for taking appropriate course of action in order to manage the conflict of interest. They will ensure that for every interest declared, either in writing or by oral declaration, arrangements are in place to manage the conflicts of interest or potential conflicts of interests, to ensure the integrity of the CCGs decision making processes.
- 6.7.5 It is good practice for the Chair, with the support of the Board Secretary and if required the Conflicts of Interest Guardian to proactively consider ahead of meetings what conflicts might arise and how they should be managed, including steps to ensure that supporting papers for particular items of meetings are not sent to conflicted individuals in advance of the meeting where relevant.
- 6.7.6 A prejudicial interest will be declared if the matter affects an individual's financial interest and a member of the public, knowing the relevant facts, would reasonably think that a personal interest is of such significance that it is likely to prejudice their judgment of the public interest.
- 6.7.7 Where an individual is aware of an interest which:
- a) has not been declared, either in the register or orally, they will declare this at the start of the meeting;
 - b) has previously been declared, in relation to the scheduled or likely business of the meeting, the individual concerned will bring this to the attention of the Chair of the meeting, together with details of arrangements which have been confirmed for the management of the conflict of interests or potential conflict of interests.
- 6.7.8 Where an individual participating in a meeting has dual roles, for example a role with the CCG and a role with a new care model provider organisation, but it is not considered necessary to exclude them from the whole or any part of a CCG meeting, they should ensure that the capacity in which they continue to participate in the discussions is made clear and correctly recorded in the meeting minutes, but where it is appropriate for them to participate in decisions they must only do so if they are acting in their CCG role.
- 6.7.9 The Chair of the meeting will then determine how this should be managed and inform the individual of their decision. Where no arrangements have been confirmed, the Chair of the meeting may take the following actions:
- Withdrawal from the meeting for that part of the discussion if conflict is prejudicial

- Participation in the discussion but not part of the decision-making process (i.e. not have a vote)
- Full participation in discussion and the decision-making process as the potential conflicts are not perceived by others of the group to be material or prejudicial.

6.7.10 The Chair will inform the individual of the decision which may include withholding confidential papers. Where no arrangements have been confirmed, the Chair of the meeting may require the individual to withdraw from the meeting or part of it. The individual will then comply with these arrangements, which must be formally recorded in the minutes of the meeting.

6.7.11 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 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.

6.7.12 In making any such decision the Chair or non-conflicted members may wish to consult with the Conflicts of Interest Guardian.

6.7.13 The arrangements will confirm the following:

- a) When an individual should withdraw from a specified activity, on a temporary or permanent basis
- b) Monitoring of the specified activity undertaken by the individual, either by a line manager, colleague or other designated individual
- c) Ensuring that the individual concerned does not receive the supporting papers or minutes of the meeting which relate to the matter(s) which give rise to the conflict
- d) The individual to leave the discussion when the relevant matter(s) are being discussed and when any decision are being taken in relation to that matter. The individual can however be allowed to participate in some or all of the discussion particularly if the individual has relevant knowledge and experience of the matter that would be of benefit for the meeting to hear depending on the nature and extent of the interest
- e) 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 would need to be clearly documented in the minutes.

6.7.14 In any transaction undertaken in support of the CCG's exercise of its commissioning functions (including conversations between two or more individuals, emails, correspondence and other communications), individuals must ensure where they are aware of an interest, that they conform to the arrangements confirmed for the management of that event.

6.7.15 The Chair will take such steps as deemed appropriate, and request information deemed appropriate from individuals, to ensure that all conflicts of interest and potential conflicts of interest are declared.

6.7.16 Should the situation arise that a significant number of individuals are deemed to be prevented from taking part in a meeting because of prejudicial interests; the Chair (or Vice Chair) will determine whether or not the discussion can proceed. In making this decision the Chair will consider whether the meeting is quorate, in accordance with the number and balance of membership set out in the CCG's standing orders and committee terms of reference.

6.7.17 Where a quorum cannot be convened from the membership of the meeting, owing to the arrangements for managing conflicts of interest or potential conflicts of interests, the membership of the meeting should refer to the Terms of Reference in consultation with the Chief Executive Officer or Chief Finance Officer on the action to be taken.

6.7.18 This may include:

- a) Require another of the CCG's committees which can be quorate to progress the item of business, or if this is not possible a recommendation on decision can still be taken by remaining members and referred to either the Governing Body or the Audit and Risk Committee for verifying proposed recommendations
- b) Inviting, on a temporary basis, one or more of the following to make up the quorum (where these are permitted members of the governing body or committee / sub- committee in question) so that the CCG can progress the item of business:
 - i) a member of the clinical commissioning group who is an individual
 - ii) an individual appointed by a member to act on its behalf in the dealings between it and the CCG
 - iii) a member of the Health and Wellbeing Board
 - iv) a member of a governing body of another CCG.

These arrangements must be recorded in the minutes.

6.7.19 Minutes must reflect accurately any declarations of interest.

6.7.20 All potential conflicts should be recorded in the minutes including:

- Who has the interest
- The nature of the interest and why it gives rise to a conflict
- The item/s on the agenda that the interest relates to
- How the conflict was agreed to be managed
- Evidence that the conflict was managed as intended.

6.7.21 In cases where all of the GPs or other practice representatives on a decision-making body could have a material interest in a decision the CCG:

- May refer the decision to the CCG Governing Body and exclude all GPs or other practice representatives with an interest from the decision-making process, i.e. so that the decision is made only by the non-GP members of the Governing Body

- Shall consider co-opting individuals from a Health and Wellbeing Board or from another CCG onto the Governing Body, or inviting the Health and Wellbeing Board or another CCG to review the proposal, to provide additional scrutiny, although such individuals would only have authority to participate in decision making where this provision exists within the CCG's Constitution
- May co-opt other relevant non conflicted members.

6.7.22 Where General Practices including provider consortia or organisations in which GPs have a financial interest are potential providers of CCG-commissioned services, the CCG will seek to assure itself of the factors set out in and to use the NHS England's Code of Conduct for managing conflicts of interest and the procurement should be approved by the appropriate Committee.

6.8 Register of Interests

6.8.1 The CCG will maintain registers of interests for all interests declared and received from:

- All CCG staff including
 - All full and part time employees
 - Any staff on sessional or short-term contracts including consultancy staff
 - Any students and trainees (including apprentices)
 - Agency workers
 - Seconded staff
- Members of the Governing Body and its sub committees including:
 - Co-opted members
 - Appointed deputies
 - Any members of committees/groups from other organisations
- All members of the CCG (i.e. each practice)
 - Members of new care models joint provider / commissioner groups / committees
 - GP partners, company directors and employees of member practices directly involved with the business or decision-making of the CCG
- Any third parties contracted to provide services
- Any other person involved in procurement or commissioning decisions
- Candidates and bidders on a procurement process
- Any individual directly involved with the business or decision making.

6.8.2 The register(s) will be publicly available and will be refreshed on an annual basis. Individuals should identify changes to their record on their register as soon as they are aware of it and in any event no later than 28 days of the change. The register will be published on the group's website.

- 6.8.3 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). If an individual believes that substantial damage or distress may be caused to themselves 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 will seek legal advice where required, and the CCG will retain a confidential un-redacted version of the register(s).
- 6.8.4 The register of declared interests of members will be published at each meeting of the Governing Body and Primary Care Commissioning Committee held in public.
- 6.8.5 The Register of Interest will include:
- Name of the person declaring the interest
 - Position within or relationship with the CCG
 - Type of interest, including for indirect interest details of the relationship with the person who has an interest
 - The dates from which the interest relates
 - The actions taken to mitigate the risk – these should be agreed with the individual's line manager or a senior manager within the CCG.

6.9 Members of the Group

- 6.9.1 GPs, and their staff, by nature of their profession have an immediate conflict as providers of primary care services but this, of course, does not exclude them being involved in the running of the CCG. They should be involved to ensure that there is sufficient clinical input to commissioning and other activities of the CCG.
- 6.9.2 However, the CCG will consider whether conflicts of interest would exclude an individual from being appointed to the Governing Body or to a committee or sub-committee of the CCG or Governing Body. This will be considered on a case-by-case basis. As a rule of thumb the extent of the interest would need to be determined. If it is related to an area of business significant enough that the individual is likely to exclude themselves from decision-making on so regular a basis that it significantly limits their ability to effectively operate as a Governing Body member, that individual should not become a member of the Governing Body.
- 6.9.3 All provider interests must be declared and openly disclosed in the conduct of business to ensure it is handled appropriately.
- 6.9.4 Members should conform to the published guidelines of the GMC 'Good Medical Practice' 2006 on financial institutions providing care or treatment, ([GMC Conflicts of interest - guidance for doctors](#)) which states:

'5. If you have a financial interest in an institution and are working under an NHS or employers' policy you should satisfy yourself, or seek assurances from your

employing or contracting body, that systems are in place to ensure transparency and to avoid, or minimise the effects of, conflicts of interest. You must follow the procedures governing the schemes.'

- 6.9.5 Where GPs could possibly influence their own personal/practice payments through their actions such as a referral of a patient in which they have a financial interest, or to benefit a practice payment in some way then the GMC guidelines , [GMC Conflicts of interest - guidance for doctors](#)) sections 74 and 75 apply:

"74. You must act in your patients' best interests when making referrals and when providing or arranging treatment or care. You must not ask for or accept any inducement, gift or hospitality which may affect or be seen to affect the way you prescribe for, treat or refer patients. You must not offer such inducements to colleagues.

75. If you have financial or commercial interests in organisations providing healthcare or in pharmaceutical or other biomedical companies, these interests must not affect the way you prescribe for, treat or refer patients."

- 6.9.6 Where the most appropriate service to which the patient is to be referred happens to be one in which the GP has a vested financial interest, then the GP must inform the patient of this fact. This is in line with paragraph 76 of the GMC guidelines:

"76. If you have a financial or commercial interest in an organisation to which you plan to refer a patient for treatment or investigation, you must tell the patient about your interest. When treating NHS patients you must also tell the healthcare purchaser."

- 6.9.7 In these circumstances the GP must note on the patient's record that the patient has been informed of the conflict of interest.
- 6.9.8 It is possible that the group will seek to expand the range of enhanced services provided by member practices as part of its work to redesign services and have an expanded primary care role.
- 6.9.9 Given that the CCG will be commissioning such services from their own member practices, it is vital that there is transparency and safeguards to ensure confidence that these decisions are based upon the best interests of patients and with no perceived conflicts of interest.
- 6.9.10 There are a number of stages in this process that will ensure this occurs.
- a) The CCG will develop services in line with the agreed and published strategy of the CCG
 - b) This Policy will be refreshed and developed with all key stakeholders, and reflect the needs of the local populations as agreed through the local Health and Wellbeing Board and be subject to public scrutiny
 - c) The CCG will engage with all providers to communicate the priorities and commissioning intentions

- d) A range of expertise from a variety of providers will be used to develop detailed service specifications for new service models
- e) Once a new specification has been developed the most appropriate provider of care will be considered through a sub-committee of the CCG which will exclude anyone with a conflict of interest using the published criteria as set out within this guidance

6.9.11 Further reference is provided in [Section 7 – Transparency in Procurement](#).

6.10 Contractors and people who provide services to the group

- 6.10.1 Anyone seeking information in relation to a procurement, or participating in a procurement, or otherwise engaging with the CCG in relation to the potential provision of services or facilities to the organisation, will be required to make a declaration of any relevant conflict/potential conflict of interest using Declaration of Conflict of Interests for Bidders/Contractors form ([Appendix 6](#)).
- 6.10.2 Anyone contracted to provide services or facilities directly to the CCG will be subject to the same provisions of the Constitution in relation to managing conflicts of interests. This requirement will be set out in the contract for their services.
- 6.10.3 Such declarations will be recorded and retained but will not be added to the registers described above in this policy (because that may compromise the anonymity of bidders in procurement processes).
- 6.10.4 All individuals who are in contact with suppliers and contractors (including external consultants), and in particular those who are authorised to sign purchase orders or enter into contracts for goods and services are expected to adhere to professional standards in line with those set out in the Code of Ethics of the Chartered Institute of Purchasing and Supply.
- 6.10.5 All individuals must treat prospective contractors or suppliers of services to the CCG equally and in a non-discriminatory way and act in a transparent manner.
- 6.10.6 Individuals involved in the awarding of contracts and tender processes must take no part in a selection process if a personal interest or conflict of interest is known. Such an interest must be declared to the Governance Team using the form at [Appendix 1](#) as soon as it becomes apparent. Individuals should not at any time seek to give undue advantage to any private business or other interests in the course of their duties. The CCG has duties under European and UK procurement law and individuals must comply with standing financial instructions (SFIs) in relation to all contract opportunities with the CCG.
- 6.10.7 Individuals must not seek, or accept, preferential rates or benefits in kind for private transactions carried out with companies with which they have had, or may have, official dealings on behalf of the CCG. This does not apply to officers' and members' benefit schemes offered by the NHS or trade unions.
- 6.10.8 Individuals invited to visit organisations to inspect equipment (for example, software or training aids) for the purpose of advising on its purchase will be reimbursed for their travelling expenses in accordance with the travel expenses

guidelines laid down by the CCG. Such expenses should not be claimed from other organisations to avoid compromising the purchasing decisions of the CCG.

- 6.10.9 Every invitation to tender to a prospective bidder for the CCG's business must require each bidder to give a written undertaking, not to engage in collusive tendering or other restrictive practice and not to engage in canvassing the CCG, its employees or officers concerning the contract opportunity tendered. Offers of pro bono work from prospective bidders for CCG business should be politely refused.

7 Transparency in procurement

- 7.1 The CCG recognises the importance in making decisions about the services it procures in a way that does not call into question the motives behind the procurement decision that has been made. The CCG will procure services in a manner that is open, transparent, non-discriminatory and fair to all potential providers.
- 7.2 The CCG will ensure that it recognises and manages conflicts or potential conflicts of interest that may arise in relation to procurement. At the outset of a commissioning process the relevant interest of all individuals involved should be identified and clear arrangements put in place to manage any conflicts of interest.
- 7.3 Anyone participating in the procurement, or otherwise engaging with the CCG, in relation to the provision of services or facilities, will be required to make a declaration of interest which will include nil returns. This includes those who will take part in any tender evaluation or decision making with regards to the award of a contract. Where these functions are undertaken by any third-party organisation (including South of England Procurement Services) e.g. the Commissioning Support Unit (CSU), declarations from CSU employees involved in the process should also be obtained and made available to the CCG.
- 7.4 South of England Procurement Services (SoEPS) are responsible for managing a number of procurements for the CCG. Where an individual is requested to assist in any part of the procurement process, they will be required to complete a declaration of interest form. Whilst SoEPS will support this process and will provide an enhanced version of the NHS England (NHSE) Conflict of Interest Declaration form that includes a Confidentiality Undertaking, it should be noted that it is the CCGs responsibility to record and manage actual or potential conflicts of interest in accordance with NHSE guidance.
- 7.5 The Procurement, Patient Choice and Competition Regulations place requirements on commissioners to ensure that they adhere to good practice in relation to procurement, do not engage in anti-competitive behaviour that is against the interest of patients, and protect the rights of patients to make choices about their healthcare. The Regulations set out that commissioners must:
- Manage the conflicts and potential conflicts of interests when awarding a contract by prohibiting the award of a contract where the integrity of the award has been or appears to have been affected by a conflict
 - Keep appropriate records of how they have managed any conflicts in individual cases.

7.6 A key area where conflicts 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 is particularly relevant in the context of co-commissioning of primary care and in areas where GPs or GP federations are current or possible providers, such as commissioning of new care models. Potential conflicts will vary to some degree depending on the way in which a service is being commissioned, for example:

- **Competitive Tender** - Where a CCG is commissioning a service through competitive tender (i.e., seeking to identify the best provider or set of providers for a service) a conflict of interest may arise where GP practices or other providers in which CCG members have an interest are amongst those bidding
- **Any Qualified Provider (AQP)** - Where the CCG is commissioning a service through an AQP contract, a conflict could arise where one or more GP practices (or other providers in which CCG members have an interest) are amongst the qualified providers from whom patients can choose
- **Single Tender** - Where the CCG is procuring services from a GP practice where there are no other capable providers, i.e. this is the appropriate procurement route and the proposed service goes beyond the scope of the services provided by GP practices under their GP contract.

7.7 The CCG's procurement framework highlights a range of factors for consideration. In particular, the declaration form, as set out in [Appendix 1](#) and the procurement template, as set out in [Appendix 8](#) provides evidence of deliberations on conflicts publicly available and supports the CCG in fulfilling its duty in relation to public involvement. It will also provide appropriate assurance:

- That the CCG is seeking and encouraging scrutiny of its decision-making process
- All relevant clinicians (not just members of the group) and potential providers, together with local members of the public, are engaged in the decision-making processes used to procure services
- Service redesign and procurement processes are conducted in an open, transparent, non-discriminatory and fair way
- To Health and Wellbeing Boards, Healthwatch Hampshire and to local communities that the proposed service meets local needs and priorities. It will enable them to raise questions if they have concerns about the approach being taken
- To the CCG Audit and Risk Committee and external auditors that a robust process has been followed in deciding to commission the services, in selecting the procurement route, and in addressing potential conflicts
- To NHS England in their role as assurers of co-commissioning of primary care services.

7.8 In respect of the co-commissioning of primary care or commissioning new models of care, the procurement decision will be made by the Primary Care Commissioning Committee, which is a committee of the Governing Body. The terms of reference and details of membership are set out in the CCG

constitution. This committee is chaired by a lay member, with a lay vice chair also, and has a majority of lay and executive members of the Governing Body.

7.9 Register of procurement decisions

7.9.1 The CCG recognises that particular care must be exercised when procuring services including the commissioning of services from GP practices. For that reason, this policy includes reference to the Procurement Template developed by NHS England 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. The Procurement Template is attached at [Appendix 8](#)

7.9.2 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. Further information can be found in section 'Raising Concerns, Failure to Disclose and Management of Breaches' - see [Section 22](#).

7.9.3 To take into account the delegated responsibility for the commissioning of primary care, the CCG maintains 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 includes:

- The details of the decision
- Who was involved in the decision (such as the Governing Body, Primary Care Commissioning Committee or other committee members with decision-making responsibility as well as the CCG clinical lead and CCG commissioning/contract lead)
- A summary of any conflicts of interest in relation to the decision and how this was managed by the CCG (in line with [Section 8](#) of this policy, the CCG will maintain and regularly review registers of interests)
- The award decision taken.

7.9.4 The template for the register is given at [Appendix 8](#).

7.9.5 In the interests of transparency, as with the register of interests, the register of procurement of decisions will be published on a quarterly basis, available from the CCG's website and made available upon request for inspection at the CCG headquarters.

7.9.6 The register will form part of the CCG's annual accounts and will thus be signed off by external auditors. Specific arrangements will be provided by NHS England to the CCG and auditors on an annual basis. It will also form part of the regular returns as part of the NHS England Improvement and Assessment Framework.

7.10 Single Tender Waivers

7.10.1 The decision to use a single tender action, for instance, is a procurement decision and if it results in the commissioner 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 in a Single Tender Waiver Log.

7.11 Designing service requirements

7.11.1 The CCG recognises the benefits to be gained from engagement with relevant providers, especially clinicians, in confirming the design of service specifications. As such, the CCG will engage relevant providers, especially clinicians, in confirming that the design of the service specification will meet patient need, and will seek to specify the outcomes that it wishes to see delivered through a service.

7.11.2 This engagement will follow the main principles of procurement law, namely equal treatment, non-discrimination and transparency, ensuring that the same information is given to all. The CCG will engage with providers on service design in line with NHS Improvement guidance and the principles set out in the Office of Government Commerce (OGC) guidance on pre-procurement engagement with potential bidders.

7.11.3 The CCG will consider the following points when engaging with potential service providers:

- Use engagement to help shape the requirement but take care not to gear the requirement in favour of any particular provider(s), such as developing a service specification for a contract for which they may later bid, for example development of new care models
- Ensure at all stages that potential providers are aware of how the service will be commissioned, e.g. through competitive procurement or through the 'Any Qualified Provider' process
- Work with participants on an equal basis, e.g. ensure openness of access to employees and information
- Be transparent about procedures
- Maintain commercial confidentiality of information received from providers.

7.11.4 The CCG shall use engagement with potential providers to:

- Frame the requirement
- Focus on desired outcomes rather than specific solutions
- Consider a range of options for how a service is specified.

7.11.5 Other practical steps the CCG may also consider using shall include:

- Advertising widely the fact that a service design/re-design exercise is taking place and inviting comments from any potential providers and other interested parties (ensuring a record is kept of all interactions) i.e. do not be selective in who works on the service specifications unless it is clear conflicts will not occur
- As the service design develops, engaging with a wide range of providers on an ongoing basis to seek comments on the proposed design, e.g. via the CCG's website or workshops with interested parties
- If appropriate, engaging the advice of an independent clinical adviser on the design of the service

- When specifying the service, specifying desired (clinical and other) outcomes instead of specific inputs.

7.11.6 Where an individual has declared a relevant and material interest or position in the context of the specification for, or award of, a contract the individual concerned will be expected to act in accordance with the arrangements for the management of conflicts of interest outlined in this policy and may be excluded from the decision-making process in relation to the relevant specification or award.

7.11.7 The CCG will also ensure that it will manage conflicts of interest on an ongoing basis, for instance, by monitoring a contract that has been awarded to a provider in which an individual commissioner has a vested interest.

8 Gifts and Hospitality

8.1 Hospitality

8.1.1 The CCG has processes in place to ensure that staff, Governing Body and committee members, and GP members do not accept gifts or hospitality or other benefits, which might reasonably be seen to compromise their professional judgement or integrity.

8.1.2 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.

8.1.3 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. Individuals should be aware of the impact of receiving gifts and hospitality contrary to the Bribery Act 2010.

8.1.4 Modest hospitality provided in normal and reasonable circumstances is an accepted courtesy of a business relationship and a blanket ban on accepting or providing it is neither practical nor desirable from a business point of view. However, the organisation or individual receiving the hospitality should never put themselves in a position where there could be any suspicion that their business decisions could have been influenced by accepting hospitality from others.

8.1.5 Individuals should be able to demonstrate that the acceptance of hospitality would benefit the NHS/CCG. In exceptional circumstances, prior approval will need to be sought from the Governance Team before accepting such offers and the reason for acceptance or return will be recorded in the CCG's Gifts and Hospitality Register whether accepted or not.

8.1.6 Hospitality is defined as meals, refreshments, travel, accommodation, visits, entertainment, and other expenses in relation to attendance at meetings, conferences, lecture courses organised, education and training events etc. and a

common-sense approach should be adopted as to whether hospitality offered is modest or not.

8.1.7 Where hospitality of a value of below £25 is provided, this may be accepted where it is moderate and in keeping with what is normal in public sector business relationships (e.g., tea, coffee, and light refreshments at meetings) and where, as far as it can reasonably be assessed by the potential receiver, will not be deemed by others (and in particular by members of the general public), to influence a business decision. Hospitality of this nature does not need to be 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.

8.1.8 Hospitality of a value between £25 and £75 may be accepted and must be declared and authorised.

8.1.9 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 the CCG's register as to why it was permissible to accept
- A common-sense approach should be applied to the valuing of meals and refreshments (using an actual amount, if known, or a reasonable estimate).

8.1.10 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 organisation itself might not usually offer, need approval by senior staff, should only be accepted in exceptional circumstances, and must be declared. A clear reason should be recorded on the organisation's register as to why it was permissible to accept travel and accommodation of this type. A non-exhaustive list of examples includes:
 - offers of business class or first-class travel and accommodation (including domestic travel)
 - offers of foreign travel and accommodation.

8.1.11 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 the Governance Team or Chief Finance Officer 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. A template for declarations of hospitality is attached at [Appendix 9](#).

8.2 Gifts

- 8.2.1 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.
- 8.2.2 All gifts of any nature offered to CCG staff, Governing Body, 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 Governance Team so the offer which has been declined can be recorded on the register.
- 8.2.3 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 Governance Team and recorded on the register.
- 8.2.4 Gifts offered from other sources (e.g. patients, families, service users) 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.
- 8.2.5 Modest gifts accepted in line with the above guidance, under a value of £25 do not need to be declared.
- 8.2.6 Gifts valued between £25 and £50 may be accepted, but must be declared.
- 8.2.7 Gifts valued at over £50 should be treated with caution and only be accepted on behalf of the organisation, not in a personal capacity. These should all be declared.
- 8.2.8 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.
- 8.2.9 If there is a regularity to the level of gifts offered by one individual this should be treated with caution and advice should be sought from the Governance Team in the interests of individuals protecting themselves and the CCG from the risk of Bribery Act offences.
- 8.2.10 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). If unsure of which cost band the gift falls into, assume it falls into the higher band.
- 8.2.11 Best practice is to politely refuse such gifts with a courteous explanation of the CCG policy and advise the donor that should they wish to do so they are welcome to make a contribution to a charitable cause.
- 8.2.12 The only exceptions to the presumption to decline gifts relate to items of little financial value (i.e. less than £6) such as diaries, calendars, stationery and other gifts acquired from meetings, events or conferences and items such as flowers

and small token 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 Governance Team who have designated responsibility for maintaining the register of gifts and hospitality.

8.2.13 These arrangements apply also to honorariums and other payments offered by third parties to individuals to participate in their discussions and work including surveys e.g. pharma company seeking input as to how they should position or market a drug.

8.2.14 All gifts and offers to be included in the Register must be reported using the attached form ([Appendix 9](#)) within 14 clear days of receipt of the gift or offer.

8.2.15 It is not appropriate to give gifts to individuals or organisations at public expense.

8.3 Gifts and Hospitality Register

8.3.1 The CCG maintains a register of gifts and hospitality declared. In the interests of transparency, as with the register of interests, the register of gifts and hospitality will be published on the CCG's website and made available upon request for inspection at the CCG headquarters. A template for the register of gifts and hospitality is attached at [Appendix 10](#). The Register will be presented to the CCG Audit and Risk Committee as and when required.

8.3.2 The register will form part of the CCG's annual accounts and will thus be reviewed by external auditors. Specific arrangements will be provided by NHS England to the CCG and auditors on an annual basis.

8.3.3 A failure to declare gifts or hospitality may result in referral to the Local Counter Fraud Specialist who will consider whether offences have been committed contrary to legislation including the Fraud Act 2006 and the Bribery Act 2010 in accordance with the organisation's Counter Fraud, Bribery and Corruption Policy.

8.3.4 The register will include the following information:

- Recipients name
- Current position(s) held by the individual within the CCG
- Date of offer and/or receipt
- Details of the gifts of hospitality
- The estimated value of the gifts or hospitality
- Details of the supplier/offer (e.g. their name and nature of their business)
- Details of previous gifts and hospitality offered or accepted by this supplier
- Details of the officer reviewing/approving the declaration made and date
- Whether the offer was accepted or not
- Reasons for accepting or declining the offer.

9. Secondary employment and private practice

- 9.1 Individuals working with the CCG (depending on the details of their contract as regards outside employment and private practice) are required to inform their line managers and to obtain prior permission to engage in secondary employment to ensure that the CCG is aware of, and can deal with any health and wellbeing issues, particularly in relation to the Working Time Directive and any potential conflict of interest.
- 9.2 Additional work or employment is considered as 'secondary' even where the CCG may not be considered by an individual as their main or 'primary' employment or work. Individuals are not precluded from having secondary employment - however the CCG must be informed of such employment, for example, in relation to new care model arrangements. Secondary employment is defined as:
- Paid or unpaid employment or work outside of the CCG
 - Voluntary employment or work outside of the CCG
 - Self-employment / consultancy / private work
 - Reservist occupations
 - Bank/locum/agency work outside of the CCG.
- 9.3 It should be noted that the CCG reserves the right to refuse permission where it believes a conflict will arise which cannot be effectively managed. The purpose of this is to ensure that the group is aware of any potential conflicts of interest with their employment with the groups. Examples of work which might conflict with the business of the group include:
- a) Employment with another NHS body
 - b) Employment with another organisation which might be in a position to supply goods or services to the groups
 - c) Self-employment, including consultancy and/or private practice, in a capacity which might conflict with the work of the CCG or which might be in a position to supply goods or services to the CCG
 - d) Directorship of a GP Federation.
- 9.4 All staff including clinical staff will therefore be asked to declare any existing outside employment on appointment and any new outside employment when it arises. The CCG 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. Nothing in the national guidance or this policy prevents such enquiries being made.
- 9.5 Secondary employment should not be undertaken whilst on sick leave from the CCG unless prior permission has been obtained in writing from the employee's line manager following where necessary advice from Occupational Health. Failure to obtain prior permission may be classed as gross misconduct and could lead to disciplinary action in line with the CCG's Disciplinary Policy. Working whilst off sick can in some instances be considered as an act of fraud. Therefore, any such reports and/or allegations of an undisclosed employment and working

whilst absent on sick leave will be referred to the Local Counter Fraud Specialist for investigation of fraud offences in line with the CCG Counter Fraud, Bribery and Corruption Policy.

- 9.6 Clinical staff should declare all private practice on appointment or any new private practice when it arises including where they practice, their speciality and how many sessions.
- 9.7 Clinical staff should also (unless existing contractual provisions require otherwise or unless emergency treatment for private patients is needed):
- Seek prior approval from the CCG before taking up private practice
 - Ensure that, where there would otherwise be a conflict or potential conflict of interest, NHS commitments take precedence over private work
 - Not accept direct or indirect financial incentives from private providers other than those allowed by Competition and Markets Authority Guidelines https://assets.publishing.service.gov.uk/media/542c1543e5274a1314000c56/Non-Divestment_Order_amended.pdf
 - Where clinical private practice gives rise to a conflict of interest then management action should be applied to mitigate any risks.
- 9.8 The CCG will manage any issues arising from secondary employment. In particular it is unacceptable for pharmacy advisors or other advisors, employees or consultants to the CCG on matters of procurement to themselves be in receipt of payments from the pharmaceutical or devices sector.

10. Shareholding and other ownership interests

- 10.1 Holding shares or other ownership interests can be a common way for individuals to invest their personal time and money to seek a return on an investment. However conflicts of interest can arise when individuals personally benefit from this investment because of their role within an organisation such as being involved in procurement of services.
- 10.2 Individuals should therefore declare all shareholdings and other ownership interests in any publicly listed, private or not for profit company, business, partnership or consultancy which is doing or might be expected to do business with the CCG.
- 10.3 There is no need to declare shares or securities held in collective investment or pension funds or units of authorised unit trusts.
- 10.4 Where shareholdings or other ownership interests are declared and give rise to a conflict of interest, actions should be agreed to mitigate the risks.
- 10.5 What should be declared:
- Individual's name and their role with the organisation
 - Nature of the shareholdings/other ownership interest
 - Relevant dates

- Other relevant information (e.g. action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

11. Commercial sponsorship

- 11.1 CCG staff, Governing Body and committee members, and GP member practices may be offered commercial sponsorship for educational events, conferences, post/project/research funding, meetings and publications in connection with the activities which they carry out for or on behalf of the CCG or their GP practices.
- 11.2 Sponsorship by commercial companies, including the pharmaceutical sector, is a common practice and reduces NHS expenditure. 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.
- 11.3 As such, those arranging such sponsorship must comply with the guidance contained in Health Service Guidance HSG (93) 5 “Standards of Business Conduct for NHS Staff”, and the “Commercial Sponsorship – Ethical Standards for the NHS”, both published by the Department of Health.
- 11.4 All such offers (whether accepted or declined) must be declared so that they can be included on the CCG’s register of interests or register of gifts and hospitality as appropriate. The Governance Team, the Chief Finance Officer and in the case of the pharmaceutical industry, the Associate Director for Medicines Optimisation should provide advice on whether or not it would be appropriate to accept any such offers.
- 11.5 Sponsorship of 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 organisation and the NHS. If such offers are reasonably justifiable and otherwise in accordance with this statutory guidance then they may be accepted. Prior approval for acceptance of such sponsorship is essential and further details on procedures are provided in the Sponsorship of Activities and Joint Working with the Pharmaceutical & Medical Device Industry Policy.
- 11.6 It should be made clear to the sponsor that their sponsorship of an event or the availability of publicity material about the company or product will not constitute an endorsement by the group and that this will be made clear to the public and those attending the event.
- 11.7 Sponsorship includes financial support and hospitality for educational meetings, attendance at conferences, and publications etc. To comply with relevant ethical and business standards it is important to note that:
- Sponsorship of events by external bodies will only be approved if a reasonable person would conclude that the event will result in clear benefit to the CCG and the NHS
 - Sponsorship must not compromise commissioning or purchasing decisions

- It must be clear that sponsorship does not imply endorsement of any product or company, and there should be no promotion of products apart from that agreed in writing in advance
- Where meetings are sponsored by external sources, that fact must be disclosed in the papers relating to the meeting and in any published proceedings
- At an organisation'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
- Individuals should declare involvement with arranging sponsored events to their organisation so a clear record can be kept
- 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 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.

11.8 A commercial partnership is one where material or support is supplied by a third party in addition to, and capable of being integrated with, services routinely provided in public sector health care. All commercial partnership and joint ventures arrangements must comply with relevant legislation, regulations, good practice and guidance, including for example:

- Standing Orders
- Standing Financial Instructions
- Relevant professional codes of practice e.g., NMC, GMC etc.

11.9 When working with the pharmaceutical industry then the ABPI's (Association of British Pharmaceutical Industries) code of conduct should be adhered to.

11.10 Examples of acceptable/ non-expectable practice are summarised below:

<p>Attendance at event or conference sponsored / hosted by an external organisation (where no professional accreditation or qualification is gained)</p>	<p>Individuals should seek to clarify and/or have a conversation with the sponsor and record the sponsor's expectation from providing the sponsorship concerning attendance.</p> <p>If there is no known expectations from the sponsor the attendance can be acceptable but must be agreed by line manager in advance and a declaration form completed.</p> <p>If it is subsequently identified that the sponsor's intention is to pay for an individual's attendance on the provision that the attendee will be required to promote a company or product, or undertake any other action that will associate the CCG and/or individual with a company or product, then attendance would not be appropriate and should be immediately declined. This must be reported to line management and recorded on a declaration form.</p>
<p>Offers of individual funding (e.g. personal investment made to the individual , as opposed to open events that are accessible to others) to allow staff member to attend educational courses / obtain professional qualification / accreditation</p>	<p>Not acceptable – and must be declined.</p> <p>This must be recorded on a declaration form.</p>

11.11 Before accepting any sponsorship, individuals are asked to; stop, consider, check with their manager and make a declaration before attending/accepting – and, if in any doubt ask.

12. Sponsored research

12.1 Organisations external to the CCG or NHS may also sponsor 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. There needs to be transparency and any conflicts of interest should be well managed.

12.2 Research is vital in helping the NHS transform services and improve outcomes however there is a 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.

- 12.3 Funding sources for research purposes must be transparent.
- 12.4 Any proposed research must go through the relevant health research authority or other approvals process.
- 12.5 There must be a written protocol and written contract between the individual, the CCG and/or institutes at which the study will take place and the sponsoring organisation which specify the nature of the services to be provided and the payment for those services.
- 12.6 The study must not constitute an inducement to prescribe, supply, administer, recommend, buy or sell any medicine, medical device, equipment or service.
- 12.7 Individuals should declare involvement with sponsored research to the CCG by supplying their name and role, description of the nature of their involvement in the sponsored research, relevant dates and any other relevant information such as actions take to mitigate any conflicts, any benefits the sponsor derives from the sponsorship.
- 12.8 What should be declared:
- The CCG, through the Governance team, will retain written records of sponsorship of research, in line with the above principles and rules.
 - Individuals should declare:
 - Their name and their role with the organisation.
 - Nature of their involvement in the sponsored research.
 - Relevant dates.
 - Other relevant information (e.g. what, if any, benefit the sponsor derives from the sponsorship, action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

13. Sponsored posts

- 13.1 Sponsored posts are positions with an organisation that are funded, in whole or in part by organisations external to the NHS. Safeguards are therefore required to ensure that the deployment of sponsored posts does not cause a conflict in interest between the aims of the sponsor and the aims of the organisation, particularly in relation to procurement and competition.
- 13.2 Individuals who are establishing the external sponsorship of a post should seek formal prior approval from their Executive Director.
- 13.3 Rolling sponsorship of posts should be avoided unless appropriate checkpoints are put in place to review and confirm the appropriateness of arrangement continuing.
- 13.4 Sponsorship of a post should only happen where there is written confirmation that the arrangements will have no effect on purchasing decisions or prescribing and dispensing habits. For the duration of the sponsorship, auditing arrangements should be established to ensure this is the case. Written

agreements should detail the circumstances under which the organisations have the ability to exit sponsorship arrangements if there are conflicts of interest which cannot be managed.

- 13.5 Sponsored posts holders must not promote or favour the sponsor's specific products and information about alternative products and suppliers should be provided.
- 13.6 Sponsors should not have any undue influence over the duties of the post or have any preferential access to services, materials or intellectual property relating to or developed in connection with the sponsored posts.
- 13.7 The CCG will hold written records of sponsorships of posts.
- 13.8 Individuals should declare any other interest arising as a result of their association with the sponsor.
- 13.9 What should be declared:
 - The organisation will retain written records of sponsorship of posts, in line with the above principles and rules via the Human Resources.
 - Staff should declare any other interests arising as a result of their association with the sponsor, in line with the content in the rest of this policy.
 - Human Resources must be notified in the case of any sponsored post.

14. Donations

- 14.1 Acceptance of donations made by suppliers or bodies seeking to do business with an organisation should be treated with caution and not routinely accepted. In exceptional circumstances, a donation from a supplier may be accepted but should always be declared. A clear reason should be recorded as to why it was deemed acceptable alongside the actual or estimated value.
- 14.2 Staff should not actively solicit charitable donations unless this is prescribed or expected as part of their duties for the CCG and should not be used for personal gain.
- 14.3 Staff must obtain permission from their Executive Director if in their professional role they intend to undertake fundraising activities on behalf of a pre-approved charitable campaign.
- 14.4 Donations, when received, should be made to a specific charitable fund (never to an individual) and a receipt should be issued.
- 14.5 Staff wishing to make a donation to a charitable fund in lieu of a professional fee they receive may do so, subject to ensuring that they take personal responsibility for ensuring that any tax liabilities related to such donations are properly discharged and accounted for.
- 14.6 The CCG will need to maintain records in line with their wider obligations under charity law.

15. Political activities

- 15.1 Any political activity should not identify an individual as an employee of Hampshire, Southampton and Isle of Wight Clinical Commissioning Group. Conferences or functions run by a party-political organisation should not be attended in an official capacity, except with prior written permission from the Chief Executive Officer.

16. Initiatives, patents and intellectual rights

- 16.1 As a general principle any financial gain resulting from external work where use of the CCG's time or title is involved (for example, speaking at events/conferences, writing articles) and/or which is connected with the CCGs business will be forwarded to the CCG's Chief Finance Officer.
- 16.2 Any patent, designs, trademarks or copyright resulting from the work (for example, research) of an individual in its contract for services/employment with the CCG shall be the intellectual property of the CCG.
- 16.3 Approval from the appropriate line manager should be sought prior to entering into any obligation to undertake external work connected with the business of the CCG.
- 16.4 Where the undertaking of external work gaining patent or copyright or the involvement in innovative work benefits or enhances the CCG's reputation or results in financial gain for the CCG, consideration will be given to rewarding employees subject to any relevant guidance for the management of Intellectual Property in the NHS issued by the Department of Health and Social Care
- 16.5 Where the holding of patents and other intellectual property rights give rise to a conflict of interest then actions should be agreed to mitigate any risks. Individuals will need to declare their name and role, descriptions of the patent or other intellectual property rights and its ownership, relevant dates and any actions taken to mitigate a conflict of interest.
- 16.6 A register will be kept by the Governance Team of all patents/intellectual property.

17. Confidentiality and privileged information

- 17.1 An individual must not use confidential information acquired in the pursuit of their role within the CCG to benefit them or another connected person, and information concerning the CCG which is not in the public domain must not at any time be divulged to any unauthorised person. Similarly, patient data or personal data concerning staff must not be divulged, in line with Data Protection Legislation. This duty of confidence remains after termination of employment and applies to all individuals working within the CCG.

- 17.2 Care should be taken that confidentiality is not breached inadvertently by, for instance discussing confidential matters in public places, such as whilst travelling by train, or by leaving portable IT equipment containing confidential information where it might easily be stolen, such as on full view in a parked car. Data should only be distributed using mechanisms with an appropriate level of security.
- 17.3 Individuals must maintain confidentiality of information at all times, both commercial data and personal data, as defined by UK General Data Protection Regulations (GDPR) and the Data Protection Act 2018.
- 17.4 Members of the CCG, staff and the CCG Governing Body should take care not to provide any third party with a possible advantage by sharing privileged, personal or commercial information, or by providing information that may be commercially useful in advance of that information being made available publicly (such as informing a potential supplier of an upcoming procurement in advance of other potential bidders), or any other information that is not otherwise available and in the public domain. For particularly sensitive procurement/contracts individuals may be asked to sign a non-disclosure agreement.

18. Personal conduct

- 18.1 All individuals have a personal responsibility for their own behaviour and for ensuring they do not act in a way that damages the reputation of the CCG, or breaches legislation such as the UK GDPR, Data Protection Act 2018, Hate Crime legislation, Protection from Harassment Act 1997 or the Equality Act 2010.
- 18.2 Staff are also expected to conduct themselves in line with the agreed CCG values and associated behaviour.
- 18.3 Staff should be aware that the term “at work” includes any place where the occasion can be identified with either the requirements of the employer, or with social events linked to the same employment. It includes any place where NHS care is delivered.
- 18.4 Additionally staff should conduct themselves in line with the requirements below when attending training courses, external meetings, conferences and exhibitions, or anywhere where they are representing the CCG.
- 18.5 CCG employees found to be in breach of these requirements may be subject to disciplinary action.
- 18.6 Individuals should ensure they:
- Promote an inclusive environment by treating everyone with dignity and respect
 - Do not bring the organisation into disrepute by posting defamatory, incorrect or confidential information on internal or external message boards, web sites or social media sites
 - Do not discriminate against others on the grounds of age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation

- Respect and respond politely and courteously to requests for information from colleagues, patients, service users, carers and others
- Appropriately challenge and/or report behaviour that may be considered to be offensive when directed against themselves or others
- Refrain from posting negative comments, malicious rumours or gossip about individuals or the organisation on bulletin boards, websites, social media or emails.

18.7 Managers have additional responsibilities because of their duty of care to employees to:

- Set a positive example by treating others with respect and setting standards of acceptable behaviour
- Promote an inclusive working environment where unlawful discrimination is unacceptable and not tolerated
- Tackle and address any incidents of unlawful discrimination.

Alcohol, drugs and smoking

18.8 Staff are not permitted to consume alcohol or take drugs during working hours, during periods on call or on CCG business outside normal working hours. This includes smoking on CCG premises and at external venues. If staff are representing the CCG at social events, these guidelines should be adhered to and staff should be mindful of the stated standards of acceptable behaviour. It must be noted that any action outside of work which may bring the organisation into disrepute may result in disciplinary action.

Lending or borrowing of money

18.9 The lending or borrowing of money between staff should be avoided, whether informally or as a business, particularly where the amounts are significant.

18.10 It is a particularly serious breach of discipline for any member of staff to use their position to place pressure on someone in a lower pay band, a business contact, or a member of the public to loan them money.

Gambling

18.11 No member of staff may bet or gamble when on duty or on CCG premises, with the exception of small lottery syndicates or sweepstakes related to national events such as the World Cup or Grand National among immediate colleagues. Any employee who requires assistance in respect of gambling can reach out to the CCGs Mental Health First Aiders and/or HR who will provide support where possible.

Trading on official premises

18.12 Trading on official premises is prohibited, whether for personal gain or on behalf of others. Canvassing within the office by, or on behalf of, outside bodies or firms (including non- Hampshire, Southampton and Isle of Wight interests of staff or their relatives) is also prohibited. Trading does not include small tea or refreshment arrangements solely for staff.

Collection of money

- 18.13 Charitable collections must be authorised by the Chief Finance Officer with a view to any potential conflict of interest for the organisation.
- 18.14 With line management agreement, collections may be made among immediate colleagues and friends to support small fundraising initiatives, such as raffle tickets and sponsored events. Permission is not required for informal collections amongst immediate colleagues on a special occasion, for example retirement, marriage or Civil Partnership or a new job.

Bankrupt or insolvent staff

- 18.15 Any member of staff who becomes bankrupt or insolvent must inform their line management and HR as soon as possible. Staff who are bankrupt or insolvent cannot be employed in posts that involve duties which might permit the misappropriation of public funds or involve the handling of money.

Arrest or conviction

- 18.16 All employees are required to inform their line manager immediately of any police investigations or criminal proceedings of any kind with which they are subject to (including if they are detained, arrested, cautioned, charged, receive notice of prosecution or are charged with any offence, including a driving offence).
- 18.17 Any employees found to be disregarding these conduct requirements may be subject to disciplinary action in line with the CCG HR policies.
- 18.18 Failure to disclose a conviction can also constitute a further criminal offence contrary to the Fraud Act 2006. Therefore, any allegation and/or report of such matters may be referred to the Local Counter Fraud Specialist for further investigation in line with the CCG Counter Fraud, Bribery and Corruption Policy.

19. Joint working

- 19.1 Individuals must ensure that joint working arrangements are clear and transparent. Joint working is where, for the benefit of patients, organisations pool skills / resources and experience to enable successful delivery of a project or work area, this may also include joint committees. Appropriate governance arrangements must be put in place that ensure that conflicts of interest are identified and managed appropriately, in accordance with statutory guidance, without compromising the CCG's ability to make robust commissioning decisions. The CCG currently works in collaboration with the Commissioning Support Unit, Local Authorities and other third party partners.

20. Roles and responsibilities

All CCG staff, contractors, officers and office holders

- 20.1 It is the responsibility of all CCG staff, officers, office holders and CCG Governing Body and committee members to:
- Familiarise themselves and comply with this policy
 - Ensure as line managers that staff are aware of the policy and processes to be followed for declaring interests. Line managers must consider any

declarations of interest made by their staff and put in place mitigating arrangements in accordance with the policy. Where this is not clear, they should consult the Governance Team

- On appointment individuals should declare any relevant interests or where there are no interests they should complete a “nil return” as applicable
- Individuals will be asked to update their interests on an annual basis to ensure that the Register of Interests remains accurate and up-to-date
- At each CCG Governing Body meeting or relevant CCG meeting members are asked to advise the Chair of any changes to the Conflicts of Interest Register
- Ensure that they do not place themselves in a position where private interests and NHS duties might conflict
- Avoid undertaking duties, remunerated or otherwise, outside of their employment with the CCG if there is any actual or potential conflict with, or prejudice of, the standards set out in this document
- Take account of the CCG’s policies with regards to partnership working, gifts and hospitality and whistleblowing procedures.

20.2 Individuals should be aware that a breach of this policy could render them liable to prosecution as well as leading to the termination of their employment or position within the CCG.

20.3 Individuals who fail to disclose relevant interests, outside employment or receipts of gifts or hospitality as required by this policy or the CCG’s standing orders and financial policies may be subject to disciplinary action which could ultimately result in the termination of their employment or position within the CCG.

20.4 All staff will be required to complete mandatory online conflicts of interest training.

Chair

20.5 The Chair of the CCG has ultimate accountability for the strategic and operational management of the organisation, including ensuring all policies are adhered to. The Chair has particular responsibility to ensure that the Governing Body and the wider CCG behaves with the utmost transparency and responsiveness at all times and in line with national guidance and professional codes of conduct.

Chief Executive

20.6 The Chief Executive has overall responsibility for the CCG's arrangements in respect of conflicts of interests.

20.7 The Chief Executive is supported with this responsibility by the Governance Team.

Governance Team

20.8 The Governance Team hold delegated responsibility for maintaining the day-to-day management of conflict of interest matters and queries. Their role includes:

- Providing advice to individuals who identify actual or potential conflicts of interests
- To oversee the arrangements for the management of conflicts of interest and advise the CCG Governing Body as required
- Advising the Chief Executive, the Conflicts of Interests Guardian (see below) and the Governing Body on their responsibilities and on the CCG's arrangements
- The development and maintenance of the CCG's arrangements in respect of conflicts of interests, including this policy
- Review this policy annually, or in light of changes in legislation / guidance published in relation to conflicts of interest and make recommendations to the CCG Governing Body for any required changes
- Ensure that the Register of Interests, Register of Gifts and Hospitality and Register of Procurement decisions are published, reviewed regularly, and updated as necessary and in line with the NHS England Improvement and Assessment Framework requirements
- Ensure that for every interest declared, arrangements are in place to manage the conflicts of interests or potential conflict of interest, to ensure the integrity of the CCG's decisions making process
- Ensure the declarations of interest are published on the CCG website and made available on request
- Maintaining the CCG's register of interests (and other relevant registers)
- Leading the annual internal audit of arrangements in respect of conflicts of interests
- Leading the development and implementation of training and other arrangements to ensure that individuals understand this policy and other relevant requirements
- Supporting the Chief Executive to respond to any contact from NHS England or other stakeholders in respect of conflicts of interests; and
- Brief the Conflict of Interest Guardian on developments in respect of conflicts of interests.

Chair of the Audit and Risk Committee/Conflicts of Interest Guardian

20.9 The Chair of the Audit and Risk Committee has a lead role in ensuring that the CCG Governing Body and the wider CCG behaves with the utmost probity at all times. The Chair of Audit and Risk Committee oversees key elements of governance including the appropriate management of conflicts of interest.

20.10 The Chair of the Audit and Risk Committee will act as the Conflicts of Interest Guardian. The Conflicts of Interest Guardian provides additional scrutiny in respect of arrangements for managing conflicts of interests and should, in collaboration with the Governance Team:

- Act as a conduit for 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.

Primary Care Commissioning Committee Chair / Vice Chair

- 20.11 This should not be the Conflicts of Interest Guardian / Audit and Risk Committee Chair to ensure they are not compromised. However should circumstances permit where there is a lack of another suitable Non-Executive Director, this then needs 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.

Executive Team

- 20.12 The Executive Team have an ongoing 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

Non-Executive Directors / Advisors

- 20.13 Non-Executive Directors / Advisors play a critical role in the CCG, providing scrutiny, challenge and an independent voice in support of robust and transparent decision-making, including the identification and management of conflicts of interests. Non-Executive Directors chair the Audit and Risk Committee, Primary Care Commissioning Committee and Remuneration Committee.

Commissioning Leads and Procurement Leads

- 20.14 Commissioning leads and procurement leads and any staff leading on any relevant procurement within the CCG must ensure that bidders, contractors and direct service providers adhere to this policy, and that the service re-design and procurement processes used by the CCG reflect the procedures set out in this policy.

General Practitioners (GPs)

- 20.15 The CCG will ensure that any GPs with a responsibility for or involvement in commissioning of services must:
- Satisfy themselves that all decisions made are open, fair and transparent and comply with legislation
 - Keep up to date and follow the guidance and codes of practice that govern the commissioning of services
 - Formally declare at the beginning of each meeting, any interest that they, or someone close to them, including their business partner, or their employer has in a provider company
 - Take steps to manage any conflict between their duties as a GP and their commissioning responsibilities, for example by excluding themselves from the decision-making process and any subsequent monitoring arrangements.

Fraud and Security Management

- 20.16 The Fraud and Security Management Service is hosted by the CCG and

appoints a Local Counter Fraud Specialist and Security Management Specialist to manage fraud, bribery and/or corruption and security related concerns and risk. The work of the service and nominated individuals includes:

- Designing and managing an annual Work Plan that aligns to the Cabinet Office Functional Standard; counter fraud (GovS013) and the NHS Requirements as published by the NHS Counter Fraud Authority (Requirement 12 covers standards of business conduct and conflicts of interest)
- Undertaking and managing criminal investigations in respect of any concerns raised within the CCG.

21. Internal audit

- 21.1 The CCG will commission an annual internal audit of its arrangements in respect of conflicts of interests. This will include an assessment of compliance with NHS England's guidance and with this policy (to the extent that it departs from that guidance), plus any other matters which NHS England requires the CCG to include within the scope of each audit.
- 21.2 A report of each annual audit will be presented to the Audit and Risk Committee, which, following review, will report to the Governing Body. The outcomes from each annual audit will also be included in the CCG's annual governance statement.

22. Raising concerns, failure to disclose and management of breaches

- 22.1 There will be situations when interests will not be identified, declared or managed appropriately and effectively. This may happen innocently, accidentally, or because of the deliberate actions of individuals or organisations. For the purposes of this policy, these situations are referred to as 'breaches'.
- 22.2 This policy has been prepared to help individuals approach their decision making properly where there is a conflict of interest. Individuals are expected to use this policy to fulfil their duty to act only in the best interests of the CCG and to be able to provide a convincing justification for their decisions in the event of challenge. The CCG takes seriously the failure to disclose such information as required by this policy.
- 22.3 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 conflicts of interest management, and to report these concerns. Individuals should not ignore suspicions or investigate themselves, but rather speak to the designated CCG point of contact for these matters.
- 22.4 Concerns around suspected or known breaches of this policy should be raised in the first instance with either the Governance Team or the Chief Finance Officer (unless implicated). If individuals prefer to speak to someone else in strict

confidence, they can also contact the Conflicts of Interest Guardian. All such notifications will be held in the strictest confidence and in accordance with the CCG's other policies (including the Freedom to Speak Up Policy).

- 22.5 The Counter Fraud, Bribery and Corruption Policy may be consulted and an appropriate referral made to the Local Counter Fraud Specialist where applicable. The Fraud and Security Management Service may also be consulted directly. The person notifying the Conflicts of Interest Guardian can expect a full explanation of any decisions taken as a result of any investigation.
- 22.6 Please see [Appendix 11](#) and [12](#) for the procedure on reporting Conflicts of Interest Breaches.
- 22.7 If conflicts of interest are not effectively managed there is the potential for corporate offences to be applied contrary to the Bribery Act 2010 which could lead to unlimited fines and criminal prosecution against directors. The CCG could further face civil challenges to decisions they make. For instance, if breaches occur during a 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. Breaches also damage public trust and confidence in the NHS generally.
- 22.8 In extreme cases, staff and other individuals could face personal civil liability, a claim for misfeasance in public office or fitness to practice proceedings by their professional regulator. Failure to manage conflicts of interest could also lead to criminal proceedings including for offences such as fraud, bribery and corruption.
- 22.9 It is an offence under the Fraud Act 2006 for individuals to 1) abuse their position; and/or 2) fail to disclose information to the CCG and/or 3) make a false representation in order to make a gain for themselves or another, or to cause a loss or expose the organisation to a loss. Therefore, if an individual becomes aware that someone has failed to disclose relevant and material information, or made a false representation, they should raise the concern in the first instance with the Local Counter Fraud Service who will then liaise with the Governance Team, Chief Finance Officer, and the Conflicts of Interest Guardian – all such notifications will be dealt with in the strictest confidence in accordance with the other CCG's policies (including the Freedom to Speak Up Policy).
- 22.10 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 will be 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.
- 22.11 All breaches will be anonymised, recorded and published on the CCGs website along with any outcomes/actions for the purpose of learning and development once investigations have been completed. NHS England will be notified of any breaches, as appropriate, as soon as possible, including as part of the quarterly returns for the Improvement and Assessment Framework.

23. Equality Act 2010 – Equality Analysis

- 23.1 An equality impact assessment has been undertaken and is attached for this policy. No gaps or challenges have been identified in relation to the Equality, Diversity and Mental Capacity Act. Please see [Appendix 14](#) for the full Equality Impact Assessment undertaken for this policy.
- 23.2 This policy has been assessed as having a low impact on groups protected under the Equality Act 2010. As the policy describes requirements for managing actual and potential conflicts of interest to ensure they do not affect, or appear to affect, the integrity of the CCG's decision-making processes, the policy aims to have a positive impact.
- 23.3 The CCG will ensure that all persons that are suspected / or are found to be in breach of this policy will be treated fairly and without discrimination. All allegations will be investigated without different treatment stemming from personal characteristics or attributes, including the protected characteristics defined in the Equality Act 2010.
- 23.4 We recognise that sometimes accusations can be vexatious or motivated by discrimination on the grounds of a protected characteristic. We will ensure that all cases are investigated fairly and any action stopped where this is the case. Employees making such accusations may be subject to action under the CCG Disciplinary Policy.

24. Training considerations

- 24.1 To raise awareness of statutory guidance, NHS England has published a series of summary guides for the following groups:
- GPs in commissioning roles
 - Conflicts of Interest Guardians
 - CCG Governance leads
 - CCG Lay Members
 - CCG administration teams
 - Healthwatch representatives on Primary Care Commissioning Committees.
- 24.2 Individuals are made aware of this policy and guidance through the following:
- All new staff are informed of the policy and are required to complete a Declarations of Interest template as part of their induction
 - There is a standing item on agendas for the Governing Body and its sub committees on the need to declare potential conflicts of interest
 - There is annual signposting of the policy, with individuals required to update their declarations of interest, or make a nil return where there are no interest or changes to declare.
- 24.3 There is a requirement for all staff, including practice staff with involvement in CCG business to complete mandatory annual conflicts of interest training (NHS

England online training package), which will need to be completed by 31 January of each year.

25. Dissemination / publication

- 25.1 All new and updated policies are promoted to staff through the staff internal newsletter and published on the CCG website or intranet as appropriate.

26. Monitoring

- 26.1 To ensure compliance with this policy there will be an annual review of the CCGs registers of interests and of the committees including the Governing Body by the Governance Managers.
- 26.2 Audit and Risk Committee will also seek assurance that robust processes have been followed in deciding to commission a service, in selecting a procurement route and addressing potential conflicts of interest.
- 26.3 Should there be non-compliance of this policy, the Audit and Risk Committee will conduct an incident review and lessons learned.
- 26.4 Relevant governance training to be attended to assist with compliance of this policy.
- 26.5 An annual audit of conflicts of interest management will be undertaken and findings reported in the annual end of year governance statement.

27. Review and revision

- 27.1 This policy will be reviewed on an annual basis by the Governance Team to ensure continued validity and relevance.

28. Stakeholder / consultation information

- 28.1 This policy has been developed in consultation with members of the Governance Team, Local Counter Fraud Specialist, Policy Sub Group and Audit and Risk Committee and is based on examples of good practice as outlined in [Section 29](#).
- 28.2 It incorporates feedback / recommendations from internal audits of predecessor CCGs.

29. References and links relating to this policy

- 29.1 This policy should be read in conjunction with the CCGs Constitution, standing orders, reservation and scheme of delegation and financial policies.
- 29.2 This policy is an interpretation of guidance and is based on examples of good practice including:

- The [National Health Service Act 2006](#) & the [Health and Social Care Act 2008](#)
- The [Nolan Principles on Conduct in Public Life](#)
- Guidance published by the Department of Health and Social Care or NHS England.
- [Standards of Business Conduct Policy \(NHS staff\)](#)
- [Best Practice Guidance for Joint Working Between the NHS and Pharmaceutical Industry and Other Relevant Organisations](#)
- [Managing Conflicts of Interest: Revised Statutory Guidance – NHS England](#)
- [The Bribery Act 2010](#)
- [The Fraud Act 2006](#)
- [The Ministry of Justice Guidance for Bribery](#)
- [NHS Counter Fraud Authority - NHS Requirements](#)
- CCG [Counter Fraud, Bribery and Corruption Policy](#)
- CCG [Disciplinary Policy](#)
- CCG [Sponsorship of Activities and Joint Working with the Pharmaceutical & Medical Device Industry Policy](#)
- CCG [Freedom to Speak up Policy](#)

Declaration of interests for CCG members and employees

Name:				
NHS Email address:				
Position within, or relationship with, the CCG (or NHS England in the event of joint committees):				
Grade 8D+		Yes/No		
Detail of interests held (complete all that are applicable):				
Type of Interest* <small>*See reverse of form for details</small>	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)

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.

Any Conflicts of Interest must be discussed with your line manager or a senior CCG manager. Where appropriate, a Conflicts of Interest Management Plan should be completed by the line manager of the individual declaring a potential conflict of interest. This plan will outline the specific measures to be implemented to minimize any perceived or real conflict arising from the declared interest.

I have discussed the implications of my declarations with my manager

Signed:

Date:

I **do/do not give** my consent for this information to be published on registers that the CCG holds. If consent is NOT given please give reasons on the next page.

I have discussed the implications of the declarations of interest for my staff member.

Manager Sign Off:

Position:

Date:

For Local Authority staff, you will need to comply with both organisations policies regarding Conflicts of Interest and contracting rules

Please return this form to the Governance Team either by email: hsiccg.hiowccggovernance.coi@nhs.net or by post: Governance Team, Hampshire and Isle of Wight CCG Partnership (NHS), Castle Avenue, Ground Floor, The Castle, Winchester SO23 8UJ.

Reasons why I withhold consent for my details to be published:

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

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 hardcopy 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 held in hardcopy for inspection by the public and published on the CCG's website and must inform the third party that the CCG's privacy policy is available on the CCG's website. If you are not sure whether you are a 'decision making' member of staff, please speak to your line manager before completing this form.

Types of interest:

Type of Interest	Description
1. Financial Interests	<p>This is where an individual may get direct financial benefits from the consequences of a commissioning decision. This could, for example, include being:</p> <ul style="list-style-type: none"> • A director, including a non-executive director, or senior employee in a private company or public limited company or other organisation which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations; • A shareholder (or similar owner interests), a partner or owner of a private or not-for-profit company, business, partnership or consultancy which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations. • A management consultant for a provider; • In secondary employment; • In receipt of secondary income from a provider; • In receipt of a grant from a provider; • 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).
2. 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.
3. 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.
4. 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.

Conflicts of Interest – Management Plan Hampshire, Southampton and Isle of Wight Clinical Commissioning Group

Definition

A conflict of interest occurs where an individual's ability to exercise judgement, or act in a role, is or could be impaired or otherwise influenced by his or her involvement in another role or relationship. The individual does not need to exploit his or her position or obtain an actual benefit, financial or otherwise, for a conflict of interest to occur e.g.

- **Financial interest** – direct financial benefit e.g. shareholder of organisation in receipt of funding, in receipt of secondary income, sponsored research etc.
- **Non-financial professional interest** – e.g. increasing professional reputation or status or promoting career
- **Non-financial personal interest** – e.g. member of voluntary sector organisation or lobbying/pressure group
- **Indirect interest** – close association with another individual who has an interest e.g. close family, friends

A perception of wrong-doing, 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.

Some disclosed conflicts will require a Management Plan to be put in place. This should be developed between the Line Manager and the Discloser. Once it has been agreed, the Conflict Management Plan will need to be passed to the Governance Team.

Background

Use this space to tell us about the circumstances that have given rise to the conflict:

Who is potentially conflicted?

Please provide details of potentially conflicted parties in the section:

Why?

Please use this space to explain why and how the conflict may occur:

What steps have been taken to date to manage this potential conflict?

What further mitigation could be taken?

Use this section to consider possible mitigations of the declared conflict, - remember, transparency of decision making is key. Possible mitigations include:

- add to publicly available Register of Interests
- exclude conflicted parties from a specific decision making situation
- ensure decisions are in line with operational/commissioning strategies
- decisions are based on local health needs
- be proactive – early engagement with patients, public, clinicians and other stakeholders, including local Healthwatch and Health and Wellbeing Boards
- early engagement with both incumbent and potential new providers over potential changes to the services commissioned for a local population
- seek advice e.g. clinical senates, networks, commissioning support
- invite Health and Wellbeing Board or another CCG to review the proposal

The general safeguards will vary to some extent depending on at what stage in the commissioning cycle the decisions are being made.

Consider the 'Six Rs':

- **Register** – Where details of the existence of a possible or potential conflict of interest are formally registered.
- **Restrict** – Where restrictions are placed on the discloser's/Governing Body member's involvement in the matter.
- **Recruit** – Where a disinterested third party is used to oversee part or all of the process that deals with the matter.
- **Remove** – Where a discloser/Governing Body member chooses to be removed from the matter.
- **Relinquish** – Where the discloser/Governing Body member relinquishes the private interest that is creating the conflict.
- **Resign** – Where the discloser/Governing Body member resigns from their position with the organisation.

Steps taken to date:

Risk Score before and after mitigation

Consequence (impact)	Likelihood				
	Rare 1	Unlikely 2	Possible 3	Likely 4	Almost certain 5
Negligible 1	1	2	3	4	5
Minor 2	2	4	6	8	10
Moderate 3	3	6	9	12	15
Major 4	4	8	12	16	20
Catastrophic 5	5	10	15	20	25

Further mitigation proposed:

Low risk	Normal risks which can be managed by routine procedures	The CCG accepts low risks that are likely to result in identified impact
Moderate risk	Responsibility for assessment and action planning allocated to a named individual	The CCG is willing to accept moderate risks that may result in identified impact
Significant risk	Urgent senior management attention with action plan	The CCG is willing to accept some significant risks in certain circumstances
High risk	Immediate action required by a Director	The CCG is not willing to accept any high risk under any circumstances

Risk Score

	Likelihood	Consequence	Risk Rating
Risk before mitigation			
Risk after mitigation			

Conflict Management Plan Review date: _____

(The review should take place no later than 12 months from the date of this plan, and sooner should circumstances change)

Agreement

	Signed	Date
Discloser		
Reviewer		
Governance Team		

Appropriate Actions

This section provides an indication of the actions that should be taken where a conflict is identified.

However, each situation is different, and where there is any uncertainty, guidance should be sought from the Governance Team.

MANAGEMENT OF CONFLICTS OF INTEREST				
Example item	Interest declared			
	Financial	Non-financial professional	Non-financial personal	Indirect
Needs assessment	Fully participate	Fully participate	Fully participate	Fully participate
Review health outcomes	Fully participate	Fully participate	Fully participate	Fully participate
Design services	Discuss and vote	Discuss and vote	Discuss and vote	Discuss and vote
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
Performance management	Remain but cannot speak or vote (unless interest is deemed not prejudicial)	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
Review prioritised business cases	Leave the room	Remain but cannot speak or vote	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)	Remain but cannot speak or vote (unless interest is deemed not prejudicial)

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	<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. 	Meeting Chair and secretariat
of the meeting		
		Meeting Chair and secretariat
		Meeting members
		Meeting Chair
	<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. 	Meeting Chair

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

Example for recording minutes

Declarations of interest

SK reminded committee members of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of the clinical commissioning group.

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 Governance Team or the CCG website.

Declarations of interest from sub committees.

None declared

Declarations of interest from today's meeting

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.

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

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

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?	

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?	

To the best of my knowledge and belief, the above information is complete and correct.

I undertake to update as necessary the information. I am aware that if I do not make full, accurate and timely disclosure then civil or criminal action may result.

Signed:

On behalf of:

Date:

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' judgements, decisions or actions		

To the best of my knowledge and belief, the above information is complete and correct.

I undertake to update as necessary the information. I am aware that if I do not make full, accurate and timely declarations then civil or criminal action may result.

Signed:

On behalf of:

Date:

Conflicts of Interest and Confidentiality Undertaking
Provision of xxxx Hampshire, Southampton, and Isle of Wight CCG
(the 'Contracting Authority/s')

The project involves a procurement process managed by The Contracting Authority/s and it is a legal requirement that all NHS commissioners/stakeholders ensure that the procurement process is reasonable, open, and transparent and that all bidders are treated fairly. In order to ensure a fair and transparent procurement process, all stakeholders' actual or potential conflicts of interest ('CoI') must be identified and resolved to the satisfaction of the Co-ordinating/Lead Commissioner as well as any local policy/governance arrangements. Please refer to NHS England Guidance on Conflicts of Interests:

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

As part of this process and before you participate in the project, you are required to confirm that you have no actual or potential conflicts of interest or to declare these.

DECLARATION

Name:					
Position within CCG/Job Title (or relationship with the CCG):					
Role within the procurement process (e.g. clinical, GP, commissioner, project manager, contracts manager, HR etc)					
Detail of interests held (complete all that are applicable):					
Type of Interest (See page 4 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		What action do you feel could be taken to mitigate the CoI? (to be agreed with line manager or a senior CCG representative and advised to the project board, as per the CCG's CoI and Governance procedures or as per specific and agreed governance arrangements for this requirement)	
Financial Interests					
Non-Financial Professional Interests					
Non-Financial Personal Interests					
Indirect Interests					

The information submitted will be held by the CCG to comply with the organisation's policies or such other specific governance arrangements that are agreed for this project, ensuring compliance at all times with the minimum requirements defined in NHS England's Managing Conflicts of Interest: Revised Statutory Guidance for CCGs 2017 and in accordance with the CCGs obligations of self-certification under the Improvement and Assessment Framework (conflict of interest indicator). This information may be held in both manual and electronic form in accordance with all relevant Data Protection Legislation. 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.

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 hardcopy 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 hardcopy for inspection by the public and published on the CCG's website and must inform the third party that the CCG's privacy policy is available on the CCG's website. If you are not sure whether you are a 'decision making' member of staff, please speak to your line manager before completing this form.

For further information please contact your nominated CCG Governance lead.

I confirm that the information provided 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.

COI MANAGEMENT FOR PROCUREMENT PROCESS

The project board will record and manage any and all disclosures made to the nominated lead/host contracting Authority for this procurement process. Any disclosure by you will be assessed on a case-by-case basis. Individuals will only be excluded from involvement where the identified conflict is in the project *board's* opinion material and cannot be mitigated or be reasonably dealt with. A register will be kept by the host/lead CCG of all conflicts of interest arising throughout the duration of the project and this will be regularly reviewed by the project *board*. Where necessary this will be escalated through the Contracting Authority/s procedures (via the Board or designated Committee for review and/or decisions as per CCG process/specific governance arrangements for this requirement).

Where members remain part of the project having declared an interest this will be managed appropriately and explicitly.

Bribery Act 2010 and Fraud Act 2006

Soliciting, offering or accepting a bribe will be held to be an offence under the Bribery Act 2010. In addition, the Act introduced a new corporate offence – resulting in a wider spectrum of potential defendants, meaning company's, as well as individuals, may find themselves in breach of the Act. Thus, it is important that we are all aware and remain compliant with the Act, maintaining a robust corporate and employee code of practice. Any suspected instances of bribery will be taken seriously and dealt with thoroughly by the employers Contracting Authority and appropriate action will be taken where necessary.

In compliance with the Bribery Act 2010, all stakeholders are required to familiarise themselves with the Contracting Authority/s Anti-Bribery Policy which provides clear guidance on the ethical behaviour expected of all persons who are involved or undertaking business on behalf of the organisation.

In compliance with the Bribery Act 2010 and the Fraud Act 2006 you will ensure that you act in a professional manner by not accepting any hospitality or gift that may be seen as a conflict of interest. Please contact your nominated Governance lead/team for more information.

Further guidance can be found on the NHS England web site via the following link:

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

Potential/Registered Bidders

I acknowledge that the following are potential bidders have registered their interest in the procurement process [delete if not applicable i.e. at service design stage/pre-procurement]:		
Organisation	Company Registration	Address

(Continues on next page)

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 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 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. • Having any other close relationship (current or historical) with any potential bidder/healthcare provider, including previous employment.
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 (this can be referred to as a conflict of familiarity):</p> <ul style="list-style-type: none"> • Spouse / partner; • Close relative e.g., parent, grandparent, child, grandchild or sibling; • Close friend; • Business partner.

Type of Interest	Description
	<ul style="list-style-type: none"> • Contracts manager <p>Important Note: An indirect interest may be when an individual has had a relationship with a bidder during a previous working arrangement and may be too sympathetic or contentious towards the bidder.</p>

(Continues on the next page)

Conflicts of Interest and Confidentiality Undertaking
Provision of xxxx Hampshire, Southampton, and Isle of Wight CCG
(the 'Contracting Authority/s')

The purpose of this declaration is to confirm the terms pursuant to which the Contracting Authority/s will release any information to you related to the commissioning decisions, any documents relating to the above project or any other information related to the Contracting Authority/s activities. This confidentiality undertaking must be signed by you and be returned to the lead/host Contracting Authority governance/project lead to: xxx, cc to xxx and xxx (deadline date for completion to be agreed by the project board) . Assuming the confidentiality undertaking is signed and returned by the agreed date, the Contracting Authority/s will be in a position to release any information/documents.

In consideration of the release by the Contracting Authority of the Confidential Information as set out below, you undertake and agree with the following:

1. This undertaking is binding upon you.
2. This undertaking extends to all information of whatsoever nature in whatsoever form relating to the above project, obtained from any source, including without limitation: The Tender documentation; information received from the Contracting Authority or its appointed advisors; information obtained as a result of being allowed in or onto any premises associated with the delivery of the project ("Confidential Information"). It does not extend to information which, at the time it is obtained, is in the public domain (through no breach of this Confidentiality Undertaking);
3. You shall treat all Confidential Information strictly as such and shall take all steps necessary to prevent it from being disclosed to the public or any third party or coming, by any means, into the possession of any third party (except where disclosure is required or permitted by law, or by court order);
4. Representative(s) means:
 - a) officers and employees that need to know the Confidential Information for the Purpose;
 - b) professional advisers or consultants who are engaged to advise you in connection with the Purpose;
 - c) contractors and sub-contractors engaged by you in connection with the Purpose; and
 - d) any other person to whom the Contracting Authority agrees in writing that Confidential Information may be disclosed in connection with the Purpose.

You shall not disclose Confidential Information to any Representative(s) without first informing the Representative(s) of the confidential nature of the information and ensuring compliance by the Representative(s) with the obligations of this Confidentiality Agreement.

5. You shall use the Confidential Information solely for the purpose of this procurement for the above-named project;
6. You shall not use or disclose or permit the disclosure by any person of any of the Confidential Information for the benefit of any third party;
7. You shall keep all materials containing Confidential Information in a secure place and return them to the Contracting Authority immediately upon the request of the Contracting Authority;
8. No failure or delay by the Contracting Authority in exercising any right or power or privilege available to the Contracting Authority shall be deemed to be a waiver nor shall any single or partial exercise of any such right or power or privilege preclude any further exercise or the exercise of any such rights or power or privilege;
9. Confidentiality shall be kept 6 years from the date of signature of this declaration (or such other period specified by the Contracting Authority and subject to paragraph 3).
10. The agreement formed by the acceptance of this undertaking shall be governed by and constructed in all respects in accordance with English law and each hereby submits to the exclusive jurisdiction of the courts of England and Wales in relation to all matters pertaining to or arising from this Agreement.

Declaration

<p>I do/do not give my consent for this information to be published on registers that the CCG holds. If consent is NOT given please give reasons directly below.</p>		
<p>[If applicable insert reasons for not giving consent]</p>		
<p>Signed (Stakeholder):</p>	<p>Position:</p>	<p>Date:</p>
<p>Name and Signature of Line Manager or CCG Governance Lead* (or advise why not applicable here):</p>	<p>Position:</p>	<p>Date:</p>

Please return to: xxx who will keep a register of all Col Declarations (and cc to, xxx and xxx

***Important Note:** It is the signatory’s responsibility to present this form to their Line Manager for signature and/or provide a copy to the CCGs Governance Lead if required in accordance with local policy/governance arrangements. Where a Line Manager is not present e.g., for General Practitioner’s, it is the signatory’s responsibility to present this form to the CCG’s Governance Lead or as per specific and agreed governance arrangements for this requirement.

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.

I am aware that if I do not make full, accurate and timely declarations then civil and/or criminal action may result.

Signed:

On behalf of:

Date:

Please return to **<insert name/contact details for team or individual in CCG nominated for procurement management and administrative processes>**

Gifts and Hospitality Declaration Form

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 / approving the declaration made and date	Declined or Accepted?	Reason for Accepting or Declining

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

Date:

Signed (senior manager):

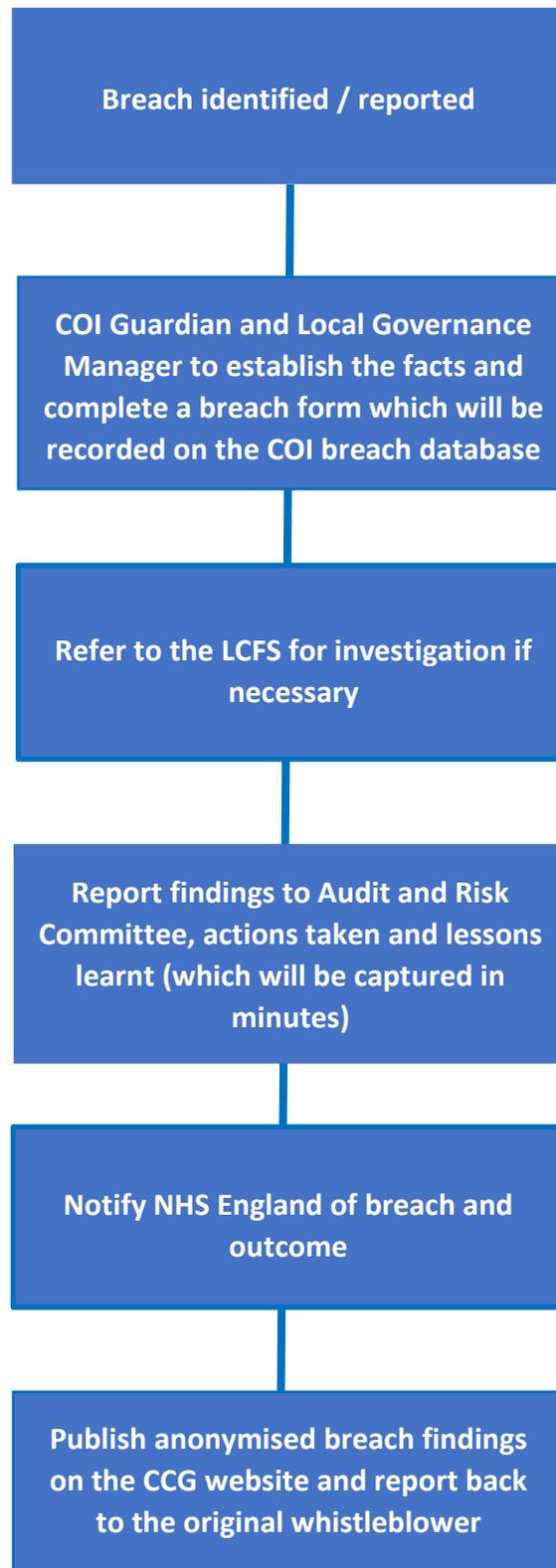
Position:

Date:

Register of Gifts and Hospitality

Ref.	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 / approving the declaration made and date	Declined or Accepted?	Reason for Accepting or Declining

FLOW CHART FOR REPORTING CONFLICTS OF INTEREST BREACHES



PART 2 to be completed by Local Governance Manager / COI Guardian

OUTCOME OF INCIDENT / NEXT STEPS		
Date of discussion:		
<i>Please detail the outcome of the discussion between the COI Guardian / Local Governance Manager including next steps, actions and lessons learnt</i>		
Please circle:		
Confidential spreadsheet updated and unique identifier been provided (if appropriate)	Yes	No
Does an appropriate person need to investigate?	Yes	No
Please provide details on reasons why Yes/No		
Does it need to be scored under the SIRI criteria?	Yes (and if so the outcome)	No
Does it link to any Whistleblowing / HR Policies?	Yes	No
Please provide details on reasons why Yes/No		
Date that the breach report will be taken to Audit and Risk Committee		
Do Communications need to be notified?	Yes	No
Comments		
Please provide date that NHS England were / will be notified		
Please provide date the anonymised details have been / will be published on the CCGs website		
Please provide the date the original whistleblower has / will be informed of the outcome		

Register of Breaches of Conflicts of Interest Policy

Breach Raised Internally or Externally	Date Reported	Nature of Breach	Impact of Breach	Arrangements in place that could have prevented the breach	Lessons Learned as a consequence	Remedial Action Required	Date Reported to CCG's Audit and Risk Committee	Date Reported to NHS England

Equality analysis

Title of policy, project or proposal:
--

Standards of Business Conduct & Managing Conflict of Interest Policy
--

Name of lead manager: Head of Business Services
--

Directorate: Corporate/Governance
--

Q1 What are the intended outcomes of this policy, project or proposal?

The aim of this policy is to protect both the group and the individuals involved from any appearance of impropriety.
--

Q2 Who will be affected by the policy, project or proposal? <i>Identify whether patients, carers, communities, CCG employees, and/ or NHS staff are affected</i>

This policy applies to:

- The CCGs Member practices including GP partners, their employees, and any individual in their role as representatives of the CCG, or directly involved with the business or decision making of the CCG
- Members of new care models joint provider / commissioner groups / committees
- Committees of member practices of the CCG
- Individuals on the CCG Governing Body and its committees and sub-committees, including:
 - Co-opted members
 - Appointed deputies, and
 - Any members of committees/groups from other organisations
- Full and part-time employees of the CCG (whether their remit is clinical or non-clinical)
- Bank, agency and seconded staff
- Third parties acting on behalf of the CCG (including commissioning support, employees of NHS England and shared services)
- Students and trainees (including apprentices).

Evidence

Age Consider and detail (including the source of any evidence) the impact on people across the age ranges.

The impact of this policy is equal for all individuals regardless of their age. For more information on the impact please refer to the sections 'Positive impacts' and 'Negative impacts'.

Disability Consider and detail (including the source of any evidence) the impact on people with different kinds of disability (this might include attitudinal, physical and social barriers). Certain medical conditions are automatically classed as being a disability – for example, cancer, HIV infection, multiple sclerosis.

The impact of this policy is equal for all individuals regardless of whether they have a disability or not. For more information on the impact please refer to the sections 'Positive impacts' and 'Negative impacts'.

Dementia Given the CCGs commitment to commissioning 'Dementia Friendly' services, consider and detail any impact on people with dementia.

There will be no impact on people depending on whether they suffer from dementia or not. The impact of this policy is equal for all individuals. For more information on the impact please refer to the sections 'Positive impacts' and 'Negative impacts'.

Gender reassignment (including transgender) Consider and detail (including the source of any evidence) the impact on transgender people. Issues to consider may include same sex/ mixed sex accommodation, ensuring privacy of personal information, attitude of staff and other patients.

There will be no impact on people depending on gender reassignment. The impact of this policy is equal for all individuals. For more information on the impact please refer to the sections 'Positive impacts' and 'Negative impacts'.

Marriage and civil partnership Note: This protected characteristic is only relevant to the need to eliminate discrimination within employment. Where relevant, consider and detail (including the source of any evidence) the impact on people who are married or in a civil partnership (for example, working arrangements, part-time working, infant caring responsibilities).

There will be no impact on individuals depending on marriage and civil partnership status.

Pregnancy and maternity Consider and detail (including the source of any evidence) the impact on women during pregnancy and for up to 26 weeks after giving birth, including as a result of breastfeeding.

There will be no impact on individuals depending on whether they are pregnant and on maternity. The impact of this policy is equal for all individuals. For more information on the impact please refer to the sections 'Positive impacts' and 'Negative impacts'.

Race Consider and detail (including the source of any evidence) the impact on groups of people defined by their colour, nationality (including citizenship), ethnic or national origins. Given the demography of west Hampshire this will include Roma gypsies, travellers, people from Eastern Europe, Nepalese and other South East Asian communities. Impact may relate to language barriers, different cultural practices and individual's experience of health systems in other countries.

There will be no impact on individuals depending on their race. The impact of this policy is equal for all individuals. For more information on the impact please refer to the sections 'Positive impacts' and 'Negative impacts'.

Religion or belief Consider and detail (including the source of any evidence) the impact on people with different religions, beliefs or no belief. May be particularly relevant when service involves intimate physical examination, belief prohibited medical procedures, dietary requirements and fasting, and practices around birth and death.

There will be no impact on individuals depending on their religion or beliefs. The impact of this policy is equal for all individuals. For more information on the impact please refer to the sections 'Positive impacts' and 'Negative impacts'.

Sex (gender) Consider and detail (including the source of any evidence) the impact on men and women (this may include different patterns of disease for each gender, different access rates).

There will be no impact on individuals depending on their gender. The impact of this policy is equal for all individuals. For more information on the impact please refer to the sections 'Positive impacts' and 'Negative impacts'.

Sexual orientation Consider and detail (including the source of any evidence) the impact on heterosexual people as well as lesbian, gay and bisexual people.

There will be no impact on individuals depending on their sexual orientation. The impact of this policy is equal for all individuals. For more information on the impact please refer to the sections 'Positive impacts' and 'Negative impacts'.

Carers Consider and detail (including the source of any evidence) the impact on people with caring responsibilities. This must include people who care for disabled relatives or friends (as they are protected by discrimination by association law), but you should also consider parent/ guardian(s) of children under 18 years. Carers are more likely to have health problems related to stress and muscular-skeletal issues, they may have to work part-time or certain shift-patterns, or face barriers to accessing services.

The impact of this policy is equal for all individuals regardless of whether they are a carer or not. For more information on the impact please refer to the sections 'Positive impacts' and 'Negative impacts'.

Serving Armed Forces personnel, their families and veterans *The needs of these groups should be considered specifically. The CCG has a responsibility to commission all secondary and community services required by Armed Forces' families where registered with NHS GP Practices, and services for veterans and reservists when not mobilised (this includes bespoke services for veterans, such as mental health services).*

The impact of this policy is equal for all individuals. For more information on the impact please refer to the sections 'Positive impacts' and 'Negative impacts'.

Meeting psychological needs

The CCG is working to improve how services meet the psychological needs of patients. This recognises that an individual's experience of disease or illness, and/or their experience of treatment and time spent in care settings can cause stress and anxiety. This in turn, can impact on treatment and outcomes.

Do you have evidence of additional or unmet psychological need? Identify how the project, policy or decision could better meet the psychological needs of patients and carers. This might include staff training in Mental Health First Aid, signposting patients to sources of mental wellbeing support, provision of peer support or psychological therapy.

The impact of this policy is equal for all individuals. For more information on the impact please refer to the sections 'Positive impacts' and 'Negative impacts'.

Other identified groups *Consider and detail and include the source of any evidence on different socio-economic groups, area inequality, income, resident status (migrants) and other groups experiencing disadvantage and barriers to access. This may therefore relate to poverty, living in rural areas, resident status (migrants and asylum seekers).*

The impact of this policy is equal for all individuals. For more information on the impact please refer to the sections 'Positive impacts' and 'Negative impacts'.

Involvement and consultation

For each engagement activity, briefly outline who was involved, how and when they were engaged, and the key outputs

Q4 How have you involved stakeholders with an interest in protected characteristics in gathering evidence or testing the evidence available?

N/A

Q5 How have you involved stakeholders in testing the policy or programme proposal.

N/A

Q6 For each involvement activity, please state who was involved, how and when they were engaged, and the key outputs.

N/A

Equality statement

Considering the evidence and engagement activity you listed above, please summarise the findings of the impact of your policy, project or proposal. Consider whether the evidence shows potential for differential impact, if so state whether adverse or positive and for which groups.

This policy has been assessed as having a low impact on groups protected under the Equality Act 2010. As the policy describes requirements for managing actual and potential conflicts of interest to ensure they do not affect, or appear to affect, the integrity of the CCG's decision-making processes, the policy aims to have a positive impact.

The CCG will ensure that all persons that are suspected / or are found to be in breach of this policy will be treated fairly and without discrimination. All allegations will be investigated without different treatment stemming from personal characteristics or attributes, including the protected characteristics defined in the Equality Act 2010.

We recognise that sometimes accusations can be vexatious or motivated by discrimination on the grounds of a protected characteristic. We will ensure that all cases are investigated fairly and any action stopped where this is the case. Employees making such accusations may be subject to action under the CCG Disciplinary Policy.

Positive impacts

Where there is evidence, provide a summary of the positive impact the policy, project or proposal will have for each protected characteristic, and any other relevant group or policy consideration. This should include outlining how equal opportunities will be advanced and good relations fostered between different groups.

Adhering to this policy can only result in a positive impact to stakeholders. This is because the aim of the policy is to establish clear procedures in the event of impropriety, which will protect all parties involved.

Negative impacts

*Where there is evidence, provide a summary for each protected characteristic and any other relevant group or policy consideration. If the evidence shows that the policy, project or proposal will or may result in discrimination, harassment or victimisation this **must be** outlined.*

This policy will have no negative impact on any individual depending on their background.

We recognise that sometimes accusations can be vexatious or motivated by discrimination on the grounds of a protected characteristic. We will ensure that all cases are investigated fairly and any action stopped where this is the case. Employees making such accusations may be subject to action under the CCG Disciplinary Policy.

Health inequalities

Please outline any health inequalities highlighted by the evidence (for example, differential access to services or worse health outcomes for particular groups or localities).

There are no health inequalities associated with this policy.

Appendix 15 Conflicts of interest flowchart

