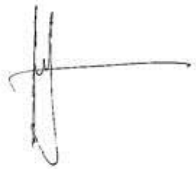
CONFLICTS OF INTEREST POLICY

Version 2.4

Agreed at Cannock Chase CCG

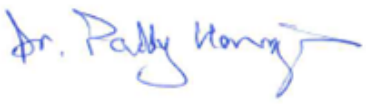
Signature:
Designation: Chair of Cannock Chase CCG
Date: 02 February 2017

Agreed at South East Staffordshire & Seisdon Peninsula CCG



Signature:
Designation: Chair of South East Staffordshire & Seisdon Peninsula CCG
Date: 25 January 2017

Agreed at Stafford and Surrounds CCG



Signature:
Designation: Chair of Stafford & Surrounds CCG
Date: 24 January 2017

Conflicts of Interest Policy

Version number	2.4
Responsible individual	Assistant to Chief Executive
Author(s)	Governance Managers
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Date issued	16 October 2017
Review date	January 2020
Target audience	Governing Body, CCG Membership, All Staff

HISTORY OF CHANGES		
Old version number	**Significant changes**	**New version number**
2.3	Update to the gifts and hospitality section following new guidance from NHSE reported to Audit Committee on 05.10.2017.	2.4
2.2	Update to the form to submit declarations to include Dates from and to	2.3
2.1	To align the policy across Staffordshire and to be in accordance to NHE guidance	2.2
2.0	To amend paragraph 4.5 to read the Governance Managers will seek updates on a quarterly basis, where possible, but not less than six-monthly.	2.1

SUMMARY

- All individuals are to declare any relevant and material interests as soon as it becomes known to them or no later than 28 days
- An interest may be a real or perceived conflict. Interests maybe direct or indirect, financial or non-financial, or personal interest or conflicts of loyalty, explained further in Appendix 2
- Individuals are required to declare their interests in relation to any items on the agenda at the start of each Governing Body or committee meeting. If during the course of a meeting a conflict of interest is established, the member concerned should notify the Chair immediately
- Gifts of low value (up to £6) such as promotional items can now be accepted
- Gifts of under £50 (rather than £10) can be accepted from non-suppliers and non-contractors and do not need to be declared.
- Gifts with a value of over £50 can now be accepted on behalf of an organisation, but not in a personal capacity.
- Hospitality under £25 does not need to be declared, between £25 and £75 can be accepted, but must be declared; over £75 should be refused unless senior approval is given.

CONTENTS

1. INTRODUCTION

1.1 Managing potential conflicts of interest is essential for protecting the integrity of the overall NHS commissioning system and to protect the Clinical Commissioning Groups, NHS England and GP practices from any perceptions of wrongdoing.

2. AIM AND OBJECTIVES

2.1 This policy sets out the approach for NHS Cannock Chase Clinical Commissioning Group (CCCCG), NHS South East Staffordshire and Seisdon Peninsula Clinical Commissioning Group (SESSPCCG) and NHS Stafford and Surrounds Clinical Commissioning Group (SASCCG) (referred to as the CCGs) to identify, manage and record any potential or actual Conflicts of Interest that may arise as part of the commissioning of healthcare for the residents of Cannock Chase, South East Staffordshire and Seisdon Peninsula or Stafford and Surrounds whilst providing services locally.

2.2 CCCCG, SESSPCCG and SASCCG are committed to upholding the principles of openness, transparency, fairness and integrity in its role as a commissioner. This will ensure that high standards of corporate governance and personal conduct are displayed by all staff and demonstrate that the principles of good governance as described in the Nolan principles are adhered to.

2.3 CCCCG, SESSPCCG and SASCCG recognise that a potential conflict of interest between the roles of commissioner and provider is a key risk that requires careful management whether this is an indirect conflict, pecuniary or otherwise. These issues need to be overcome to ensure that the CCGs are able to commission a range of community based services to improve quality and outcomes for patients. The provider of services may be a GP practice. The CCGs will need to demonstrate that these services:-

- Clearly meet local health needs and have been planned appropriately
- Go beyond the scope of the GP contract
- Are appropriately procured in line with legislation

2.4 In accordance with the revised statutory guidance on managing conflicts of interests for CCGs issued by NHSE in June 2016 the CCGs have reviewed and revised their conflict of interest policy and have adopted a joint policy to operate across both CCGs. The CCGs have also adopted the following model templates for:

- Declarations of interests for CCG members and employees
- Register of interests for CCG members and employees
- Declarations of gifts and hospitality
- Register of gifts and hospitality
- Template declarations of interest checklist
- Template for recording any interests during meetings
- Template to record interests during the meeting
- Template for recording minutes
- Procurement checklist
- Template register of procurement decisions and contracts awarded
- Template declaration of conflicts of interests for bidders / contractors

2.5 In addition to complying with the statutory guidance, CCGs also need to adhere to relevant guidance issued by professional bodies on conflicts of interest, including the British Medical Association (BMA)[1], the Royal College of General Practitioners[2]

[1] *BMA guidance on conflicts of interest for GPs in their role as commissioners and providers* http://www.bma.org.uk/support-at-work/commissioning/ensuring-transparency-and-probity

and the General Medical Council (GMC)[3], and to procurement rules including The Public Contract Regulations 2015[4] and the National Health Service (procurement, patient choice and competition) (no.2) regulations 2013[5], as well as the Bribery Act 2010[6]

2.7 The aim of this policy is to:

- Avoid potential conflicts of interests
- Manage conflicts of interests where unavoidable
- Set out the arrangements for managing potential financial conflicts of interest
- Ensure equity
- Support openness and transparency
- Adopt appropriate and proportionate safeguards
- Build on existing guidance on procurement and competition
- Ensure that assurance can be given to NHS England when services are commissioned from GP practices that the appropriate processes have been put in place to ensure fairness.

3. SCOPE OF THE POLICY

3.1 The policy applies to:

All CCG employees, including

- All full and part time staff;
- Any staff on sessional or short term contracts; i.e. Locality Leads, Clinical Associates,
- Any students and trainees (including apprentices);
- Agency staff; and
- Seconded staff

In addition, any self-employed consultants or other individuals working for the CCGs under a contract for services should make a declaration of interest in accordance with this policy, as if they were CCG employees. This includes **any** Commissioning Support Unit staff.

Members of the Governing Body:
All members of the CCGs committees, sub-committees / sub-groups, including:

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

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

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[2] Managing conflicts of interest in clinical commissioning groups:http://www.rcgp.org.uk/~/media/Files/CIRC/Managing_conflicts_of_interest.ashx

[3] *GMC | Good medical practice (2013)* http://www.gmc-uk.org/guidance/good_medical_practice.asp and http://www.gmcuk.org/guidance/ethical_guidance/21161.asp

[4] *The Public Contract Regulations 2015* http://www.legislation.gov.uk/uksi/2015/102/regulation/57/made

[5] *The NHS (Procurement, Patient Choice and Competition) (No.2) Regulations 2013* htttp://www.legislation.gov.uk/uksi/2013/500/contents/made

[6] *The Bribery Act 2010* http://www.legislation.gov.uk/ukpga/2010/23/contents

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

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

4. REVIEW OF THE POLICY

This policy will be reviewed on an annual basis by the CCGs Governance Lead to ensure it is still fit for purpose and any revisions will be reported to the Audit Committees for approval prior to the policy being recommended to each Governing Body for ratification.

5. DEFINITION OF AN INTEREST

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

5.2 Conflicts of interest can arise in many situations, environments and forms of commissioning, with an increased risk in primary care commissioning, out of hours commissioning and involvement with integrated care organisations, as clinical commissioners may here find themselves in a position of being at once commissioner and provider of services. Conflicts of interest can arise throughout the whole commissioning cycle from needs assessment, to procurement exercises, to contract monitoring.

5.3 Interests can be captured in four different categories:

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

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

- A shareholder (or similar ownership interests), a partner or owner of a private or not-for-profit company, business, partnership or consultancy which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations.

- A management consultant for a provider.

This could also include an individual being:

- In secondary employment (13.1-13.2)

- In receipt of secondary income from a provider;

- In receipt of a grant from a provider;
- In receipt of any payments (for example honoraria, one-off payments, day allowances or travel or subsistence) from a provider;

- In receipt of research funding, including grants that may be received by the individual or any organisation in which they have an interest or role; and

- Having a pension that is funded by a provider (where the value of this might be affected by the success or failure of the provider).

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

- An advocate for a particular group of patients;

- A GP with special interests e.g., in dermatology, acupuncture etc.

- A member of a particular specialist professional body (although routine GP membership of the Royal College of General Practitioners (RCGP), British Medical Association (BMA) or a medical defence organisation would not usually by itself amount to an interest which needed to be declared);

- An advisor for the Care Quality Commission (CQC) or the National Institute for Health and Care Excellence (NICE);

- A medical researcher.

- GPs, practice managers / nurses / staff, who are members of the Governing Body or committees of the CCGs, should declare details of their roles and responsibilities held within their GP practices.

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

- A voluntary sector champion for a provider;

- A volunteer for a provider;

- A member of a voluntary sector board or has any other position of authority in or connection with a voluntary sector organisation;

- Suffering from a particular condition requiring individually funded treatment;

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

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

- Spouse / partner

- Close relative e.g., parent, grandparent, child, grandchild or sibling;

- Close friend;
- Business partner.

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

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

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

6. PRINCIPLES

6.1 This section sets a series of principles for those who are serving as members of CCG Governing Bodies, CCG committees or take decisions where they are acting on behalf of the public or spending public money.

6.2 All staff should observe the principles of good governance in the way they do business. These include:

- The Nolan Principles[7] (as set out in 6.3 below)
- The Good Governance Standards for Public Services (2004), Office for Public Management (OPM) and Chartered Institute of Public Finance and Accountancy (CIPFA)[8]
- The seven key principles of the NHS Constitution[9]
- The Equality Act 2010[10]
- The UK Corporate Governance Code[11]
- Standards for members of NHS Boards and CCG Governing Bodies in

[7] *The 7 principles of public life* https://www.gov.uk/government/publications/the-7-principles-of-public-life

[8] *The Good Governance Standards for Public Services , 2004, OPM and CIPFA*
http://www.opm.co.uk/wpcontent/

uploads/2014/01/Good-Governance-Standard-for-Public-Services.pdf

[9] *The seven key principles of the NHS Constitution*
http://www.nhs.uk/NHSEngland/thenhs/about/Pages/nhscoreprinciples.aspx

[10] *The Equality Act 2010* http://www.legislation.gov.uk/ukpga/2010/15/contents
UK Corporate Governance Code https://www.frc.org.uk/Our-Work/Codes-Standards/Corporate-governance/UKCorporate- Governance-Code.aspx

[11] *UK Corporate Governance Code* https://www.frc.org.uk/Our-Work/Codes-Standards/Corporate-governance/UKCorporate- Governance-Code.aspx

England[12]

6.3 All individuals with a position in public life should adhere to the Nolan principles, which are:

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

6.4 In addition, to support the management of conflict of interests, the CCGs will ensure they:

[12] *Standards for members of NHS boards and CCG governing bodies in England*

http://www.professionalstandards.org.uk/publications/detail/standards-for-members-of-nhs-boards-and-clinicalcommissioning-group-governing-bodies-in-england

- **Do business appropriately**: Conflicts of interest become much easier to identify, avoid and/or manage when the processes for needs assessments, consultation mechanisms, commissioning strategies and procurement procedures are right from the outset, because the rationale for all decision-making will be clear and transparent and should withstand scrutiny;

- **Be proactive, not reactive:** Commissioners should seek to identify and minimise the risk of conflicts of interest at the earliest possible opportunity;

- **Be balanced and proportionate**: Rules should be clear and robust but not overly prescriptive or restrictive. They should ensure that decision-making is transparent and fair whilst not being overly constraining, complex or cumbersome.

- **Be transparent:** Document clearly the approach and decisions taken at every stage in the commissioning cycle so that a clear audit trail is evident.

- Create an **environment and culture** where individuals feel supported and confident in declaring relevant information and raising any concerns.

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

- A perception of wrongdoing, impaired judgement or undue influence can be as detrimental as any of them actually occurring;

- If in doubt, it is better to assume the existence of a conflict of interest and manage it appropriately rather than ignore it.

- For a conflict of interest to exist, financial gain is not necessary.

7. ROLES AND RESPONSIBILITIES

7.1 The Governing Body

All those responsibilities set out in section 6 apply to all members of the Governing Body as well as the following:

- Ensure that the CCGs policies and procedures accurately reflect national guidance and instructions particularly in relation to the procurement of services.

- Ensure that arrangements for audit and audit reporting are open, robust and effective.

- Create and support an environment in which all individuals involved directly or indirectly with the CCGs feel able, encouraged and obliged to be open, honest and upfront about actual or potential conflicts.

7.2 All employees and practices of the CCGs

7.2.1 It is the responsibility of each member of the CCGs to:

- Ensure that he / she reads and understands the CCGs prime financial policies, constitution and how they apply to him/her;

- Ensure that he / she does not place him / herself in a position where private interests and NHS duties might conflict ;

- Avoid undertaking duties, remunerated or otherwise, outside of his / her employment with the CCGs if there is any actual or potential conflict with, or prejudice of, the standards set out in this document;

- Refuse to accept any casual gifts or inducement by declining politely. Articles of low intrinsic value such as diaries or calendars, or small tokens of gratitude to the value not exceeding £20 from patients or their relatives, need not necessarily be refused. If in doubt, the line manager should be consulted. If small gifts are accepted a record of this should be made in the gift and hospitality register which is maintained by the Governance Team. Gift and hospitality sheets are also available from the Governance Team.

- Refuse offers of hospitality or entertainment, although modest working lunches such as would be offered by the CCGs would be acceptable,

- Offer any modest hospitality such as a working lunch in the course of working visits. Alcoholic beverages must not be provided.

- Maintain appropriate confidentiality at all times in respect of information to which he / she has access in the course of his / her duties. In particular, he / she will observe the strict rules relating to patient confidentiality, and will not misuse official 'commercial in confidence' information, nor will he / she make it available to other people without consulting the line manager.

- Ensure that he / she always conduct him / herself and provides services in such a way as to up-hold the good name of the NHS and the CCGs.

- Adhere to the CCGs disciplinary rules as set out in its disciplinary policy and procedure.

- Be aware and comply with the provisions of the Bribery Act 2010, as amended from time to time.

- Understand that failure to follow this policy may damage the CCGs and its hard work and so may be viewed as a disciplinary matter, to be dealt with under normal disciplinary procedures, and the penalty could include dismissal.

7.2.2 **Individuals must not:**

- Use a present or past official position to obtain preferential rates for private deals

- Attempt to influence the awarding of contracts by any factors other than those set out in standing orders and prime financial policies or otherwise designed to ensure that value for money is obtained.

7.3 **GPs**

GMC advice recommends that any GP with a responsibility for or involved in commissioning services must:

- Satisfy themselves that all decisions made are fair, transparent and comply with the law

- Keep up to date and follow the guidance and codes of practice that govern the commissioning of services where they work

- Formally declare any financial interest that they, or someone close to them, or their employer has in a provider company, in accordance with the governance arrangements in the jurisdiction where they work

- Take steps to manage any conflict between their duties as a doctor and their commissioning responsibilities, for example by excluding themselves from the decision making process and any subsequent monitoring arrangements.

7.4 **Head of Governance / Quality and Governance Manager**

On behalf of the Accountable Officer the Governance Lead (Head of Governance / Quality & Governance Manager) will have responsibility for:

- The day-to day management of conflicts of interest matters and queries;

- Maintaining the CCGs register(s) of interest and the other registers referred to in this policy;

- Supporting the Conflicts of Interest Guardian to enable them to carry out the role effectively (see 7.5 below);

- Providing advice, support, and guidance on how conflicts of interest should be managed;

- Ensure that appropriate administrative processes are put in place;

- Oversee the arrangements for the management of conflicts of interest and will advise the Governing Body as required;

- Review this policy on an annual basis and make recommendations to the Audit Committee and Governing Body for any required changes;

- Ensure that the register(s) of interest is reviewed regularly, and updated as necessary;

- 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 interest, to ensure the integrity of the group's decision making process;

- Ensure the gifts and hospitality register is maintained and report to the Audit Committee at least annually on the register;

- Ensure the declarations of interest are published on each CCG website.

7.5 Conflict of interest Guardian

- To strengthen the scrutiny and transparency of the CCGs decision-making processes the CCGs have nominated the Audit Committee Chair of each CCG as the Conflict of Interest Guardian.

- In collaboration with the Governance Lead the Conflicts of Interest guardian will:

- Act as a conduit for GP practice staff, members of the public and healthcare professionals who have any concerns with regards to conflict of interest;
- Be a safe point of contact of 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 judgement 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.

8 REQUIREMENT FOR DECLARING CONFLICTS OF INTERESTS

8.1 It is a statutory requirement for CCGs to ensure individuals declare any conflict or potential conflict in relation to a decision(s) to be made by the Group as soon as they become aware of it and in any event within 28 days. The CCGs must record the interest in the register(s) as soon as they become aware of it [13]

Individuals should record any declaration(s) on the declaration of interests form for CCG members and employees (Appendix A)

8.2 All persons referred to in paragraph 9.2 below must declare any interests. Declarations of interest must be made available as soon as reasonably practicable and by law within 28 days after the interest arises (this could include an interest an individual is pursuing). Opportunities to make declarations include:

On appointment:
Applicants for any appointment to the CCGs or its Governing Bodies or any committees will be asked to declare any relevant interests. When an appointment is made, a formal declaration of interests will again be made and recorded.

Six-monthly:
The CCGs will satisfy themselves on a six-monthly basis that the register of interests is accurate and up-to-date. Declarations of interest will be obtained from all relevant individuals every six months and where there are no interests or changes to declare, a "nil return" will be recorded.

At meetings:
All attendees are required to declare their interests as a standing agenda item for every Governing Body, committee, sub-committee or working group meeting, before the item is discussed. Even if an interest has been recorded in the register of interests, it should still be declared in meetings where matters relating to that interest are discussed. Declarations of interest should be recorded in minutes of meetings (see 17-22 for further advice on record keeping).

On changing role, responsibility or circumstances:
Whenever an individual's role, responsibility or circumstances change in a way that affects the individual's interests (e.g., where an individual takes on a new role outside the CCG or enters into a new business or relationship), a further declaration should be made to reflect the change in circumstances as soon as

[13] National Health Service Act 2006 (as amended by the Health and Social Care Act 2012) Section 140 (3)_

possible, and in any event ***within 28 days***. This could involve a conflict of interest ceasing to exist or a new one materialising.

If any individual's circumstances change, it is the individual's responsibility to make a further declaration as soon as possible and in any event ***within 28 days***, rather than waiting to be asked.

Individuals must formally notify the Head of Governance / Quality and Governance Manager located in the Governance Team by completing and submitting an updated declaration of interest form.

9. REGISTER(S) OF INTERESTS

9.1 It is a statutory requirement for CCGs to maintain one or more registers of interest of: the members of the group, members of its Governing Body, members of its committees or sub-committees of its Governing Body and its employees. The CCGs must publish, and make arrangements to ensure that members of the public have access to these registers on request.

9.2 Register(s) of interest will be maintained for all those individuals who fall within the scope of this policy, as detailed at 3.1.

9.3 All interests declared will be promptly transferred to the relevant CCG register(s) by the governance lead who has designated responsibility for maintaining registers of interest.

9.4 The register of interests (Appendix B) will record the following:-

- Name of the person declaring the interest;
- Position within, or relationship with, the CCGs (or NHS England in the event of joint committees);
- Type of interest e.g., financial interests, non-financial professional interests;
- Description of interest, including for indirect interests details of the relationship with the person who has the interest;
- The dates from which the interest relates; and
- The actions to be taken to mitigate risk - these should be agreed with the individual's line manager or a senior manager within the CCGs.

9.5 An interest shall remain on the public register for a minimum of 6 months after the interest has expired.

9.6 The CCGs are required to retain a private record of historic interests for a minimum of six years after the date on which it expired.

9.7 The CCGs published register of interests will state that historic interests are retained by the CCG for the specified timeframe; a request for this information should be made to the Governance lead.

Types of interests

9.8 Interests which may be pecuniary or non-pecuniary or those that are regarded as 'relevant and material' are defined as:

Financial Interests

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

- A director, including a non-executive director, or senior employee in a private company or public limited company or other organisation which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations;
- A shareholder (or similar 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 (13.1-13.2)
- 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

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

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

Non- Financial Personal Interests

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

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

Indirect Interests

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

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

9.9 Any individual covered by this policy who comes to know that the CCG has entered into or proposes to enter into a contract in which he or any person connected with him has any pecuniary interest, direct or indirect, shall declare his / her interest by giving notice in writing of such fact to the CCG Accountable Officer / Head of Governance as soon as practicable.

9.10 Where individuals are unsure whether a situation falling outside of the above categories may give potential for a conflict of interest they should seek advice from the Governance lead or the Conflict of interest Guardian.

10. REGISTER OF GIFTS AND HOSPITALITY

10.1 CCGs will maintain one register of gifts and hospitality for the individuals listed in paragraph 9.2 above. Both CCGs will ensure robust processes are in place to ensure these individuals do not accept gifts or hospitality or other benefits, which might reasonably be seen to compromise their professional judgement or integrity.

10.2 All individuals including those listed at paragraph 9.2 above 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.

Gifts

10.3 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.

10.4 Gifts offered to CCG staff, Governing Body and committee members and individuals within GP member practices by suppliers or contractors linked (currently or prospectively) to the CCGs' business should be treated as follows: The person to whom the gifts were offered should also make the necessary declarations as below to the team or individual who has designated responsibility for maintaining the register of gifts and hospitality so the offer which has been accepted/declined can be recorded on the register.

- Gifts of low value **(up to £6)** such as promotional items can now be accepted.
- Gifts of **under £50** (rather than £10) can be accepted from non-suppliers and non-contractors and **do not** need to be declared.
- Gifts with a value of **over £50** can now be accepted on behalf of an organisation, but not in a personal capacity.
- Where staff received multiple gifts and have a total value of under £50 these do not need to be declared, however where multiple gifts have a total value of over £50 these need to be treated as above.

Hospitality

10.7 Modest hospitality provided in normal and reasonable circumstances may be acceptable, although it should be on a similar scale to that which the CCGs might offer in similar circumstances (e.g., tea, coffee, light refreshments at meetings). A common sense approach should be adopted as to whether hospitality offered is modest or not. Hospitality of this nature does not need to be declared to the team or individual who has designated responsibility for maintaining the register of gifts and hospitality, nor recorded on the register, unless it is offered by suppliers or contractors linked (currently or prospectively) to the CCGs' business in which case all such offers (whether or not accepted) should be declared and recorded.

10.8 There is a presumption that offers of hospitality which go beyond modest or of a type that the CCGs might offer, should be politely refused. A non-exhaustive list of examples includes:

- Hospitality **under £25** does not need to be declared.
- Hospitality **between £25 and £75** can be accepted, but must be declared
- Hospitality **over £75** should be refused unless senior approval is given

10.9 There may be some limited and exceptional circumstances where accepting the types of hospitality referred to in this paragraph may be contemplated. Express prior approval should be sought from the CCGs Head of Governance before accepting such offers, and the reasons for acceptance should be recorded in the CCGs register of gifts and hospitality.

10.10 Hospitality of this nature should be declared to the Governance Team or individual (Head of Governance) who has designated responsibility for maintaining the register of gifts and hospitality, and recorded on the register, whether accepted or not. In addition, particular caution should be exercised where hospitality is offered by suppliers or contractors linked (currently or prospectively) to the CCGs business. Offers of this nature can be accepted if they are modest and reasonable but advice should always be sought from the CCG governance lead 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.

Commercial Sponsorship

10.11 CCG staff, Governing Body and committee members, and GP member practices may be offered commercial sponsorship for courses, conferences, post/project funding, meetings and publications in connection with the activities which they carry out for or on behalf of the CCGs or their GP practices. All such offers (whether accepted or declined) must be declared so that they can be included on the CCGs register of interests. Approval **must** be sought prior to acceptance.

10.12 The Governance Team will provide advice, support, and guidance on how conflicts of interest are to be managed and will provide advice on whether or not it is appropriate to accept any such offers. If such offers are reasonably justifiable and otherwise in accordance with this policy then they may be accepted.

10.13 Notwithstanding the above, acceptance of commercial sponsorship should not in any way compromise any commissioning decisions of the CCGs or be dependent on the purchase or supply of goods or services. Sponsors should not have any influence over the content of an event, meeting, seminar, publication or training event. The CCGs will not endorse individual companies or their products. It must be

made clear that the fact of sponsorship does not mean that the CCGs endorse a company's products or services. During dealings with sponsors there must be no breach of patient or individual confidentiality or data protection legislation. Furthermore, no information should be supplied to a company for their commercial gain unless there is a clear benefit to the NHS. As a general rule, information which is not in the public domain should not normally be supplied.

Declaration of Offers and receipt of gifts and hospitality

10.14 The form for declaring gifts and hospitality is annexed at Appendix C. All forms must be forwarded to the Governance Lead (Head of Governance) for inclusion on the register of gifts and hospitality. This must also include any gifts and hospitality declared in meetings.

10.15 The register template for recording gifts and hospitality is annexed at Appendix D. The register will record the following information:

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

11. PROCURING SERVICES FROM GPS

11.1 Staff involved in tendering and purchasing are perhaps more vulnerable than other colleagues to accusations of impropriety. Even the appearance of impropriety can be highly damaging to the employee and to the CCG.

11.2 The CCGs will utilise the templates enclosed at Appendix G, H and I when commissioning services that may potentially be provided by GP practices, including provider consortia, or organisations in which GPs have a financial interest. The template will provide assurance to the CCGs, the Audit Committees, the Health and Wellbeing Boards and Auditors that a consistent and transparent approach has been used during the procurement process. This will enable the Auditors and the Health and Wellbeing Boards to raise any concerns they have. The template will be used whether the procurement is via a competitive tender, AQP approach or a single tender process. This will ensure that the Health and Wellbeing Boards get assurance that a proposed service meets local need and priorities and Auditors / Audit Committees that a robust process has been followed and conflicts of interest addressed.

12 PUBLICATION OF CONTRACTS

12.1 The CCGs will publish details of all contracts including their value on the respective CCGs website. When the Any Qualified Provider (AQP) process has been used the types of service being commissioned and the agreed service price should be published on the websites and in the annual reports.

13 APPOINTMENTS AND ROLES AND RESPONSIBILITIES IN THE CCG

Everyone in the CCG has a responsibility to appropriately manage conflicts of interest.

Secondary employment

13.1 CCGs should take all reasonable steps to ensure that employees, committee members, contractors and others engaged under contract with them are aware of the requirement to inform the CCG if they are employed or engaged in, or wish to be employed or engage in, any employment or consultancy work in addition to their work with the CCG. The purpose of this is to ensure that the CCG is aware of any potential conflict of interest. Examples of work which might conflict with the business of the CCG, including part-time, temporary and fixed term contract work, include:

- Employment with another NHS body;
- Employment with another organisation which might be in a position to supply goods/services to the CCG;
- Directorship of a GP federation; and
- Self-employment, including private practice, in a capacity which might conflict with the work of the CCG or which might be in a position to supply goods/services to the CCG.

13.2 **The CCGs will require individuals to obtain prior permission to engage in secondary employment, and reserve the right to refuse permission where it believes a conflict will arise which cannot be effectively managed.** CCGs should ensure that they have clear and robust organisational policies in place to manage issues arising from secondary employment. In particular, it is unacceptable for pharmacy advisers or other advisers, employees or consultants to the CCG on matters of procurement to themselves be in receipt of payments from the pharmaceutical or devices sector.

Appointing Governing Body or committee members and senior employees

13.3 On appointing Governing Body, committee or sub-committee members and senior staff, the CCGs will need to consider whether conflicts of interest should exclude individuals from being appointed to the relevant role. This will need to be considered on a case-by-case basis in conjunction with the principles reflected in the CCGs constitutions.

13.4 The CCGs will need to assess the materiality of the interest, in particular whether the individual (or any person with whom they have a close association as listed in section 5 and 9 could benefit (whether financially or otherwise) from any decision the CCGs might make. This will be particularly relevant for Governing Body, committee and sub-committee appointments, but should also be considered for all employees and especially those operating at senior level.

13.5 The CCGs will also need to determine the extent of the interest and the nature of

the appointee's proposed role within the CCGs. If the interest is related to an area of business significant enough that the individual would be unable to operate effectively and make a full and proper contribution in the proposed role, then that individual shall not be appointed to the role.

13.6 Any individual who has a material interest in an organisation which provides, or is likely to provide, substantial services to either CCG or both CCGs (whether as a provider of healthcare or commissioning support services, or otherwise) should recognise the inherent conflict of interest risk that may arise and should not be a member of the Governing Body or of a committee or sub-committee of the CCG, in particular if the nature and extent of their interest and the nature of their proposed role is such that they are likely to need to exclude themselves from decision-making on so regular a basis that it significantly limits their ability to effectively perform that role. Specific considerations in relation to delegated or joint commissioning of primary care are set out below.

13.7 The CCGs have set out in their constitution a statement on the conduct expected of individuals involved in the CCG, e.g. members of the Governing Body, members of committees, and employee, which reflects the expectations set out in the Standards for Members of NHS Boards and Clinical Commissioning Groups[14] .

CCG Lay Members

13.8 Lay members play a critical role in CCGs, providing scrutiny, challenge and an independent voice in support of robust and transparent decision-making and management of conflicts of interest. They chair a number of CCG committees, including the Audit Committee and Primary Care Commissioning Committee.

13.9 By statute, CCGs must have at least two lay members (one of whom must have qualifications, expertise or experience such as to enable the person to express informed views about financial management and audit matters[15] and serve as the chair of the audit committee[16]; and the other, knowledge of the geographical area covered in the CCGs constitution such as to enable the person to express informed views about the discharge of the CCGs functions[17]). In light of lay members' expanding role in primary care co-commissioning, a minimum of three CCG lay members will be encouraged to attend the Primary Care Commissioning Committee; the additional third lay member will assume the role of the Chair or Vice-Chair of this committee.

Conflicts of Interest Guardian

13.20 To further strengthen scrutiny and transparency of the CCGs' decision-making processes, all CCGs must have a Conflicts of Interest Guardian (akin to a Caldicott Guardian). This role will be undertaken by the CCG Audit Committee Chair, provided they have no provider interests, as audit chairs already have a key role in conflicts of interest management. They will be supported by the CCGs Head of Governance, who will have responsibility for the day-to-day management of conflicts of interest matters and queries. The CCGs Head of Governance (or equivalent) will keep the Conflicts of Interest Guardian well briefed on conflicts of interest matters and issues arising.

[14] Standards for Members of NHS Boards and Clinical Commissioning Groups
http://www.professionalstandards.org.uk/publications/detail/standards-for-members-of-nhs-boards-and-clinical-commissioning-group-*governing-bodies-in-england*

[15] Section 12(3) NHS (CCG) Regulations 2012
http://www.legislation.gov.uk/uksi/2012/2996/pdfs/uksi_20122996_en.pdf

[16] Section 14(2) NHS (CCG) Regulations 2012
http://www.legislation.gov.uk/uksi/2012/2996/pdfs/uksi_20122996_en.pdf

[17] Section 12(4) NHS (CCG) Regulations 2012
http://www.legislation.gov.uk/uksi/2012/2996/pdfs/uksi_20122996_en.pdf

13.21 The Conflicts of Interest Guardian will, in collaboration with the CCGs Governance Lead undertake the duties outlined at 7.5 of this policy.

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

Primary Care Commissioning Committee Chair

13.23 The Primary Care Commissioning Committee must have a Lay Chair and Lay Vice Chair. To ensure appropriate oversight and assurance, and to ensure each CCG's Audit Committee Chair's position as Conflicts of Interest Guardian is not compromised, the Audit Chair will not hold the position of Chair of the Primary Care Commissioning Committee.

13.24 This is because CCG Audit Chairs would conceivably be conflicted in this role due to the requirement that they attest annually to NHS England that each CCG has:

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

13.25 CCG Audit Chairs can however serve on the Primary Care Commissioning Committee, provided appropriate safeguards are put in place to avoid compromising their role as Conflicts of Interest Guardian. Each CCG Audit Chair would also not serve as vice chair of the Primary Care Commissioning Committee, unless by exceptional circumstances.

13.26 If this is required due to specific local circumstances (for example where there is a lack of other suitable lay candidates for the role), this will need to be clearly recorded and appropriate further safeguards may need to be put in place to maintain the integrity of their role as Conflicts of Interest Guardian in circumstances where they chair all or part of any meetings in the absence of the Primary Care Commissioning Committee chair.

14 MANAGING CONFLICTS OF INTEREST AT MEETINGS

Statutory requirements *CCGs must make arrangements for managing conflicts of interest, and potential conflicts of interest, in such a way as to ensure that they do not, and do not appear to, affect the integrity of the group's decision-making.*

14.1 The CCGs have reviewed their governance structures and policies for managing conflicts of interest to ensure that they reflect NHSE guidance and are appropriate. The CCGs have considered the following:-

- The **make-up of their Governing Body and committee structures** and processes for decision-making;
- Whether there are sufficient management and internal controls to detect **breaches** of the CCGs conflicts of interest policy, including appropriate external oversight and adequate provision for **raising concerns under this policy**;

- How **non-compliance** with policies and procedures relating to conflicts of interest will be managed (including how this will be addressed when it relates to contracts already entered into); and

- Identifying and implementing **training** or other programmes to assist with compliance, including participation in the training offered by NHS England.

Chairing arrangements and decision-making processes

14.2 The chair of a meeting of the CCGs Governing Body or any of its committees, sub-committees or groups has ultimate responsibility for deciding whether there is a conflict of interest and for taking the appropriate course of action in order to manage the conflict of interest.

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

14.4 In making such decisions, the chair (or vice chair or remaining non-conflicted members as above) may wish to consult with the Conflicts of Interest Guardian (see paragraph 13.20) or another member of the Governing Body.

14.5 It is good practice for the chair, with support of the CCGs Head of Governance or equivalent and, if required, the Conflicts of Interest Guardian, to proactively consider ahead of meetings what conflicts are likely to arise and how they should be managed, including taking steps to ensure that supporting papers for particular agenda items of private sessions/meetings are not sent to conflicted individuals in advance of the meeting where relevant.

14.6 To support chairs in their role, they will have access to a declaration of interest checklist prior to meetings, which will include details of any declarations of conflicts which have already been made by members of the group. A template declaration of interest checklist has been annexed at Appendix E.

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

14.8 Similarly, any new offers of gifts or hospitality (whether accepted or not) which are declared at a meeting must be included on the CCGs register of gifts and hospitality to ensure it is up-to-date.

14.9 It is the responsibility of each individual member of the meeting to declare any relevant interests which they may have. However, should the chair or any other member of the meeting be aware of facts or circumstances which may give rise to a conflict of interests but which have not been declared then they should bring this to the attention of the chair who will decide whether there is a conflict of interest and the appropriate course of action to take in order to manage the conflict of interest.

14.10 When a member of the meeting (including the chair or vice chair) has a conflict of interest in relation to one or more items of business to be transacted at the meeting,

the chair (or vice chair or remaining non-conflicted members where relevant as described above) must decide how to manage the conflict. The appropriate course of action will depend on the particular circumstances, but could include one or more of the following:

- Where the chair has a conflict of interest, deciding that the vice chair (or another non-conflicted member of the meeting if the vice chair is also conflicted) should chair all or part of the meeting;

- Requiring the individual who has a conflict of interest (including the chair or vice chair if necessary) not to attend the meeting;

- Ensuring that the individual concerned does not receive the supporting papers or minutes of the meeting which relate to the matter(s) which give rise to the conflict;

- Requiring the individual to leave the discussion when the relevant matter(s) are being discussed and when any decisions are being taken in relation to those matter(s). In private meetings, this could include requiring the individual to leave the room and in public meetings to either leave the room or join the audience in the public gallery;

- Allowing the individual to participate in some or all of the discussion when the relevant matter(s) are being discussed but requiring them to leave the meeting when any decisions are being taken in relation to those matter(s). This may be appropriate where, for example, the conflicted individual has important relevant knowledge and experience of the matter(s) under discussion, which it would be of benefit for the meeting to hear, but this will depend on the nature and extent of the interest which has been declared;

- Noting the interest and ensuring that all attendees are aware of the nature and extent of the interest, but allowing the individual to remain and participate in both the discussion and in any decisions. This is only likely to be the appropriate course of action where it is decided that the interest which has been declared is either immaterial or not relevant to the matter(s) under discussion.

15 Primary Care Commissioning Committees and sub-committees

15.1 There are three general practice co-commissioning models:

- **Greater involvement** is simply an invitation to CCGs to collaborate more closely with their NHS England teams to ensure that decisions taken about healthcare services are strategically aligned across the local health economy.

- **Joint commissioning** enables one or more CCGs to assume responsibility for jointly commissioning primary medical services with their local NHS England team via a joint committee. It is a requirement for each joint committee to have a register of interests and for the interests of both CCG and NHS England representatives to be included on this register. These interests should also be recorded on the CCGs main register(s) of interests.

- **Delegated commissioning** enables CCGs to assume responsibility for commissioning general practice services.

15.2 Each CCG with joint or delegated primary care co-commissioning arrangements must establish a Primary Care Commissioning Committee for the discharge of their primary medical services functions. This committee should be separate from the CCG Governing Body. The interests of all Primary Care Commissioning Committee

members must be recorded on the CCGs register(s) of interests.

15.3 The Primary Care Commissioning Committee will:

- For joint commissioning, take the form of a joint committee established between the CCG (or CCGs) and NHS England; and
- In the case of delegated commissioning, be a committee established by the CCG.

15.4 As a general rule, meetings of the Primary Care Commissioning Committee, including the decision-making and deliberations leading up to the decision, should be held in public unless the CCG has concluded it is appropriate to exclude the public where it would be prejudicial to the public interest to hold that part of the meeting in public.

Examples of where it may be appropriate to exclude the public include:

- Information about individual patients or other individuals which includes sensitive personal data is to be discussed ;
- Commercially confidential information is to be discussed, for example the detailed contents of a provider's tender submission;
- Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings is to be discussed;
- To allow the meeting to proceed without interruption and disruption.

16 MEMBERSHIP OF PRIMARY CARE COMMISSIONING COMMITTEES (FOR JOINT AND DELEGATED ARRANGEMENTS)

16.1 CCGs (and NHS England with regards to joint arrangements) can agree the full membership of their Primary Care Commissioning Committees, within the following parameters:

- The Primary Care Commissioning Committee must be constituted to have a **lay and executive majority**, where lay refers to non-clinical. This ensures that the meeting will be quorate if all GPs had to withdraw from the decision-making process due to conflicts of interest.
- The Primary Care Commissioning Committee should have a lay chair and lay vice chair (see paragraph 23 for further information).
- **GPs** can, and should, be members of the Primary Care Commissioning Committee to ensure sufficient clinical input, but must not be in the majority. CCGs may wish to consider appointing retired GPs or out-of-area GPs to the committee to ensure clinical input whilst minimising the risk of conflicts of interest.
- A standing invitation must be made to the CCGs **local HealthWatch r**epresentative and **a local authority representative from the local Health and Wellbeing Board** to join the Primary Care Commissioning Committee as non-voting attendees, including, where appropriate, for items where the public is excluded for reasons of confidentiality.
- Other individuals could be invited to attend the Primary Care Commissioning

Committee on an ad-hoc basis to provide **expertise** to support with the decision-making process.

16.2 CCGs could also consider reciprocal arrangements with other CCGs, for example exchanging GP representatives from their respective GP member practices, or sharing lay or executive members, in order to ensure a majority of lay and executive members and to support effective clinical representation within the Primary Care Commissioning Committee.

16.3 Where a CCG is engaged in joint commissioning arrangements alongside NHS England, the joint role of NHS England in decision-making will provide an additional safeguard in managing conflicts of interest. However, CCGs should still satisfy themselves that they have appropriate arrangements in place in relation to conflicts of interest with regard to their own role in the decision-making process. NHS England representatives need to take similar precautions.

Primary Care Commissioning Committee decision-making processes and voting arrangements

16.4 The Primary Care Commissioning Committee is a decision-making committee, which should be established to exercise the discharge of the primary medical services functions. The CCGs have amended their constitutions to include this committee.

16.5 The quorum requirements for Primary Care Commissioning Committee meetings must include a majority of lay and executive members in attendance with eligibility to vote.

16.6 In the interest of minimising the risks of conflicts of interest, GPs will not have voting rights on the Primary Care Commissioning Committee. The arrangements do not preclude GP participation in strategic discussions on primary care issues, subject to appropriate management of conflicts of interest. They apply to decision-making on procurement issues and the deliberations leading up to the decision.

16.7 Whilst sub-committees or sub-groups of the Primary Care Commissioning Committee can be established e.g., to develop business cases and options appraisals, ultimate decision-making responsibility for the primary medical services functions must rest with the Primary Care Commissioning Committee. For example, whilst a sub-group could develop an options appraisal, it should take the options to the Primary Care Commissioning Committee for their review and decision-making. The Chair for any sub-group will not be a GP.

16.8 It is important that conflicts of interests are managed appropriately within sub-committees and sub-groups. As an additional safeguard, it is recommended that sub-groups submit their minutes to the Primary Care Commissioning Committee, detailing any conflicts and how they have been managed. The Primary Care Commissioning Committee should be satisfied that conflicts of interest have been managed appropriately in its sub-committees and take action where there are concerns.

17 MINUTE-TAKING

17.1 It is imperative that the CCGs ensure complete transparency in their decision-making processes through robust record-keeping.

If any conflicts of interest are declared or otherwise arise in a meeting, the chair must ensure the following information is recorded in the minutes:

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

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18 MANAGING CONFLICTS OF INTEREST THROUGHOUT THE COMMISSIONING CYCLE

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

Designing service requirements

18.2 The way in which services are designed can either increase or decrease the extent of perceived or actual conflicts of interest. Particular attention should be given to public and patient involvement in service development.

18.3 Public involvement supports transparent and credible commissioning decisions. It should happen at every stage of the commissioning cycle from needs assessment, planning and prioritisation to service design, procurement and monitoring. CCGs have legal duties under the Act to properly involve patients and the public in their respective commissioning processes and decisions.

Provider engagement

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

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

18.6 As the service design develops, it is good practice to engage with a range of providers on an on-going basis to seek comments on the proposed design e.g., via the commissioners website and/or via workshops with interested parties (ensuring a record is kept of all interaction). NHS Improvement21 has issued guidance on the use of provider boards in service design[18].

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

Specifications

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

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

Procurement and awarding grants

18.10 The CCGs will need to be able to recognise and manage any conflicts or potential conflicts of interest that may arise in relation to the procurement of any services or the administration of grants. “Procurement” relates to any purchase of goods, services or works and the term “procurement decision” needs to be understood in a wide sense to ensure transparency of decision making on spending public funds.

18.11 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.

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

- The NHS procurement regime – the NHS (Procurement, Patient Choice and Competition (No.2)) Regulations 2013: made under S75 of the 2012 Act; apply only to NHS England and CCGs; enforced by NHS Improvement; and

- The European procurement regime – Public Contracts Regulations 2015 (PCR 2105): incorporate the European Public Contracts Directive into national law; apply to all public contracts over the threshold value (€750,000, currently £589,148); enforced through the Courts. The general principles arising under

[18] NHS Improvement is the organisation which brings together Monitor and the NHS Trust Development Authority, and is a combination of the continuing statutory functions and legal powers vested in those two bodies, including Monitor’s functions in relation to the National Health Service (Procurement, Patient Choice and Competition) (No.2) Regulations 2013 (PPCCR)

the Treaty on the Functioning of the European Union of equal treatment, transparency, mutual recognition, non-discrimination and proportionality may apply even to public contracts for healthcare services falling below the threshold value if there is likely to be interest from providers in other member states.

18.13 Whilst the two regimes overlap in terms of some of their requirements, they are not the same – so compliance with one regime does not automatically mean compliance with the other.

18.14 The National Health Service (Procurement, Patient Choice and Competition) (No.2) Regulations 201323 state:

> *CCGs must not award a contract for the provision of NHS health care services where conflicts, or potential conflicts, between the interests involved in commissioning such services and the interests involved in providing them affect, or appear to affect, the integrity of the award of that contract; and*
>
> *CCGs must keep a record of how it managed any such conflict in relation to NHS commissioning contracts it has entered into. [As set out in paragraph 113 below, details of this should also be published by the CCG.]*
>
> *The National Health Service (Procurement, Patient Choice and Competition) (No.2) Regulations 2013*

Paragraph 24 of PCR 2015 states: “Contracting authorities shall take appropriate measures to effectively prevent, identify and remedy conflicts of interest arising in the conduct of procurement procedures so as to avoid any distortion of competition and to ensure equal treatment of all economic operators”. Conflicts of interest are described as “any situation where relevant staff members have, directly or indirectly, a financial, economic or other personal interest which might be perceived to compromise their impartiality and independence in the context of the procurement procedure”.

18.15The Procurement, Patient Choice and Competition Regulations (PPCCR) place requirements on commissioners to ensure that they adhere to good practice in relation to procurement, run a fair, transparent process that does not discriminate against any provider, do not engage in anti-competitive behaviour that is against the interest of patients, and protect the right of patients to make choices about their healthcare. Furthermore the PPCCR places requirements on commissioners to secure high quality, efficient NHS healthcare services that meet the needs of the people who use those services. The PCR 2015 are focussed on ensuring a fair and open selection process for providers.

18.16An obvious area in which conflicts could arise is where either 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, particularly with regard to delegated commissioning, where GPs are current or possible providers.

18.17A procurement template provided in Appendix G, sets out factors that the CCGs should address when drawing up their plans to commission general practice services and provides evidence on the deliberations in respect of conflicts of interest.

18.18CCGs will be required to make the evidence of their management of conflicts

publicly available, and the relevant information from the procurement template will be used to complete the register of procurement decisions. Complete transparency around procurement will provide:

- Evidence that the CCGs are seeking and encouraging scrutiny of its decision-making process;
- A record of the public involvement throughout the commissioning of the service;
- A record of how the proposed service meets local needs and priorities for partners such as the Health and Wellbeing Boards, local Healthwatch and local communities;
- Evidence to the audit committee and internal and external auditors that a robust process has been followed in deciding to commission the service, in selecting the appropriate procurement route, and in addressing potential conflicts.

18.19 External services such as commissioning support units (CSUs) can play an important role in helping CCGs decide the most appropriate procurement route, undertake procurements and manage contracts in ways that manage conflicts of interest and preserve the integrity of decision-making.

Officers must assure themselves that a CSU's business processes are robust and enable the CCGs to meet its duties in relation to procurement (including those relating to the management of conflicts of interest). This would require the CSU to declare any conflicts of interest it may have in relation to the work commissioned by the CCGs.

18.20 The CCGs cannot, lawfully delegate commissioning decisions to an external provider of commissioning support, the CCGs will need to:

- Determine and sign off the specification and evaluation criteria;
- Decide and sign off decisions on which providers to invite to tender; and
- Make final decisions on the selection of the provider.

19 REGISTER OF PROCUREMENT DECISIONS

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

- The details of the decision;
- Who was involved in making the decision (including the name of the CCGs clinical lead, the CCGs contract manager, the name of the decision making committee and the name of any other individuals with decision-making responsibility);
- A summary of any conflicts of interest in relation to the decision and how this was managed by the CCGs (see paragraph 117 in relation to retaining the anonymity of bidders); and
- The award decision taken.

19.2 The register of procurement decisions must be updated whenever a procurement decision is taken. A template register is included at Appendix H. The Procurement, Patient Choice and Competition Regulations 9(1) place a requirement on commissioners to maintain and publish on their website a record of each contract it awards. The register of procurement decisions should be made publicly available and easily accessible to patients and the public by:

- Ensuring that the register is available in a prominent place on the CCGs website; and
- Making the register available upon request for inspection at the CCGs headquarters

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

20 DECLARATIONS OF INTERESTS FOR BIDDERS / CONTRACTORS

20.1 As part of a procurement process, it is good practice to ask bidders to declare any conflicts of interest. This allows commissioners to ensure that they comply with the principles of equal treatment and transparency. When a bidder declares a conflict, the commissioners must decide how best to deal with it to ensure that no bidder is treated differently to any other. A template for a declaration of interests for bidders/ contractors template Appendix I.

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

21 CONTRACT MONITORING

21.1 The management of conflicts of interest applies to all aspects of the commissioning cycle, including contract management.

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

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

22 INTERNAL AUDIT

22.1 The CCGs are required to undertake an audit of conflicts of interest management as part of their internal audit on an annual basis.

22.3 The results of the audit will be reflected in the CCGs annual governance statement and will be discussed in the end of year governance meeting with NHS regional teams.

23 RAISING CONCERNS AND BREACHES

23.1 It is the duty of every CCG employee, Governing Body member, committee or sub-committee member and GP practice member to speak up about genuine concerns in relation to the administration of the CCGs policy on conflicts of interest management, and to report these concerns. These individuals should not ignore their suspicions or investigate themselves, but rather speak to the designated CCG point of contact for these matters; this is the Conflict of Interest Guardian or the Head of Governance

23.2 Any non-compliance with the CCGs Conflicts of Interest Policy should be reported in accordance with the terms of that policy, and CCGs whistleblowing policy (where the breach is being reported by an employee or worker of the CCGs) or with the whistleblowing policy of the relevant employer organisation (where the breach is being reported by an employee or worker of another organisation).

23.3 Effective management of conflicts of interest requires an environment and culture where individuals feel supported and confident in declaring relevant information, including notifying any actual or suspected breaches of the rules. In particular, the team or individual designated by the CCGs to provide advice, support, and guidance on how conflicts of interest should be managed, should ensure that organisational policies are clear about the support available for individuals who wish to come forward to notify an actual or suspected breach of the rules, and of the sanctions and consequences for any failure to declare an interest or to notify an actual or suspected breach at the earliest possible opportunity.

23.4 All reports of concerns and breaches will be investigated in accordance with the Cannock Chase Clinical Commissioning Group's, South East Staffordshire and Seisdon Peninsula Clinical Commissioning Group's and Stafford and Surrounds Clinical Commissioning Group's Raising Concerns at Work Policy.

23.5 Anonymised details of breaches will be published on the CCGs website for the purpose of learning and development.

24 REPORTING BREACHES

24.1 If any employees, Governing Body members, committee or sub-committee members or GP practice members suspect or are aware of any known breaches of the CCGs Conflicts of Interest Policy they should contact the CCGs designated Conflicts of Interest Guardian in the first instance to raise any concerns.

Any contact with the Conflicts of Interest Guardian is on a strictly confidential basis.

24.2 Anyone who wishes to report a suspected or known breach of the policy, who is not an employee or worker of the CCGs, should be aware of their own organisation's whistleblowing policy, since most such policies should provide protection against detriment or dismissal.

24.3 All such notifications will be treated with appropriate confidentiality at all times in accordance with the CCGs policies and applicable laws, and the person making

such disclosures can expect an appropriate explanation of any decisions taken as a result of any investigation.

24.4 Furthermore, providers, patients and other third parties can make a complaint to NHS Improvement in relation to a commissioner's conduct under the Procurement Patient Choice and Competition Regulations. The regulations are designed as an accessible and effective alternative to challenging decisions in the courts.

25 FRAUD OR BRIBERY

25.1 Any suspicions or concerns of acts of fraud or bribery can be reported to the CCGs Local Counter Fraud Specialist or online via https://www.reportnhsfraud.nhs.uk/ or via the NHS Fraud and Corruption Reporting Line on 0800 0284060.

25.2 This provides an easily accessible and confidential route for the reporting of genuine suspicions of fraud within or affecting the NHS. All calls are dealt with by experienced trained staff and any caller who wishes to remain anonymous may do so.

26 IMPACT OF NON-COMPLIANCE

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

27 CIVIL IMPLICATIONS

27.1 If conflicts of interest are not effectively managed, the CCGs could face civil challenges to decisions they make. For instance, if breaches occur during a service re-design or procurement exercise, the CCG risks a legal challenge from providers that could potentially overturn the award of a contract, lead to damages claims against the CCG, and necessitate a repeat of the procurement process. This could delay the development of better services and care for patients, waste public money and damage the CCGs reputation. In extreme cases, staff and other individuals could face personal civil liability, for example a claim for misfeasance in public office.

28 CRIMINAL IMPLICATIONS

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

28.2 The Fraud Act 2006 created a criminal offence of fraud and defines three ways of committing it:

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

28.3 An essential ingredient of the offences is that, the offender's conduct must be dishonest and their intention must be to make a gain, or cause a loss (or the risk of a loss) to another. Fraud carries a maximum sentence of 10 years imprisonment and / or a fine if convicted in the Crown Court or 6 months imprisonment and/or a fine in the Magistrates' Court. The offences can be committed by a body corporate.

28.4 Bribery is generally defined as giving or offering someone a financial or other advantage to encourage that person to perform their functions or activities. The Bribery Act 2010 reformed the criminal law of bribery, making it easier to tackle this

offence proactively in both the public and private sectors. It introduced a corporate offence which means that commercial organisations, including NHS bodies, will be exposed to criminal liability, punishable by an unlimited fine, for failing to prevent bribery. The offences of bribing another person, being bribed and bribery of foreign public officials can also be committed by a body corporate.

28.5 The Act repealed the UK's previous anti-corruption legislation Public Bodies Corrupt Practices Act 1889, the Prevention of Corruption Acts of 1906 and 1916 and the common law offence of bribery) and provides an updated and extended framework of offences to cover bribery both in the UK and abroad. The offences of bribing another person, being bribed or bribery of foreign public officials in relation to an individual carries a maximum sentence of 10 years imprisonment and / or a fine if convicted in the Crown Court and 6 months imprisonment and / or a fine in the Magistrates' Court. In relation to a body corporate the penalty for these offences is a fine

29 DISCIPLINARY IMPLICATIONS

29.1 The CCGs will ensure that individuals who fail to disclose any relevant interests or who otherwise breach the CCGs rules and policies relating to the management of conflicts of interest are subject to investigation and, where appropriate, to disciplinary action. CCG staff, Governing Body and committee members in particular should be aware that the outcomes of such action may, if appropriate, result in the termination of their employment or position with the CCGs.

30 PROFESSIONAL REGULATORY IMPLICATIONS

30.1 Statutorily regulated healthcare professionals who work for, or are engaged by, CCGs are under professional duties imposed by their relevant regulator to act appropriately with regard to conflicts of interest (see paragraph 5). CCGs should report statutorily regulated healthcare professionals to their regulator if they believe that they have acted improperly, so that these concerns can be investigated. Statutorily regulated healthcare professionals should be made aware that the consequences for inappropriate action could include fitness to practise proceedings being brought against them, and that they could, if appropriate, be struck off by their professional regulator as a result.

31. CONFLICTS OF INTEREST TRAINING

31.1 The CCGs will provide training to all employees, Governing Body members and members of CCG committees and sub-committees on the management of conflicts of interest. This is to ensure staff and others within the CCGs understand what conflicts are and how to manage them effectively.

31.2 All such individuals will have training on the following:

- What is a conflict of interest;
- Why is conflict of interest management important;
- What are the responsibilities of the organisation you work for in relation to conflicts of interest;
- What should you do if you have a conflict of interest relating to your role, the work you do or the organisation you work for (who to tell, where it should be recorded, what actions you may need to take and what implications it may have for your role);

- How conflicts of interest can be managed;
- What to do if you have concerns that a conflict of interest is not being declared or managed appropriately;
- What are the potential implications of a breach of the CCGs rules and policies for managing conflicts of interest?

31.3 NHS England is developing an online training package for CCG staff, Governing Body and committee members. This will be rolled out in the autumn of 2016. This will need to be completed on a yearly basis to raise awareness of the risks of conflicts of interest and to support staff in managing conflicts of interest.

31.4 The annual training will be **mandatory** and will need to be completed by all staff by **31 January of each year**. The CCGs will be required to record their completion rates as part of their annual conflicts of interest audit.

NHS England will also continue to provide face-to-face training on conflicts of interest to key individuals within CCGs and to share good practice across CCGs and NHS England.

32 EQUALITY IMPACT ASSESSMENT

32.1 The CCG is committed to ensure that it treats all employers fairly, equitably and reasonably and that it does not discriminate against individuals or groups on the basis of their ethnic origin, physical or mental abilities, gender, age, religious beliefs or sexual orientation. An equality impact assessment has been completed to go with this policy.

Cannock Chase Clinical Commissioning Group
South East Staffordshire and Seisdon Peninsula Clinical Commissioning Group
Stafford and Surrounds Clinical Commissioning Group

DECLARATION OF INTERESTS FOR CCG MEMBERS AND EMPLOYEES

NHS CANNOCK CHASE, SOUTH EAST STAFFORDSHIRE & SEISDON PENINSULA STAFFORD & SURROUNDS CLINICAL COMMISSIONING GROUPS SOUTH EAST STAFFORDSHIRE AND SEISDON PENINSULA CCG DECLARATION OF INTERESTS FORM

Name & Job Title	Signature
Practice Name / Other Organisation (if applicable)	**Date**

Please tick the appropriate box(es) below: *(please tick all that apply)*

Governing Body Member		Membership Board Member		CCG Employee	
GP (including salaried GP's)		Business Partner		Practice Manager	

Please tick your member CCG / employing CCG

Cannock Chase CCG		South East Staffordshire & Seisdon Peninsula CCG		Stafford & Surrounds CCG	

Please provide the following information. If you have no interest to declare would you please indicate by stating 'NIL'. Questions 1-6 below apply to you, your spouse, relatives, etc.

1) Directorships, including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies).

Date from	Declared Interest	Date to

2) Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS.

Date from	Declared Interest	Date to

3) Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS

Date from	Declared Interest	Date to

4) A position of authority in a charity or voluntary body in the field of health and social care

Date from	Declared Interest	Date to

5) Any connection with a voluntary or other body contracting for NHS services

Date from	Declared Interest	Date to

6) Any other interests which may be of relevance to the Clinical Commissioning Group/NHS

Date from	Declared Interest	Date to

Please return to Governance Managers: Rebecca Hough or Tracey Revill

Types of interest

Type of Interest	Description
Financial Interests	This is where an individual may get direct financial benefits from the consequences of a commissioning decision. This could, for example, include being: • A director, including a non-executive director, or senior employee in a private company or public limited company or other organisation which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations; • A shareholder (or similar 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	This is where an individual may obtain a non-financial professional benefit from the consequences of a commissioning decision, such as increasing their professional reputation or status or promoting their professional career. This may, for example, include situations where the individual is: • An advocate for a particular group of patients; • A GP with special interests e.g., in dermatology, acupuncture etc. • A member of a particular specialist professional body (although routine GP membership of the RCGP, BMA or a medical defence organisation would not usually by itself amount to an interest which needed to be declared); • An advisor for Care Quality Commission (CQC) or National Institute for Health and Care Excellence (NICE); • A medical researcher.
Non-Financial Personal Interests	This is where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit. This could include, for example, where the individual is: • A voluntary sector champion for a provider; • A volunteer for a provider; • A member of a voluntary sector board or has any other position of authority in or connection with a voluntary sector organisation; • Suffering from a particular condition requiring individually funded treatment; • A member of a lobby or pressure groups with an interest in health.
Indirect Interests	This is where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest in a commissioning decision (as those categories are described above). For example, this should include: • Spouse / partner; • Close relative e.g., parent, grandparent, child, grandchild or sibling; • Close friend; • Business partner.

Appendix B

Cannock Chase Clinical Commissioning Group
South East Staffordshire and Seisdon Peninsula Clinical Commissioning Group
Stafford and Surrounds Clinical Commissioning Group

Register of Interests
As at

Employing CCG (CC/SAS/ SES)	Forename	Surname	Role in the CCG	Directorships, including non-executive, held in private companies or PLCs	Ownership or part ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the CCG	Shareholdings (more than 5%) of companies in the field of health and social care	Positions of authority in an organisation (eg charity or voluntary organisation) in the field of health and social care	Any connection with a voluntary or other organisation contracting for NHS services	Research funding/grants that may be received by the individual or any other organisation they have a role or interest in	Any other role or relationship which the public could perceive would impair or otherwise influence the individual's judgement or actions in their CCG role

Note previous versions of the register are available on request in writing to the Head of Governance

Cannock Chase Clinical Commissioning Group
South East Staffordshire and Seisdon Peninsula Clinical Commissioning Group
Stafford and Surrounds Clinical Commissioning Group

Template for Declaration of gifts and hospitality

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

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

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

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

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

Please return to Governance Managers

Cannock Chase Clinical Commissioning Group
South East Staffordshire and Seisdon Peninsula Clinical Commissioning Group
Stafford and Surrounds Clinical Commissioning Group

Template: Register of gifts and hospitality

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

Appendix E

Cannock Chase Clinical Commissioning Group
South East Staffordshire and Seisdon Peninsula Clinical Commissioning Group
Stafford and Surrounds Clinical Commissioning Group

Template declarations of interest checklist

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

Timing	Checklist for Chairs	Responsibility
In advance of the meeting	1. **The agenda** to include a standing item on declaration of interests to enable individuals to raise any issues and/or make a declaration at the meeting.	Meeting Chair and secretariat
	2. A **definition of conflicts of interest** should also be accompanied with each agenda to provide clarity for all recipients.	Meeting Chair and secretariat
	3. **Agenda** to be circulated to enable attendees (including visitors) to identify any interests relating specifically to the agenda items being considered.	Meeting Chair and secretariat
	4. **Members should contact the Chair** as soon as an actual or potential conflict is identified.	Meeting members
	5. Chair to review a **summary report from preceding meetings** i.e., sub-committee, working group, etc., detailing any conflicts of interest declared and how this was managed. **A template for a summary report** to present discussions at preceding meetings is detailed below.	Meeting Chair
	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

During the meeting	**7. Check and declare the meeting is quorate** and ensure that this is noted in the minutes of the meeting.	Meeting Chair
	8. Chair requests **members to declare any interests in agenda items**- which have not already been declared, including the nature of the conflict.	Meeting Chair
	9. Chair makes a decision as to how to manage each interest which has been declared, including whether / to what extent the individual member should continue to participate in the meeting, on a case by case basis, and this decision is recorded.	Meeting Chair and secretariat
	10. As minimum requirement, the following should be **recorded in the minutes of the meeting**: • Individual declaring the interest; • At what point the interest was declared; • The nature of the interest; • The Chair's decision and resulting action taken; • The point during the meeting at which any individuals retired from and returned to the meeting - even if an interest has not been declared; • **Visitors in attendance** who participate in the meeting must also follow the meeting protocol and declare any interests in a timely manner. **A template for recording any interests during meetings** is detailed below.	Secretariat

Template for recording any interests during meetings

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

Appendix E

Cannock Chase Clinical Commissioning Group
South East Staffordshire and Seisdon Peninsula Clinical Commissioning Group
Stafford and Surrounds Clinical Commissioning Group

Template to record interests during the meeting.

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

Appendix F

Cannock Chase Clinical Commissioning Group
South East Staffordshire and Seisdon Peninsula Clinical Commissioning Group
Stafford and Surrounds Clinical Commissioning Group

Sample Template for recording Minutes

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

Date:
Time:
Location:

Attendees:
Name **Initials** **Role**

In attendance from

Item No	Agenda Item	Actions
1	**Chairs welcome**	
2	**Apologies for absence** <apologies to be noted>	
3	**Declarations of interest** **Declarations of interest from sub committees.** **Declarations of interest from today's meeting**	
4	**Minutes of the last meeting** *<date to be inserted>* ***and matters arising***	
5	**Agenda Item** *<Note the agenda item>* ***<conclude decision has been made>*** ***<Note the agenda item xx>***	
6	**Any other business**	
7	**Date and time of the next meeting**	

Appendix G

Cannock Chase Clinical Commissioning Group
South East Staffordshire and Seisdon Peninsula Clinical Commissioning Group
Stafford and Surrounds Clinical Commissioning Group

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 CCGs proposed commissioning priorities? How does it comply with the CCGs 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?[19]	
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?	

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

Cannock Chase Clinical Commissioning Group
South East Staffordshire and Seisdon Peninsula Clinical Commissioning Group
Stafford and Surrounds Clinical Commissioning Group

Template: Procurement decisions and contracts awarded

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

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

Signed:

On behalf of:

Date:

Please return to Head of Procurement Midlands and Lancashire Commissioning Support Unit

Cannock Chase Clinical Commissioning Group
South East Staffordshire and Seisdon Peninsula Clinical Commissioning Group
Stafford and Surrounds Clinical Commissioning Group

Template Register of procurement decisions and contracts awarded

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

Annex I: Template Declaration of conflict of interests for bidders/contractors
Organisation and relevant person

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 CCGs 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 CCGs or any of its members' or employees' judgements, decisions or actions		

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

Signed:

On behalf of:

Date: