

Managing Conflicts of Interest Policy

VERSION CONTROL

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VERSION HISTORY

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July 2017	0.1	Previous CCG Policies revised to take into account new NHS Guidance on Managing Conflicts of Interest (published June 2017) and to reflect closer working between CRCCG and WNCCG.
August 2017	0.1	WNCCG Audit Committee recommended the Policy to WNCCG Governing Body for approval to adopt (e-mail exchange).
12/09/17	0.1	CRCCG Audit Committee recommended the Policy to CRCCG Governing Body for approval to adopt.
14/09/17	1.0	CRCCG and WNCCG Governing Bodies approved the adoption of the Policy.

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1. Introduction

- 1.1. Managing conflicts of interest appropriately is essential for protecting the integrity of the overall NHS commissioning system and to protect the NHS from any perceptions of wrongdoing. The CCG needs to demonstrate the highest levels of transparency so that it can demonstrate that conflicts of interest are managed in a way that cannot undermine the probity and accountability of the organisation.
- 1.2. It will not be possible to avoid conflicts of interest. They are inevitable in many aspects of public life, including the NHS. However, by recognising where and how they arise and dealing with them appropriately, the CCG will be able to ensure proper governance, robust decision-making, and that appropriate decisions about the use of public money are made.
- 1.3. This policy sets out how NHS Warwickshire North Clinical Commissioning Group and NHS Coventry and Rugby Clinical Commissioning Group (the CCGs) will manage conflicts of interest arising from the operation of the organisations.

2. Statutory and Legal Requirements

- 2.1. This policy complies with:
 - Section 14O of the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012);
 - NHS (Procurement, Patient Choice and Competition) (No.2) Regulations 2013;
 - Substantive guidance on the Procurement, Patient Choice and Competition Regulations, Monitor;
 - NHS England Managing Conflicts of Interest, Revised Statutory guidance for CCGs 2017; and
 - Managing Conflicts of Interest in the NHS – Guidance for staff and organisations.

3. Policy Statement

- 3.1. This policy supports a culture of openness and transparency in business transactions and aims to:
 - Safeguard clinically led commissioning, whilst ensuring objective investment decisions;
 - Enable the CCGs to demonstrate that they are acting fairly and transparently and in the best interests of their patients and local population;
 - Uphold confidence and trust in the NHS;
 - Support staff and members to understand when conflicts (whether actual, potential or perceived) may arise and how to manage them if they do; and
 - Ensure that the CCGs operate within their legal frameworks.

4. Scope

- 4.1. This policy applies to all those who are employed by the CCGs and/or act in an official capacity on their behalf. This includes:
 - **All CCG employees**, including:
 - All full and part time staff;
 - Any staff on sessional or short term contracts;

- Any students and trainees (including apprentices);
- Agency staff; and
- Seconded staff.

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

- **Members of the Governing Body: All members of the CCGs' committees, and any sub-groups, including:**
 - Co-opted members;
 - Appointed deputies; and
 - Any members of committees/groups from other organisations.
 - **All members of the CCGs (ie, partners or directors within each practice): This includes each provider of primary medical services which is a member of the CCG under Section 140 (1) of the 2006 Act.**
- 4.2. It is the responsibility of all individuals to familiarise themselves with this policy and comply with its provisions.
- 4.3. The policy should be read in conjunction with the following documents, which also set out guidelines and responsibilities for the CCGs, NHS organisations generally and General Practitioners and Nurses in relation to conflicts of interests:
- The CCGs' Constitutions, in particular the section relating to conflicts of interest which describes in generic terms the types of conflict of interest, as well as the CCG's Standing Orders, Scheme of Reservation and Delegation of Powers and Standing Financial Instructions;
 - The CCGs' Procurement Policy;
 - The CCGs' Gifts and Hospitality Policy;
 - The CCGs' Commercial Sponsorship Policy;
 - The CCGs' Whistleblowing Policy;
 - Guidance issued by NHS England including guidance on procurement;
 - Code of Conduct for NHS Managers;
 - General Medical Council: Good Medical Practice 2013; and
 - Nursing and Midwifery Council: Code of Professional Conduct.
- 4.4. Members should also refer to their respective professional codes of conduct relating to the declaration of conflicts of interest.
- 4.5. The CCGs will ensure that all employees and contractors who take decisions are aware of the existence of this policy. The following will be undertaken as appropriate to ensure such awareness:
- Introduction to the policy during local induction for new starters to the organisations;
 - Annual reminder of the existence and importance of the policy via internal communication methods;
 - Annual reminder to update declaration forms sent to all CCG members and staff; and

- Annual reminder to complete mandatory managing conflicts of interest training by 31 January each year.

5. Policy Review

- 5.1. The policy will be reviewed every three years or sooner should new guidance be issued by NHS England. All individuals identified in paragraph 4.1 will be reminded of the policy and register of interests at least annually.

6. What are Conflicts of Interest?

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

- 6.2. A conflict of interest may be:

- **Actual** – there is a material conflict between one or more interests.
- **Potential** – there is the possibility of a material conflict between one or more interests in the future.

- 6.3. Staff may hold an interest for which they cannot see potential conflict. However, caution is always advisable because others may see it differently. It will be important to exercise judgement and to declare such interests where there is otherwise a risk of imputation of improper conduct. The perception of an interest can be as damaging as an actual conflict of interest.

- 6.4. Conflicts of interest can arise in many situations, environments and forms of commissioning. There is an increased risk in primary care commissioning, out-of-hours commissioning and involvement with integrated care organisations, and new care models, as the CCG may find itself in a position of being commissioner and provider of services. Conflicts of interest can arise throughout the whole commissioning cycle from needs assessment, to procurement exercises, to contract monitoring including in relation to ‘new care models’, Multi-speciality Community Providers (MCP), Primary and Acute Care Systems (PACS) or other arrangements of a similar scale or scope. NHS England has published an annex to its statutory guidance which summarises the key aspects from the guidance on managing conflicts of interest in the commissioning of new care models¹.

- 6.5. Interests fall into the four categories outlined below. A benefit may arise from the making of a gain or the avoidance of a loss.

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

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

¹ <https://www.england.nhs.uk/wp-content/uploads/2017/06/revised-ccg-coi-guidance-jul-17.pdf>

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

This could also include an individual being:

- In employment outside of the CCG;
- In receipt of secondary income;
- 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).

6.7. 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 eg, in dermatology, acupuncture etc;
- An active member of a particular specialist professional body (although routine GP membership of the RCGP, British Medical Association (BMA) or a medical defence organisation would not usually by itself amount to an interest which needed to be declared);
- An advisor for the Care Quality Commission (CQC) or the National Institute for Health and Care Excellence (NICE);
- Engaged in a research role;
- The development and holding of patents and other intellectual property rights which allow staff to protect something that they create, preventing unauthorised use of products or the copying of protected ideas; or
- GPs, other professionals and practice managers, who are members of the Governing Body or committees of the CCG, should declare details of their roles and responsibilities held within their GP practices.

6.8. 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; or

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

6.9. **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:

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

6.10. A range of conflicts of interest case studies can be found in NHS England’s June 2016 publication *Managing conflicts of interest: Case Studies*².

6.11. The above categories and examples are not exhaustive and discretion will be exercised on a case by case basis, including in relation to new care model arrangements, in deciding whether any other role, relationship or interest may 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.

7. Principles

7.1. This section outlines principles for those who are serving as members of the CCGs’ Governing Body, CCGs’ committees, or take decisions where they are acting on behalf of the public or spending public money.

7.2. All CCG staff and members should observe the principles of good governance in the way they do business. These include:

- The Nolan Principles³ (as set out below);
- The Good Governance Standards for Public Services (2004), Office for Public Management (OPM) and Chartered Institute of Public Finance and Accountancy (CIPFA)⁴;
- The seven key principles of the NHS Constitution⁵;
- The Equality Act 2010⁶;
- The UK Corporate Governance Code⁷; and

² <https://www.england.nhs.uk/publication/managing-conflicts-of-interest-ccg-case-studies/>

³ The 7 principles of public life <https://www.gov.uk/government/publications/the-7-principles-of-public-life>

⁴ The Good Governance Standards for Public Services , 2004, OPM and CIPFA <http://www.opm.co.uk/wp-content/uploads/2014/01/Good-Governance-Standard-for-Public-Services.pdf>

⁵ The seven key principles of the NHS Constitution <http://www.nhs.uk/NHSEngland/thenhs/about/Pages/nhscoreprinciples.aspx>

⁶ The Equality Act 2010 <http://www.legislation.gov.uk/ukpga/2010/15/contents>

⁷ UK Corporate Governance Code <https://www.frc.org.uk/Our-Work/Codes-Standards/Corporate-governance/UK-Corporate-Governance-Code.aspx>

- Standards for members of NHS boards and CCG governing bodies in England⁸.
- 7.3. All those 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; and
 - **Leadership** – Holders of public office should promote and support these principles by leadership and example.
- 7.4. In addition, to support the management of conflicts of interest, CCG staff and members are expected to:
- **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:** the CCGs should seek to identify and minimise the risk of conflicts of interest at the earliest possible opportunity;
 - **Be balanced, sensible and proportionate:** Rules should be clear and robust but not overly prescriptive or restrictive. They should ensure that decision-making is transparent and fair whilst not being overly constraining, complex or cumbersome;
 - **Be transparent:** Document clearly the approach and decisions taken at every stage in the commissioning cycle so that a clear audit trail is evident; and
 - Create an **environment and culture** where individuals feel supported and confident in declaring relevant information and raising any concerns.
- 7.5. In addition to the above, CCG staff and members need to bear in mind:
- A perception of wrongdoing, impaired judgement or undue influence can be as detrimental as any of them actually occurring;

⁸ *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-clinical-commissioning-group-governing-bodies-in-england>

- If in doubt, it is better to assume the existence of a conflict of interest and manage it appropriately rather than ignore it; and
- For a conflict of interest to exist, financial gain is not necessary.

8. Declaring Conflicts of Interest

- 8.1. Conflicts of interest are a common and sometimes unavoidable part of the delivery of healthcare. As such, it may not be possible or desirable to completely eliminate the risk of conflicts. Instead, it may be preferable to recognise the associated risks and put measures in place to manage the conflicts appropriately when they do arise.
- 8.2. There will be occasions where an individual declares an interest in good faith but, upon closer consideration, it is clear that this does not constitute a genuine conflict of interest.
- 8.3. There will be other occasions where the conflict of interest is profound and acute. In such scenarios (such as where an individual has a direct financial interest which gives rise to a conflict, eg, secondary employment or involvement with an organisation which benefits financially from contracts for the supply of goods and services to the CCGs or aspires to be a new care model provider) it is likely that the CCGs will want to consider whether, practically, such an interest is manageable at all. This can arise in relation to both clinical and non-clinical staff/roles.

If it is not, the appropriate course of action may be to refuse to allow the circumstances which gave rise to the conflict to persist. This may require an individual to step down from a particular role and/or move to another role within the CCG. Regular reviews of HR policies, governing body and committee terms of reference and standing orders will be carried out to ensure the CCGs can take appropriate action to manage conflicts of interest robustly and effectively in such circumstances.

- 8.4. The CCGs will ensure that, as a matter of course, declarations of interest are made and regularly confirmed or updated. The CCGs' template declaration of interest form can be found at **Appendix 1**.
- 8.5. All persons referred to in Section 4 of this policy must declare any interests. Declarations of interest should be made as soon as reasonably practicable and by law within 28 days after the interest arises (this could include an interest an individual is pursuing).
- 8.6. Further occasions when declarations must be made are:
- **On appointment** - Applicants for any appointment to the CCGs or Governing Bodies or any committees will be asked to declare relevant interests. When an appointment is made, a formal declaration of interests will again be made and recorded;
 - **Annually** - The Register of Interests will be confirmed as accurate and up to date at least annually;
 - **At meetings** - all attendees will be 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 is declared in the Register of Interests, it should be declared in meetings where matters relating to that interest are discussed. Declarations of interest will be recorded in the minutes of meetings; and

- **On changing role, responsibility or circumstances** - Where an individual's role, responsibility or circumstances change in a way that affects the individual's interests (eg, where an individual takes up a new role outside the CCGs, enters into a new business or relationship, starts a new project/piece of work or may be affected by a procurement decision, eg, if their role may transfer to a proposed new provider), a further declaration should be made to reflect the change in circumstances as soon as possible, and in any event within 28 days. This could involve a conflict of interest ceasing to exist or a new one materialising. It is the responsibility of the individual to make their declaration rather than waiting to be asked.
- 8.7. Whenever interests are declared they should be promptly reported to the Deputy Director of Corporate Affairs who will ensure that the register of interests is updated accordingly.
- 8.8. Where individuals are unsure whether a situation gives potential for a conflict of interest they should seek advice from the Deputy Director of Corporate Affairs or the Conflicts of Interest Guardians (Governing Body Lay Members for Audit and Governance). If in doubt, the individual concerned should assume that a potential conflict of interest exists and declare it.
- 8.9. Any declaration of interest will be included in the Register of Interests.

9. Register of Interests

9.1. Each CCG has a Register of Interests which is held centrally as an electronic joint register. The registers record declared interests for:

- **All CCG employees**, including:
 - All full and part time staff;
 - Any staff on sessional or short term contracts;
 - Any students and trainees (including apprentices);
 - Agency staff; and
 - Seconded staff

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

- **Members of the Governing Body:** All members of the CCG's committees, and any 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.

- **All members of the CCGs (ie, Partners and Directors within each practice):** This includes each provider of primary medical services which is a member of the CCG under Section 140 (1) of the 2006 National Health Service Act. Declarations should be made by the following groups:
 - GP partners (or where the practice is a company, each director); and

- Any individual directly involved with the business or decision-making of the CCGs.

9.2. The Register will be confirmed as accurate and up to date at least annually and then reviewed by the Governing Body. A template of the register of interests can be found at **Appendix 2**.

9.3. The Register of Interests will be published at least annually for decision making staff (see **Appendix 3** for definition of decision making staff) and made publicly available via the following methods:

Coventry and Rugby CCG	Warwickshire North CCG
<ul style="list-style-type: none"> • Published on the CCG's website: www.coventryrugbyccg.nhs.uk; • On request for inspection at the CCG's headquarters; • On request either by post to Parkside House, Quinton Road Coventry, CV1 2NJ or email to : contactus@coventryrugbyccg.nhs.uk 	<ul style="list-style-type: none"> • Published on the CCG's website: www.warwickshirenorthccg.nhs.uk; • On request for inspection at the CCG's headquarters; • On request either by post to NHS Warwickshire North CCG, Second Floor, Heron House, Newdegate Street, Nuneaton, CV11 4EL or email to: contactus@warwickshirenorthccg.nhs.uk.

9.4. Interests of decision making staff will remain on the public register for a minimum of six months after the interest has expired. In addition, the CCG will retain a private record of historic interests for a minimum of 6 years after the date on which it expired. The CCGs' published register of interests will indicate that historic interests are retained by the CCGs with details of who to contact to submit a request for this information.

9.5. In exceptional circumstances, where the public disclosure of information could give rise to a real risk of harm or is prohibited by law, an individual's name and/or other information may be redacted from the publicly available register. Where an individual believes that substantial damage or distress may be caused, to him/herself or somebody else by the publication of information about them, they are entitled to request that the information is not published. Such requests must be made in writing. Decisions not to publish information will only be made by the respective CCGs' Conflicts of Interest Guardian, who will seek appropriate legal advice where required, and the CCG will retain a confidential un-redacted version of the register.

9.6. All decision making staff will be made aware that the register will be published in advance of publication. This will be done by the provision of a fair processing notice that details the identity of the data controller, the purposes for which the registers are held and published, and contact details for the data protection officer. This information will additionally be provided to individuals identified in the registers because they are in a relationship with the person making the declaration.

9.7. All staff who are not decision making staff but who are still required to make a declaration of interest will be made aware that a register is kept. This will be done by the provision of fair processing notice that details the identity of the data controller, the purposes for which the register is held, how the information on the register may be used or shared and contact details for the data protection officer. This information should additionally be provided to individuals identified in the register because they are in a relationship with the person making the declaration.

9.8. The Register will form part of the respective CCGs' Annual Report and Annual Governance Statements.

10. Declaration of Offers and Receipt of Gifts and Hospitality

- 10.1. Staff in the NHS offer support during significant events in people's lives. For this work they may sometimes receive gifts as a legitimate expression of gratitude. However, situations where the acceptance of gifts could give rise to conflicts of interest should be avoided. CCG staff and members should be mindful that even gifts of a small value may give rise to perceptions of impropriety and might influence behaviour if not handled in an appropriate way.
- 10.2. As outlined in the CCGs' Gifts and Hospitality Policies, all individuals listed in paragraph 4 must not accept gifts, hospitality or benefits of any kind from a third party which might affect, or be seen to affect, their professional judgement.
- 10.3. GPs and other staff within the CCGs' member practices are not required to declare offers/receipt of gifts and hospitality to the CCGs which are unconnected with their role or involvement with the CCG. GP staff will however be expected to adhere to other relevant guidance issued by professional bodies.
- 10.4. Individuals need to consider the risks associated with accepting offers of gifts, hospitality and entertainment when undertaking activities for or on behalf of the CCGs 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.
- 10.5. All offers of gifts and hospitality should be notified to the Deputy Director of Corporate Affairs as soon as reasonably practicable and by law within 28 days after the interest arises (this could include an interest an individual is pursuing). The offer will be recorded on the CCGs' Register of Gifts and Hospitality. A template Declaration of Gifts and Hospitality Form can be found at **Appendix 4** and a template of the Register of Gifts and Hospitality can be found at **Appendix 5**.
- 10.6. The Register of Gifts and Hospitality will be published at least annually for decision making staff (see **Appendix 3** for definition) and made publicly available via the following methods:

Coventry and Rugby CCG	Warwickshire North CCG
<ul style="list-style-type: none"> • Published on the CCG's website: www.coventryrugbyccg.nhs.uk; • On request for inspection at the CCG's headquarters; • On request either by post to Parkside House, Quinton Road Coventry, CV1 2NJ or email to : contactus@coventryrugbyccg.nhs.uk 	<ul style="list-style-type: none"> • Published on the CCG's website: www.warwickshirenorthccg.nhs.uk; • On request for inspection at the CCG's headquarters; • On request either by post to NHS Warwickshire North CCG, Second Floor, Heron House, Newdegate Street, Nuneaton, CV11 4EL or email to: contactus@warwickshirenorthccg.nhs.uk.

- 10.7. Offers of gifts and hospitality for decision making staff will remain on the public register for a minimum of six months after the interest has expired. The CCGs will also retain a private record of historic offers/receipt of gifts and hospitality for a minimum of 6 years after the date on which it expired.

Gifts

- 10.8. 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.
- 10.9. Gifts from suppliers or contractors doing business (or likely to do business) with the CCGs should be declined, whatever their value (subject to this, low cost branded promotional aids may be accepted and not declared where they are under the value of a common industry standard of £6). The person to whom the gifts were offered should also declare the offer to the Deputy Director of Corporate Affairs so the offer which has been declined can be recorded on the gifts and hospitality register.
- 10.10. Gifts from other sources (eg, patients, families, service users) under a value of £50 may be accepted and do not need to be declared. A common sense approach should be applied to the valuing of gifts (using an actual amount, if known, or an estimate that a reasonable person would make as to its value), however:
- CCG staff should not ask for any gifts;
 - Gifts valued at over £50 should be treated with caution and only be accepted on behalf of an organisation (i.e. to an organisation's charitable funds), not in a personal capacity. These should be declared by the individuals concerned; and
 - Multiple gifts from the same source over a 12 month period should be treated in the same way as single gifts over £50 where the cumulative value exceeds £50.
- 10.11. Any personal gift of cash or cash equivalents (eg, vouchers, tokens, offers of remuneration to attend meetings whilst in a capacity working for or representing the CCGs) must always be declined, whatever their value and whatever their source, and the offer which has been declined must be declared to the Deputy Director of Corporate Affairs and recorded on the register.

Hospitality

- 10.12. Delivery of services across the NHS relies on working with a wide range of partners (including industry and academia) in different places and, sometimes outside of 'traditional' working hours. As a result, CCG staff will sometimes appropriately receive hospitality. However, individuals should be able to justify why it has been accepted, and be mindful that even hospitality of a small value may give rise to perceptions of impropriety and might influence behaviour.
- 10.13. Hospitality means offers of meals, refreshments, travel, accommodation, and other expenses in relation to attendance at meetings, conferences, education, and training events etc. Hospitality must only be accepted when there is a legitimate business reason and it is proportionate to the nature and purpose of the event.
- 10.14. CCG staff should not ask for or accept hospitality that may affect, or be seen to affect, their professional judgement. Particular caution should be exercised when hospitality is offered by actual or potential suppliers or contractors, these can be accepted if modest and reasonable, but individuals should always obtain senior approval and declare these.
- 10.15. Offers of meals and refreshments under £25 may be accepted and need not be declared. Offers of a value between £25 and £75 may be accepted and must be declared. Offers over a value of £75 should be refused unless (in exceptional circumstances) approval from the Chief Officer (Accountable Officer) is given.
- 10.16. A common sense approach should be applied to the valuing of meals and refreshments (using an actual amount, if known, or an estimate that a reasonable person would make as to its value).

Travel and Accommodation

- 10.17. Modest offers to pay some or all of the travel and accommodation costs related to attendance at events may be accepted and must be declared.
- 10.18. Offers which go beyond modest, or are of a type not usually offered by the CCGs need to be approved by the Chief Officer (Accountable Officer) and should only be accepted in exceptional circumstances and must be declared. A non-exhaustive list of examples includes:
- offers of business class or first class travel and accommodation (including domestic travel); and
 - offers of foreign travel and accommodation.

Sponsored Events

- 10.19. Sponsorship of NHS events by external parties is valued. Offers to meet some or part of the costs of running an event secures their ability to take place, benefitting NHS staff and patients. Without this funding there may be fewer opportunities for learning, development and partnership working. However, there is potential for conflicts of interest between the organiser and the sponsor, particularly regarding the ability to market commercial products or services. As a result the CCGs will put in place safeguards to prevent conflicts occurring.
- 10.20. When sponsorships are offered, the CCGs will adopt the following principles:
- Sponsorship of CCG events by appropriate external bodies should only be approved if a reasonable person would conclude that the event will result in a clear benefit for the CCG and the NHS.
 - During dealings with sponsors there must be no breach of patient or individual confidentiality or data protection rules and legislation.
 - No information should be supplied to the sponsor from which they could gain a commercial advantage, and information which is not in the public domain should not normally be supplied.
 - At the CCG's discretion, sponsors or their representatives may attend or take part in the event but they should not have a dominant influence over the content or the main purpose of the event.
 - The involvement of a sponsor in an event should always be clearly identified in the interest of transparency.
 - The CCGs should make it clear that sponsorship does not equate to endorsement of a company or its products and this should be made visibly clear on any promotional or other materials relating to the event.
 - Staff should declare involvement with arranging sponsored events to the Deputy Director of Corporate Affairs.
- 10.21. The CCGs will maintain records regarding sponsored events in line with the above principles. The CCGs' Commercial Sponsorship Policies set out the authorisation process for sponsorship.
- 10.22. **Other forms of sponsorship:** organisations external to the CCGs (or NHS) may sponsor posts or research. However, there is potential for conflicts of interest to occur, particularly when research funding by external bodies does or could lead to a real or perceived commercial advantage, or if sponsored posts cause a conflict of interest between the aims of the sponsor and the aims of the organisation, particularly in relation to procurement and competition.

There needs to be transparency and any conflicts of interest should be well managed. If such circumstances arise the CCGs' Commercial Sponsorship Policies set out how this will be managed.

11. Roles and responsibilities in the CCGs

11.1. Everyone in the CCG has responsibility to appropriately manage conflicts of interest however some roles within the CCG have specific accountabilities and responsibilities which are outlined below.

Chief (Accountable) Officer

11.2. The Chief (Accountable) Officer has overall accountability for the CCGs' management of conflicts of interest. Day to day executive accountability has been delegated to the Chief Operating Officer.

Chief Operating Officer

11.3. The Chief Operating Officer is the accountable Executive Team member for management of conflicts of interest.

Chief Finance Officer

11.4. The Chief Finance Officer is responsible for ensuring that conflicts of interest are managed and recorded appropriately, and in accordance with this policy, throughout all procurements and contract monitoring. This includes maintenance and publication of the register of procurements.

Chief Strategy and Primary Care Officer

11.5. The Chief Strategy and Primary Care Officer is responsible for ensuring that conflicts of interest are managed and recorded appropriately, and in accordance with this policy, throughout the whole service design/re-design and commissioning cycle. The Chief Strategy and Primary Care Officer is responsible for ensuring a Procurement Checklist is completed for all services commissioned.

Deputy Director of Corporate Affairs

11.6. The Deputy Director of Corporate Affairs has responsibility for the day-to-day management of conflicts of interest matters and queries, including maintenance and publication of the register of declarations and the gifts and hospitality register.

Conflicts of Interest Guardians

11.7. The respective CCGs' Lay Members for Audit and Governance undertake the role of Conflicts of Interest Guardians. The Conflicts of Interest Guardians, in collaboration with the CCGs' Deputy Director of Corporate Affairs:

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

- 11.8. The Deputy Director of Corporate Affairs has a responsibility to keep the Conflicts of Interest Guardians and the Chief Operating Officer well briefed on conflicts of interest matters and issues arising.
- 11.9. Whilst the Conflicts of Interest Guardians have an important role within the management of conflicts of interest, executive members of the CCGs' Governing Bodies 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.

CCG Lay Members

- 11.10. Lay members play a critical role in the CCG, 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 Commissioning, Finance and Performance Committee, Remuneration Committee, Audit Committee and Primary Care Joint Commissioning Committee.
- 11.11. By statute, all 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 matters⁹ and serve as the chair of the audit committee¹⁰; and the other, knowledge of the geographical area covered in the CCG's constitution such as to enable the person to express informed views about the discharge of the CCG's functions¹¹). In light of Lay Members' expanding role in primary care co-commissioning, in April 2015 both CCGs increased the number of Lay Members on the Governing Body to three.
- 11.12. In instances where one of the CCGs has difficulties in recruiting lay members, the CCGs will consider sharing lay members providing that the lay member has the knowledge and insight of the geographical area covered in the CCG Constitution.

12. Governance Arrangements and Decision Making

Appointing Governing Body or committee members and senior employees

- 12.1. On appointing Governing Body, committee or sub-committee members and senior staff, the CCGs will consider whether conflicts of interest should exclude individuals from being appointed to the relevant role. This will be considered on a case-by-case basis.
- 12.2. The CCGs will assess the materiality of the interest, in particular whether the individual (or any person with whom they have a close association as listed in paragraph 6.9) could benefit (whether financially or otherwise) from any decision the CCGs might make. This will be particularly relevant for Governing Body and committee appointments, but will also be considered for all employees and especially those operating at senior level.
- 12.3. The CCGs will also 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 would not be appointed to the role.

⁹ Section 12(3) NHS (CCG) Regulations 2012

http://www.legislation.gov.uk/ukxi/2012/2996/pdfs/ukxi_20122996_en.pdf

¹⁰ Section 14(2) NHS (CCG) Regulations 2012

http://www.legislation.gov.uk/ukxi/2012/2996/pdfs/ukxi_20122996_en.pdf

¹¹ Section 12(4) NHS (CCG) Regulations 2012

http://www.legislation.gov.uk/ukxi/2012/2996/pdfs/ukxi_20122996_en.pdf

- 12.4. Any individual who has a material interest in an organisation which provides, or is likely to provide, substantial services to the CCGs (whether as a provider of healthcare, including 'new care model' providers or commissioning support services, or otherwise) should recognise the inherent conflict of interest risk that may arise and will not be a member of the Governing Body or of a committee or sub-committee of the CCGs. 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.

Outside employment

- 12.5. Employees, members, contractors and others engaged under contract are required to inform and obtain prior permission by the CCGs 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 CCGs (eg. in relation to new care model arrangements). The CCGs reserve the right to refuse permission where they believe a conflict will arise which cannot be effectively managed. Any existing outside employment should be declared on the individuals declaration of interest form on appointment, and when any new outside employment when it arises.
- 12.6. Examples of work which might conflict with the business of the CCGs, 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 CCGs including paid advisory positions and paid honorariums which relate to bodies likely to do business with the CCGs;
 - Directorships e.g. of a GP federation or non-executive roles;
 - Self-employment, including private practice, charitable trustee roles, political roles and consultancy work, in a capacity which might conflict with the work of the CCGs or which might be in a position to supply goods/services to the CCGs; and
 - 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.

Managing Conflicts of Interests at Meetings

- 12.7. The Chair of a meeting of the CCGs' Governing Bodies 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.
- 12.8. 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).
- 12.9. In making such decisions, the Chair (or Vice Chair or remaining non-conflicted members as above) may wish to consult with the Conflicts of Interest Guardian or another member of the Governing Body.

- 12.10. The CCGs' Deputy Director of Corporate Affairs, CCGs' Directors and, if required, the Conflicts of Interest Guardians, will 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.
- 12.11. To support Chairs in their role, they will be provided with declaration of interest checklist prior to meetings, which includes details of any declarations of conflicts which have already been identified or made by members of the group. A template declaration of interest checklist can be found at **Appendix 6**. A copy of the Register of Interests will also be available to Chairs.
- 12.12. As a standing agenda item for both public and confidential meetings, the Chairs of CCG meetings 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 should declare any interests which are relevant to the business of the meeting whether or not those interests have previously been declared. Any new interests which are declared at a meeting are to be included on the CCGs' relevant register of interests to ensure it is up-to-date.
- 12.13. Similarly, any new offers of gifts or hospitality (whether accepted or not) which are declared at a meeting will be included on the CCGs' register of gifts and hospitality to ensure it is up-to-date.
- 12.14. It is the responsibility of each individual member of the meeting to declare any relevant interests which they may have. However, should any other member of the meeting be aware of facts or circumstances which may give rise to a conflict of interest 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.
- 12.15. 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. NHS England's June 2016 publication *Managing conflicts of interest: Case Studies*¹² includes examples of material and immaterial conflicts of interest.

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

Occasions where more multiple members of a meeting are required to withdraw

- 12.17. In many cases, for example, where a limited number of GPs have an interest, it should be straightforward for relevant individuals to be excluded from decision-making. In some cases however, all of the GPs or other practice representatives could have a material interest in a decision, particularly where the CCG is proposing to commission services on a direct award basis from all GP practices in the area, or where it is likely that all or most practices would wish to be qualified providers for a service under Any Qualified Provider (AQP).
- 12.18. Where more than 50% of the members of a meeting are required to withdraw from a meeting or part of it, owing to the arrangements agreed for the management of conflicts of interests or potential conflicts of interests, the Chair (or Deputy) will determine whether or not the discussion can proceed.
- 12.19. In making this decision the Chair will consider whether the meeting is quorate, in accordance with the number and balance of membership set out in the standing orders and/or terms of reference for the meeting in question. Where the meeting is not quorate, owing to the absence of certain members, the discussion will be deferred until such time as a quorum can be convened. Where a quorum cannot be convened from the membership of the meeting, owing to the arrangements for managing conflicts of interest or potential conflicts of interests, the Chair of the meeting shall consult with the Conflicts of Interest Guardian or the Deputy Director of Corporate Affairs on the appropriate action to be taken. This may include:
- **Where the initial responsibility for the decision does not rest with the Governing Body:**
 - Requiring another of the Governing Body's committees or sub-committees (as appropriate) which can be quorate to progress the item of business, or if this is not possible.

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

- refer the decision to the Governing Body and exclude all GPs or other practice representatives with an interest in the decision from the decision making process, ie, so that the decision is made only by the non-GP members of the Governing Body including the Lay and Executive Members and the Registered Nurse and Secondary Care Doctor.
- **Where the initial decision rests with the Governing Body, consider:**
 - Co-opting individuals from the Health and Wellbeing Board or from another CCG onto it (taking care in ensuring that they do not also have a conflict of interest).
 - Inviting the Health and Wellbeing Board or another CCG to review the proposal - to provide additional scrutiny.

12.20. These arrangements must be recorded in the minutes.

Primary Care Commissioning Committee (Coventry and Rugby CCG) / Joint Commissioning Committee (Warwickshire North CCG)

12.21. Decisions, including procurement decisions, relating to the commissioning of primary care medical services will be made by the Primary Care Commissioning Committee for Coventry and Rugby CCG and the Primary Care Joint Commissioning Committee for Warwickshire North CCG.

12.22. The membership of the respective Committees is constituted so as to ensure that the majority is held by Lay Members and executive members. Both the Chair and Vice-Chair are Lay Members. The meetings will be held in public unless the CCGs conclude it 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 are:

- 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; and
- To allow the meeting to proceed without interruption and disruption.

12.23. Although not forming part of the membership of the Primary Care Commissioning Committee or the Primary Care Joint Commissioning Committee, a standing invitation to attend these Committees will be open to the appropriate Health Watch representative (Coventry or Warwickshire HealthWatch), the Local Medical Committee (LMC) and the Warwickshire Health and Wellbeing Board. Where appropriate, this will include attendance for items where the public is excluded from a particular item or meetings for reasons of confidentiality.

12.24. To ensure sufficient clinical input, the arrangements for primary medical care decision making 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. To ensure sufficient clinical input the CCGs may appoint retired GPs or out-of-area GPs to the committee to ensure clinical input whilst minimising the risk of conflicts of interest.

Sub-Groups of the Primary Care Commissioning Committee / Joint Commissioning Committee

- 12.25. Whilst sub-committees or sub-groups of the Primary Care Commissioning Committee or the Primary Care Joint Commissioning Committee can be established eg, to develop business cases and options appraisals, ultimate decision-making responsibility for the primary medical services functions rests with the respective Committees. For example, whilst a sub-group could develop an options appraisal, it should take the options to the Committees for their review and decision-making. The CCGs will carefully consider the membership of any sub-committees or sub-groups and will also consider appointing a lay member as the chair.
- 12.26. It is important that the CCGs ensure that conflicts of interests are managed appropriately within sub-committees and sub-groups. As an additional safeguard, any sub-groups formed will submit their minutes to the respective Committees, detailing any conflicts and how they have been managed. The Committee should be satisfied that conflicts of interest have been managed appropriately in its sub-committees/sub-groups and will take action where there are concerns.

Minute-taking

- 12.27. It is imperative that the CCGs ensure complete transparency in decision-making processes through robust record-keeping. If any conflicts of interest are declared or otherwise arise in a meeting, the Chair should 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).

13. Managing conflicts of interest throughout the commissioning cycle

- 13.1. 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 will 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. NHS England's June 2016 publication *Managing conflicts of interest: Case Studies*¹³ includes examples of this.
- 13.2. In instances where staff might transfer to a provider (or their role may materially change) following the award of a contract this will be treated as a relevant interest and managed appropriately.

¹³ <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/06/coi-case-studies-jun16.pdf>

Designing Service Requirements

- 13.3. The way in which services are designed can either increase or decrease the extent of perceived or actual conflicts of interest. Particular attention will be given to public and patient involvement in service development.
- 13.4. Public involvement supports transparent and credible commissioning decisions. It should happen at every stage of the commissioning cycle from needs assessment, planning and prioritisation to service design, procurement and monitoring. The CCGs have legal duties under the Health and Social Care Act 2012, to properly involve patients and the public in their respective commissioning processes and decisions.

Provider Engagement

- 13.5. 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. The CCGs will be particularly mindful of these issues when engaging with existing/potential providers in relation to the development of new care models.
- 13.6. The CCGs will, as far as possible, specify the outcomes that it wishes to see delivered through a new service, rather than the way in which these outcomes are to be achieved. As well as supporting innovation, this will help to prevent bias towards particular providers in the specification of services.
- 13.7. Such engagement will 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.
- 13.8. The following principles will also be followed when engaging with potential service providers:
 - Engagement will be used to help shape the requirement to meet patient need and the CCGs will take care not to gear the requirement in favour of any particular provider(s). Where appropriate, the advice of an independent clinical advisor on the design of the service will be secured;
 - At all stages potential providers will be made aware of how the service will be commissioned, eg, through competitive procurement or through the 'Any qualified provider' route;
 - Participants will be engaged on an equal basis, eg, ensuring openness of access to staff and information;
 - Procedures will be transparent; and
 - Commercial confidentiality of information received from providers will be maintained.

Procurement and awarding grants

- 13.9. The CCGs needs 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" should be understood in a wide sense to ensure transparency of decision making on spending public funds.

The decision to use a single tender action, for instance, is a procurement decision and if it results in the CCGs 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.

- 13.10. Currently NHS England and CCGs 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 2015): incorporate the European Public Contracts Directive into national law; apply to all public contracts over the threshold value (€750,000, currently £589,148); enforced through the Courts. The general principles arising under the Treaty on the Functioning of the European Union of equal treatment, transparency, mutual recognition, non-discrimination and proportionality may apply even to public contracts for healthcare services falling below the threshold value if there is likely to be interest from providers in other member states.

- 13.11. 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.

- 13.12. The National Health Service (Procurement, Patient Choice and Competition) (No.2) Regulations 2013¹⁴ 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.

The National Health Service (Procurement, Patient Choice and Competition) (No.2) Regulations 2013

- 13.13. 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".

¹⁴ The National Health Service (Procurement, Patient Choice and Competition) (No. 2) Regulations 2013
<http://www.legislation.gov.uk/uksi/2013/500/contents/made>

- 13.14. The 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.
- 13.15. An obvious area in which conflicts could arise is where the CCGs commission (or continue to commission by contract extension) healthcare services, including GP services, in which a member of a CCG has a financial or other interest. This may most often arise in the context of commissioning of primary care, where GPs are current or possible providers or in relation to the commissioning of new care models.
- 13.16. A procurement checklist template, provided in **Appendix 7**, sets out factors that the CCGs will address when drawing up its plans to commission general practice services.
- 13.17. The CCGs will make the evidence of its 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; and
 - 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.

Support from Commissioning Support Services

- 13.18. External services such as commissioning support services (CSS) can play an important role in helping the CCGs to 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. When using a CSS, the Chief Finance Officers will assure themselves that the CSS business processes are robust and enable the CCGs to meet their duties in relation to procurement (including those relating to the management of conflicts of interest). This requires the CSS to declare any conflicts of interest it may have in relation to the work commissioned by the CCGs.
- 13.19. The CCGs acknowledge that it cannot lawfully delegate commissioning decisions to an external provider of commissioning support. Although the CCGs may require a CSS to play a key role in helping to develop specifications, preparing tender documentation, inviting expressions of interest and inviting tenders, the CCGs themselves will:
- 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.

Register of procurement decisions

13.20. The Chief Finance Officer will maintain a register of procurement decisions taken for each CCG, either for the procurement of a new service or any extension or material variation of a current contract. This will include:

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

13.21. The register of procurement decisions will be updated whenever a procurement decision is taken. A template of the Register of Procurement Decisions can be found at **Appendix 8**.

13.22. The Register of Procurement Decisions will be publicly available via the following methods:

Coventry and Rugby CCG	Warwickshire North CCG
<ul style="list-style-type: none">• Published on the CCG's website: www.coventryrugbyccg.nhs.uk;• On request for inspection at the CCG's headquarters;• On request either by post to Parkside House, Quinton Road Coventry, CV1 2NJ or email to : contactus@coventryrugbyccg.nhs.uk	<ul style="list-style-type: none">• Published on the CCG's website: www.warwickshirenorthccg.nhs.uk;• On request for inspection at the CCG's headquarters;• On request either by post to NHS Warwickshire North CCG, Second Floor, Heron House, Newdegate Street, Nuneaton, CV11 4EL or email to: contactus@warwickshirenorthccg.nhs.uk.

Declarations of interests for bidders / contractors

13.23. As part of a procurement process, the CCGs will ask bidders to declare any conflicts of interest. This allows the CCGs to ensure that it complies with the principles of equal treatment and transparency. When a bidder declares a conflict, the CCGs will decide how best to deal with it to ensure that no bidder is treated differently to any other. A declaration of interests for bidders/ contractors template can be found at **Appendix 9**.

13.24. It will not usually be appropriate to declare such a conflict on the register of procurement decisions, as it may compromise the anonymity of bidders during the procurement process. However, the CCGs' Finance Team will retain an internal audit trail of how the conflict or perceived conflict was dealt with to allow them to provide information at a later date if required. 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.

Contract Monitoring

- 13.25. The management of conflicts of interest applies to all aspects of the commissioning cycle, including contract management.
- 13.26. Any contract monitoring meeting needs to consider conflicts of interest as part of the process ie, the Chair of a contract management meeting will invite declarations of interests; record any declared interests in the minutes of the meeting; and manage any conflicts appropriately and in line with this policy. This equally applies where a contract is held jointly with another organisation such as the Local Authority or with other CCGs under lead commissioner arrangements.
- 13.27. The individuals involved in the monitoring of a contract will 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.
- 13.28. The CCGs will be mindful of any potential conflicts of interest when disseminating any contract or performance information/reports on providers, and manage the risks appropriately.

14. Raising Concerns and Breaches

Raising Informal Concerns

- 14.1. The CCGs are committed to the principle of public accountability. It is the duty of every CCG employee, Governing Body member, committee member or sub-committee 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 Conflicts of Interest Guardians or the Deputy Director of Corporate Affairs.
- 14.2. Individuals wishing to discuss any concerns on a strictly confidential basis should initially make contact with the Deputy Director of Corporate Affairs by telephone on 02476 324377 or by email at warnoccg.coi@nhs.net and arrangements will be made to speak to either the Chief Operating Officer, the appropriate Conflicts of Interest Guardian or the Deputy Director of Corporate Affairs, as per the individual's requirements.

Formal procedure for raising a concern or breach

- 14.3. It is anticipated that concerns arising as a result of conflicts of interest will normally be resolved informally, without recourse to a formal process. If, however, the concern cannot be resolved informally or there is a clearly perceived breach, the process to be followed is set out below.
- 14.4. Any non-compliance with the CCGs' conflicts of interest policy should be reported in accordance with the terms and procedure outlined in this policy, and the CCGs' Whistleblowing Policy (where the breach is being reported by an employee or worker of the CCG) or with the whistleblowing policy of the relevant employer organisation (where the breach is being reported by an employee or worker of another organisation). In accordance with the Public Interest Disclosure Act 1998¹⁵, protection will be provided for employees from possible reprisals, subsequent discrimination, victimisation or disadvantage if they have a reasonable belief that they have made any disclosure in good faith.

¹⁵ Public Interest Disclosure Act 1998 - <http://www.legislation.gov.uk/ukpga/1998/23/contents>

- 14.5. Any matter raised under this procedure will be investigated thoroughly, promptly and confidentially and the outcome of the investigation reported back to the employee who raised the issue.
- 14.6. A confidential record of concerns or breaches raised, how they have been investigated and the outcomes will be held securely by the Deputy Director of Corporate Affairs.
- 14.7. Anonymised details of breaches will be published on the respective CCG's website for the purpose of learning and development.
- 14.8. The NHS England Regional Team will be advised of all breaches.

Procedure for Formally Reporting a Concern or Breach:

- 14.9. The CCGs' formal procedure for raising a concern or breach in relation to conflicts of interests is made up of the following stages:

Stage 1: Raising the concern or breach - Details must be submitted to the Chief Officer in writing. Receipt will be acknowledged within three working days.

Stage 2: Triage – Following receipt, the CCG may contact the individual to request clarification or further information. If the concern is not deemed by the Chief Officer to warrant proceeding further, the individual will be notified that no investigation will proceed and rationale for this decision explained.

If the concern should be fast tracked to another organisation for legal, governance or safety reasons, the individual will be informed of the course of action.

Where a concern is in scope and not subject to fast tracking, it will proceed to the next stage.

In most cases, the triage process will be carried out within five working days.

Stage 3: Chief Officer Review – Following triage, the Chief Officer, supported as required by the Deputy Director of Corporate Affairs, will review the details of the concern and any supporting evidence to determine whether a swift resolution can be achieved without the need to involve the Governing Body. The Chief Officer may call a meeting of the parties concerned to discuss the matter without prejudice. If the Chief Officer is unavailable or if the concern involves the Chief Officer, the Chief Operating Officer will review the concern and act in accordance with this procedure as appropriate. The Conflicts of Interest Guardian will be made aware, and will make him/herself available for advice.

Stage 4: The Governing Body – If the concern cannot be resolved by the Chief Officer, an appropriate committee of the Governing Body, chaired by the CCG's Chair and involving the Conflicts of Interest Guardian will then formally review the details of the concern (with external advice as required) and may refer on to the Audit Committee to advise on the appropriateness of the procedure followed.

Stage 5: The Decision – Following review of the concern, the CCG will notify the individual of the decision, explaining the rationale and, if necessary, any required course of action.

Stage 6: Audit Committee - Details of all concerns and breaches investigated will be reported to the next available meeting of the Audit Committee.

Stage 7: Notification to NHS England: Where a breach has occurred, the CCG will notify the NHS England regional team.

Stage 8: Publication of Breaches: Where a breach has occurred, anonymised details of breaches will be published on the CCG's website for the purpose of learning and development.

It is expected that the procedure as a whole should not take longer than three months.

Concerns by providers, patients and other third parties

- 14.10. Providers, patients and other third parties can make a complaint to NHS Improvement¹⁶ 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.

Fraud or Bribery

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

15. Implications of non-compliance

- 15.1. Failure to comply with the CCGs' policy on conflicts of interest management can have serious implications for the CCG and any individuals concerned.

Civil implications

- 15.2. If conflicts of interest are not effectively managed, the CCGs' could face civil challenges to decisions it makes. For instance, if breaches occur during a service re-design or procurement exercise, the CCGs risk a legal challenge from providers that could potentially overturn the award of a contract, lead to damages claims against the CCGs, 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.

Criminal implications

- 15.3. Failure to manage conflicts of interest could lead to criminal proceedings including for offences such as fraud, bribery and corruption. This could have implications for the CCGs and linked organisations, and the individuals who are engaged by them.
- 15.4. 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.
- 15.5. 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 of fraud can be committed by a body corporate.

¹⁶ https://www.gov.uk/government/uploads/system/uploads/attachmenmonitor_data/file/283505/SubstantiveGuidanceDec2013_0.pdf

- 15.6. 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. The Act repealed the UK's previous anti-corruption legislation (the 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.

Disciplinary implications

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

Professional regulatory implications

- 15.8. Statutorily regulated healthcare and other professionals who work for, or are engaged by the CCGs are under professional duties imposed by their relevant regulator to act appropriately with regard to conflicts of interest. The CCGs will report statutorily regulated healthcare professionals to their regulator if it believes that they have acted improperly, so that these concerns can be investigated. The consequences for inappropriate action could include fitness to practise proceedings being brought against them, and they could, if appropriate, be struck off by their professional regulator as a result.

16. Conflicts of interest training

- 16.1. The CCGs will ensure that training is offered to all staff, Governing Body members and members of CCGs' committees and sub-committees and practice staff with involvement in CCG business 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.
- 16.2. NHS England is expected to launch an online training package for CCG staff, Governing Body members, members of CCG committees and sub-committee members and practice staff with involvement in CCG business during Autumn 2017. Once available this training will become mandatory and will need to be completed by all staff by 31 January of each year. Completion rates will be recorded as part of the CCGs' annual conflicts of interest internal audit.

17. Monitoring Compliance and Effectiveness of the Policy

Internal Audit

- 17.1. All CCGs are required to undertake an audit of conflicts of interest management as part of their internal audit plan on an annual basis. . To support CCGs to undertake the audit and ensure consistency in the approach, NHS England has published a template audit framework.
- 17.2. The results of the audit will be reflected in the respective CCG's annual governance statement and will be discussed in the end of year governance meeting with NHS England regional teams.

CCG Improvement and Assessment Framework

- 17.3. The management of conflicts of interest is a key indicator of the CCG Improvement and Assessment Framework. As part of the framework, all CCGs will be required on an annual basis to confirm via self-certification:
- That the CCG has a clear policy for the management of conflicts of interest in line with the statutory guidance and a robust process for the management of breaches;
 - That the CCG has a minimum of three lay members;
 - That the CCG audit chair has taken on the role of the Conflicts of Interest Guardian; and
 - The level of compliance with the mandated conflicts of interest on-line training, as of 31 January annually.
- 17.4. In addition, CCGs will be required to report on a quarterly basis via self-certification whether the CCG:
- Has processes in place to ensure individuals declare any interests which may give rise to a conflict or potential conflict as soon as they become aware of it, and in any event within 28 days, ensuring accurate up to date registers are complete for:
 - conflicts of interest;
 - procurement decisions; and
 - gifts and hospitality.
 - Has made these registers available on its website and, upon request, at the CCG's headquarters.
 - Is aware of any breaches of its policies and procedures in relation to the management of conflicts of interest and how many:
 - To include details of how they were managed;
 - Confirmation that anonymised details of the breach have been published on the CCG website; and
 - Confirmation that they been communicated to NHS England.

18. Equality and Diversity Statement

- 18.1. The CCGs are committed to ensuring that it treats all its members 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. Accordingly an Equality Impact Assessment has been completed for this policy.
- 18.2. If you have any concerns or issues with the contents of this policy or have difficulty understanding how this policy relates to you or your role, please discuss them with the Conflicts of Interest Guardians or the Deputy Director of Corporate Affairs.

Appendix 1 – Template Declaration of Interest Form for Employees and Members

Name:	
Relevant CCG:	Coventry and Rugby CCG / Warwickshire North CCG / Both CCGs <i>*Delete as appropriate</i>
Position within, or relationship with, the CCG (or NHS England in the event of joint committees:	

Detail of interests held (complete all that are applicable). If there are no interests please indicate a 'nil' response:

Type of Interest* <small>*See reverse of form for details</small>	Description of Interest (including, for Indirect Interests, details of the relationship with the person who has the interest)	Date interest Relates from and to:		Actions to be taken to mitigate risk (to be agreed with line manager)
		From	To	

The information submitted will be held by the CCGs for personnel or other reasons specified on this form and to comply with the organisations' policies. This information may be held in both manual and electronic form in accordance with the Data Protection Act 1998. Information may be disclosed to third parties in accordance with the Freedom of Information Act 2000 and, in the case of decision making staff (as defined in the statutory guidance on managing conflicts of interest for CCGs) may be published in registers that the CCGs hold.*

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

[This paragraph applies to decision making staff only] I **do / do not** [delete as applicable] give my consent for this information to be published on registers that the CCG holds. If consent is NOT given please give reasons in the box below:

Employee/Member Signature:

Print Name: _____ **Signature:** _____ **Date:** _____

Line Manager or Senior CCG Manager

Print Name: _____ **Signature:** _____ **Date:** _____

Types of conflicts of interest

Type of Interest	Description
Financial Interests	<p>This is where an individual may get direct financial benefits from the consequences of a commissioning decision. This could, for example, include being:</p> <ul style="list-style-type: none"> • A director, including a non-executive director, or senior employee in a private company or public limited company or other organisation which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations. This includes involvement with a potential provider of a new care model; • A shareholder (or similar ownership interests), a partner or owner of a private or not-for-profit company, business, partnership or consultancy which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations; • A management consultant for a provider; or • A provider of clinical private practice. <p>This could also include an individual being:</p> <ul style="list-style-type: none"> • In employment outside of the CCG (see paragraph 79-81); • In receipt of secondary income; • In receipt of a grant from a provider; • In receipt of any payments (for example honoraria, one-off payments, day allowances or travel or subsistence) from a provider; • In receipt of research funding, including grants that may be received by the individual or any organisation in which they have an interest or role; and • Having a pension that is funded by a provider (where the value of this might be affected by the success or failure of the provider).
Non-Financial Professional Interests	<p>This is where an individual may obtain a non-financial professional benefit from the consequences of a commissioning decision, such as increasing their professional reputation or status or promoting their professional career. This may, for example, include situations where the individual is:</p> <ul style="list-style-type: none"> • An advocate for a particular group of patients; • A GP with special interests e.g., in dermatology, acupuncture etc; • An active member of a particular specialist professional body (although routine GP membership of the Royal College of General Practitioners (RCGP), British Medical Association (BMA) or a medical defence organisation would not usually by itself amount to an interest which needed to be declared); • An advisor for the Care Quality Commission (CQC) or the National Institute for Health and Care Excellence (NICE); • Engaged in a research role; • The development and holding of patents and other intellectual property rights which allow staff to protect something that they create, preventing unauthorised use of products or the copying of protected ideas; or • GPs and practice managers, who are members of the governing body or committees of the CCG, should declare details of their roles and responsibilities held within their GP practices.
Non-Financial Personal Interests	<p>This is where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit. This could include, for example, where the individual is:</p> <ul style="list-style-type: none"> • A voluntary sector champion for a provider; • A volunteer for a provider; • A member of a voluntary sector board or has any other position of authority in or connection with a voluntary sector organisation; • Suffering from a particular condition requiring individually funded treatment; • A member of a lobby or pressure group with an interest in health and care.
Indirect Interests	<p>This is where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest in a commissioning decision (as those categories are described above) for example, a:</p> <ul style="list-style-type: none"> • Spouse / partner; • Close family member or relative e.g., parent, grandparent, child, grandchild or sibling; • Close friend or associate; or • Business partner.

Appendix 2 – Register of Interests Template

Title	First Name	Initial	Last Name	Current position(s) held in CCG, ie Governing Body member, Committee member, Member Practice; CCG employee or other	Declared Interest (Name of the organisation and nature of the business)	Type of Interest				Date of interest		Action taken to mitigate risk
						Financial	Non-Financial Professional	Non-financial Personal	Indirect	From	To	

Appendix 3 – Decision Making Staff

Each individual and their role within the CCGs will be considered individually and a decision recorded as to whether their declaration is to be published, however, the following non-exhaustive list describes who these individuals are likely to be:

- All governing body members;
- Members of advisory groups which contribute to direct or delegated decision making on the commissioning or provision of taxpayer funded services such as working groups involved in service redesign or stakeholder engagement that will affect future provision of services;
- Members of the Primary Care Commissioning Committee (PCCC)/Joint Commissioning Committee;
- Members of other committees of the CCGs ie, Audit Committees, Remuneration Committee Finance and Performance/ Commissioning Finance and Performance, and Clinical Quality and Governance Committees;
- Members of new care models joint provider / commissioner groups / committees;
- Those at Agenda for Change band 8d and above;
- Management, administrative and clinical staff who have the power to enter into contracts on behalf of the CCG; and
- Management, administrative and clinical staff involved in decision making concerning the commissioning of services, purchasing of good, medicines, medical devices or equipment, and formulary decisions.

Appendix 4 – Template Declaration of Gifts and Hospitality Form

Name:	
Relevant CCG:	Coventry and Rugby CCG / Warwickshire North CCG / Both CCGs <i>*Delete as appropriate</i>
Position within, or relationship with, the CCG (or NHS England in the event of joint committees:	

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 CCGs for personnel or other reasons specified on this form and to comply with the organisations' policies. This information may be held in both manual and electronic form in accordance with the Data Protection Act 1998. Information may be disclosed to third parties in accordance with the Freedom of Information Act 2000 and, in the case of decision making staff' (as defined in the statutory guidance on managing conflicts of interest for CCGs) may be published in registers that the CCGs hold.

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

[This paragraph applies to decision making staff only] 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 in the box below:

Employee/Member Signature:

Print Name: _____ **Signature:** _____ **Date:** _____

Line Manager or Senior CCG Manager

Print Name: _____ **Signature:** _____ **Date:** _____

Appendix 5 - Register of Gifts and Hospitality Template

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

Appendix 6 - Declaration of Interest Checklist for Meeting Chairs

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

Timing	Checklist for Chairs	Responsibility
In advance of the meeting	<ol style="list-style-type: none"> 1. The agenda to include a standing item on declaration of interests to enable individuals to raise any issues and/or make a declaration at the meeting. 2. A definition of conflicts of interest should also be accompanied with each agenda to provide clarity for all recipients. 3. Agenda to be circulated to enable attendees (including visitors) to identify any interests relating specifically to the agenda items being considered. 4. Members should contact the Chair as soon as an actual or potential conflict is identified. 5. Chair to review report front sheet which details any previous conflicts of interest declared and how this was managed ie, at sub-committee, working group, etc., or any anticipated conflicts identified. 6. A copy of the members' declared interests is checked to establish any actual or potential conflicts of interest that may occur during the meeting. 	<p>Meeting Chair and secretariat</p> <p>Meeting Chair and secretariat</p> <p>Meeting Chair and secretariat</p> <p>Meeting members</p> <p>Meeting Chair</p> <p>Meeting Chair</p>
During the meeting	<ol style="list-style-type: none"> 7. Check and declare the meeting is quorate and ensure that this is noted in the minutes of the meeting. 8. Chair requests members to declare any interests in agenda items- which have not already been declared, including the nature of the conflict. 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. 10. As minimum requirement, the following should be recorded in the minutes of the meeting: <ul style="list-style-type: none"> • Individual declaring the interest; • At what point the interest was declared; • The nature of the interest; • The Chair's decision and resulting action taken; • The point during the meeting at which any individuals retired from and returned to the meeting - even if an interest has not been declared; • Visitors in attendance who participate in the meeting must also follow the meeting protocol and declare any interests in a timely manner. <p>A template for recording any interests during meetings is detailed overleaf.</p> 	<p>Meeting Chair</p> <p>Meeting Chair</p> <p>Meeting Chair and secretariat</p> <p>Secretariat</p>
Following the meeting	<ol style="list-style-type: none"> 11. All new interests declared at the meeting should be promptly updated onto the declaration of interest form; 12. All new completed declarations of interest should be transferred onto the register of interests. 	<p>Individual(s) declaring interest(s)</p> <p>Head of Corporate Services</p>

Appendix 7- Procurement Checklist Template

CCG: Coventry and Rugby CCG / Warwickshire North CCG/ Both CCGs	
*Delete as appropriate	
Service:	
Question	Comment/ Evidence
1. How does the proposal deliver good or improved outcomes and value for money – what are the estimated costs and the estimated benefits? How does it reflect the CCG's proposed commissioning priorities? How does it comply with the CCG's commissioning obligations?	
2. How have you involved the public in the decision to commission this service?	
3. What range of health professionals have been involved in designing the proposed service?	
4. What range of potential providers have been involved in considering the proposals?	
5. How have you involved your Health and Wellbeing Board(s)? How does the proposal support the priorities in the relevant joint health and wellbeing strategy (or strategies)?	
6. What are the proposals for monitoring the quality of the service?	
7. What systems will there be to monitor and publish data on referral patterns?	
8. Have all conflicts and potential conflicts of interests been appropriately declared and entered in registers?	
9. In respect of every conflict or potential conflict, you must record how you have managed that conflict or potential conflict. Has the management of all conflicts been recorded with a brief explanation of how they have been managed?	
10. Why have you chosen this procurement route e.g., single action tender? ¹⁷	

¹⁷Taking 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).

CCG: Coventry and Rugby CCG / Warwickshire North CCG/ Both CCGs

*Delete as appropriate

Service:

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

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

Signed:

On behalf of:

Date:

Appendix 8 – Template Register of Procurement Decisions

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 and justification for action	Contract Award (supplier name & registered address)	Contract value (£) (Total)	Contract value to CCG

Appendix 9 – Template Declaration of Interest Form for Bidders/Contractors

Declaration of conflict of interests for bidders/contractors (part 1)

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

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:

Declaration of conflict of interests for bidders/contractors (part 2)

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

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

Signed:

On behalf of:

Date:

Appendix 10 - Equality Impact Assessment

Policy	Managing Conflicts of Interest Policy	Person completing EIA	Maria Maltby, Deputy Director of Corporate Affairs
Date of EIA	22 August 2017	Accountable CCG Lead	Debbie Pook, Chief Operating Officer

Aim of Work	This policy and procedure ensures an auditable approach to ensuring compliance with legislation and NHS England requirements with regards to the management of conflicts of interest
Who Affected	

Protected Group	Likely to be a differential impact?	Protected Group	Likely to be a differential impact?
Sex	No	Age	No
Race	No	Gender Reassignment	No
Disability	No	Marriage and Civil Partnership	No
Religion / belief	No	Pregnancy and Maternity	No
Sexual orientation	No		

Describe any potential or known adverse impacts or barriers for protected/vulnerable groups and what actions will be taken (if any) to mitigate. If there are no known adverse impacts, please explain.