

# Conflicts of Interest Policy

## Ratification Process

Lead Author	Sharon Fox Associate Director of Corporate Affairs (CCG Secretary)
Developed by	Sharon Fox Associate Director of Corporate Affairs (CCG Secretary)
Reviewed by	Audit Committee – 22.01.19
Approved by	Ratified by Governing Body – 05.03.19
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## Document Control Sheet

<b>Development and Consultation:</b>	This Policy has been revised to reflect Managing Conflicts of Interest :Statutory Guidance for CCGs published in December 2014 (revised June 2016) and June 2017
<b>Dissemination</b>	The Policy will be communicated to all staff and managers via the CCG extranet and public website
<b>Implementation</b>	This Policy will be implemented across the CCG.
<b>Training</b>	Training will be provided as relevant and in line with this Policy.
<b>Monitoring</b>	A report monitoring arrangements for effectiveness and compliance will be provided to the approving Committee (Audit Committee)
<b>Review</b>	CCG Audit Committee
<b>Links with other documents</b>	The policy should be read in conjunction with: CCG Constitution CCG Procurement Strategy CCG Procurement Policy CCG Standards of Business Conduct and Commercial Sponsorship Standing Orders, Prime Financial Policies, Standing Financial Instructions, Scheme of Delegation Policy for the Involvement of External Clinical Advisors in Commissioning Decisions for Service Reconfiguration Records Management Policy Counter Fraud Corruption and Bribery Policy CCG Minute Taking Guidance
<b>Equality and Diversity</b>	The Policy has been subjected to an Equality Impact Assessment to ensure that the document is compliant with the CCG Equality and Diversity Strategy.

## Version Control

Version	Status	Author	Date Approved
1	Approved by Governing Body – February 2013, reviewed March 2013	Sharon Fox	March 2013
2	Re-written to reflect the Managing Conflicts of Interest :Statutory Guidance for CCGs published in December 2014	Sharon Fox	To Audit Committee 3.02.2015 Then to GB 3.03.2015
3	Revised to incorporate Local Counter Fraud Specialist review and comments	Sharon Fox	To Audit Committee 02.12.15. Then to GB 12.01.16
4	Revised to take into consideration the new Statutory Guidance published in June 2016	Sharon Fox	To Audit Committee 19.07.2016 To Remuneration Committee then to GB 13.09.2016
5	Updates made to Policy to reflect Delegated Commissioning arrangements for primary care Section 8.1 Section 13	Sharon Fox	Urgent Decisions – Chair, CO, CFO, COI Guardian, 29.03.2017 Formal ratification 9.05.2017
6	Updated to reflect the revised Statutory Guidance for CCGs published in June 2017	Sharon Fox	To Audit Committee 18.07.2017
7	Updated to reflect the findings of the COI Internal Audit Review plus, Annual Review. Equality Impact Assessment completed. Also reflects changes made post review by the CCGs new Internal Auditor (Oct 18). Further review by Audit Committee in Jan 2019	Sharon Fox	Oct 2018 – January 2019

## CONFLICTS OF INTEREST POLICY

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The Following annexes are included as embedded documents on page 34.

*Copies can be obtained on request from the Associate Director of Corporate Affairs (CCG Secretary).*

Annex A	CCG Declaration of Interest Form
Annex B	Declaration of Interest Register Template
Annex C	Declaration of Interest for Gifts and Hospitality
Annex D	Gifts and Hospitality Register
Annex E	Declarations of Interest Checklist
Annex F	Template for Recording Minutes
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Annex I	Form of Declaration of Conflicts of Interest for Bidders and Contractors
Annex J	Conflicts of Interest Checklist
Annex K	Summary of key aspects of the guidance on managing conflicts of interest relating to commissioning of new care models
Annex L	NHSE Case Studies

## 1. Introduction

- 1.1 This Policy sets out how NHS Cambridgeshire & Peterborough CCG (CCG) will effectively manage conflicts of interest to ensure that the CCG maintains the public trust in the commissioning system. The Policy will ensure that the CCG can ensure that its commissioning decisions can withstand scrutiny and challenge. The Policy should also provide confidence to patients, providers, Parliament and tax payers that the CCG commissioning decisions are robust, fair, transparent and offer value for money.
- 1.2 This Policy has been developed to ensure the CCG meets the NHS England Managing Conflicts of Interest Statutory Guidance produced in December 2014 (as amended June 2016) and aims to
- Safeguard clinically led commissioning, whilst ensuring objective investment decisions;
  - Enable the CCG to demonstrate that it is acting fairly and transparently and in the best interest of our patients and local population;
  - Uphold confidence and trust in the NHS;
  - Support the CCG to understand when conflicts (whether actual or potential) may arise and how to manage them if they do;
  - Ensure that the CCG operates within the legal framework;
- 1.3 The Policy provides safeguards for the management of conflicts of interest including: -
- The nature of conflicts of interests;
  - The arrangements for declaring interests within the CCG;
  - The arrangements for dealing with breaches of the Conflicts of Interest Policy;
  - The maintenance of the CCG's register of interests and record keeping of the steps taken to manage the conflict;
  - The exclusion of individuals from decision-making where a conflict arises;
  - Engagement with a range of potential providers on service design.
  - The arrangements for an annual audit of conflicts of interest management.
- 1.4 If you are found to have accepted, or given, any bribe or inducement that is in breach of CCG policy, and/or the Bribery Act 2010 you will face action which may include an investigation by the Local Counter Fraud Specialist that could result in criminal and/or disciplinary action being taken against you in line with CCG Disciplinary Policy or be referred to the appropriate regulatory body.

1.5 The Code of Conduct and Accountability reinforces principles of probity and honesty and the CCG's Standing Orders and Standing Financial Instructions reflect these principles.

## 2. Scope

2.1 This Policy applies to NHS Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) salaried employees, prospective employees (who are part-way through recruitment), contractors/sub-contractors, agency staff. Governing Body members and members of Committees, and member practices of the CCG, expanded to incorporate all GPs and practice staff. The Policy will be subject of review and if necessary amendment as and when required.

2.2 A copy of the Policy will be supplied on appointment by the Chair of the CCG.

## 3. Principles

3.1 The CCG has agreed a series of principles for those who are serving as members of CCG governing bodies, CCG committees or take decisions where they are acting on behalf of the public or spending public money.

3.2 The CCG will observe the principles of good governance in the way they do business. These include:

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

3.3 All those with a position in public life should adhere to the Nolan principles. These are set out in the CCG's Constitution, and referenced below: -

- **Selflessness** – Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends;
- **Integrity** – Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties;
- **Objectivity** – In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit;

- **Accountability** – Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office;
- **Openness** – Holders of public office should be as open as possible about all the decisions and actions they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands;
- **Honesty** – Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest;
- **Leadership** – Holders of public office should promote and support these principles by leadership and example.

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

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

3.5 In addition to the above, the CCGs will always bear in mind:

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

## **4. Roles and Responsibilities**

### **4.1 CCG Governing Body**

The CCG's Governing Body will be responsible for overseeing this Policy and will ensure that systems and processes are in place to support all those within the scope of this document (set out in Section 2. above). The Governing Body will receive assurance via the Audit Committee that the CCG remains compliant with the Policy.

### **4.2 Chief Officer (Accountable Officer)**

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

### **4.3 Audit Committee Chair and Conflicts of Interest Guardian**

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

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

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

#### **4.4 Audit Committee**

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

#### **4.5 CCG Secretary & Deputy Director of Corporate Affairs**

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

#### **4.6 Chairs of Committees**

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

#### **4.7 Executive Directors and Senior Managers**

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

#### **4.8 Employees and Member Practices**

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

#### **4.9 NHS England**

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

### **5. Legislative Framework, Statutory Guidance and Other Reference Documents**

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

#### **5.1 Section 14O of the Health and Social Care Act which requires all CCGs to make arrangements to:**

- Maintain an appropriate register of interests;
- Publish or make arrangements for the public to access those registers;

- Make arrangements for requiring the prompt declaration of interests by the person specified (members and employees) and ensure that these interests are entered into the relevant register;
  - Make arrangements for managing conflicts and potential conflicts of interest; and
  - Have regard to guidance published by NHS England and NHS Improvement in relation to conflicts of interest.
- 5.2 NHS Procurement (Patient Choice and Competition) (no2) Regulations 2013 which sets out that commissioners of health services, the CCG:
- Must not award a contract for the provision of NHS healthcare services where conflicts, or potential conflicts, between the interests involved in commissioning such services and the interests in providing them affect, or appear to affect the integrity of the award of that contract; and
  - Must keep a record of how it managed any such conflict in relation to NHS commissioning contracts it enters into, details of which should be published by the CCG.
- 5.3 The Public Contract Regulations 2015 which incorporates the European Public Contracts Directive into national law: applied to all public contracts over the threshold value (Euro 750,000, currently £589,148); enforced through the courts. The general principles arising under the Treaty on Function of the European Union of equal treatment, transparency, mutual recognition, non-discrimination and proportionality may apply even to public contracts for two bodies (including NHS Improvement functions in relation to the NHS (procurement, patient choice and competition) (No2) regulations 2013 (PPCCR).
- 5.4 NHS England: Managing Conflicts of Interest Statutory Guidance – December 2014 (revised 2016) sets out how CCGs should manage conflicts of interest. It contains specific provisions in relation to co-commissioning primary care services but is relevant to CCG responsibilities generally. This pertains to Section 14Z8 of the Health and Social Care Act 2012 which gives NHS England the ability to issue statutory guidance regarding commissioning and which CCG's have a regard to.
- 5.5 Bribery Act 2010 – All employees, members, committee and sub-committee members of the CCG should be aware that committing an act of bribery is an offence. Any suspicions or concerns of acts of fraud or bribery can be reported online via [www.cfa.nhs.uk](http://www.cfa.nhs.uk) or via the NHS Counter Fraud Authority 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. Employees should refer to the CCG's Counter Fraud, Corruption and Bribery Policy.

- 5.6 Public Sector Equality Duty. The CCG has a general legal duty to eliminate unlawful discrimination, advance equality of opportunity and foster good relations.
- 5.7 The CCG will also ensure that it adheres with guidance issued by professional bodies including the British Medical Association, The Royal College of General Practitioners and the General Medical Council.
- 5.8 Should it be suspected that any individual covered by this Policy has failed to appropriately declare an interest, or failed to demonstrate compliance with the conduct outlined in this policy, it may be deemed appropriate to take action in line with the CCG's Disciplinary Policy and/or make a referral to the CCG's Local Counter Fraud Specialist that may lead to a civil or criminal investigation being commenced. Please refer to Section 15 which sets out the process for dealing with breaches in this Policy.
- 5.9 Fraud Act 2016: Failure to manage conflicts of interest could lead to criminal proceedings including for offences such as fraud, bribery and corruption. This could have implications for CCGs and linked organisations, and the individuals who are engaged by them. The Fraud Act 2006 created a criminal offence of fraud and defines three ways of committing it:
- Fraud by false representation;
  - Fraud by failing to disclose information; and,
  - Fraud by abuse of position.

## 6. Definition of an Interest

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

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

- A director, including a non-executive director, or senior employee in a private company or public limited company or other organisation which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations.
- A shareholder (or similar ownership interests), a partner or owner of a private or not-for-profit company, business, partnership or consultancy which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations.
- A management consultant for a provider.

This could also include an individual being:

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

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

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

GPs and practice managers, who are members of the governing body or committees of the CCG, should declare details of their roles and responsibilities held within their GP practices.

Staff should declare patents and other intellectual property rights they hold (either individually, or by virtue of their association with a commercial or other organisation), including where applications to protect have started or are ongoing, which are, or might be reasonably expected to be, related to items to be procured or used by their organisation.

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

- A voluntary sector champion for a provider;
- A volunteer for a provider;

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

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

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

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

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

- 6.2 A range of conflicts of interest case studies has been prepared by NHS England. This will be used to support training within the CCG. A copy is attached at Annex 1 and is also available at the link below: -

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

- 6.3 Members and employees will use the Declarations of Interest Template set out in **Annex A**. A Register of Interests will be maintained by the CCG. A template is set out at **Annex B**.

## 7. Procurement Issues

- 7.1 The Procurement, Patient Choice and Competition Regulations 2013 place a requirement on the CCG to ensure that it adheres to good practice in relation to procurement, does not engage in anti-competitive behaviour that is against the interests of patients, and protects the rights of patients to make choices about their healthcare.
- 7.2. To address this, the CCG will manage conflicts and potential conflicts of interest when awarding a contract.
- 7.3 The CCG will keep and publish appropriate records of how they have managed any conflicts in individual cases.

- 7.4 Where a relevant and material interest or position of influence exists in the context of the specification for, or award of, a contract the member or employee will be expected to:
- Declare that interest;
  - Ensure that the interest is recorded in the register;
  - Withdraw from all discussion on the specification or award;
  - Not have a vote in relation to the specification or award.
- 7.5 Members will be expected to declare an interest early in any procurement process if they are to be a potential bidder in that process. Failure to do this could result in the procurement process being declared invalid and possible suspension of the relevant member or employee. The CCG will consider what action may need to be taken in such circumstances.
- 7.6 The most obvious area in which conflicts of interest could arise is where the CCG commissions (or continues to commission by contract extension) healthcare services, including GP services, in which a member of the CCG has a financial or other interest. This may arise in the context of co-commissioning of primary care, particularly in relation to joint arrangements, in respect of any commissioning issue where GPs are current providers. The CCG will address this by completing the Procurement Template set out at **Annex G** when drawing up their plans to commission services where this is potentially the case.
- 7.7 The CCG will evidence its deliberations on conflicts of interest and make these publicly available through publication of the completed template. This will provide assurance to Health and Wellbeing Boards, local Healthwatch, the local population and NHS England, in their role as assurers of co-commissioning:
- that the CCG is seeking and encouraging scrutiny of its decision-making process;
  - that the proposed service meets local needs and priorities, enabling them to raise questions if they have concerns about the approach being taken; and
  - that the CCG's Audit Committee and External Auditors are assured that robust processes are followed in deciding to commission services, selecting the appropriate procurement route and in addressing potential conflicts.
- 7.8 All potential bidders/contractors/service providers, including sub-contractors, members of a consortium, advisors or other associated parties (Relevant Organisation) are required to identify any potential conflicts of interests that could arise if the Relevant Organisation were to take part in any procurement process and or provider services under, or otherwise enter into any contract with, the CCG, or NHS England, in circumstances where the CCG is jointly

commissioning the service with, or acting under a delegation from NHS England.

- 7.9 The completed form should be sent to the Procurement's Senior Responsible Owner of the procurement and will be incorporated into appropriate documentation.
- 7.10 Any changes to interests declared either during the procurement process or during the term of any contract subsequently entered into by the Relevant Organisation and the CCG must be notified to the CCG by completing a new declaration form and submitting it to the Procurement's Senior Responsible Owner.
- 7.11 Relevant Organisations completing this declaration form must provide sufficient detail of each interest so that the CCG, NHS England and also a member of the public would be able to understand clearly the sort of financial or other interest the person concerned has and the circumstances in which a conflict of interest with the business or running of the CCG or NHS England (including the award of a contract) might arise.
- 7.12 If in doubt as to whether a conflict of interests could arise, a declaration of the interest should be made.
- 7.13 Interests that must be declared (whether such interests are those of the Relevant Person themselves or of a family member, close friend or other acquaintance of the Relevant Person), include the following:
- i. the Relevant Organisation or any person employed or engaged by or otherwise connected with a Relevant Organisation (Relevant Person) has provided or is providing services or other work for the CCG or NHS England;
  - ii. a Relevant Organisation or Relevant Person is providing services or other work for any other potential bidder in respect of this project or procurement process;
  - iii. the Relevant Organisation or any Relevant Person has 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.
- 7.14 Bidders and Contractors will be required to complete the Declaration of Conflict of Interest for Bidders/Contractors Template set out in **Annex I**.

## **8. Registers**

### **8.1 Register of Interests**

- 8.1.1 The CCG Secretary, on behalf of the CCG Chair will maintain a register of all 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

Decision-making staff's declarations will be published on the CCG Register including those at Agenda for Change Band 8d and above; and 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.

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

**Members of the Governing Body:** All members of the CCG's committees, sub-committees/sub-groups, including:

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

**Primary Care Commissioning Committee** Any interests which are declared by the committee members should be recorded on the register(s) of interest, including:

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

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

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

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

This will be in line with Section 5 above and will be set out on the template attached at **Annex A**.

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

- i. On appointment - Applicants for any appointment to the CCG or its Governing Body should be asked to declare any relevant interests. When an appointment is made, a formal declaration of interests should again be made and recorded, together with the action taken to manage the interest.
  - ii. At meetings - All attendees are required to declare their interests as a standing agenda item for every Governing Body, Committee, Sub-Committee or Working Group meeting before it 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 should be recorded in minutes of meetings.
  - iii. Six monthly - The CCG will review its Register of Interests on a six monthly basis to ensure that it is accurate and up to date. Declarations of interest should be obtained from all relevant individuals every six months and where there are no interests or changes to declare, a “nil” return should be recorded. Outside the six monthly timeframe, amended Registers of Interest will be presented to the Governing Body and published on the CCG web-site.
  - iv. Whenever an individual’s role, responsibility or circumstances change in a way that affects the individual’s interests (e.g. where an individual takes on a new role outside the CCG or enters into a new business or relationship) a further declaration should be made to reflect the change in circumstances as soon as possible and in any event within 28 days. This could involve a conflict or an interest ceasing to exist or a new one materialising. It should be made clear to all individuals who are required to make a declaration that if their circumstances change, it is their responsibility to make a further declaration as soon as possible and in any event within 28 days, rather than waiting to be asked.
- 8.1.2 Whenever interests are declared, they should be reported to the CCG Secretary who should update the register accordingly.
- 8.1.3 The CCG Secretary will update the Register of Interests whenever a new or revised interest is declared.
- 8.1.4 The CCG will publish its Register of Interest on the CCG’s web-site in line with NHSE Guidance and make arrangements to ensure the Register is available for inspection at the CCG’s Headquarters.
- 8.1.5 The Register of Interests will form part of the CCG’s Annual Accounts and will thus be signed off by External Auditors.

8.1.6 Where reminders do not result in submission of declaration forms, this is considered to be a potential breach in the Policy dealt with under Section 15. This will be escalated via the appropriate route (staff, GB, Member practices). Any continued lack of compliance will be reported to the Audit Committee.

## **8.2 Register of Procurement Decisions**

8.2.1 In line with the CCG's Procurement Policy and Regulation 9 of the NHS (Procurement, Patient Choice and Competition) (No 2) Regulations 2013, the CCG will maintain a Register of procurement decisions taken.

8.2.2 This will include:

- i. The detail of the decision;
- ii. Who was involved in the decision (i.e. governing body or committee members and others with decision-making responsibility); and
- iii. A summary of any conflicts of interest in relation to the decision and how this was managed by the CCG.

8.2.3 The CCG Secretary will update the Register of Procurement Decisions whenever a procurement decision is taken.

8.2.4 The CCG will publish its Register of Procurement Decisions on the CCG's web-site following each Procurement Decision and make arrangements to ensure the Register is available for inspection at the CCG's Headquarters.

8.2.5 The Register of Procurement Decisions will form part of the CCG's Annual Accounts and will thus be signed off by External Auditors.

## **8.3 Register of Contracts**

The CCG will publish details of all contracts, including the value of the contracts on an annual basis. This will be updated regularly to reflect any new contracts, in year, and any deeds of variation.

## **8.4 Register of Gifts, Hospitality and Commercial Sponsorship**

All staff should be aware that gifts, hospitality and expenses may be used as a method of bribery. In line with the CCG's Standards of Business Conduct and Commercial Sponsorship Policy, the CCG will maintain a Register of Gifts and Hospitality and a Register of Commercial Sponsorship. The table below, taken from the Standards of Business Conduct and Commercial Sponsorship Policy sets out the values of Gifts and Hospitality that should be declared:

Gifts /Hospitality	Value	Acceptable	Does it need to be declared
Gifts from suppliers or contractors	Under £6	√	No
	Over £6	X	N/a
Gifts from other sources (excluding cash or vouchers) <i>e.g. patients, families and service users</i>	Under £50	√	No
	Over £50	√*	Yes (whether accepted or not) * Must be treated with caution & can only be accepted on behalf of the organisation <b>not</b> in a personal capacity
Multiple small gifts over the course of 12 months from the same or closely related source (Cumulative total)	Under £50	√	No
	Over £50	√*	Yes - whether accepted or not
Hospitality (meals and refreshments)	Under £25	√	No
	Between £25-£75	√	Yes
	Over £75	X*	Should be refused unless senior approval is given. Should be declared whether accepted or not.

Donations made by suppliers and bodies seeking to do business with the CCG should be treated with caution. In exceptional circumstances they may be accepted but should always be declared. A clear reason should be recorded as to why it was deemed acceptable, alongside the actual or estimated value.

Staff members should not actively solicit charitable donations unless this is a prescribed or expected part of their duties for the CCG, or is being pursued on behalf of the CCG's own registered charity or other charitable body and is not for their own personal gain.

Staff should also obtain permission from the CCG if in their professional role they intend to undertake fundraising activities on behalf of a pre-approved charitable campaign for a charity other than the CCG's own.

Modest offers such as offers to pay for your travel and accommodation for events can be accepted but must be declared.

Offers which go beyond a modest amount or are a type that the CCG itself may not usually offer needs to be approved by senior staff and should only be accepted in exceptional circumstances and must be declared.

All declaration/confirmations from the Line Manager or Senior CCG Manager should identify that they have approved this gift/hospitality being accepted and kept, to make it clear that this is what their signature on the declaration form

signifies. Requests for entries on the gifts and hospitality register should include the requirement for a signed nil return.

## **9. Appointments and Roles and Responsibilities in the CCG**

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

### **9.1 Secondary Employment**

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

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

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

Although for Lay Members their NHS role is in itself secondary employment, they play a critical role in governing the CCG, providing scrutiny, challenge and an independent voice in support of robust and transparent decision-making and management of conflicts of interest. Prior to taking up any new role or appointment, the CCG would expect that the Lay Member would consider any potential conflicts of interest and highlight any potential conflicts with the CCG Secretary.

### **9.2 Appointing Governing Body (including Lay Members) or Committee Members and Senior Employees**

On appointing the above, the CCG will consider whether conflicts of interest should exclude individuals from being appointed to the relevant role. This will

need to be considered on a case-by-case basis but the CCG's Constitution should reflect the CCG's general principles. A record of the decision will be maintained for audit purposes.

The CCG will need to assess the materiality of the interest, in particular whether the individual could benefit (whether financially or otherwise) from any decision the CCG might make. This will be particularly relevant for Governing Body, committee and sub-committee appointments, but should also be considered for all employees and especially those operating at senior level.

The CCG will need to determine the extent of the interest and the nature of the appointee's proposed role within the CCG. If the interest is related to an area of business significant enough that the individual would be unable to operate effectively and make a full and proper contribution in the proposed role, then that individual should not be appointed to the role.

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

## **10. Governance and Decision-Making**

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

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

- iv. regular review and revise the approach to the CCG's registers of interest, together with the introduction of a record of decisions, as set out above;
- v. Ensure that no individuals involved in the monitoring of a contract have no 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; and
- vi. ensure any training or other programmes are implemented to assist with compliance, including participation in the training offered by NHS England.

## 11. Chairing Arrangements and Decision-Making Processes

- 11.1 The chair of a meeting of the CCG's governing body or any of its committees, sub-committees or groups has ultimate responsibility for deciding whether there is a conflict of interest and for taking the appropriate course of action in order to manage the conflict of interest.
- 11.2 In the event that the chair of a meeting has a conflict of interest, the vice chair is responsible for deciding the appropriate course of action in order to manage the conflict of interest. If the vice chair is also conflicted, then the remaining non-conflicted voting members of the meeting should agree between themselves how to manage the conflict(s).
- 11.3 In making such decisions, the chair (or vice chair or remaining non-conflicted members as above) may wish to consult with the Conflicts of Interest Guardian or another member of the governing body.
- 11.4 It is good practice for the chair, with support of the CCG's Head of Governance or equivalent and, if required, the Conflicts of Interest Guardian, to proactively consider ahead of meetings what conflicts are likely to arise and how they should be managed, including taking steps to ensure that supporting papers for particular agenda items of private sessions/meetings are not sent to conflicted individuals in advance of the meeting where relevant.
- 11.5 To support chairs in their role, a declaration of interest checklist has been prepared prior to meetings, which should include details of any declarations of conflicts which have already been made by members of the group. A template declaration of interest checklist has been annexed at **Annex E**.
- 11.6 The chair should ask at the beginning of each meeting if anyone has any conflicts of interest to declare in relation to the business to be transacted at the meeting. This will be included in a specific Agenda Item on each of the CCG's meetings. Each member of the group should declare any interests which are relevant to the business of the meeting whether or not those interests have previously been declared. Any new interests which are

declared at a meeting must be included on the CCG's relevant register of interests to ensure it is up-to-date.

- 11.7 Similarly, any new offers of gifts or hospitality (whether accepted or not) which are declared at a meeting must be included on the CCG's register of gifts and hospitality to ensure it is up-to-date.
- 11.8 It is the responsibility of each individual member of the meeting to declare any relevant interests which they may have. However, should the chair or any other member of the meeting be aware of facts or circumstances which may give rise to a conflict of interests but which have not been declared then they should bring this to the attention of the chair who will decide whether there is a conflict of interest and the appropriate course of action to take in order to manage the conflict of interest.
- 11.9 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.

## **12. Minute-Taking**

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

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

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

## **13. Primary Care Commissioning Committee**

13.1 Procurement decisions relating to the commissioning of primary medical services will be made by the Primary Care Commissioning Committee.

13.2 Where CCGs are commissioning new care models particularly those that include primary medical services, it is likely that there will be some individuals with roles in the CCG (whether clinical or non-clinical), that also have roles within a potential provider, or may be affected by decisions relating to new care models. Commissioning and contract management of entire new care models for primary medical services will therefore be delegated to the Committee. Further Guidance to support this is set out at Annex K.

13.3 The Terms of Reference for the Committee will be appended to the CCG's Constitution.

13.4 The membership of the Committee will be constituted so as to ensure that the majority is held by lay and executive members. In addition to existing CCG lay members, members may be drawn from the CCG's executive members, except where these members may themselves have a conflict of interest (e.g. if they are GPs or have other conflicts of interest). Provision could be made for the committee to have the ability to call on additional lay members or CCG members when required, for example where the Committee would not be quorate because of conflicts of interest. It could also include GP representatives from other CCG areas and non-GP clinical representatives

(such as the CCG's secondary care specialist and/or governing body nurse lead).

- 13.5 Any conflicts of interest issues will be considered on an individual basis. CCGs could also consider reciprocal arrangements with other CCGs in order to support effective clinical representation within the committee. The specific composition is a matter of determination for individual CCGs, subject to the provisions of their constitution. However, the chair and Vice Chair must always be lay members of the committee.
- 13.6 A standing invitation will be made to the CCG's local Healthwatch bodies and Health and Wellbeing Boards to appoint representatives to attend commissioning committee meetings, including, where appropriate, for items where the public is excluded from a particular item or meeting for reasons of confidentiality. These representatives will not form part of the membership of the committee.
- 13.7 As a general rule, meetings of these committees, including the decision-making and the deliberations leading up to the decision, will be held in public (unless the CCG has concluded it is appropriate to exclude the public).
- 13.8 If the CCGs decides to include decisions on other commissioning issues within the remit of the committee or to designate an existing committee to incorporate the above responsibilities within their remit, the CCG will ensure that the membership and chairing arrangements are compliant with the above requirements, or that, when dealing with primary care procurement issues, the participating membership and chairing arrangements are adjusted to meet these requirements. Where an existing committee is so designated, the above requirements on Healthwatch and Health and Wellbeing Board participation and on meeting in public would apply for co-commissioning decisions.
- 13.9 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.

#### **14. Standards of Business Conduct**

14. As set out in the CCG's Constitution, Employees, Members, Committee and sub-committee members of the NHS C&P CCG and members of the Governing Body (and its Committees) will at all times comply with this constitution and be aware of their responsibilities as outlined in it. They should act in good faith and in the interests of the NHS C&P CCG and should follow the Seven Principles of Public Life, set out by the Committee on Standards in Public Life (the Nolan Principles).

## 15. Raising Concerns and Breaches

- 15.1 Failure to comply with the CCG's policies on conflicts of interest management, pursuant to this statutory guidance, can have serious implications for the CCG and any individuals concerned. The CCG's Accountable Officer will ensure that individuals who fail to disclose any relevant interests or who otherwise breach the CCG's rules and policies relating to the management of conflicts of interest are subject to investigation and, where appropriate, to disciplinary action or to refer to the relevant regulatory body by the Accountable Officer.
- 15.2 It is the duty of every CCG employee, governing body member, committee or sub-committee member and GP practice member to speak up about genuine concerns in relation to the administration of the CCG's policy on conflicts of interest management, and to report these concerns. These individuals should not ignore their suspicions or investigate themselves, but rather speak to the Conflicts of Interest Guardian or the CCG Secretary/Deputy Director of Corporate Affairs in the first instance. In the event that there is a concern regarding the Conflicts of Interest Guardian, this should be raised with the Governing Body Chair and Accountable Officer in the first instance.
- 15.3 Any non-compliance with the CCG's conflicts of interest policy should be reported in accordance with the terms of that policy, and CCG's Freedom to Speak Up 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).

If any relevant person feels unable to report the conflict internally, they can report the concern either:

- Contact the Local Counter Fraud Specialist, Antony Upton on 07484 040694
- By calling the NHS Fraud and Corruption Reporting line on 0800 028 40 60
- Online at [www.cfa.nhs.uk/reportfraud](http://www.cfa.nhs.uk/reportfraud)

The Local Counter Fraud Specialist will liaise with the CCG Secretary on how to proceed in these instances.

The Conflict of Interests Guardian will take a decision as to how to proceed with the investigation, escalating the issues to the Governing Body and Accountable Officer as appropriate, whilst continuing to provide advice. The decision will take account of the "seriousness" of the breach which will include factors such as:

- The point at which the breach was reported and how long the breach has been going on for (i.e. did the conflicted person participate in one meeting or the entire decision process?);
- The effect of the breach (i.e. has a contract been awarded by a person who is conflicted? Has there been little practical effect?);
- The likely public perception of the breach – would this harm public confidence?

- In the Conflict of Interests Guardian's role is compromised then the CCG Chair would take on this role.

The decision may involve:

- The Conflicts of Interest Guardian or the Accountable Officer reporting the breach to NHS England if it is judged to be sufficiently serious;
- The breach may also be reported to the Local Counter Fraud Specialist (details provided above), if there is a suggestion of actual or potential fraud;
- Instigation of the CCG's disciplinary process in line with its disciplinary policy;
- The relevant person being removed from office or position within the CCG; and
- If the relevant person is a member of a regulated profession, the CCG may be obliged to report that person to their regulator.

In the worst cases, breaches of this policy may result in criminal proceedings, culminating in a fine or imprisonment.

- 15.4 The CCG Secretary/Deputy Director of Corporate Affairs will maintain a Register of Breaches which sets out: -

How the breach will be recorded;  
 How it has been investigated;  
 The governance arrangements and reporting mechanisms;  
 How this policy links to whistleblowing and HR policies;  
 Who to notify at NHS England and when to do so;

- 15.5 All breaches will be reported to the CCG's Audit Committee, and will be reported to the Governing Body through a Standing Item in the Audit Committee Overview Report. Anonymised details of breaches will be published on the CCG's website for the purpose of learning and development.

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

## **16. Conflicts of Interest Training**

- 16.1 The CCG will ensure that training is offered to all employees, governing body members and members of CCG committees and sub-committees on the management of conflicts of interest. This is to ensure staff and others within the CCG understand what conflicts are and how to manage them effectively. Training will include: -

- What is a conflict of interest;
- Why is conflict of interest management important;
- What are the responsibilities of the organisation you work for in relation to conflicts of interest;
- What should you do if you have a conflict of interest relating to your role, the work you do or the organisation you work for (who to tell, where it should be recorded, what actions you may need to take and what implications it may have for your role);
- How conflicts of interest can be managed;
- What to do if you have concerns that a conflict of interest is not being declared or managed appropriately;
- What are the potential implications of a breach of the CCG's rules and policies for managing conflicts of interest

16.2 The CCG will ensure that NHSE Mandatory Training is rolled out across the organisation and ensure it is completed in line with latest NHSE Guidance.

## 17. CCG Improvement and Assessment Framework

17.1 The CCG 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;
- The level of compliance with the mandated conflicts of interest on-line training in line with latest NHSE Guidance;

17.2 In addition, CCGs will be required to report to NHSE via self-certification whether the CCG:

- Has processes in place to ensure individuals declare any interests which may give rise to a conflict or potential conflict as soon as they become aware of it, and in any event within 28 days, ensuring accurate up to date registers are complete for: -
  - conflicts of interest,
  - procurement decisions and
  - gifts and hospitality
- The date of the declaration will be clearly identified on the self-certification and incorporated in the Register;

- Has made these registers available on its website and, upon request, at the CCG's HQ.
- Is aware of any breaches of its policies and procedures in relation to the management of conflicts of interest and how many:
- To include details of how they were managed;
- Confirmation that anonymised details of the breach have been published on the CCG website;
- Confirmation that they been communicated to NHS England.

17.3 If the CCG has decided not to comply with one or more of the requirements of this statutory guidance – whether in relation to any of the matters referred to in paragraphs 123 and 124 above or otherwise – we expect this to be discussed in advance with NHS England. CCGs must also include within their 42 self-certification statements the reasons for deciding not to do so, on a “comply or explain” basis.

## **18. Annual Audit of Conflicts of Interest**

18.1 The CCG will ensure that an annual audit of conflicts of interest management is incorporated into its Internal Audit Plan. This should be completed in quarter three or four of the financial year, to enable updates to this Policy to be completed.

18.2 The results of the audit will be reflected in the CCG's Annual Governance Statement and will be discussed at the end of year governance meeting with the NHSE Area Team.

## **19. Documentation and Record Keeping**

The CCG will comply with its statutory obligations to keep and maintain appropriate records.

Accurate record keeping and documentation is also fundamental to any procurement process and is also consistent with the CCG's obligation of transparency. A robust audit-trail should be maintained which records all steps and decisions taken (and the reasons for those steps / decisions). This assures the CCG's accountability, that its decisions can be scrutinised, and that it can accurately respond to formal complaints or challenges.

Formal document version control should also be implemented and all document versions retained in case of future need.

## **20. Monitoring Compliance with this Policy**

The effectiveness and compliance with this Policy will be monitored regularly by the CCG's Audit Committee and assurance provided to the CCG's Accountable Officer and Governing Body. This will include regular review of management of conflicts of interest, potential breaches, and ad-hoc review of corporate meeting minutes. Implementation of recommendations from the Internal Audit review described in Section 18 above will also be closely monitored. In addition, the Policy will be kept under informal review in the light of emerging guidance, experience and supporting work. Given the changing environment it is likely that this Policy will need to be updated within a relatively short timescale.

## **21. Equality and Diversity**

In line with the CCG's Equality and Diversity Policy, an Impact Assessment has been completed and is attached at Appendix A.

Equality Impact Assessment

<b>Name of Proposal (policy/strategy/function/service being assessed)</b>	Conflicts of Interest Policy
Those involved in assessment:	Associate Director of Corporate Affairs (CCG Secretary) and CCG Governance Support Manager
Is this a new proposal?	Original CCG Policy - Reviewed and Updated
Date of Initial Screening:	EIA Completed - 6 August 2018

What are the aims, objectives?	<p>The Policy sets out how NHS Cambridgeshire &amp; Peterborough CCG (CCG) will effectively manage conflicts of interest to ensure that the CCG maintains the public trust in the commissioning system.</p> <p>It is also required to ensure the CCG meets the NHS England Managing Conflicts of Interest Statutory Guidance</p>
Who will benefit?	The CCG, service providers, public and patients
Who are the main stakeholders?	CCG employees, Governing Body members and members of Committees and member practices of the CCG.
What are the desired outcomes?	<ul style="list-style-type: none"> <li>• The CCG maintains the public trust in the commissioning system</li> <li>• Commissioning decisions made can withstand scrutiny and challenge</li> <li>• Provide confidence to patients, providers, Parliament and taxpayers that the CCG's commissioning decisions are robust, fair, transparent and offer value for money</li> <li>• Ensure that the CCG operates within the legal framework</li> </ul>
What factors could detract from the desired outcomes?	Lack of awareness and/or non-enforcement of the policy.

What factors could contribute to the desired outcomes?	Mandatory Training being rolled out Awareness raising of the Policy through the CCG Website and internal means - such as i-Connect Member meetings Maintaining and publishing Conflict of Interest registers.
Who is responsible?	Director of Corporate Affairs
Have you consulted on the proposal? If so with whom? If not why not?	No - internal policy - so developed and taken through relevant internal governance processes. Policy developed in line with NHSE Guidance, reviewed by CCG Audit Committee and ratified by the CCG Governing Body in Public.

Which protected characteristics could be affected and be disadvantaged by this proposal (Please tick )		Yes	No
Age	<u>Consider:</u> Elderly, or young people		✓
Disability	<u>Consider:</u> Physical, visual, aural impairment Mental or learning difficulties		✓
Gender Reassignment	<u>Consider:</u> Transsexual people who propose to, are doing or have undergone a process of having their sex reassigned		✓
Marriage and Civil Partnership	<u>Consider:</u> Impact relevant to employment and /or_training		✓
Pregnancy and maternity	<u>Consider:</u> Pregnancy related matter/illness or maternity leave related mater		✓
Race	<u>Consider:</u> Language and cultural factors, include Gypsy and Travellers group		✓
Religion and Belief	<u>Consider:</u> Practices of worship, religious or cultural observance, include non-belief		✓
Sex /Gender	<u>Consider:</u> Male and Female		✓
Sexual Orientation	<u>Consider:</u> Know or perceived orientation		✓

What information and evidence do you have about the groups that you have selected above?

N/a

Consider: Demographic data, performance information, recommendations of internal and external inspections and audits, complaints information, JNSA, ethnicity data, audits, service user data, GP registrations, CHD, Diabetes registers and public engagement/consultation results etc.

**How might your proposal impact on the groups identified? For example you may wish to consider what impact it may have on our stated goals: Improving Access, Promoting Healthy Lifestyles, Reducing Health Inequalities, Supporting Vulnerable People**

Examples of impact re given below:

- a) Moving a GP practice, which may have an impact on people with limited mobility/access to transport etc.
- b) Planning to extend access to contraceptive services in primary care without considering how their services may be accessed by lesbian, gay, bi-sexual and transgender people.
- c) Closure or redesign of a service that is used by people who may not have English as a first language, and may be excluded from normal communication routes.

Please list the positive and negative impacts you have identified in the summary table on the following page.

<b>1 Summary</b>	
Positive impacts (note the groups affected) N/a	Negative impacts (note the groups affected) N/a

Summarise the negative impacts for each group:

N/a

What consultation has taken place or is planned with each of the identified groups?

N/a

What was the outcome of the consultation undertaken?

N/a

What changes or actions do you propose to make or take as a result of research and/or consultation?

**Briefly describe the actions then please insert actions to be taken on to the given Improvement Plan template provided.**

N/a

Will the planned changes to the proposal:

**Please state Yes or No**

Lower the negative impact?	N/a
Ensure that the negative impact is legal under anti-discriminatory law?	N/a
Provide an opportunity to promote equality, equal opportunity and improve relations i.e. a positive impact?	N/a

Taking into account the views of the groups consulted and the available evidence, please clearly state the risks associated with the proposal, weighed against the benefits.

N/a

What monitoring/evaluation/review systems have been put in place?

Overview of this Policy is maintained by the Associate Director of Corporate CCG Secretary and CCG Audit Committee.  
Annual Review.

When will it be reviewed?

August 2019, or earlier if required by changes in local or national requirements.

<b>Date completed:</b>	Original Review completed 9 March 2016. Reviewed: 17 August 2017
<b>Signature:</b>	Simon Barlow
<b>Approved by:</b>	Sharon Fox
<b>Date approved:</b>	(Original) 9 March 2016 (Review) 17 August 2017

## Annexes A - I

(Copies of documents can be obtained on request from the Corporate Governance Team)

