



**Barking and Dagenham,
Havering and Redbridge**
Clinical Commissioning Groups

**CONFLICTS OF INTEREST POLICY
INCORPORATING
GIFTS & HOSPITALITY AND
SPONSORSHIP**

Policy Title:	Conflicts of Interest Policy incorporating Gifts & Hospitality and Sponsorship	
Supersedes:	V3.0	
Description of Amendment(s):	References to conflicts of Interest training updated.	
This policy will impact on:	All staff, governing body/committee members, GP members and those working closely with the CCG.	
Financial Implications:	None	
Policy area:	Governance	
Version No:	V 4.0	
Issued by:	Corporate services	
Author:	Adapted from NHS England model policy	
Document reference:		
Effective date: (issued)	July 2018	
Review date:	June 2020 or immediately if statutory changes are required	
Impact assessment date:	August 2017	
APPROVAL RECORD		
	<u>Committees / Groups / Individual</u>	Date
V 1.0 Approved by:	BHR CCGs' Audit & Governance Committee	24/05/2017
V 2.0 First Amendment:	BHR CCGs' Audit & Governance Committee	11/07/17
V 3.0 Second Amendment	BHR CCG's Audit & Governance Committee	13/02/18

This policy covers Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups (BHR CCGs) rather than having one policy for each CCG. Working together like this means we are able to make better use of our resources across the local health system, avoiding duplication. By working like this we are able to share a single management team, which contains our finance, corporate services, medicines management, nursing, innovations and strategic delivery teams working alongside our transformation programme teams. The three CCGs' also have a joint Managing Director.

Each Clinical Commissioning Group retains its own separate legal entity and references to "Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups", "BHR CCGs" or "the CCGs" refers to Barking and Dagenham Clinical Commissioning Group, Havering Clinical Commissioning Group and Redbridge Clinical Commissioning Group.

CONTENTS

	Page
Executive Summary	4
Standards of Business Conduct	6
New Managing conflicts of interests policy	7
1.0 Policy summary	9
2.0 Introduction	10
3.0 Purpose	10
4.0 Key terms	10
5.0 Interests Definition	10
6.0 Individuals	11
7.0 Decision making individuals	11
8.0 Identification, declaration and review of interests	12
9.0 Management of interests – general	14
10. Management of interests – common situations	14
11. Management of interests – advice on specific contexts	21
12. Dealing with breaches	23
13. Review	24
14. Associated documentation	24
Appendices	25 - 36

Executive summary and message to all staff, governing body/committee members, GP members and those working closely with the CCG

All individuals, as identified in the heading above must read this carefully and all managers must ensure that staff have read and understood the new policy.

In June 2016 new guidance on Managing Conflicts of Interest in the NHS came into force and the CCGs were required to update their policies and procedures by November 2016. NHSE guidance was revised in February 2017 and updated policies and procedures were required to be in place by 1 June 2017. In mid June 2017 NHS England (NHSE) issued further guidance and supporting documentation specifically for CCGs with a request to review their current documentation and make necessary updates within three months. This further guidance included advice that only decision-making individuals were required to be entered onto published registers and new advice on managing conflicts of interests in the commissioning of new care models.

The CCG prepared a new Conflicts of Interest Policy and this was approved by the Audit & Governance Committee in May 2017. The policy with its supporting documentation has now been revised taking account of the specific CCG guidance and this was approved by the July Audit & Governance Committee. This policy is now version 3 as changes have been made to the sponsorship section. This new BHR CCGs' documentation replaces our former policies on:-

- Standards of Business Conduct and Management of Conflicts of Interest
- Gifts, hospitality, sponsorship
- Sponsorship and Joint Working with the Pharmaceutical Industry

The new policy incorporates Gifts & Hospitality and Sponsorship both with and without the Pharmaceutical Industry and sets out the standards of business conduct that will apply to individuals working for and on behalf of Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups (BHR CCGs). The aim of the policy is to promote transparency and provide assurance that the CCGs and the individuals involved in the work of the CCGs are alive to the potential for conflicts of interest to arise, and have a framework in place for managing any such conflicts of interest.

The policy will help individuals to manage conflicts of interest risks effectively. It:-

- introduces common principles and rules for managing conflicts of interest
- provides simple advice to individuals and organisations about what to do in common situations
- supports good judgement about how interests should be approached and managed

Staff and governing body members were asked during the past six months to complete a declaration of interests form and the process will be repeated again towards the end of 2017 followed by an audit before the end of the financial year.

In the meantime, all should identify and declare material interests at the earliest opportunity **(and in any event within 28 days)**. If there is any doubt as to whether an interest is material then they should declare it, so that it can be considered. Declarations should be made:

- on appointment with the organisation.
- when an individual moves to a new role or their responsibilities change significantly.
- at the beginning of a new project/piece of work.

- as soon as circumstances change and new interests arise (for instance, in a meeting when interests are relevant to the matters under discussion).

Please also be aware that any offers of gifts, payments or hospitality must be agreed by a senior manager band 8d or to a VSM (very senior manager) to ensure that there is no breach of the policy. Some may have previously recorded these on the declaration of interest form, however every separate offer must be recorded on the gifts and hospitality form. These include provision of training, attendance at research or other roundtable/discussion events, including those by the pharmaceutical industry.

NHS England has developed an e-learning programme on conflicts of interest which has been added to the list of mandatory training for individuals to complete.

At the end of this document, within the appendices, there are a number of 2 page guides for different professional groups to act as an aide memoire of the requirements.

This policy will be added to the BHR CCGs' websites and also held on the in-house shared drive for staff (S Drive).

Also attached as Appendix F is new advice on identifying, declaring and managing conflicts of interest in the commissioning of new care models and those affected are asked to read this guidance.

Background to BHR CCGs' Conflicts of Interests Policy

BHR CCGs' Standards of Business Conduct Background

The main function of the governing bodies of BHR CCGs' is to ensure that appropriate arrangements are in place to ensure that it complies with:

- its obligations to exercise its functions effectively, efficiently and economically and;
- generally accepted principles of good governance as are relevant to it.

Therefore the governing bodies need to ensure that the CCGs inspire confidence and trust by demonstrating integrity and avoiding any situations where actual or potential bias or undue influence affects the decision-making of the CCGs, in order to protect the NHS, the CCGs', staff and office-holders from any appearance of impropriety.

As an integral part of its standards of business conduct and in its management of conflicts of interest, BHR CCGs observe the seven principles of public life set out by the Nolan Committee. The seven principles are:

- selflessness
- integrity
- objectivity
- accountability
- openness
- honesty
- leadership

The CCGs support a culture of openness and transparency in business transactions. All employees and office-holders of the CCGs are required to:

- ensure that the interests of patients always remain paramount;
- be impartial and honest in the conduct of their official business;
- use public funds entrusted to them to the best advantage of the service and service users, always ensuring value for money;
- ensure that they do not abuse their official position for personal gain or to the benefit of their family or friends;
- ensure that they do not seek to advantage or further, private or other interests, in the course of their official duties.

The policy that follows sets out the standards of business conduct that will apply to the individuals working for and on behalf of BHR CCGs' and contains information as to how the CCGs' will manage conflicts of interest. The policy covers Gifts & Hospitality and Sponsorship both with and without the Pharmaceutical Industry. The policy should be read in conjunction with the CCGs' Constitutions. Persons who are required to comply with this policy shall also comply with:

- standards for members of NHS boards and CCG governing bodies in England (November 2012, Professional Standards Authority) and any later version of this guidance that may be published from time to time; and
- if they are a medical professional, any guidance relating to the management of

conflict of interests published by their respective regulatory body, from time to time, including GMC Good Practice Guidance (2013) and Financial & Commercial arrangements and conflicts of interest (2003).

All employees and office-holders of the CCGs must carry out their duties in accordance with the CCGs' constitutions (including Standing Orders, Scheme of Reservation and Delegation and Prime Financial Policies). These set out the statutory and governance framework within which BHR CCGs operate and there is considerable overlap between the contents of this policy and provision made within these documents. In the event of any inconsistency or conflict between this policy and the CCGs' Constitutions, the Constitutions shall prevail over this policy to the extent of such conflict or inconsistency.

The CCGs will ensure that all office-holders, employees and members of the CCGs' are aware of this policy and the process for declaring interests through, for example:

- introduction to the policy during local induction for new starters to the organisation;
- mandatory training requirements
- an annual reminder of the requirements of the policy and the importance of compliance and also the requirement for any changes to be notified within 28 days

It is the responsibility of all persons to whom this policy applies to familiarise themselves with this policy and ensure they comply with it.

The CCGs will view instances where this policy is not followed as serious and may take disciplinary action against individuals as appropriate, which may result in dismissal from the CCGs' employment or removal from elected or appointed positions.

There are a number of common situations that can give rise to conflicts of interests and they are covered by the policy that follows e.g.

- Gifts
- Hospitality
- Outside Employment
- Shareholdings and other ownership interests
- Patents
- Loyalty Interests
- Donations
- Sponsored Events
- Sponsored Research
- Sponsored Posts
- Clinical Private Practice

The new Conflicts of Interest policy incorporating Gifts & Hospitality and Sponsorship

From 1 June 2017 guidance on Managing Conflicts of Interest in the NHS (the 'guidance') came into force and more recently this was amended specifically for CCGs. The guidance:

- introduces common principles and rules for managing conflicts of interest
- provides simple advice to individuals and organisations about what to do in common situations
- supports good judgement about how interests should be approached and managed
- sets out the issues and rationale behind the policy.

Who the guidance applies to

The national guidance applies to the following organisations:

- Clinical Commissioning Groups ('CCGs') via the statutory guidance to CCGs issued by NHS England.
- NHS Trusts and NHS Foundation Trusts - which include secondary care trusts, mental health trusts, community trusts, and ambulance trusts
- NHS England

The guidance does not apply statutorily to independent and private sector organisations, general practices, social enterprises, community pharmacies, community dental practices, optical providers and local authorities. However, the boards/governing bodies of these organisations can consider, should they wish, to implement the guidance as a means to effectively manage conflicts of interest and provide safeguards for their staff *.

At the CCGs we use the skills of many different people, all of whom are vital to our work. This includes people on differing employment terms, who for the purposes of this policy we refer to as 'staff' and are listed below:

- All salaried employees, full or part time including students and trainees
- All prospective employees – who are part-way through recruitment
- Contractors, sub-contractors and self-employed consultants
- Agency and seconded staff
- Members of the GB, appointed deputies or co-opted members
- Committee, sub-committee and advisory group members (who may not be directly employed or engaged by the organisation)

*In addition

- GP practices should note that the policy does apply to any practice member involved in CCG business. GP partners at all BHR CCG Member practices will be sent an annual reminder.

This policy for the management of conflicts of interest, is in line with statutory guidance on managing conflicts of interest for CCGs (published in June 2016). This is a comprehensive policy dealing also with gifts & hospitality and sponsorship. Further guidance was issued in March 2017 and the policy has taken account of the more recently published cross-system guidance on Managing Conflicts of Interest. The cross-system guidance has required some relatively minor changes to the statutory guidance (e.g. thresholds for gifts and hospitality and requirements around sponsorship).

Who do I contact if I have questions on the application of the policy?

Where prior approval needs to be sought under this policy, the individual must ensure that they provide all relevant facts for the band 8d or VSM, so that a robust and informed decision can be made by that senior manager providing their approval in good faith.

If you have any queries, please contact the Director of Corporate Services or any member of the governance team.

The CCGs' Conflicts of Interest Policy 2017

1 Policy Summary

Adhering to this policy will help to ensure that we use NHS money wisely, providing best value for taxpayers and accountability to our patients for the decisions we take.

As an individual you should...	As an organisation we will...
<ul style="list-style-type: none"> • Familiarise yourself with this policy and follow it. Refer to the guidance for the rationale behind this policy https://www.england.nhs.uk/wp-content/uploads/2017/02/guidance-managing-conflicts-of-interest-nhs.pdf • Use your common sense and judgement to consider whether the interests you have could affect the way taxpayers' money is spent • Regularly consider what interests you have and declare these as they arise. If in doubt, declare. • NOT misuse your position to further your own interests or those close to you • NOT be influenced, or give the impression that you have been influenced by outside interests • NOT allow outside interests you have to inappropriately affect the decisions you make when using taxpayers' money 	<ul style="list-style-type: none"> • Ensure that this policy and supporting processes are clear and help individuals understand what they need to do. • Identify a team or individual with responsibility for: <ul style="list-style-type: none"> ○ Keeping this policy under review to ensure they are in line with the guidance. ○ Providing advice, training and support on how interests should be managed. ○ Maintaining registers of interests, Gifts & Hospitality and Sponsorship. • Auditing this policy and its associated processes and procedures at least once every three years. • NOT avoid managing conflicts of interest. • NOT interpret this policy in a way which stifles collaboration and innovation with our partners

2 Introduction

The Clinical Commissioning Groups (the CCGs') and the people who work with and for us, collaborate closely with other organisations, delivering high quality care for our patients.

These partnerships have many benefits and should help ensure that public money is spent efficiently and wisely. But there is a risk that conflicts of interest may arise.

Providing best value for taxpayers and ensuring that decisions are taken transparently and clearly, are both key principles in the NHS Constitution. We are committed to maximising our resources for the benefit of the whole community. As an organisation and as individuals, we have a duty to ensure that all our dealings are conducted to the highest standards of integrity and that NHS monies are used wisely so that we are using our finite resources in the best interests of patients.

3 Purpose

This policy links to other organisational policies and procedures such as, standing financial instructions and HR policies. Staff, office-holders and those affected are asked to familiarise themselves with all policies on the intranet and some links are provided at the end of the policy.

This policy will help individuals to manage conflicts of interest risks effectively. It:

- Introduces consistent principles and rules
- Provides simple advice about what to do in common situations.
- Supports good judgement about how to approach and manage interests

4 Key terms

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.

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

Individuals may hold interests for which they cannot see potential conflict. However, caution is always advisable because others may see it differently and perceived conflicts of interest can be damaging. All interests should be declared where there is a risk of perceived improper conduct.

5 Interests definition

Interests fall into the following categories:

- **Financial interests** - Where an individual may get direct financial benefit (e.g. financial gain or avoidance of a loss) from the consequences of a decision they are involved in making.
- **Non-financial professional interests** - Where an individual may obtain a non-financial professional benefit from the consequences of a decision they are involved in

making, such as increasing their professional reputation or promoting their professional career.

- **Non-financial personal interests** - 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, because of decisions they are involved in making in their professional career. This could include a voluntary sector champion for a provider, someone suffering from a particular condition requiring individually funded treatment or a member of a lobby or pressure group involving health care.
- **Indirect interests** - Where an individual has a close association with another individual who has a financial interest, a non-financial professional interest or a non-financial personal interest and could stand to benefit from a decision they are involved in making. This could be partner, spouse, relative, business partner, associate or friend.

6 Individuals

Annual on-line conflicts of interest training is mandatory for all individuals, including CCG governance leads, governing body members, executive members of formal CCG committees and sub-committee, Primary Care Commissioning Committee members, clinicians involved in commissioning or procurement decisions and anyone else involved in procurement decisions. Compliance will be reviewed as part of the annual internal audit review of conflicts of interest arranged for February each year.

At the CCGs we use the skills of many different people, all of whom are vital to our work. This includes people on differing employment terms, who for the purposes of this policy we refer to as 'staff' and are listed below:

- All salaried employees, full or part time including students and trainees
- All prospective employees – who are part-way through recruitment
- Contractors, sub-contractors and self-employed consultants
- Agency and seconded personnel
- Members of the GB, appointed deputies or co-opted members
- Committee, sub-committee and advisory group members (who may not be directly employed or engaged by the organisation)

In addition

- GP practices should note that the policy does apply to any practice member involved in CCG business.

7 Decision making individuals

Some individuals are more likely than others to have a decision making influence on the use of taxpayers' money, because of the requirements of their role.

Key consideration will be given when appointing governing body and committee members due to their decision making roles and responsibilities. This will include consideration of whether conflicts of interests should exclude individuals from appointment, assessing materiality of interest and determining the extent. This would also include the role of Lay Members managing organisational conflicts of interest such as the Conflicts of Interest Guardian and Chair of the Primary Care Commissioning Committee.

The COI Guardian is the Audit Committee Chair and appointed to strengthen scrutiny and transparency of CCG decision-making processes and they are supported by the CCG Governance lead, the Director of Corporate Services. The role of the Guardian is to act as a common conduit for anyone with concerns relating to COI; to be a safe point of contact for employees to raise concerns; to support the application of the principles and policies for

managing conflicts and to provide independent advice and judgement on managing conflicts of interests.

The following is a list of people who as a minimum should declare their interests, but this is not an exhaustive list. Advice should be taken from the corporate services directorate if you are not included in the list below and believe you may be conflicted directly or indirectly.

- Governing body members including Executive Directors, Non-Executive directors (or equivalent roles) and Clinical Directors who have decision making roles which involve the spending of taxpayers' money
- Clinical Leads
- 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 service provision
- Members of the Primary Care Commissioning Committee
- Members of other Committees e.g. Audit and Remuneration
- Members of new care models joint provider/joint commissioner groups/committees
- Members of procurement committees and sub-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 their organisation
- Management, administrative and clinical staff who have the power to enter into contracts on behalf of the CCG
- Management, administrative and clinical staff involved in decision making concerning the commissioning of services, purchasing of goods, medicines, medical devices or equipment, and formulary decisions
- The policy does apply to GP practice staff directly involved in decision-making of the CCGs'.

8 Identification, declaration and review of interests

8.1 Identification & declaration of interests, including gifts & hospitality and sponsorship

All individuals should identify and declare material interests at the earliest opportunity (and in any event within 28 days). If you are in any doubt as to whether an interest is material then they should declare it, so that it can be considered. Declarations should be made:

- On appointment with the organisation.
- When an individual moves to a new role or their responsibilities change significantly.
- At the beginning of a new project/piece of work.
- As soon as circumstances change and new interests arise (for instance, in a meeting when interests held are relevant to the matters under discussion).

A template for declaration of interests for CCG members and employees is attached to this policy as Appendix A. Attached as Appendix B is a separate declaration for just bidders and contractors. Individuals should seek advice if they are unsure which form applies to them.

The director of corporate services, supported by the governance team is responsible for:

- Reviewing current policies and bringing them in line with new guidance.

- Providing advice, training and support on how interests should be managed.
- Maintaining the registers of interests.
- Auditing policy, process and procedures relating to this guidance at least every three years

Declarations should be provided to the governance team who retain the forms and formulate the registers. Similarly the governance team will record requests for advice and refer them to the appropriate individual to respond. The Audit & Governance Committee has established a working group to consider the detail of submissions on their behalf and the notes of those meetings are fed back to Audit & Governance Committee and any areas of concern are highlighted. The working group that considers register entries will also consider any of the more complex enquiries around conflicts of interests, gifts and hospitality and sponsorship.

After expiry of a declaration, an interest will remain on the register for a minimum of 6 months and a private record of historic interests will be retained for a minimum of 6 years.

8.2 Proactive review of interests

The governance team will remind everyone annually to review their previous declaration and provide a new declaration that includes staff making a nil return. At this point the registers will be updated on an annual basis. Managers are reminded to ensure all new staff are made aware of the procedure and complete a form on joining the organisation. People will also be reminded annually that any in year changes to their declaration requires updating within 28 days of the change.

Records and publication

8.3 Maintenance

Based on the national templates provided, the organisation will retain a:

- Conflicts of Interest Register
- Register of Gifts and Hospitality
- Sponsorship Register.

8.4 Publication

The CCGs' will:

- Refresh the information on the registers as new declarations are made or updated in year so they are current for governing body of committee reference or for public inspection.
- Publish an annual update of the conflicts of interest registers detailing declarations by decision-making individuals on our website. This register is only for decision-makers and they are defined in Section 7 above.

If decision making individuals have substantial grounds for believing that publication of their interests should not take place then they should contact the governance team who will refer this to be considered by the Audit & Governance working group who will consider if exceptional circumstances apply. In exceptional circumstances, for instance where publication of information might put an individual at risk of harm, information may be withheld or redacted on public registers. However, this would be the rare exception and information will not be withheld

or redacted merely because of a personal preference. Openness and transparency will be the key consideration.

9 Management of interests – general

If an interest is declared but there is no risk of a conflict arising then no action is warranted. However, if a material interest is declared then the general management actions that could be applied include:

- restricting an individual's involvement in associated discussions and excluding them from decision making
- removing an individual from the whole decision making process
- removing an individual's responsibility for an entire area of work
- removing an individual from their role altogether if they are unable to operate effectively in it because the conflict is so significant

Each case will be different and context-specific, and the CCGs will always clarify the circumstances and issues with the individuals involved. Individuals should maintain a written audit trail of information considered and actions taken.

Individuals who declare material interests should make their line manager or the person(s) they are working to aware of their existence.

10 Management of interests – common situations

This section sets out the principles and rules to be adopted by individuals in common situations, and what information should be declared.

10.1 Gifts

GPs and practice staff within CCG Member practices need not declare gifts or hospitality that does not relate to CCG business.

For all others, a template for declarations of gifts and hospitality (and sponsorship) is attached to this policy as Appendix C.

- Individuals should not accept gifts that may affect, or be seen to affect, their professional judgement.

Gifts from suppliers or contractors:

- Gifts from suppliers or contractors doing business, or likely to do business, with the organisation should be declined, whatever their value.
- Low cost branded promotional aids such as pens or post-it notes may, however, be accepted where they are under the value of £6 in total, and need not be declared.

Gifts from other sources (e.g. patients, families, service users):

- Individuals should not ask for any gifts.
- Gifts of cash and vouchers to individuals should always be declined.
- Modest* gifts accepted under a value of £50 do not need to be declared.
- Gifts valued at over £50 should be treated with caution and only be accepted on behalf of the CCG not in a personal capacity. Individuals should always seek approval by a band 8d to VSM if acceptance is planned.

- 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.
- 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 on value).

10.1.1 What should be declared

- Name and role of the individual within the organisation.
- A description of the nature and value of the gift, including its source.
- Any offer of a gift, even if declined
- Date of receipt.
- Any other relevant information (e.g. circumstances surrounding the gift, action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).
- The gifts, hospitality and sponsorship template requires the approval by a band 8d to VSM.

10.2 Hospitality

- Individuals should not ask for or accept hospitality that may affect, or be seen to affect, their professional judgement.
- Hospitality must only be accepted when there is a legitimate business reason and it is proportionate to the nature and purpose of the event.
- Particular caution should be exercised when hospitality is offered by actual or potential suppliers or contractors. This can be accepted, and must be declared, if modest and reasonable. Prior approval by a band 8d to VSM must be obtained (or chair in the case of clinical directors/lay members). Directors must seek approval via their Chief Officer.

Meals and refreshments:

- Under a value of £25 - may be accepted and need not be declared.
- Of a value between £25 and £75 - may be accepted and must be declared.
- Over a value of £75 - should be refused unless (in exceptional circumstances) senior approval is given (see above). A clear reason should be recorded on the CCG register of interest as to why it was permissible to accept.
- A common sense approach should be applied to the valuing of meals and refreshments (using an actual amount, if known, or a reasonable estimate).

Travel and accommodation:

- Modest offers to pay some or all of the travel and accommodation costs related to attendance at events may be accepted and must be declared.
- Offers which go beyond modest, or are of a type that the organisation itself might not usually offer, need prior approval by a band 8d or VSM (see first paragraph under 10.2 above), should only be accepted in exceptional circumstances, and must be declared. A clear reason should be recorded on the CCGs' register of interest as to why it was permissible to accept travel and accommodation of this type. A non-exhaustive list of examples includes:
 - offers of business class or first class travel and accommodation (including domestic travel) or
 - offers of foreign travel and accommodation.

*Modest- relates to the values as listed above and based on whether the gift or hospitality would seem appropriate in this public setting. Examples would include use of public

transport and basic hotel accommodation. If in any doubt, advice should be taken from a senior manager or a member of the governance team on what would be deemed acceptable. Prior approval by a band 8d or VSM is required.

10.2.1 What should be declared

- Name and role of the individual within the organisation.
- The nature and value of the hospitality including the circumstances.
- Any offers even if declined
- Date of receipt.
- Any other relevant information (e.g. action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).
- The gifts, hospitality and sponsorship template requires the approval by a band 8d to very senior manager (VSM).

10.3 Outside employment

Employees, committee members, contractors and others engaged under contract are required to inform the CCGs if they are employed or engaged in, or wish to be employed or engaged in, any employment or consultancy work in addition to their work with the CCG (e.g. new care model arrangements). Examples of this work, whether part-time, temporary or fixed term contract could include;

- Employment with another NHS body
- Employment with another organisation which might be in a position to supply goods/services to the CCG including paid advisory positions and paid honorariums, which relate to bodies likely to do business with the CCG
- Directorships e.g. of a Federation or a non-executive role
- Self-employment, including private practice, charitable trustee roles, political roles or consultancy work, in a capacity that might conflict with CCG work or in a position of supplying goods or services to the CCG.

The following principles and rules should be adhered to:

- Individuals are required to obtain prior permission to engage in outside employment and the CCG will reserve the right to refuse permission where it believes a conflict will arise that cannot be effectively managed
- Individuals should declare any existing outside employment on appointment and any new employment as it arises
- CCGs may have legitimate reasons within employment law for knowing about outside employment; even if this does not give rise to risk of a conflict. Nothing in this guidance prevents such enquiries being made.
- Where a risk of conflict of interest arises, the general management actions outlined in this policy should be considered and applied to mitigate risks.
- The CCG needs to ensure that they have clear and robust organisational policies in place to manage issues arising from outside 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. This includes payments for attending advisory boards, for delivering training to pharmaceutical representatives or for providing education to healthcare professionals.

10.3.1 What should be declared

- Name and role of the individual within the organisation.

- The nature of the outside employment (e.g. who it is with, a description of duties, time commitment) and CCG employees will be asked to provide information as to the nature of the work and amount of remuneration received.
- Relevant dates.
- Other relevant information (e.g. action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).
- An approval signature by a band 8d to VSM.

10.4 Shareholdings and other ownership issues

- Individuals should declare, as a minimum, any shareholdings and other ownership interests in any publicly listed, private or not-for-profit company, business, partnership or consultancy which is doing, or might be reasonably expected to do, business with the organisation.
- Where shareholdings or other ownership interests are declared and give rise to risk of conflicts of interest then the general management actions outlined in this policy should be considered and applied to mitigate risks.
- There is no need to declare shares or securities held in collective investment or pension funds or units of authorised unit trusts.

10.4.1 What should be declared

- Name and role of the individual within the organisation.
- Nature of the shareholdings/other ownership interest.
- Relevant dates.
- Other relevant information (e.g. action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

10.5 Patents

- Individuals 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 the organisation.
- Individuals should seek prior permission from the organisation before entering into any agreement with bodies regarding product development, research, work on pathways etc., where this impacts on the organisation's own time, or uses its equipment, resources or intellectual property.
- Where holding of patents and other intellectual property rights give rise to a conflict of interest then the general management actions outlined in this policy should be considered and applied to mitigate risks.

10.5.1 What should be declared

- Name and role of the individual within the organisation.
- A description of the patent.
- Relevant dates.
- Other relevant information (e.g. action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy)

10.6 Loyalty interests

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

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

10.6.1 What should be declared

- Name and role of the individual within the organisation.
- Nature of the loyalty interest.
- Relevant dates.
- Other relevant information (e.g. action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

10.7 Donations

- Donations made by suppliers or bodies seeking to do business with the organisation should be treated with caution and not routinely accepted. 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.
- Individuals should not actively solicit charitable donations unless this is a prescribed or expected part of their duties for the organisation, or is being pursued on behalf of the organisation's own registered charity or other charitable body and is not for their own personal gain.
- Individuals must obtain permission from the organisation 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 organisation's own.
- Donations, when received, should be made to a specific charitable fund (never to an individual) and a receipt should be issued.
- Individuals wishing to make a donation to a charitable fund in lieu of receiving a professional fee may do so, subject to ensuring that they take personal responsibility for ensuring that any tax liabilities related to such donations are properly discharged/accounted for.

10.7.1 What should be declared

- The organisation will maintain records in line with the above principles and rules and relevant obligations under charity law.

10.8 Sponsored events

There is potential for conflicts of interests between the organisation and the sponsor, particularly regarding the ability to market commercial products or services. Proper safeguards must be in place to prevent conflicts occurring. BHR CCGs have decided that as commissioning organisations, offers of sponsorship from any provider, or potential provider of health goods or services, will not be accepted and this will be referred to as commercial sponsorship.

Events such as a Protected Time Initiative (PTI) or a Protected Learning Event (PLE) have in the past received sponsorship from the pharmaceutical industry. This practice is being

curtailed w.e.f. 1 April 2018. Support from the voluntary sector is the one exception. Offers of sponsorship that are declined still need to be recorded on Appendix C to aid transparency. The BHR CCGs will consider alternatives to sponsorship in support of these educational sessions.

The principles that this decision has been based upon are:

- There is a risk, or even a risk of a perception that commissioning decisions could be deemed to have been made on a partial basis where sponsorship has been permitted
- The CCGs should remove themselves from the above risks of being perceived as conferring an advantage on an existing or potential provider.
- The CCGs would find it difficult to assure themselves that the acceptance of sponsorship will not confer a position of advantage for the sponsor over other providers of goods or services
The CCGs would find it difficult to assure themselves

Arrangements for the rejection of offers of sponsorship:

- Offers of commercial sponsorship that will now be rejected still need to be recorded to aid transparency
- CCG staff need to complete the form attached as Appendix C detailing the offer that was made and declined
- The forms are to be returned to the governance team who will add this information to the registers they hold on Gifts, Hospitality and Sponsorship.

10.9 Sponsored research

- Funding sources for research purposes must be transparent.
- Any proposed research must go through the relevant health research authority or other approvals process.
- There must be a written protocol and written contract between individuals, the organisation, and/or institutes at which the study will take place and the sponsoring organisation, which specifies the nature of the services to be provided and the payment for those services.
- The study must not constitute an inducement to prescribe, supply, administer, recommend, buy or sell any medicine, medical device, equipment or service.
- Individuals should declare involvement with sponsored research to the organisation.
- External sponsorship of research requires prior approval from the Joint Executive Team

10.9.1 What should be declared

- The organisation will retain written records of sponsorship of research, in line with the above principles and rules.
- Individuals should declare:
 - name and role within the organisation.
 - nature of their involvement in the sponsored research.
 - relevant dates.
 - other relevant information (e.g. what, if any, benefit the sponsor derives from the sponsorship, action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).
 - A record of the approval process by the CCGs must be kept.

10.10 Sponsored posts

- External sponsorship of a post requires prior approval from the Joint Executive Team.
- Rolling sponsorship of posts should be avoided unless appropriate checkpoints are put in place to review and withdraw if appropriate.
- Sponsorship of a post should only happen where there is written confirmation that the arrangements will have no effect on purchasing decisions or prescribing and dispensing habits. This should be audited for the duration of the sponsorship. Written agreements should detail the circumstances under which organisations have the ability to exit sponsorship arrangements if conflicts of interest which cannot be managed arise.
- Sponsored post holders must not promote or favour the sponsor's products, and information about alternative products and suppliers should be provided.
- Sponsors should not have any undue influence over the duties of the post or have any preferential access to services, materials or intellectual property relating to or developed in connection with the sponsored posts.

10.10.1 What should be declared

- The organisation will retain written records of sponsorship of posts, in line with the above principles and rules.
- Individuals should declare any other interests arising as a result of their association with the sponsor, in line with the content in the rest of this policy.
- A record of the approval process by the CCGs must be kept.

10.11 Clinical private practice

Clinical staff should declare all private practice on appointment, and/or any new private practice when it arises including:

- Where they practise (name of private facility).
- What they practise (specialty, major procedures).
- When they practise (identified sessions/time commitment).

Clinical staff should (unless existing contractual provisions require otherwise or unless emergency treatment for private patients is needed):

- Seek prior approval of their organisation before taking up private practice.
- Ensure that, where there would otherwise be a conflict or potential conflict of interest, NHS commitments take precedence over private work.
- Not accept direct or indirect financial incentives from private providers other than those allowed by Competition and Markets Authority guidelines: https://assets.publishing.service.gov.uk/media/542c1543e5274a1314000c56/Non-Divestment_Order_amended.pdf

10.11.1 What should be declared

- Name and role of the individual within the organisation.
- A description of the nature of the private practice (e.g. what, where and when individuals practise, sessional activity, etc.)
- Relevant dates.
- Any other relevant information (e.g. action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

11 Management of interests – advice in specific contexts

11.1 Strategic decision making groups

In common with other NHS bodies the CCGs' use a variety of different groups to make key strategic decisions about things such as:

- Entering into (or renewing) large scale contracts.
- Awarding grants.
- Making procurement decisions.
- Selection of medicines, equipment, and devices.

In addition to the Governing Body (now named the Joint Committee of BHR CCGs), there are a number of committees, some of which are decision making, some are advisory and some make recommendations to other groups for decisions. The current list of formal BHR CCGs' committees include:-

- Audit and Governance Committee
- Remuneration and Workforce Committee
- Finance & Delivery Committee
- Financial Recovery Programme Board
- Quality and Safety Committee
- Primary Care Commissioning Committee
- Pharmaceutical Advisory Committee

The interests of decision makers who are involved in these groups will be included in the registers. Principles and procedures to be followed for managing conflicts of interest which arise during a governing body, committee or sub-committee, include, where appropriate:

- Chairs should consider any known interests of members in advance, and begin each meeting by asking for declarations of relevant material interests.
- Members should take personal responsibility for declaring material interests at the beginning of each meeting and as they arise.
- Any new interests identified should be added to the CCGs' register following the meeting.
- The vice chair (or other non-conflicted member) should chair all or part of the meeting if the chair has an interest that may prejudice their judgement.

If a member has an actual or potential interest the chair should consider the following approaches and ensure that the reason for the chosen action is recorded in minutes or records:

- Requiring the member to not attend the meeting.
- Excluding the member from receiving meeting papers relating to their interest.
- Excluding the member from all or part of the relevant discussion and decision.
- Noting the nature and extent of the interest, but judging it appropriate to allow the member to remain and participate (they may have relevant knowledge or experience in a matter under discussion which would be of benefit to the meeting).
- Allowing an individual to remain and participate in the discussion and decisions. This could be decided if it was determined their declaration was immaterial or irrelevant.
- Removing the member from the group or process altogether.
- If the exclusion affects the quorum the relevant agenda item may need to be postponed until a quorum can be achieved
- Clearly recording the agenda item for which the interest was declared, how the conflict was raised and the arrangements for how that conflict was then managed

The default response should not always be to exclude members with interests, as this may have a detrimental effect on the quality of the decision being made e.g. when clinical expertise

is required. Good judgement is required to ensure proportionate management of risk and good record keeping to ensure transparency.

There is a generic template attached as Appendix E for recording minutes that includes how declarations of interest should be recorded. This should include recording of who has the interest, the nature of the interest, the item on the agenda it relates to and how the conflict was managed (e.g. when individuals left and returned).

11.2 The Commissioning Cycle

11.2.1 Service Design

Early consideration is required on service design to ensure that the level of perceived or actual conflicts of interests are minimised, through:

- Considering the role of Patient and Public Involvement in needs assessment, planning and prioritisation to the service design, procurement and monitoring
- How relevant providers, especially clinicians will be engaged in design of specifications, ensuring an audit trail of evidence is maintained
- Consider how provider engagement accords with the three key principles of procurement law- equal treatment, non-discrimination and transparency
- Ensuring service specifications are clear and transparent.

11.2.2 Procurement

Procurement should be managed in an open and transparent manner, compliant with procurement and other relevant law, to ensure there is no discrimination against or in favour of any provider. Procurement processes should be conducted in a manner that does not constitute anti-competitive behaviour - which is against the interest of patients and the public.

Consideration should be given to:

- Clear processes to recognise and manage any conflicts of interest that may arise during procurement
- Compliance with statutory regulations and guidance when procuring and contracting clinical services
- Ensuring transparency and scrutiny of decisions by good record keeping of how conflicts managed
- Ensuring all decisions are recorded on the procurement register concerning new services, extension or material variation of a current contract.
- Conflicts of interests should be considered as part of contract monitoring and the meeting Chair should invite declarations at meetings
- Ensuring declarations of interests declared in meetings are recorded and how these were managed
- Whether information is commercially sensitive and should not be disseminated.

Those involved in procurement exercises for and on behalf of the organisation should keep records that show a clear audit trail of how conflicts of interest have been identified and managed as part of procurement processes. At every stage of procurement steps should be taken to identify and manage conflicts of interest to ensure and to protect the integrity of the process.

The CCGs' maintain a register of procurement decisions updated quarterly that details decisions taken either for the procurement of a new service, extension or variation of a current contract.

12 Dealing with breaches

There will be situations when interests will not be identified, declared or managed appropriately and effectively. This may happen innocently, accidentally, or because of the deliberate actions of individuals or other organisations. For the purposes of this policy these situations are referred to as 'breaches'.

12.1 Identifying and reporting breaches

Individuals who are aware about actual breaches of this policy, or who are concerned that there has been, or may be, a breach, should report these concerns to the CCGs' Conflicts of Interest Guardian, who is the Audit & Governance Committee Chair. However in the first instance staff may prefer to raise the issue with the Director of Corporate Services who will liaise with the Conflicts of Interest Guardian.

To ensure that interests are effectively managed, individuals are encouraged to speak up about actual or suspected breaches. Every individual has a responsibility to do this. Individuals are referred to other HR policies and also the new 'Raising a Concern' Policy (previously known as the Whistle-blowing policy) on the CCGs' Intranet.

The CCGs' will investigate each reported breach according to its own specific facts and merits, and give relevant parties the opportunity to explain and clarify any relevant circumstances.

Following investigation the organisation will:

- Decide if there has been or is potential for a breach and if so what the severity of the breach is.
- Assess whether further action is required in response – this is likely to involve any staff member involved and their line manager, as a minimum.
- Consider who else inside and outside the organisation should be made aware
- Take appropriate action as set out in the next section.

12.2 Taking action in response to breaches

Action taken in response to breaches of this policy will be in accordance with the disciplinary procedures of the organisation and could involve organisational leads for support (e.g. Human Resources), fraud (e.g. Local Counter Fraud Specialists), members of the management or executive teams and organisational auditors.

Breaches could require action in one or more of the following ways:

- Clarification or strengthening of existing policy, process and procedures.
- Consideration as to whether HR/employment law/contractual action should be taken
- Consideration being given to escalation to external parties. This might include referral of matters to external auditors, NHS Protect, the Police, statutory health bodies (such as NHS England, NHS Improvement or the CQC), and/or health professional regulatory bodies.

Inappropriate or ineffective management of interests can have serious implications for the organisation and individuals. There will be occasions where it is necessary to consider the imposition of sanctions for breaches.

Sanctions should not be considered until the circumstances surrounding breaches have been properly investigated. However, if such investigations establish wrong-doing or fault then the organisation can and will consider the range of possible sanctions that are available, in a manner which is proportionate to the breach. This includes:

- Employment law action against individuals, which might include:
 - Informal action (such as reprimand, or signposting to training and/or guidance).
 - Formal disciplinary action (such as formal warning, the requirement for additional training, re-arrangement of duties, re-deployment, demotion, or dismissal).
- Reporting incidents to the external parties described above for them to consider what further investigations or sanctions might be.
- Contractual action, such as exercise of remedies or sanctions against the body or individual which caused the breach.
- Legal action, such as investigation and prosecution under fraud, bribery and corruption legislation.

12.3 Learning and transparency concerning breaches

Reports on breaches, the impact of these, and action taken will be considered by the Conflicts of Interest Guardian and reported to the Audit & Governance Committee. To ensure that lessons are learnt and management of interests can continually improve, anonymised information on breaches, the impact and action taken will be prepared and published on the CCGs' websites as appropriate, or made available for inspection by the public upon request.

13 Review

This policy will be reviewed each year unless an earlier review is required due to any serious concerns arise that are not addressed by the current policy or on the receipt of new national guidance. This review will be led by the director of corporate services.

In addition an annual review of the CCGs' policy and compliance by internal audit will be carried out in the fourth quarter of each year and the outcome will be considered by the Audit & Governance Committee.

14 Associated documentation

- Role-specific summary guides supporting the revised statutory guidance on managing conflicts of interest for CCGs:-
[HTTPS://WWW.ENGLAND.NHS.UK/PUBLICATION/CONFLICTS-OF-INTEREST-SUMMARY-GUIDES/](https://www.england.nhs.uk/publication/conflicts-of-interest-summary-guides/)
- Freedom of Information Act 2000
- ABPI: The Code of Practice for the Pharmaceutical Industry (2014)
- ABHI Code of Business Practice
- NHS Code of Conduct and Accountability (July 2004)
- BHR CCGs' Raising a Concern Policy (Whistleblowing)
- BHR CCGs' Fraud & Bribery Policy
- BHR CCGs' Procurement Policy
- BHR CCGs' Procurement Register
- BHR CCGs' HR Policies

Appendix A: Template Declaration of interests for CCG employees

Name:				
Position within the CCG:				
Detail of interests held (complete all that are applicable):				
Type of Interest* *See reverse of form for details of other requirements	Description of Interest, including for indirect Interests, details of the relationship with the person who has the interest. The value of any payment received <u>must</u> be included even if the work was undertaken outside of normal working hours. Note it is unacceptable for pharmacy and 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.	Date interest relates From & To		Actions to be taken to mitigate risk (to be agreed with line manager or a senior CCG manager)

The information submitted will be held by the CCG for personnel or other reasons specified on this form and to comply with the organisation's policies. This information may be held in both manual and electronic form in accordance with the Data Protection Act 2018. Information may be disclosed to third parties in accordance with the Freedom of Information Act 2000 and, in the case of 'decision making staff' (as defined in the statutory guidance on managing conflicts of interest for CCGs) may be published in registers that the CCG holds.

Please read sections 10.4, 10.5 and 10.6 of the policy to determine if you need to also declare shareholdings, patents or loyalty interests.

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:

--

Signed:

Date:

Senior manager approval (band 8d to VSM /very senior manager)

As the senior manager giving approval, based on the information provided to me I approve this declaration.

Signed:

Position:

Date:

Type of Interest	Description
Financial Interests	<p>This is where an individual may get direct financial benefits from the consequences of a commissioning decision. This could, for example, include being:</p> <ul style="list-style-type: none"> • A director, including a non-executive director, or senior employee in a private company or public limited company or other organisation which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations; • A shareholder (or similar owner interests), a partner or owner of a private or not-for-profit company, business, partnership or consultancy which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations. • A management consultant for a provider; • In secondary employment (see paragraph 56 to 57); • In receipt of secondary income from a provider; • In receipt of a grant from a provider; • In receipt of any payments (for example honoraria, one off payments, day allowances or travel or subsistence) from a provider • In receipt of research funding, including grants that may be received by the individual or any organisation in which they have an interest or role; and • Having a pension that is funded by a provider (where the value of this might be affected by the success or failure of the provider).
Non-Financial Professional Interests	<p>This is where an individual may obtain a non-financial professional benefit from the consequences of a commissioning decision, such as increasing their professional reputation or status or promoting their professional career. This may, for example, include situations where the individual is:</p> <ul style="list-style-type: none"> • An advocate for a particular group of patients; • A GP with special interests e.g., in dermatology, acupuncture etc. • A member of a particular specialist professional body (although routine GP membership of the RCGP, BMA or a medical defence organisation would not usually by itself amount to an interest which needed to be declared); • An advisor for Care Quality Commission (CQC) or National Institute for Health and Care Excellence (NICE); • A medical researcher.
Non-Financial Personal Interests	<p>This is where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit. This could include, for example, where the individual is:</p> <ul style="list-style-type: none"> • A voluntary sector champion for a provider; • A volunteer for a provider; • A member of a voluntary sector board or has any other position of authority in or connection with a voluntary sector organisation; • Suffering from a particular condition requiring individually funded treatment; • A member of a lobby or pressure groups with an interest in health.
Indirect Interests	<p>This is where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest in a commissioning decision (as those categories are described above). For example, this should include:</p> <ul style="list-style-type: none"> • Spouse / partner; • Close relative e.g., parent, grandparent, child, grandchild or sibling; • Close friend; • Business partner.

Appendix B: Template Declaration of conflict of interests for bidders/contractors

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

public could perceive may impair or otherwise influence the CCG's or any of its members' or employees' judgements, decisions or actions		
--	--	--

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

Signed:

On behalf of:

Date:

Appendix C: Template Declarations of gifts and hospitality and sponsorship

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

The information submitted will be held by the CCG for personnel or other reasons specified on this form and to comply with the organisation's policies. This information may be held in both manual and electronic form in accordance with the Data Protection Act 2018. Information may be disclosed to third parties in accordance with the Freedom of Information Act 2000 and in the case of 'decision making staff' (as defined in the statutory guidance on managing conflicts of interest for CCGs), may be published in registers that the CCG holds.

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

[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:

Signed:

Date:

Senior manager approval (band 8d to VSM)

As the senior manager giving approval, based on the information provided to me I approve this declaration.

Signed:

Position:

Date:

Appendix D : Template Declaration of conflict of interests for Governing Body members, Committee members, GP members/practice staff involved in CCG decision making

Name:				
Position within, or relationship with the CCG:				
Detail of interests held (complete all that are applicable):				
Type of Interest*	Description of Interest, including for indirect Interests, details of the relationship with the person who has the interest. Details of other work e.g. federations, time commitment of such external roles, patents, shareholdings/ ownership issues and loyalty interests (see sections 10.3-10.6 of the policy for guidance).	Date interest relates From & To		Actions to be taken to mitigate risk (to be agreed with line manager or a senior CCG manager)

The information submitted will be held by the CCG for personnel or other reasons specified on this form and to comply with the organisation’s policies. This information may be held in both manual and electronic form in accordance with the Data Protection Act 2018. Information may be disclosed to third parties in accordance with the Freedom of Information Act 2000 and, in the case of ‘decision making staff’ (as defined in the statutory guidance on managing conflicts of interest for CCGs) may be published in registers that the CCG holds.

Please read sections 10.3-10.6 of the policy to determine what you need to declare under Conflicts of Interests.

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:

--

Signed:
(person making the declaration)

Date:

Appendix E: Template for recording declarations of interest in minutes of meetings

Item		Action
1	Welcome and apologies	
	<i>Apologies to be noted</i>	
2	Declarations of conflicts of interest	
	<p><i>The Chair reminded committee members of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of XXX clinical commissioning group.</i></p> <p><i>Declarations declared by members of the (meeting) are listed in BHR CCGs Register of Interests. The Register is available via the company secretary. The Governing Body register of interests are available on the BHR CCGs websites at the following link: (insert link to web page)</i></p> <p><i>The following update was received at the meeting:</i></p> <ul style="list-style-type: none"> <i>• With reference to business to be discussed at this meeting, XX declared that he is a shareholder in XXX</i> <p><i>XX declared that the meeting as quorate and that XX would not be included in any discussions on agenda item X due to a direct conflict of interest which could potentially lead to financial gain for XX.</i></p>	
3	Minutes from the meeting held on.....	
4	Matters/Actions arising	
5	Agenda Item <Note the agenda item>	
	<p><i>XX left the meeting, excluding himself from the discussion regarding xx.</i></p> <p><i>XX was brought back into the meeting (if applicable)</i></p>	

Appendix F: Summary of key aspects of the guidance on managing conflicts of interest relating to commissioning of new care models

Introduction

1. Conflicts of interest can arise throughout the whole commissioning cycle from needs assessment, to procurement exercises, to contract monitoring. They arise in many situations, environments and forms of commissioning.
2. Where CCGs are commissioning new care models¹, 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. Any conflicts of interest must be identified and appropriately managed, in accordance with this statutory guidance.
3. This annex is intended to provide further advice and support to help CCGs to manage conflicts of interest in the commissioning of new care models. It summarises key aspects of the statutory guidance which are of particular relevance to commissioning new care models rather than setting out new requirements. Whilst this annex highlights some of the key aspects of the statutory guidance, CCGs should always refer to, and comply with, the full statutory guidance.

Identifying and managing conflicts of interest

4. The statutory guidance for CCGs is clear that 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 provider of 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.
5. In the case of new care models, it is perhaps likely that there will be individuals with roles in both the CCG and new care model provider/potential provider. These conflicts of interest should be identified as soon as possible, and appropriately managed locally. The position should also be reviewed whenever an individual's role, responsibility or circumstances change in a way that affects the individual's interests. For example where an individual takes on a new role outside the CCG, or enters into a new business or relationship, these new interests should be promptly declared and appropriately managed in accordance with the statutory guidance.
6. There will be 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, e.g., secondary employment or involvement with an organisation which benefits financially from contracts for the supply of goods and services to a CCG or aspires to be a new care model provider), it is likely that CCGs will want to consider whether, practically, such an interest is manageable at all. CCGs should note that this can arise in relation to both clinical and non-clinical members/roles. If an interest is not manageable, the appropriate course of action may be to refuse to allow the circumstances which gave rise to the conflict to persist. This may require an individual to step down from a particular role and/or move to another role within the CCG and may require the CCG to take action to terminate an appointment if the individual refuses to step down. CCGs should ensure that their contracts of employment and letters of appointment, HR policies, governing body and committee terms of reference and standing

¹ Where we refer to 'new care models' in this note, we are referring to any Multi-speciality Community Provider (MCP), Primary and Acute Care Systems (PACS) or other arrangements of a similar scale or scope that (directly or indirectly) includes primary medical services.

orders are reviewed to ensure that they enable the CCG to take appropriate action to manage conflicts of interest robustly and effectively in such circumstances.

7. Where a member of CCG individual participating in a meeting has dual roles, for example a role with the CCG and a role with a new care model provider organisation, but it is not considered necessary to exclude them from the whole or any part of a CCG meeting, 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, but where it is appropriate for them to participate in decisions they must only do so if they are acting in their CCG role.
8. CCGs should take all reasonable steps to ensure that employees, committee members, contractors and others engaged under contract with them are aware of the requirement to inform the CCG if they are employed or engaged in, or wish to be employed or engaged in, any employment or consultancy work in addition to their work with the CCG (for example, in relation to new care model arrangements).
9. CCGs should identify as soon as possible where an individual might be affected by the outcome of a procurement exercise, e.g., they may transfer to a provider (or their role may materially change) following the award of a contract. This should be treated as a relevant interest, and CCGs should ensure they manage the potential conflict. This conflict of interest arises as soon as individuals are able to identify that their role may be personally affected.
10. Similarly, CCGs should identify and manage potential conflicts of interest where individuals are involved in both the contract management of existing contracts, and involved in procurement of related new contracts.

Governance arrangements

11. Appropriate governance arrangements must be put in place that ensure that conflicts of interest are identified and managed appropriately, in accordance with this statutory guidance, without compromising the CCG's ability to make robust commissioning decisions.
12. We know that some CCGs are adapting existing governance arrangements and others developing new ones to manage the risks that can arise when commissioning new care models. We are therefore, not recommending a "one size fits" all governance approach, but have included some examples of governance models which CCGs may want to consider.
13. The principles set out in the general statutory guidance on managing conflicts of interest (paragraph 19-23), including the Nolan Principles and the Good Governance Standards for Public Services (2004), should underpin all governance arrangements.
14. CCGs should consider whether it is appropriate for the Governing Body to take decisions on new care models or (if there are too many conflicted members to make this possible) whether it would be appropriate to refer decisions to a CCG committee.

Primary Care Commissioning Committee

15. Where a CCG has full delegation for primary medical services, CCGs could consider delegating the commissioning and contract management of the entire new care model to its Primary Care Commissioning Committee. This Committee is constituted with a lay and executive majority, and includes a requirement to invite a Local Authority and Healthwatch representative to attend (see paragraph 97 onwards of the CCG guidance).
16. Should this approach be adopted, the CCG may also want to increase the representation of other relevant clinicians on the Primary Care Commissioning Committee when new care

models are being considered, as mentioned in Paragraph 98 of this guidance. The use of the Primary Care Commissioning Committee may assist with the management of conflicts/quorum issues at governing body level without the creation of a new forum/committee within the CCG.

17. If the CCG does not have a Primary Care Commissioning Committee, the CCG might want to consider whether it would be appropriate/advantageous to establish either:
 - a) A **new care model commissioning committee** (with membership including relevant non-conflicted clinicians, and formal decision making powers similar to a Primary Care Commissioning Committee (“NCM Commissioning Committee”)); or
 - b) A separate **clinical advisory committee**, to act as an advisory body to provide clinical input to the Governing Body in connection with a new care model project, with representation from all providers involved or potentially involved in the new care model but with formal decision making powers remaining reserved to the governing body (“NCM Clinical Advisory Committee”).

NCM Commissioning Committee

18. The establishment of a NCM Commissioning Committee could help to provide an alternative forum for decisions where it is not possible/appropriate for decisions to be made by the Governing Body due to the existence of multiple conflicts of interest amongst members of the Governing Body. The NCM Commissioning Committee should be established as a sub-committee of the Governing Body.
19. The CCG could make the NCM Commissioning Committee responsible for oversight of the procurement process and provide assurance that appropriate governance is in place, managing conflicts of interest and making decisions in relation to new care models on behalf of the CCG. CCGs may need to amend their constitution if it does not currently contain a power to set up such a committee either with formal delegated decision making powers or containing the proposed categories of individuals (see below).
20. The NCM Commissioning Committee should be chaired by a lay member and include non-conflicted GPs and CCG members, and relevant non-conflicted secondary care clinicians.

NCM Clinical Advisory Committee

21. This advisory committee would need to include appropriate clinical representation from all potential providers, but have no decision making powers. With conflicts of interest declared and managed appropriately, the NCM Clinical Advisory Committee could formally advise the CCG Governing Body on clinical matters relating to the new care model, in accordance with a scope and remit specified by the Governing Body.
22. This would provide assurance that there is appropriate clinical input into Governing Body decisions, whilst creating a clear distinction between the clinical/provider side input and the commissioner decision-making powers (retained by the Governing Body, with any conflicts on the Governing Body managed in accordance with this statutory guidance and constitution of the CCG).
23. From a procurement perspective the Public Contracts Regulations 2015 encourage early market engagement and input into procurement processes. However, this must be managed very carefully and done in an open, transparent and fair way. Advice should therefore be taken as to how best to constitute the NCM Clinical Advisory Committee to ensure all potential participants have the same opportunity. Furthermore it would also be important to ensure that the advice provided to the CCG by this committee is considered proportionately alongside all

other relevant information. Ultimately it will be the responsibility of the CCG to run an award process in accordance with the relevant procurement rules and this should be a process which does not unfairly favour any one particular provider or group of providers.

24. When considering what approach to adopt (whether adopting an NCM Commissioning Committee, NCM Clinical Advisory committee or otherwise) each CCG will need to consider the best approach for their particular circumstances whilst ensuring robust governance arrangements are put in place. Depending on the circumstances, either of the approaches in paragraph 17 above may help to give the CCG assurance that there was appropriate clinical input into decisions, whilst supporting the management of conflicts. When considering its options the CCG will, in particular, need to bear in mind any joint / delegated commissioning arrangements that it already has in place either with NHS England, other CCGs or local authorities and how those arrangements impact on its options.

Provider engagement

25. 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. CCGs should be particularly mindful of these issues when engaging with existing / potential providers in relation to the development of new care models and CCGs must ensure they comply with their statutory obligations including, but not limited to, their obligations under the National Health Service (Procurement, Patient Choice and Competition) (No 2) Regulations 2013 and the Public Contracts Regulations 2015.

Appendix G: Equality Analysis Initial Assessment

Title of the change proposal or policy:

Conflicts of interest policy incorporating gifts & hospitality and sponsorship

Brief description of the proposal:

The aim of the policy is to promote a culture of good practice in relation to conflicts of interest, gifts & hospitality and sponsorship within the CCGs' and to help individuals manage conflicts of interests effectively.

Name and role staff completing this assessment:

Angela Ward, Company Secretary

Date of assessment: 06 March 2018

Please answer the following questions in relation to the proposed change:

Will it affect employees, customers, and/or the public? Please state which.

This policy applies to all employees, Governing Body members, agency staff, committee, sub-committee members (who may not be directly employed by the organisation), contractors and sub-contractors and any decision makers.

Is it a major change affecting how a service or policy is delivered or accessed?

No

Will it have an effect on how other organisations operate in terms of equality?

No

If you conclude that there will not be a detrimental impact on any equality group, caused by the proposed change, please state how you have reached that conclusion:

There is no anticipated detrimental impact on any equality group. The policy adheres to the NHS LA standards and best practice. Makes all reasonable provision to ensure equity to all individuals. There are no statement, conditions or requirements that disadvantage any particular group of people with a protected characteristic.

Please return a copy of the completed form to the Equality & Diversity Manager