

**Clinical Commissioning Group Governing Body
Paper Summary Sheet
Date of Meeting: 22 November 2016**

For: PUBLIC session PRIVATE Session

For: Decision Discussion Noting

Agenda Item and title:	GOV/16/11/14 Standards of Business Conduct Policy
Author:	Susannah Long, Governance & Risk Manager
Lead Director/GP from CCG:	David Noyes, Director of Planning, Performance and Corporate Services
Executive summary:	<p>NHS England published 'Managing conflicts of interest: revised statutory guidance for CCGs' in June 2016 for immediate implementation by CCGs. On 19 September 2016 NHSE launched a public consultation (closing 31 October 2016) investigating points of the guidance and making alternative policy statements which is likely to result in a less intrusive process, in particular for GPs, where the original guidance was quite stringent. The outcome from the consultation has yet to be received with amendments to the statutory guidance expected in Spring 2017.</p> <p>A review of the guidance and the current CCG Standards of Business Conduct Policy has been undertaken, taking a pragmatic approach to the available guidance in light of the consultation. The attached draft policy shows amendments in green text.</p> <p>Both the guidance and the consultation document take a far stronger approach to conflicts of interests, widening the definition of individuals who could potentially have an interest and who could, therefore, have a conflict. This will give the CCG the opportunity to demonstrate the governance arrangements and strengthened provisions around decision-making, with committee/sub group Chairs required to identify potential conflicts before any meeting and plan accordingly. A new role of Conflicts of Interest Guardian is created.</p> <p>Gifts, Hospitality and Sponsorship declaration requirements and limits have been amended differentiating between gifts from patients and gifts from potential/actual suppliers, recognising reasonable business related hospitality and supporting legitimate sponsorship.</p>

	<p>To support the new conflicts of interest guidance, NHSE will be releasing on-line training in the new year for all CCG employees, Governing Body members, members of committees and practice staff with involvement in CCG business. Internal Audit will also be reviewing CCG arrangements against a national audit template. The CCG will, in the interim, be issuing comprehensive guidance to staff to successfully implement this policy.</p> <p>With heightened awareness of conflicts of interest, staff will be supported to report breaches using the existing whistleblowing process with input from the Local Counter Fraud Service. The CCG will be transparent about breaches clearly publishing details on the internet and in the Annual Report.</p> <p>The policy will be reviewed once the outcome from the consultation is known.</p>
Evidence in support of arguments:	The policy provides a comprehensive document defining the ethos and arrangements within the CCG.
Who has been involved/contributed:	<p>In drafting the policy, specialist advice has been sought from SCW CSU Human Resources and Procurement teams and from the Local Counter Fraud Service.</p> <p>The policy has been discussed and agreed by the Audit and Assurance Committee.</p>
Cross Reference to Strategic Objectives:	The policy contributes to all strategic objectives.
Engagement and Involvement:	This document has not received further engagement or involvement at this time.
Communications Issues:	The policy will be made available on the internet, staff will receive training and there will be general awareness initiatives.
Financial Implications:	There are no direct financial implications.
Review arrangements:	The policy will be reviewed after 9 months to incorporate any updates to the NHSE statutory guidance.
Risk Management:	The policy is a risk management control.
National Policy/ Legislation:	The policy supports the requirements of national policy and legislation.
Equality & Diversity:	The report has no negative E&D impact.
Other External Assessment:	Internal Audit will undertake an annual audit which is reported to NHS England.
What specific action do you wish the Governing Body to take?	The Governing Body is asked to consider and approve the amended Standards of Business Conduct Policy.

Document information

Document type:	Policy
Document reference:	
Document title:	Standards of Business Conduct Policy
Document operational date:	July 2013
Document sponsor:	David Noyes, Director of Planning, Performance & Corporate Services
Document manager:	Susannah Long, Governance & Risk Manager
Approving Committee/Group:	Audit & Assurance Committee Governing Body
Approval date:	July 2015 November 2016
Version:	4.3
Recommended review date:	July 2018 July 2017
Internet location:	Our Governing Body

Please be aware that this printed version of this document may NOT be the latest version. Please refer to the internet for the latest version.

Summary

This policy details the expectations regarding standards of business conduct for the Clinical Commissioning Group including the management of conflicts of interest, gifts and hospitality, and sponsorship. This policy supports the CCG constitution.

Consultation

This policy has been developed in consultation with the Local Counter Fraud Service, ~~South Central and West CSU Human Resources and the CCG Staff Partnership Forum~~. Wider consultation has not been undertaken.

Appendices

The following appendices form part of this document:

- Appendix 1: Declaration of Interests Form
- Appendix 2: ~~Commissioning Services that may potentially be provided by GPs – Assurance Form~~ Procurement Checklist
- Appendix 3: Declaration of Gifts, Hospitality and Sponsorship Form
- Appendix 4: Evaluation Standard

Review Log

Version	Review Date	Reviewed By	Changes Required? (If yes, please summarise)	Changes Approved By	Approval Date
V1.2	25/6/13	Susannah Long	Minor amendments to reflect emerging CCG and fit to Policy standard.	AAC	July 2013
V2.1	25/6/14	Susannah Long	Minor amendments to wording	AAC	July 2014
V3.1	22/6/15	Susannah Long	Redrafting in line with NHS England guidance Dec'14 to incorporate Primary Care Co-commissioning	AAC	July 2015
V4.3	Sept to Nov 2016	Susannah Long	Major redrafting in line with NHS England 'Managing Conflicts of Interest: Revised Statutory Guidance For CCGs' 28 June 2016 and 'Managing Conflicts of Interest in the NHS: A Consultation' 19 September 2016	Governing Body	

Acknowledgements

Discussions with Alan Potter, Associate Director of Corporate Governance, Gloucestershire CCG (September – October 2016)

STANDARDS OF BUSINESS CONDUCT POLICY

1.0 INTRODUCTION AND PURPOSE

This policy details the expectations regarding standards of business conduct for the Clinical Commissioning Group (hereafter referred to as the CCG) including the management of conflicts of interest. This policy supports the CCG Constitution.

The CCG Governing Body determines to safeguard clinically lead commissioning, whilst ensuring objective investment decisions. The CCG recognises that a perception of wrongdoing, impaired judgement or undue influence alone can be detrimental. ensure that The organisation will inspire confidence and trust in the NHS avoiding any potential situations of undue bias or influence in decision-making managing any potential conflicts of interest and protecting the NHS, the CCG and individuals involved from any appearance of impropriety and enabling commissioners to demonstrate that they are acting fairly and transparently and in the best interests of their patients and local populations.

This policy reflects and supports the seven principles of public life set out by the Nolan Committee:

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.

This policy supports a culture of openness and transparency in business transactions. All ~~employees and appointees of the CCG~~ individuals are required to:

- ensure that the interests of patients remain paramount at all times
- be impartial and honest in the conduct of their official business
- use public funds entrusted to them to the best advantage of the service, 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 requirements of the Constitution, Standing Orders, Scheme of Reservation and Delegation and Prime Financial Policies will prevail over requirements of this policy where conflicting advice is given.

2.0 SCOPE AND DEFINITIONS

2.1 Scope

This CCG expects that this policy will be followed by:

- Member practices (including GP Partners or Directors);
- Employees of member practices who are directly involved with the business or decision-making of the CCG;
- Committees, sub-committees and sub-groups of the CCG;
- Members of committees, sub-committees and sub-groups including co-opted members, appointed deputies and members from other organisations;
- CCG Governing Body;
- Individuals serving on the CCG Governing Body, committees and sub-committees;
- Employees, interims, seconded staff, agency staff, trainees and contractors of the CCG;
- Third parties acting on behalf of the CCG (including commissioning support and shared services).

These are collectively referred to as 'individuals' hereafter.

2.2 Definitions

Bribery:	Offering, promising or giving/requesting, agreeing to receive or accepting a payment or a benefit-in-kind in order to influence others to use their position in an improper way to gain an advantage or as a reward for having done so Offering/receiving an incentive in exchange for benefits
Conflict of interest:	A set of conditions in which professional an individual's ability to exercise judgement, or act in a role is, could be, or is seen to be impaired or otherwise may be unduly influenced by a gain their involvement in another role or relationship
Family member:	A spouse, civil partner, or partner living in the same residence; siblings; parents; grandparents; children; grandchildren; adults, who may or may not be living in the same residence) for whom the individual is legally responsible.
Fraud:	A dishonest act with a view to attempting to make a gain or causing a loss for themselves or another.
Gifts:	Any item of cash or goods, or any service, which is provided for personal benefit, free of charge or at less than its commercial value Articles or collections of

~~items given or offered by any members of the public or any organisation individuals are brought into contact with by reason of their duties~~

Hospitality:	Provision of services such as meals, drinks, visits, entertainment, courses, lectures etc. accepted or offered by potential suppliers/contractors
Loyalty interest:	The existence of interests which an individual has to two or more organisations or bodies or individuals which might give rise to a conflict of interest with regard to their primary duty to the NHS.
Outside employment:	Employment and other engagements, outside formal employment arrangements, including directorships, non-executive roles, self-employment, consultancy work, paid advisory positions and paid honorariums which relate to organisations likely to do business with the NHS.
Prejudicial interest:	A personal interest of such significance that it is likely to prejudice judgement.
Senior roles:	Governing Body and sub-committee members; GP Executive; Executive and non-executive directors; Medical staff; those involved with purchasing or formulary decisions; members of advisory groups; Pharmacists, Dentists, Optometrists etc.; budget holders; Agenda for Change Band 6 and above.
Shareholdings:	Shareholdings in private companies (including interests in partnerships and limited liability partnerships), publicly listed companies (which the individual is aware or should be aware that the employing organisation contracts or is considering contracting with) where the holding exceeds £5,000 market value or more than 1/100 th of the nominal value of the issued share capital.
Sponsorship:	Full or partial funding for an event and/or supply of materials for an event run by another organisation by a commercial company or potential provider.

3.0 PROCESS / REQUIREMENTS

Those serving as members of the CCG Governing Body, CCG committees or taking decisions where they are acting on behalf of the public or spending public money should observe the principles of good governance in the way they do business. Individuals should at all times:

- Adhere to the [seven key principles of the NHS Constitution](#)
- Comply with the requirements of the CCG Constitution and be aware of the responsibilities outlined within.
- Act in good faith and in the interests of the CCG and follow the ‘Seven Principles of Public Life, set out by the Committee on Standards in Public Life’ (the [Nolan Principles](#)) 1995
- Adhere to [Good Governance Standards for Public Services \(2004\)](#), Office for Public Management (OPM) and Chartered Institute of Public Finance and Accountancy (CIPFA)
- [Standards](#) for members of NHS boards and CCG governing bodies in England (2013)
- The [UK Corporate Governance Code](#)
- The Equality Act 2010
- ~~Conduct themselves in accordance with HSG(93)5 “Standards of Business Conduct for NHS Staff” and “Commercial Sponsorship – Ethical Standards for the NHS” (2000)~~
- ~~And adhere to the NHS Code of Conduct and Code of Accountability (2004) which requires the maintenance of strict ethical standards in the NHS namely accountability, probity and openness. This is embodied in the VSM Contract.~~

3.1 Prevention of corruption

3.1.1 Bribery Act 2010

The Bribery Act 2010 makes it easier to tackle bribery offences proactively creating specific criminal offences which carry custodial sentences of up to 10 years and unlimited fines. The Act introduced a corporate offence which means that the majority of organisations across the public, private and charitable sectors will be exposed to criminal liability for failing to prevent bribery.

This organisation has a strict zero tolerance policy towards bribery and corruption and will ensure all employees are aware of the Act and its implications.

In its simplest terms, "bribery" is the practice of offering an incentive (in whatever form) in exchange for benefits. Whilst money is a classic form of bribe, bribes can also be more intangible, and they might include things like the offer of property, valuable objects, or a promise to perform a particular service in the future. In order to be considered a bribe, there must be an offer and acceptance with the understanding that the individual who accepts the bribe will be doing something in return. This differentiates ‘bribes’ from ‘gifts’ offered in genuine good will, and also distinguishes ‘bribery’ from ‘tipping’, a practice in which gifts are offered in return for good service. Please refer to section 3.4.1 for the recording of gifts.

Under the Bribery Act 2010, there are four offences:

- Bribing, or offering to bribe, another person(s)
- Requesting, agreeing to receive or accepting a bribe
- Bribing, or offering to bribe, a foreign public official
- Failing to prevent bribery

Where an individual believes there is the opportunity for bribery, whether because of poor procedures or **lack of** oversight, this should be reported to the LCFS or the Chief Finance Officer, or the Fraud and Corruption Reporting Line (0800 028 4060) or www.reportnhsfraud.nhs.uk. Additionally, it can be raised as a concern in accordance with the CCG Whistleblowing Policy.

Please refer to the Counter Fraud, Bribery and Corruption Policy for more detailed information.

3.1.2 Counter fraud measures

No individual must use their position to gain advantage. The CCG will encourage individuals with concerns or reasonably held suspicions about potentially fraudulent activity or practice, to report these. Individuals should inform the nominated Local Counter Fraud Specialist (LCFS) and Chief Finance Officer immediately. Should the Chief Finance Officer be implicated, the individual should instead report to the Vice Chair of the CCG (Lay Member for Audit and Governance / **Conflict of Interest Guardian**), who will liaise with the LCFS on the appropriate action.

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.**

Individuals can also call the NHS Fraud and Corruption Reporting line on free phone 0800 028 40 60 or report via the website at www.reportnhsfraud.nhs.uk. 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.

Anonymous letters, telephone calls etc. are occasionally received from individuals who wish to raise matters of concern other than through official channels. Whilst the suspicions may be erroneous or unsubstantiated they may also reflect a genuine cause for concern and will always be taken seriously. The LCFS will make sufficient enquiries to establish whether or not there is any foundation to the suspicion that has been raised.

Individuals **should not** ignore their suspicions, investigate themselves or tell colleagues or others about their suspicions. Please refer to the Counter Fraud, Bribery and Corruption Policy for further information.

The CCG recognises that gifts, hospitality and sponsorship may be offered as part of legitimate business relationships; please refer to section 3.4 of this policy. Breaches of Conflict of Interest requirements will be reported to the LCFS for initial review.

3.1.3 Commercial confidentiality

All individuals should guard against providing information on the operations of the CCG which might provide a commercial advantage to any organisation (private or NHS) in a position to supply goods or services to the CCG. For particularly sensitive procurement/contracts individuals may be asked to sign a non-disclosure agreement. The requirements of the Freedom of Information Act 2000 must be taken into account when attempting to legitimately restrict the release of information.

3.2 Conflicts of interest

3.2.1 Overview

A conflict of interest is a set of conditions in which an individual's ability to exercise judgement, or act in a role is, could be, or is seen to be impaired or otherwise influenced by their involvement in another role or relationship and must be managed to maintain probity and public trust.

A conflict of interest can occur when there is the possibility that an individual's judgement regarding their primary duty to NHS patients may be influenced by a secondary interest they hold. Such a conflict may be:

- Potential – there is the possibility of a conflict between the two interests in the future
- Actual – there is a relevant and material conflict between the two interests now
- Perceived – an observer could reasonably suspect there to be a conflict of interest regardless of whether there is one or not.

Conflicts can occur with interests held by the individual or their close family members, close friends and associates and business partners (dependant on the circumstances and the nature of such relationships).

~~A conflict of interest can be defined as a set of conditions in which professional judgment concerning a primary interest, such as a patient's welfare or the validity of research, tends to be unduly influenced by a secondary interest, such as a financial gain.~~ The CCG requires clear and robust mechanisms for effective management of real and perceived conflicts of interest. With good management, ~~and~~ clear governance and appropriate assurance mechanisms, confidence in the probity of commissioning decisions and the integrity of the clinicians will be promoted.

The CCG has adopted the principles set out by the NHS Confederation and the Royal College of General Practitioners (RCGP) for managing conflicts of interest. To support this, the CCG will:

- **Doing business properly and appropriately** – ensuring the processes for needs assessments, consultation mechanisms, commissioning strategies and procurement procedures are right from the outset because the rationale for decision making will be clear and transparent and ~~clear and~~ will withstand scrutiny;
- **Being proactive, not reactive** – ~~set out in advance what is acceptable and what is not and upon induction be clear with members about their obligations to declare conflicts of interests and handling should they occur~~ identify and minimise the risk of conflicts of interest at the earliest possible opportunity;
- **Assume that individuals will seek to act ethically and professionally, but may not always be sensitive to all conflicts of interest** – ensure there are prompts and checks to identify when conflicts occur and individuals exclude themselves appropriately from decision making
- **Being balanced and proportionate** – identify and manage potential conflicts but do not expect to eliminate them or become a constraint to undertaking the business and making decisions to 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.

Conflicts of interest are inevitable, but in most cases it is possible to handle them with integrity and probity by ensuring they are identified, declared and managed in an open and transparent way.

3.2.2 **Potential Defining a conflicts of interest**

There can appear to be a conflict of interest when an individual's ability to exercise judgement in one role is impaired or perceived to be impaired by their obligation in another due to the existence of competing interests.

The CCG needs to be aware of all situations where an individual has interests outside their role, where that interest has potential to result in a conflict of interest between the individual's private interests and their CCG duties.

~~Relevant and material interests must be declared on appointment. These may be defined as:~~

- ~~1. directorships, including non-executive directorships held in private companies or public limited companies (with the exception of those of dormant companies)~~
- ~~2. ownership or part ownership of companies, businesses or consultancies which may seek to do business with the CCG~~
- ~~3. share holdings in organisations which may seek to do business with the CCG~~
- ~~4. membership of or a position of trust in a charity or voluntary organisation in the field of health and social care~~
- ~~5. receipt of research funding / grants from the CCG~~
- ~~6. interests in pooled funds that are under separate management (any relevant company included in this fund that has a potential relationship with the CCG must be declared)~~
- ~~7. formal interest with a position of influence in a political party or organisation~~
- ~~8. current contracts managed by the CCG in which the individual has a beneficial interest~~
- ~~9. any other employment, business involvement or relationship or that of a spouse or partner that conflicts, or may potentially conflict with the interests of the CCG.~~

~~Where individuals are unsure whether a situation falling outside the above categories may give potential for a conflict of interest they should seek advice from the Director of Planning, Performance and Corporate Services.~~

Where an individual has an interest or becomes aware of an interest which could lead to a conflict of interest where the CCG is considering an action or decision this must be declared.

A ~~potential~~ conflict of interest has been defined by the National Audit Office and ~~will~~ could include:

- a) **Direct or Personal Financial interests:** ~~a direct pecuniary interest:~~ where an individual has or may appear to have the opportunity for personal financial ~~benefit~~ gain or financial gain to a close family member, friend or associate, from the consequences of a commissioning decision;

~~This would include a director, non-executive director, senior employee, partner, owner or have a relevant shareholding in a company or organisation which may seek to do business with the CCG and would also include a management consultant working for a provider.~~

~~The individual could also be in secondary employment, receipt of a secondary income, grant, any payments or a pension from a~~

provider, or in receipt of any research funding to them or their organisation.

- b) **Non-financial professional interests:** ~~a non-pecuniary interest:~~ where an individual has or may appear to have an opportunity to obtain a non-financial ~~holds a non-remunerative or not-for-profit interest in an organisation, that will~~ benefit from the consequences of a commissioning decision (for example, increasing their professional reputation or status or promoting their professional career ~~where an individual is a trustee of a voluntary provider that is bidding for a contract~~), or where the individual's decision making is or could be compromised, perhaps due to loyalty;

The individual may be an advocate for a group of patients, a GP with special interests, a member of a particular specialist professional body, an adviser for the CQC or NICE, or a medical researcher.

GPs and Practice Managers who are members of the Governing Body or a committee should declare details of the roles and responsibilities they hold within their GP practice.

- e) **Indirect or Non-personal financial interests:** ~~an indirect pecuniary interest: for example, where an individual is a partner, member or shareholder in an organisation that will benefit financially from the consequences of a commissioning decision;~~ Payment or other benefit is made to a department or organisation in which the individual is employed or engaged but which is not received personally.
- d) ~~where an individual is closely related to, or in a relationship, including friendship, with an individual in the above categories.~~

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

If in doubt, the individual ~~concerned~~ should assume that a potential conflict of interest exists and make a declaration. To provide additional guidance, case studies can be found [here](#) and additional advice can be sought from the CCG Conflicts of Interest Guardian or CCG Governance Lead.

~~Concerns may also relate to financial or personal commitments (such as obligations to friends, colleagues or peers), special interests (for example in a particular condition due to family member experience, other non-financial objectives (status or kudos) or professional loyalties and duties. Potential conflicts can also arise from close family members interests and obligations by association.~~

Senior staff must declare any position of authority in a charity or voluntary organisation in the field of health and social care or contracting for NHS services and any political affiliations where they hold an active role as a conflict of interest may arise by virtue of loyalty.

Management of conflicts of interest

The CCG will facilitate an environment where all individuals feel able, encouraged and obliged to be open, honest and upfront about actual or potential conflicts. This will lead to effective identification and management of conflicts. In deciding whether any role or relationship or interest would impair or otherwise influence the individual's judgement or actions in their role within the CCG, the CCG will exercise discretion and consider each case separately. Where there is doubt, the existence of a conflict of interest will be assumed and managed accordingly.

The CCG will proactively manage potential conflicts of interest by:

- Maintaining and reviewing Registers of Declarations of Interest
- Managing membership of formal committee and decision making bodies supporting the CCG
- Meeting and decision making procedures
- Working within the Constitution, Standing Orders, Prime Financial Policies and Scheme of Reservations and Delegations
- At meetings, being aware of the Law.

Conflicts of interest will be avoided by:

- Having a well governed framework – needs assessments, consultation mechanisms, commissioning strategies and procurement procedures in place from the outset
- Being proactive not reactive – minimise the risk of potential conflicts of interest when electing or selecting individuals
- ~~Assuming that individuals will act ethically and professionally but assisting them to do this~~
- Being balanced and proportionate – decision-making is transparent and fair but not overly cumbersome or complex
- Being open – early engagement on plans
- Being responsive and using best practice – intentions are based on recognised local health needs and evidence best practice
- Transparency – clearly documenting each stage
- Securing expert advice – from appropriate health and social care professionals
- Engaging with providers – early engagement over potential changes to services
- Creating clear and transparent commissioning specifications – depth of engagement and basis on which contract will be awarded
- Following proper procurement processes and legal arrangements
- Ensuring sound record-keeping - including registers of interests
- Having a clear, recognised and easily enacted system for dispute resolution.

3.2.3

Register of Declarations of interests

All applicants for any appointment to a senior role in the CCG or its ~~All members of the CCG~~ Governing Body and sub-committees of the Governing Body, including Locality Group Executive Committees, will be required to ~~complete a declaration of any relevant interests. Form upon~~ The CCG will request this declaration forms part of the 'Other supporting information' section of the application form.

On appointing Governing Body, committee or sub-committee members and senior staff, CCGs will need to consider whether conflicts of interest should exclude individuals from being appointed to the relevant role. This will need to be considered on a case-by-case basis but the CCG's constitution should reflect the CCG's general principles.

The CCG will need to assess the materiality of the interest, in particular whether the individual (or any person with whom they have a close association) 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 must also be considered for senior roles.

The CCG will also 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.

On appointment to their position, or on changing their role within the CCG, a formal declaration of interests must be made and recorded. Where there are no interests to declare a nil return is required. Any subsequent interests shall be declared ~~once the potential conflict of interest arises~~ as soon as reasonably practicable and by law within 28 days after the interest arises.

Individuals will be asked to renew or confirm their declarations every ~~two~~ years six months. The individual must ensure that the Register of Interests is updated correctly reflecting their declaration.

~~Other individuals, such as employees of the CCG, interims and contractors may have considerable influence and/or the ability to allocate contracts or expend CCG resources. On appointment these individuals will be asked to declare any relevant interests. Should a potential conflict of interest subsequently be identified, or if requested by the Chair and/or Director of Planning, Performance & Corporate Services, the individual should complete a Declaration of Interests Form. The CCG will request that all staff declare conflicts of interest on an annual basis. It will be assumed that staff will act ethically and professionally, declaring relevant interests as they arise. Nil returns will not be required. Member GP practices will determine their own arrangements for recording declarations of interests.~~

~~Any changes or new interests must be recorded within 28 days.~~ The Declaration of Interests form is available at Appendix 1.

The agenda for all ~~Governing Body~~, committee, sub-committee/group or working group meetings ~~of the CCG~~ will contain a standing item, at the commencement of each meeting, requiring members to declare any interests relating specifically to the agenda items being considered including those interests already formally declared and recorded in the Register of Interests. ~~In the case of GP Members, a declaration of any relevant interest of their practice or practice staff should be made.~~ Minutes of the meeting must detail all declarations made and any new declarations must be recorded in the Register of Interests. Failure to disclose an interest may render the individual liable to disciplinary action which could ultimately result in termination of employment.

~~The conflict should be treated as relevant for discussions, decision making and any ongoing monitoring.~~

~~Individuals must be specific when declaring interests. Where an interest is significant or when the individual or a connected person has a direct financial interest in a decision, the individual should not take part in the discussion or vote on the item and should consider leaving the room when the matter is discussed. The Chair of the meeting may insist that a member leaves the room if they have a significant interest or a direct financial interest in a matter under discussion. The action(s) taken regarding the individual should be documented for future scrutiny.~~

3.2.4 Register of Declarations of Interests

The CCG Registers of Declarations of Interests are held by the ~~Director of Planning, Performance & Corporate Services~~ CCG Governance Lead. The Register will detail actual or potential conflicts of interests pertaining to individuals. All declared interests will be transferred promptly to the Register of Interests. It is the responsibility of the CCG Governance Lead to ensure that registers are up-to-date, interests remain on the public register for six months after the interest has expired and a private historic record of interests is retained for a minimum of six years from the date on which it expired.

The Register of Interests will give the following information:

- Name of individual;
- Position within, or relationship with, the CCG;
- Type of interest (from categories listed above);
- Description of interest including, for indirect interests, details of the relationship with the person who has the interest;
- The date from which the interest relates;
- The actions taken to mitigate risk.

The Register of Interests will be ~~and~~ published on the CCG website. All individuals required to make a declaration and those who are identified in the Register due to their relationship with an individual, will be informed in advance that the Register will be published, by means of a fair processing notice. In exceptional circumstances, authorised by the Conflicts of Interest Guardian, individual's names may be redacted from the public register. The register will be reviewed at least three times a year by the CCG Governing Body in public and ~~relevant interests will be~~ published within the Annual Report and Annual Governance Statement by a link to the website. The public will be able to request a copy of the register of interests under the Freedom of Information Act. ~~Individuals will be able to request copies of information held about them by making a subject access request under the Data Protection Act 1998.~~

The CCG Governance Lead, discussing with the Conflicts of Interest Guardian where appropriate, will consider every interest declared on appointment, on refreshed declarations of interest and any declared new interests. There will be occasions where an individual declares an interest in good faith but, upon closer consideration, it is clear that this does not constitute a genuine conflict of interest, due to the nature and relevance of the interest and/or the ability of the individual to influence decisions, award contracts or expend financial resources. In these situations the CCG Governance Lead will retain the declared interest but will not record the interest on the register. Reasoning for this decision will be recorded.

There may be occasions when the conflict of interest is profound and acute. The CCG Governance Lead will bring this to the attention of the Conflicts of Interest Guardian and it may be decided that the interest is not manageable. Treatment may require an individual to step down from a particular role or move to another role within the CCG. Section 21 of the standard employment contract supports action required in this regard.

3.2.5 Managing membership

The ~~Chair/Deputy Chair of Audit and Assurance Committee~~ Conflicts of Interest Guardian will with the ~~Director of Planning, Performance & Corporate Services~~ CCG Governance Lead ensure that for every interest declared on appointment or declared as a new interest, arrangements are in place to manage the potential conflicts of interest, to ensure the integrity of the CCG decision making process and to protect individuals and the resources and reputation of the National Health Service (NHS).

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.

Where a significant interest is declared, the individual should not be a voting member of a committee if a contract is already in place with the relevant provider or if it is likely that a contract **may** be considered in the future.

For previously recorded declarations of interest, steps will be taken to ensure that Committee membership supports decision making as far as is reasonably practicable.

Should the situation arise that a significant number of individuals (more than 50%) are deemed to be prevented from taking part in a meeting because of prejudicial interests, the Chair (or deputy) will determine whether or not the discussion can proceed. In making this decision the Chair will consider whether the meeting is quorate, in accordance with the number and balance of membership set out in the CCG Standing Orders and approved committee Terms of Reference.

3.2.6 Management of meetings and decision making

The Chair should proactively consider ahead of meetings what conflicts are likely to arise and how they should be managed including ensuring that, where relevant, papers are not sent to conflicted individuals. A checklist for declarations of interests will be provided prior to the meetings.

The agenda for all Governing Body, committee, sub-committee/group, advisory committee or working group meetings will contain a standing item, at the commencement of each meeting, requiring members to declare any interests relating specifically to the agenda items being considered including those interests already formally declared and recorded in the Register of Interests. The CCG has standard wording for agendas.

~~At the beginning of agenda for meetings of the Governing Body or its sub-committees, there will be an opportunity for individuals to identify potential conflicts of interests relating to specific items of business.~~ The Chair of the meeting will decide whether there is a conflict of interest and ensure that the appropriate course of action is taken ~~on reaching the agenda item.~~ The Chair, or the Vice-Chair if conflicted, may consult with the Conflicts of Interest Guardian.

Options include:

Type of interest		Action
Direct financial	Specific	Declare and leave the meeting for the item(s) concerned. In exceptional circumstances the chair may rule that they can attend to answer specific questions
	Non-specific	Declare and participate unless the chair rules otherwise
Indirect financial	Specific	Declare and participate unless the chair rules otherwise
	Non-specific	Declare and participate unless the chair rules otherwise
Non-financial	Specific	Declare, action is then at the discretion of the chair
	Non-specific	Declare and participate unless the chair rules otherwise

Failure to disclose an interest may render the individual liable to disciplinary action which could ultimately result in termination of employment. Where others at the meeting are aware of facts or circumstances which may give rise to a conflict of interests which has not been declared, this must be brought to the attention of the Chair to take the appropriate course of action.

~~The action to be taken for Non-Executives will be managed by the Chair taking advice from the Director of Planning, Performance & Corporate Services.~~

~~A prejudicial interest will be declared if the matter affects an individual's financial interest and a member of the public, knowing the relevant facts, would reasonably think that a personal interest is of such significance that it is likely to prejudice their judgment.~~

~~Where an individual is aware of an interest which:~~

- ~~- has not been declared, either in the CCG register or orally, they will declare this at the start of the meeting;~~
- ~~- has previously been declared, in relation to the scheduled or likely business of the meeting, the individual concerned will bring this to the attention of the Chair of the meeting, together with details of arrangements which have been confirmed for the management of the conflict of interests or potential conflict of interests.~~

~~The Chair of the meeting will then determine how this should be managed and inform the individual of their decision. Where no arrangements have been confirmed, the Chair of the meeting may take the following actions.~~

- ~~• Withdrawal of the individual from the meeting for that part of the discussion if conflict is **prejudicial**;~~

- ~~Participation of the individual in the discussion but not part of the decision making process~~
- ~~Full participation of the individual in discussion and the decision making process as the potential conflicts are not perceived by others of the group to be material, or prejudicial.~~

Where the Chair of any meeting has a personal interest, previously declared or otherwise, in relation to the scheduled or likely business of the meeting, they must make a declaration and the ~~Deputy Vice~~ Chair (or other nominated individual if the ~~Deputy Vice~~ Chair is also conflicted) will act as Chair for the relevant part of the meeting.

~~Where arrangements have been confirmed for the management of the conflict of interests or potential conflicts of interests in relation to the Chair, the meeting must ensure these are followed. Where no arrangements have been confirmed, the Deputy Chair may require the Chair to withdraw from the meeting or part of it. Where there is no Deputy Chair, the members of the meeting will select one.~~

Where a quorum cannot be convened from the membership of the meeting, owing to the arrangements for managing conflicts of interest or potential conflicts of interest, the Chair of the meeting shall consult with the ~~CCG Governance Lead Chair of Audit and Assurance Committee and Chief Finance Officer~~ on the action to be taken.

Where all or most CCG decision makers have or may have a material interest in the decision, the decision may be referred to the CCG Governing Body. The Health & Wellbeing Board or another CCG may also be invited to review the proposal.

Advisory committees bring together experts from a specific field of practice and often draw from a relatively small pool of individuals. It is likely that these advisors will have interests relevant to the subject matter. The chair should not normally have any specific direct or indirect financial or non-financial interests. Advisors must declare their interests on being invited to participate and, where there are material interests, should be allowed to participate but must not participate in decision making.

~~All potential conflicts should be recorded in the minutes~~ Minutes of the meeting must detail all declarations made along with the course of action taken and any new declarations must be recorded in the Register of Interests. The minute will include:

- who has the interest;
- the nature and magnitude of the interest and why it gives rise to a conflict;
- the item(s) on the agenda to which it relates;
- how the conflict was agreed to be managed;
- evidence that the conflict was managed as intended (recording the time/point at which individuals left the room and returned).

3.2.7 Members of the CCG

GPs, and their practice staff, by nature of their profession have an immediate conflict as providers of primary care services and this of course does not exclude them being involved in the running of the CCG. All relevant interests, including those of practice staff who are involved in direct CCG work, must be declared and openly disclosed in the conduct of business to ensure it is handled appropriately.

Members should conform to the published guidelines of the General Medical Council (GMC) 'Good Medical Practice' Financial and Commercial Arrangements and Conflicts of Interest (2013), which states:

- 77.** You must be honest in financial and commercial dealings with patients, employers, insurers and other organisations or individuals.
- 78.** You must not allow any interests you have to affect the way you prescribe for, treat, refer or commission services for patients.
- 79.** If you are faced with a conflict of interest, you must be open about the conflict, declaring your interest formally, and you should be prepared to exclude yourself from decision making.
- 80.** You must not ask for or accept – from patients, colleagues or others – any inducement, gift or hospitality that may affect or be seen to affect the way you prescribe for, treat or refer patients or commission services for patients. You must not offer these inducements.

3.2.8 Contractors and people who provide services to the CCG

Anyone seeking information in relation to procurement or otherwise engaging with the CCG, in relation to the potential provision of services or facilities to the CCG, will be required to make a declaration of any relevant or potential conflict of interest.

Anyone contracted to provide services or facilities directly to the CCG will be subject to the same provisions of this policy in relation to managing conflicts of interests. This requirement will be set out in the contract for their services.

3.3 Transparency in procurement

3.3.1 Procurement Framework Policy

The CCG recognises the importance in making decisions about the services it procures in a way that does not call into question the motives behind the procurement decision. The CCG will procure services in a manner that is open, transparent, non-discriminatory and fair to all potential providers.

It is an essential feature of the Health Act reforms that CCGs should be able to commission a range of community-based services to improve quality and outcomes for patients. Where the provider for these services might be a GP, CCGs will need to be able to demonstrate that the services:

- clearly meet local health needs and have been planned appropriately;
- go beyond the scope of the GP contract; and
- the appropriate procurement approach is used.

The CCG will ensure that the service has been designed and any specification developed in an inclusive way, involving other health professionals, experts, other commissioners, patients and the public as appropriate. The involvement of the Commissioning Support Service will provide additional assurance on the fairness and transparency of the planning and procurement process.

The CCG will publish a Procurement and Contestability [framework policy](#) approved by its governing body which will ensure that:

- all relevant clinicians (not just members of the CCG) and potential providers, together with local members of the public, are engaged in the decision-making processes used to procure services;
- service redesign and procurement processes are conducted in an open, transparent, non-discriminatory and fair way.

~~There are a number of stages in this process that will ensure this occurs.~~

- ~~a) The CCG will develop services in line with the agreed and published 5 year plan~~
- ~~b) This 5 year plan has been developed with all key stakeholders and reflects the needs of the local populations, as agreed through the Health and Wellbeing Board, and is subject to public scrutiny.~~
- ~~c) The CCG will engage with all providers to communicate the priorities and commissioning intentions.~~
- ~~d) A range of expertise from a variety of providers will be used to develop detailed service specifications for new service models.~~
- ~~e) Once a new specification has been developed the most appropriate provider of care will be considered through a sub-committee of the CCG which will exclude anyone with a conflict of interest using the published criteria as set out within this guidance.~~

The Procurement and Contestability [framework policy](#) will reflect the principles of the 'Substantive guidance on the Procurement, Patient Choice and

Competition Regulations' December 2013, Public Contracts Regulations 2006 or Public Contracts Regulations 2015 and 'Principles and Rules for Cooperation and Competition' July 2010 and will detail the four tests for reconfiguration and service change. The role of the Commissioning Support Service for procurement will be clearly detailed within the framework.

Monitor – Substantive guidance on the Procurement, Patient Choice and Competition Regulations (December 2013) state 'For the purposes of Regulation 6 [National Health Service (Procurement, Patient Choice and Competition) (No.2) Regulations 2013], a conflict will arise where an individual's ability to exercise judgement or act in their role in the commissioning of services is impaired or influenced by their interests in the provision of those services'.

Regulation 6 requires that the CCG does not award a contract for the provision of NHS healthcare services where conflicts, or potential conflicts, affect or **appear** to affect the integrity of the award of that contract. The CCG is required to publish a record of how it managed any such conflict in relation to NHS commissioning contracts entered into.

Depending on circumstances, there may be ways of managing an actual or potential conflict of interest in order to prevent that conflict affecting or appearing to affect the integrity of the award of the contract, including the exclusion of certain individuals from discussion or removal of voting rights.

The CCG is supported through the procurement process by South Central and West CSU and will utilise the Declaration of Interest forms, process and recording arrangements of this support organisation as detailed in the Procurement Policy.

3.3.2 Primary Care Co-commissioning and Enhanced Services

In the context of primary care co-commissioning, particularly with regard to delegated or joint arrangements, it is likely that there will be potential or actual conflicts of interests. The CCG may also seek to expand the range of enhanced services provided by member practices as part of its work to redesign services.

Given that the CCG will be managing general medical service contracts and primary medical service contracts, and may be commissioning such services from their own member practices, it is vital that there is transparency and safeguards to ensure confidence that these decisions are based upon the best interests of patients and with no perceived conflicts of interest. The interests of all primary care commissioning committee members (including any NHS England representatives) must be recorded on the CCG's registers of interests.

Procurement decisions relating to the commissioning of primary medical services will be made by a sub-committee of the Governing Body in the form of a joint committee between the CCG and NHS England or in the case of delegated commissioning, a committee established by the CCG. The constitution of this committee will largely be lay members and executive members with local Healthwatch and Health and Wellbeing Board representatives invited. **The primary care commissioning committee will have a lay member chair and lay member vice chair. The Conflicts of Interest Guardian is not permitted to hold the position of Chair (and should ideally not be Vice Chair) to remove the possibility of conflict.** Decisions of this committee will be made in public. The arrangements for decision making do not preclude GP participation in strategic discussions on primary care issues, subject to the appropriate management of conflicts of interest.

Where the potential provider for services is a GP, procurement may be through competitive tender or an Any Qualified Provider (AQP) approach or on a single tender basis where the GP is the only capable provider or where the service is of minimal financial value. Additional safeguards are in place when commissioning services that could potentially be provided by a GP. These safeguards are designed to:

- maintain confidence and trust between patients and GPs;
- enable the CCG and member practices to demonstrate that they are acting fairly and transparently and that members of the CCG will always put their duty to patients before any personal financial interest;
- ensure that the CCG operates within the legal framework but is not bound by over-prescriptive rules that risk stifling innovation or slowing down the commissioning of services to improve quality or productivity; and
- build on existing guidance.

Please see the '**Commissioning Services that may potentially be provided by GPs—Assurance**' 'Procurement Checklist' form at Appendix 2. This form sets out factors on which the CCG would like to provide assurance, regarding the service planning and procurement process, in a consistent and transparent way. These completed forms will be made publicly available.

3.3.3 Register of Procurement Decisions

The CCG will publish a Register of Procurement Decisions including the details of the decision, who was involved in the decision making, a summary of any conflicts of interest and how this was managed. The CCG will ensure that details of all contracts, including the value of the contract are included. The Register will be published on the CCG website and updated as soon as is practicable as contracts are agreed. Where the CCG decides to commission services through AQP, the type of services commissioned and the agreed price for each service will be published on the website. This information will also be part of the Annual Report.

3.4 Gifts, Hospitality and sponsorship

The CCG acknowledges that gifts, hospitality and sponsorship may be offered. ~~The CCG will ensure that individuals do not accept gifts, hospitality or other benefits, which might reasonably be seen to compromise their professional judgement or integrity.~~ The following sections outline considerations for each; please also refer to section 3.1 regarding the prevention of corruption.

3.4.1 Gifts

~~All gifts of any nature offered to CCG staff, governing body and committee members and relevant individuals within GP member practices by suppliers or contractors linked (currently or prospectively) to the CCG's business or from any other sources should be declined, whatever their value, All individuals must not, either directly or indirectly, accept a gift (including rewards, benefits and hospitality) from any member of the public or any organisation with whom they are brought into contact by reason of their duties other than the following which do not have to be declared on the Register of Gifts, Hospitality and Sponsorship:~~

- trivial gifts of a promotional nature, e.g., calendars, diaries, pens and other similar articles. As a guideline the expectation is that such gifts would be worth a maximum of ~~£10~~ £6 and in most cases would be worth considerably less;
- gifts of a small ~~or moderate~~ value up to a ~~guideline~~ maximum value of ~~£10~~ £50, such as flowers or small tokens of appreciation from members of the public to staff for work well done, where there is no risk that the gift could be suspected of influencing the CCG's actions or the cost of returning the gift would not be warranted.

~~Gifts from members of the public over £50 in value must be declined and multiple gifts over a year which collectively exceed £50 must also be declined. Where this may cause offense the gift may be donated to charity.~~

~~Personal gifts of a higher value (£25+) should only be accepted in exceptional circumstances and with the written approval of a Chief Officer of the CCG.~~

~~This includes accumulations of gifts from a single individual or company that total £25 or more over a twelve month period. Best practice is to politely refuse such gifts with a courteous explanation of the CCG Policy, and advise the donor that should they wish to do so they are welcome to make a contribution to a charitable cause of their choice. If unsure of which cost band the gift falls into, assume it falls into the higher band. All gifts and offers with a moderate value and accumulations of gifts and offers over a 12 month period of a higher value, whether accepted or refused (including inducements such as air miles, vouchers etc.) must be notified. Any personal gift of cash or cash equivalents (e.g. vouchers, tokens, offers of remuneration to attend meetings whilst in a capacity working for or representing the CCG) must always be declined, whatever their value and whatever their source, and the offer which has been declined must be declared for inclusion in the CCG Register of Gifts, Hospitality and Sponsorship within 14 clear days of the gift or offer. Member GP practices will determine their own arrangements for recording gifts.~~

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

3.4.2 Hospitality

Modest hospitality is an accepted courtesy of a business relationship. However, the organisation or individual receiving the hospitality should never put themselves in a position where there could be any suspicion that their business decisions could have been influenced by accepting hospitality from others.

Hospitality is defined as meals and or drinks, visits, entertainment, lecture courses organised etc. provided or offered by potential suppliers. These may be accepted by all staff where they are moderate (not exceeding £25), on a similar scale to what would be offered by the CCG, and in keeping with what is normal in public sector business relationships and where, as far as it can reasonably be assessed by the potential receiver, will not be deemed by others (and in particular by members of the general public), to influence a business decision. Hospitality of this nature does not need to be declared.

Hospitality which goes beyond this level may be accepted up to an approximated value of £75 but must be declared. Hospitality above £75 approximated value must be declined.

Hospitality of £25 and above, either declined or accepted, must be declared by individuals ~~CCG staff~~ on the Register of Gifts, Hospitality and Sponsorship of the CCG within 14 clear days. Individuals from Primary Care may need to also record the gift or hospitality on their own practice register. ~~Members of the CCG which include Primary Care should declare any significant hospitality on a Member Practice register of hospitality, gifts and sponsorship.~~

3.4.3 Sponsorship

Sponsorship by commercial companies, including the pharmaceutical sector, is a common practice and reduces NHS expenditure. ~~However, those arranging such sponsorship must comply with the guidance contained in Health Service Guidance HSG (93) 5 “Standards of Business Conduct for NHS Staff”, and the “Commercial Sponsorship – Ethical Standards for the NHS”, both published by the Department of Health.~~ CCG staff, governing body and committee members, and GP member practices may be offered commercial sponsorship for courses, conferences, post/project funding, meetings and publications in connection with the activities which they carry out for or on behalf of the CCG or their GP practices.

All offers of sponsorship (whether accepted or declined) must be declared and included on the CCG's register of interests.

Notwithstanding the above, acceptance of commercial sponsorship should not in any way compromise commissioning decisions of the CCG or be dependent on the purchase or supply of goods or services.

It should be made clear to the sponsor that their sponsorship of an event or the availability of publicity material about the company or product will not constitute an endorsement by the CCG and that this will be made clear to the public and those attending the event. ~~Sponsors should not have any influence over the content of an event, meeting, seminar, publication or training event.~~

~~Sponsorship includes financial support and hospitality for educational meetings, training, attendance at conferences, and publications etc. To comply with relevant ethical and business standards~~ It is important to note that:

- sponsorship must not compromise commissioning or purchasing decisions;
- it must be clear that sponsorship does not imply endorsement of any product or company, and there should be no promotion of products apart from that agreed in writing in advance;
- where meetings are sponsored by external sources, that fact must be disclosed in the papers relating to the meeting and in any published proceedings.

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

- the NHS Code of Accountability and Code of Conduct;
- Standing Orders;
- Prime Financial Policies;
- relevant professional codes of practice e.g., NMC, GMC etc.

Additional safeguards will be required for sponsored research and commercial sponsorship agreements.

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

3.4.4 Hospitality, gifts and sponsorship register

~~Within the CCG,~~ All relevant offers of hospitality, gifts and sponsorship ~~with a value of over £10,~~ whether accepted or refused, must be reported using the form in Appendix 3 for recording in the Register. ~~The Register is managed by the CCG Governance Lead. This includes accumulations of gifts from a single individual or company that total £25 or more over a twelve month period.~~ The Register will be presented to the Audit and Assurance Committee of the CCG on at least ~~an annual~~ a six-monthly basis, ~~depicting a rolling 12 months of declarations.~~ The Register will be published on the CCG website.

3.5 Outside employment and private practice

~~Employees, committee members, contractors and others engaged under contract with the CCG must~~ Individuals working with the CCG ~~(depending on the details of their contact as regards outside employment and private practice)~~ are required to inform the CCG if they are employed or engaged in, or wish to engage in ~~outside 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 conflicts of interest. Examples of work which might conflict with the business of the CCG ~~including part-time, temporary and fixed term contract work~~ include:

- a) Employment with another NHS body;
- b) Employment with another organisation which might be in a position to supply goods or services to the CCGs;
- c) ~~Directorship of a GP federation; and~~
- d) 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 or services to the CCG.

Outside employment and private practice must be declared as a potential conflict of interest.

Individuals must obtain prior permission to engage in secondary employment, as per section 21 of the standard employment contract, and the CCG reserves the right to refuse permission where it believes a conflict will arise which cannot be effectively managed.

Clinical staff must declare any private practice giving the name of the private facility, when they practice and what they practice as part of their declarations of interests.

3.6 Initiatives

As a general principle any financial gain resulting from external work where use of the CCG's time or title is involved (e.g. speaking at events/conferences, writing articles) and/or which is connected with CCG business must be passed to the CCG Chief Finance Officer to pay in to the CCG.

Any patent, designs, trademarks or copyright resulting from the work (e.g. research) of an individual in its contract for services/employment with the CCG shall be the intellectual property of the CCG. **Individuals with existing relevant patents will be expected to declare these where they might give rise to a conflict of interest with regard to their primary duty to the NHS.**

Approval from the appropriate line manager should be sought prior to entering into any obligation to undertake external work connected with the business of the CCG.

Where the undertaking of external work benefits or enhances the CCG reputation or results in financial gain for the CCG, consideration will be given to rewarding employees subject to any relevant guidance for the management of Intellectual Property in the NHS issued by the Department of Health.

3.7 Confidentiality

During the course of their work with or for the CCG, many individuals will handle or be exposed to information which is deemed personal, sensitive or confidential. Further information regarding confidentiality is available in the NHS Code of Confidentiality.

It is CCG policy that no individual party to personal, sensitive or confidential material during the course of their work for or with the CCG will disclose this information or further process it outside the scope of their employment or the specific limitations imposed by the NHS Code of Confidentiality and/or the committee/manager providing the information.

Confidentiality should only be breached in exceptional circumstances, with appropriate justification, and be fully documented.

The following principles must be adhered to:

- Information must be effectively protected against improper disclosure when received, stored, processed, transmitted and disposed of;
- Information deemed to be confidential should only be accessed on a 'need to know' basis as supported by the Caldicott Principles;
- Every effort should be made to inform individuals how and why their information (PCD) is held, how it will be used, who it may be shared with and why and how and when it will be disposed of. **This includes the publication of a Fair Processing Notice;**
- Informed consent must be obtained before disclosure of PCD and if an individual withholds consent, or if consent cannot be obtained, disclosure may only be made in specific circumstances described in the Data Protection Act 1998 and the Access to Health Records Act 1990;
- Information identified as sensitive (commercially sensitive or relevant to on-going discussions and developments) must not be disclosed or otherwise discussed where disclosure may inadvertently occur (refer to section 3.1.3);
- All CCG employees and members must adhere to the confidentiality of private and confidential material, whether that be patient information or of a 'commercial in confidence' nature. All 'embargo' rules and regulations must be adhered to.

Failure to adhere to confidentiality requirements may result in disciplinary action.

Those individuals party to confidential information will not be at liberty to disclose said information following the termination of their contract, employment or relationship with the CCG.

3.8 Management arrangements Raising concerns and breaches

3.8.1 Raising concerns

Effective management of conflicts of interest requires an environment and culture where individuals feel supported and confident in declaring relevant information, including notifying any actual or suspected breaches of the rules. 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 declaration of conflicts of interest. These individuals should not ignore their suspicions or investigate themselves, but rather speak to the CCG Governance Lead and/or the Conflict of Interest Guardian and/or apply the Whistleblowing Policy. ~~Individuals wishing to report suspected or known breaches of this policy should inform the Director of Planning, Performance & Corporate Services.~~ All such notifications will be recorded and held in the strictest confidence in adherence with the Whistleblowing Policy. ~~and the person making the notification can expect a full explanation of any decisions taken as a result of any investigation.~~

3.8.2 Investigating breaches and reporting

Concerns raised via the Whistleblowing Policy will be managed in accordance with that policy with the addition that the LCFS will be informed initially to ensure that the breach does not need to be investigated by the counter fraud service.

Individuals who wish to notify the CCG that they have breached this policy will be required to contact the CCG Governance Lead. All notifications will be logged and LCFS will be informed where it is deemed appropriate to do so. Where an investigation is required, this will be arranged between LCFS and the CCG Governance Lead.

Anonymised detail of breaches will be published on the CCG website and reported to the Governing Body on at least an annual basis. LCFS will include relevant breaches in their reports to the Audit and Assurance Committee. Where the Conflicts of Interest Guardian and/or LCFS consider it necessary, NHS England will be informed.

~~The Director of Planning, Performance & Corporate Services will be responsible for maintaining the Registers of Interests, holding the Hospitality, Gifts and Sponsorship Register and reviewing the implementation of this policy.~~

3.9 Impact of non-compliance

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

Individuals should be aware that a breach of this policy could render them liable to prosecution as well as leading to the termination of their employment or position with the CCG. In extreme cases, staff and other individuals could face personal civil liability, for example a claim for misfeasance in public office.

Failures could also lead to criminal proceedings including for offences such as fraud, bribery and corruption. Fraud carries a maximum sentence of 10 years imprisonment and /or a fine if convicted in the Crown Court or 6 months imprisonment and/or a fine in the Magistrates' Court. The offences can be committed by a body corporate.

The Bribery Act 2010 introduced a corporate offence which means that commercial organisations, including NHS bodies, will be exposed to criminal liability, punishable by an unlimited fine, for failing to prevent bribery.

The offences of bribing another person, being bribed or bribery of foreign public officials in relation to an individual carries a maximum sentence of 10 years imprisonment and/or a fine if convicted in the Crown Court and 6 months imprisonment and/or a fine in the Magistrates' Court. In relation to a body corporate the penalty for these offences is a fine.

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

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. Consequences for inappropriate action could include fitness to practise proceedings being brought against the individual and possibly be struck off by their professional regulator as a result.

4.0 ROLES AND RESPONSIBILITIES

Accountable Officer

The Accountable Officer has accountability for **the CCG's management of conflicts of interests governance within the CCG and oversight of this policy**. The Accountable Officer will actively demonstrate leadership in this area and champion the highest standards of business conduct within the CCG.

Conflicts of Interest Guardian

This role will be undertaken by the CCG audit chair, provided they have no provider interests, to further strengthen scrutiny and transparency of CCGs' decision-making processes and supported by the CCG Governance Lead.

The Conflicts of Interest Guardian should, in collaboration with the CCG Governance Lead:

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

CCG Governing Body Members

All CCG Governing Body Members will ~~ensure that they~~ declare all interests on joining the organisation and ensure that their declaration remains complete and up-to-date. Members will also disclose, at all committee meetings, interests relevant to any agenda items.

Executive members of the CCG Governing Body have an on-going responsibility for ensuring the robust management of conflicts of interest.

Lay members provide scrutiny, challenge and an independent voice in support of robust and transparent decision-making and management of conflicts of interest. Lay members chair a number of CCG committees, including the Audit Committee and Joint Commissioning Primary Care Committee. There will be a minimum of three lay members on the Governing Body.

GP Membership

This includes each provider of primary medical services which is a member of the CCG under section 14O (1) of the 2006 Act. GP Members are responsible for and expected to have appropriate arrangements in place for the declaration and registration of interests and for the declaration and recording of hospitality, sponsorship and gifts within their member practice. In addition, all GP Partners (or where the practice is a company, each director) and any individual directly involved with the business or decision-making of the CCG is required to make declarations to the CCG. ~~GP Members attending CCG committees and discussing and deciding upon commissioning decisions of the CCG are required to abide by this policy and make relevant declarations of interests for themselves and for their Practice Staff to inform transparent decision making.~~

Committee and Sub-committee Chair

The Chair will proactively consider ahead of meetings what conflicts are likely to arise and how they should be managed including ensuring that, where relevant, papers are not sent to conflicted individuals.

The Chair will ensure that, at the start of each meeting ~~agenda~~, there is a request to ~~disclose relevant~~ declare any interests relating specifically to the agenda items being considered including those interests already formally declared and recorded in the Register of Interests and that any ~~disclosure declaration~~ is recorded in detail in the meeting minutes and the meeting is conducted with due consideration to the nature of the disclosure. Any new declarations must be recorded in the Register of Interests.

The Chair of the meeting will ~~decide whether there is a conflict of interest and~~ ensure that the appropriate course of action is taken ~~at the start of the meeting or on reaching the agenda item.~~ The Chair, or the Vice-Chair if conflicted, may consult with the Conflicts of Interest Guardian.

CCG Governance Lead ~~Director of Planning, Performance and Corporate Affairs~~

The CCG Governance Lead will be the Director of Planning, Performance and Corporate Services. ~~has delegated responsibility for CCG governance arrangements, will manage the arrangements within this policy and offer advice~~ This role has responsibility for:

- day-to-day management of conflicts of interest matters, queries and administration;
- consideration of each new or revised declaration of interests;
- maintaining the CCG's Registers of Interests and the Register of Gifts, Hospitality and Sponsorship;
- supporting the Conflicts of Interest Guardian to enable them to carry out their role effectively;
- providing advice, support and guidance on how conflicts of interest should be managed;
- facilitating appropriate training.

CCG Staff

CCG Staff are required to adhere to this policy, declaring interests as requested and reporting the receipt or offer of gifts, hospitality and sponsorship. ~~Staff will be expected to undertake and complete training on an annual basis.~~ Staff are generally not permitted to accept any gift from a member of public or any organisation with whom they are brought into contact by reason of their duties.

Any incidences of non-compliance with this policy must be reported using the form within the Policy for the Management of Policies and Standard Operating Procedures ~~with reference to the Whistleblowing policy for breaches by others.~~

Practice Staff

Practice Staff in member GP practices are required to abide by the principles of this policy and declare potential conflicts of interest ~~and gifts, hospitality and sponsorship~~ in accordance with their Practice's procedure. ~~Where practice staff are directly involved with the business or decision-making of the CCG, the individual must also make relevant declarations to the CCG in line with this policy. Hospitality, sponsorship and gifts accepted or offered should be declared in line with the Practice's procedure.~~

Governing Body

The Governing Body will formally review the Register of Declarations of Interest ~~for Governing Body members and members of sub-committees~~ at least three times a year. The Governing Body may be called upon to make decisions on behalf of conflicted committees.

Audit and Assurance Committee

The Audit and Assurance Committee will receive the Register of Gifts, Hospitality and Sponsorship on ~~at least an annual~~ a six-monthly basis ~~and any detailed reports from LCFS.~~ The Audit and Assurance Committee may be called upon to verify decisions made by other committees.

5.0 TRAINING

~~No specific training is available to support this policy. Any queries relating to policy should be addressed to the Director of Planning, Performance and Corporate Affairs. Training will be offered to all employees, Governing Body members, members of CCG committees and sub-committees and practice staff with involvement in CCG business on the management of conflicts of interest. This is to ensure staff and others within the CCG understand what conflicts are, and how to manage them effectively utilising the CCG procedures.~~

Training will be required to be completed on a yearly basis and will need to be completed by all staff by 31 January of each year. CCGs will be required to record their completion rates as part of their annual conflicts of interest audit.

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

Training is available separately for Bribery and Counter Fraud.

6.0 EQUALITY, DIVERSITY AND MENTAL CAPACITY

An Equality Impact Assessment (EIA) has been completed for this policy and remains correct. No issues have been identified.

This policy has been assessed and meets the requirements of the Mental Capacity Act 2005.

7.0 SUCCESS CRITERIA / MONITORING EFFECTIVENESS

The Evaluation Standard in Appendix 4 has been developed to provide assurance for monitoring compliance and effectiveness of this policy.

~~The Director of Planning, Performance and Corporate Affairs will, on an annual basis (starting 1 year after approval of version 2 of this policy), arrange an audit to sample at least 15% of staff and 15% of the proceeding year's committee minutes to assess compliance against the Evaluation Standard.~~

~~Findings will be reported to the Director of Planning, Performance and Corporate Services, and by exception to the Audit and Assurance Committee, with recommendations to improve compliance. Implementation of these actions will be monitored at the next annual assessment.~~

An audit of conflicts of interest management will be undertaken as part of the internal audit programme on an annual basis in quarter 3 or 4, with results reflected in the CCG's Annual Governance Statement and discussed in the end of year governance meeting with NHS regional teams. Completion rates for conflict of interest training will form part of this audit.

NHS England will be assessing CCG compliance against a key indicator on a quarterly and annual basis.

Any non-compliance with this policy should immediately be reported using the non-compliance form within the Policy for the Management of Policies and Standard Operating Procedures. Any breaches by other individuals must be reported, with reference to the Whistleblowing Policy.

8.0 REVIEW

This document may be reviewed at any time at the request of either staff side or management, but will be reviewed after 9 months in the first instance to ensure that all requirements from the statutory guidance and subsequent consultation are included.

9.0 REFERENCES AND LINKS TO OTHER DOCUMENTS

The policy should be read in conjunction with the following documents, which also set out generic guidelines and responsibilities for NHS organisations and General Practitioners:

- CCG Constitution
- Standing Orders, Reservation and Delegation of Powers and Prime Financial Policies
- Code of Conduct for NHS Managers 2002
- Appointments Commission: Code of Conduct and Code of Accountability
- The Healthy NHS Board: Principles for Good Governance
- General Medical Council (GMC) 'Good Medical Practice' Financial and Commercial Arrangements and Conflicts of Interest 2013
- Respective professional codes of conduct
- NHS Code of Confidentiality
- The Bribery Act 2010
- Code of Conduct: Managing conflicts of interest where GP practices are potential providers of CCG-commissioned services, July 2012
- Health Service Guidance HSG (93) 5 "Standards of Business Conduct for NHS Staff"
- 'Standards for Members of NHS Boards and Clinical Commissioning Group Bodies in England' November 2012
- "Commercial Sponsorship – Ethical Standards for the NHS"
- Monitor's 'Substantive guidance on the Procurement, Patient Choice and Competition Regulations' December 2013

- Public Contracts Regulations 2006 and Public Contracts Regulations 2015
- 'Principles and Rules for Cooperation and Competition' July 2010
- ~~Managing Conflicts of Interest: Statutory Guidance for CCGs, December 2014~~
- 'Managing Conflicts of Interest: Revised Statutory Guidance for CCGs', June 2016
- 'Managing Conflicts of Interest in the NHS: A Consultation' September 2016

DECLARATION OF INTERESTS

NHS Wiltshire Clinical Commissioning Group

~~Member and employee declaration form: financial and other interests~~

Declaration of interests Form for CCG members and employees

This form is required to be completed in accordance with the CCG Constitution.

- On appointment, at six monthly review and within 28 days of a relevant event, ~~members and employees [others] need to~~ individuals must register their financial and other interests.
- If any assistance is required in order to complete this form, then the ~~member or employee~~ individual should contact the ~~Director of Planning, Performance & Corporate Services~~ CCG Governance Lead.
- The completed form should be sent ~~by both email and as~~ a signed hard copy to the ~~Board Administrator~~ Governance & Risk Manager.
- Any changes to interests declared must also be registered within 28 days of the relevant event, or knowledge of a relevant event, by completing and submitting a new declaration form.
- ~~The~~ Interests will be added to a Register of Interests held by the CCG. ~~The~~ register will be a public document on the internet and published in the Annual Report.
- ~~Members and employees~~ Individuals completing this declaration form must provide sufficient detail of each interest so that a member of the public would be able to understand clearly the sort of financial or other interest the member or employee has and the circumstances in which a conflict of interest with the business or running of the CCG might arise.
- If in doubt as to whether a conflict of interests could arise, a declaration of the interests should be made.
- The CCG Governance Lead will review each Declaration of Interests Form received.
- Records will be retained in line with NHS Records Management Code of Practice.

Name:				
Position within, or relationships with, the CCG (or NHS England in the event of joint committees):				
Details of interests held (complete all that are applicable):				
Type of interest (attached to form)	Description of Interest (incl. for indirect interests, details of the relationship with the person who has the interest)	Date interest relates		Actions to be taken to mitigate risk (to be agreed with CCG Governance Lead)
		From	To	

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

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

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

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Signed:		Date:	
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Please return to: **Governance & Risk Manager, Corporate Services, Wiltshire CCG, Southgate House**

Interests that must be declared:

1. Roles and responsibilities held within member practices;
2. Directorships, including non-executive directorships, held in a private company or PLC;
3. Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the CCG;
4. Shareholdings (more than 5%) of companies in the field of health and social care;
5. Positions of authority in an organisation (e.g. charity or voluntary organisation) in the field of health and social care;
6. Any connection with a voluntary or other organisation contracting for NHS services;
7. Research funding/grants that may be received by the individual or any organisation they have an interest or role in; and
8. Any other role or relationship which the public could perceive would impair or otherwise influence the individual's judgement or actions in their role within the CCG whether such interests are those of the individual themselves or of a family member, close friend or other acquaintance of the individual.

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; • 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.

Type of interest	Description
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.

Declaration of Interests

Name:		
Position within the CCG:		
Interests		
Type of Interest	Details	Personal interest or that of a family member, close friend or other acquaintance?
Roles and responsibilities held within member practices		
Directorships, including non-executive Directorships, held in a private company or PLC		
Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the CCG and/or with NHS England		
Shareholdings (more than 5%) of companies in the field of health and social care		
Positions of authority in an organisation (e.g. charity or voluntary organisation) in the field of health and social care		

Type of Interest	Details	Personal interest or that of a family member, close friend or other acquaintance?
Any connection with a voluntary or other organisation contracting for NHS services		
Research funding/grants that may be received by the individual or any organisation they have an interest or role in		
Any other role or relationship which the public could perceive would impair or otherwise influence the individual's judgement or actions in their role within the CCG and/or with NHS England		

~~To the best of my knowledge and belief, the above information is complete and correct. I undertake to update as necessary the information provided and to review the accuracy of the information provided regularly and at least every two years. I give my consent for the information to be used for the purposes described in the CCG Constitution and published accordingly.~~

Signed:		Date:	
Name:		Title:	

~~Please complete and return this form electronically to diana.hargreaves@nhs.net~~

~~Please also print a copy, sign and return to:
Board Administrator, NHS Wiltshire CCG, Southgate House, Pans Lane,
Devizes, Wiltshire, SN10 5EQ~~

For completion by CCG:

Detail any actions taken in response to declaration of interest, providing dates and circumstances as required:

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Commissioning Services that may potentially be provided by GPs
Assurance Form
Procurement Checklist

NHS Wiltshire Clinical Commissioning Group

Service:	
Question	Comment/Evidence
Questions for all three procurement routes	
How does the proposal deliver good or improved outcomes and value for money – what are the estimated costs and the estimated benefits? How does it reflect the CCG's proposed commissioning priorities? How does it comply with the CCG's commissioning obligations?	
How have you involved the public in the decision to commission this service?	
What range of health professionals have been involved in considering designing the proposed service?	
What range of potential providers have been involved in considering the proposals?	
How have you involved your Health and Wellbeing Board(s)? How does the proposal support the priorities in the relevant joint health and wellbeing strategy (or strategies)?	
What are the proposals for monitoring the quality of the service?	
What systems will there be to monitor and publish data on referral patterns?	
Have all conflicts and potential conflicts of interests been appropriately declared and entered in registers which are publicly available? Have you recorded how you have managed any conflict or potential conflict?	
Why have you chosen this procurement route? ¹	

¹ Taking into account all relevant regulations (e.g. the NHS (Procurement, patient choice and competition) (No 2) Regulations 2013 and guidance (e.g. that of Monitor).

Question	Comment/Evidence
What additional external involvement will there be in scrutinising the proposed decisions?	
How will the CCG make its final commissioning decision in ways that preserve the integrity of the decision-making process and award of any contract?	

Additional question when qualifying a provider on a list or framework or pre selection for tender (including but not limited to any qualified provider) or direct award (for services where national tariffs do not apply)

How have you determined a fair price for the service?	
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Additional questions when qualifying a provider on a list or framework or pre selection for tender (including but not limited to any qualified provider) where GP practices are likely to be qualified providers

How will you ensure that patients are aware of the full range of qualified providers from whom they can choose?	
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Additional questions for proposed direct awards to GP providers

What steps have been taken to demonstrate that the services to which the contract relates are capable of being provided by only one provider?	
In what ways does the proposed service go above and beyond what GP practices should be expected to provide under the GP contract?	
What assurances will there be that a GP practice is providing high-quality services under the GP contract before it has the opportunity to provide any new services?	

Declarations of gifts, hospitality and sponsorship form

Received by CCG or Individual? <i>Please circle as appropriate</i>	CCG Individual
Recipient Name / Reporting staff member:	
Position:	
Date of offer:	
Declined or Accepted? <i>Please circle as appropriate</i>	Declined Accepted
Date of receipt (if applicable):	
Details of Gift / Hospitality / Sponsorship:	
Estimated Value:	
Supplier / Offeror Name and Nature of Business:	
Details of Previous Offers or Acceptance by this Supplier / Offeror and running total for previous 12 months:	
Reason for Accepting or Declining and other comments:	

Director's signature:	
Director's name and role:	
Date:	

This form will be retained in line with the NHS Records Management Code of Practice. The information may be held in both manual and electronic form in accordance with the Data Protection Act 1998. Information may be disclosed to third parties in accordance with the Freedom of Information Act 2000 and published in registers that the CCG holds.

I confirm that the information provided above is complete and correct. I am aware that if I do not make full, accurate and timely declarations then civil, criminal, professional regulatory or internal disciplinary action may result.

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

--

Signature:	
Please print name:	
Date:	

Please return paper form to: **Governance & Risk Manager, Corporate Services, Wiltshire CCG, Southgate House**

For Corporate Services staff use	
Date input to register:	

DECLARATION OF HOSPITALITY, GIFTS & SPONSORSHIP

Name of recipient	
Department/Role in CCG	
Name of donor	
Hospitality, Gifts or sponsorship description	
Details of interest of donor	
Estimated value	
Date of hospitality, gift or sponsorship (or date range)	
Accepted or declined?	

Senior Manager/Director Signature:		Date:	
Name:		Title:	

Please complete and return this form electronically to diana.hargreaves@nhs.net

Please also print a copy, sign and return to:
 Board Administrator, NHS Wiltshire CCG, Southgate House, Pans Lane,
 Devizes, Wiltshire, SN10 5EQ

EVALUATION STANDARD

Policy Name: Standards of Business Conduct Policy

Policy Reference: TBC

Standard statement

The CCG will ensure that all potential and actual conflicts of interest are managed appropriately and transparently. The CCG will record and review all gifts, hospitality and sponsorship offered to and/or accepted by the CCG.

Criteria - Corporate

1. The CCG has a contract in place for Counter Fraud services and the contact details for the LCFS are widely circulated to staff.
2. All ~~new members and members~~ Gov Body and sub-committee members and senior managers ~~changing roles~~ formally declare their interests on commencement of employment and ~~changing roles~~, and this is recorded in the published Register of Declarations of Interests.
3. ~~Members are formally required to renew their~~ Declarations of interest are formally reviewed every 6 months ~~two years~~.
4. The Register of Declarations of Interest is reviewed by the Governing Body at least three times per financial year.
5. ~~Relevant items from~~ The Register of Declarations of Interest ~~are is~~ also published as part of the Annual Report.
6. ~~All new members of staff, interims and contractors are asked to declare their interests on commencement of employment and on changing roles within the CCG and this is recorded and published in the Register of Declarations of Interests.~~
7. ~~Staff, interims and contractors are asked to declare interests on an annual basis.~~
8. All procurement decisions are recorded on the Register of Procurement Decisions.
9. The Gifts, Hospitality and Sponsorship Register is presented to the Audit and Assurance Committee ~~on at least a six monthly basis~~ ~~at least once per financial year~~.

10. The CCG Registers of Declarations of Interests, the Register of Procurement Decisions and the Gifts, Hospitality, and Sponsorship Register are published on the CCG website.
11. Each committee meeting has a standard agenda item asking for declarations of interest relevant to the agenda.
12. Minutes of each committee show that attendees have been asked to declare relevant interests and minutes either that there are none declared or gives the details of the declaration. Where there has been a declaration of interests, the committee minutes detail how this has been handled.

Criteria - Local

1. Staff are aware of LCFS contact details.
2. Staff are aware of the Whistleblowing Policy.
3. ~~Each committee meeting has a standard agenda item asking for declarations of interest relevant to the agenda.~~
4. ~~Minutes of each committee show that attendees have been asked to declare relevant interests and minutes either that there are none declared or gives the details of the declaration. Where there has been a declaration of interests, the committee minutes detail how this has been handled.~~
5. All staff are aware how to record offered and/or accepted gifts, hospitality and sponsorship on the CCG register.

Conclusion

Please explain any discrepancies below:

Please detail remedial action to prevent re-occurrence, giving details of monitoring arrangements to assess improvement:

Title of the paper or Scheme: **Standards of Business Conduct Policy**

For the record	
Name of person leading this EIA Susannah Long, Governance & Risk Manager	Date completed 8 November 2016
Names of people involved in consideration of impact Sharon Woolley, Board Administrator	
Name of director signing EIA David Noyes, Director of Planning, Performance and Corporate Services	Date signed 15 November 2016

What is the proposal? What outcomes/benefits are you hoping to achieve?
 The Policy has been amended to reflect the statutory guidance for conflicts of interests. It clearly states the arrangements in place within the CCG.

Who's it for?
 Use by the staff within the organisation, Governing Body Members, Sub-committee members and GP practice staff involved in the business of the CCG.

How will this proposal meet the equality duties?
 Structured policies and SOPs are an essential tool of governance bringing consistency and transparency to day to day practice, contributing to achievement of strategic objectives. The principles behind the policy will support credible decision and arrangements will protect decision makers from any challenge to their integrity.

What are the barriers to meeting this potential?
 Adherence to policies and processes is required, with individuals participating fully in the spirit of the guidance.

2 Who's using it Refer to equality groups
 The Policy will support all equality groups.

What data/evidence do you have about who is or could be affected (e.g. equality monitoring, customer feedback, current service use, national/regional/local trends)?
 The CCG has data on staffing and demographic information.

How can you involve your customers in developing the proposal?
 The CCG is open to public scrutiny. Information will be made available of the CCG website.

Who is missing? Do you need to fill any gaps in your data? (pause EIA if necessary)
 No gaps.

3 Impact

Refer to dimensions of equality and equality groups

Show consideration of: age, disability, sex, transgender, marriage/civil partnership, maternity/pregnancy, race, religion/belief, sexual orientation and if appropriate: financial economic status, homelessness, political view

Using the information in parts 1 & 2 does the proposal:

a) Create an adverse impact which may affect some groups or individuals. Is it clear what this is?

How can this be mitigated or justified?

It is possible that there will be an adverse impact on senior staff who will be expected to declare all relevant interests with information then made publically available. The statutory guidance justifies this impact as it is necessary for the transparent decision making arrangements of the CCG and allotting of public monies.

What can be done to change this impact?

In exceptional circumstances, the names of individuals will be redacted.

b) Create benefit for a particular group. Is it clear what this is? Can you maximise the benefits for other groups?

There is an equal benefit for all groups in improved transparency.

Does further consultation need to be done? How will assumptions made in this Analysis be tested?

No further consultation is needed at this time.

4 So what?

Link to business planning process

What changes have you made in the course of this EIA?

None

What will you do now and what will be included in future planning?

The policy will be implemented and effectiveness monitored.

When will this be reviewed?

The policy will be reviewed after nine months.

How will success be measured?

The policy includes measurement criteria.