NHS
Wiltshire
Clinical Commissioning Group

Clinical Commissioning Group
Governing Body
Paper Summary Sheet
Date of Meeting: 23 May 2017

For: PUBLIC session ☒ **PRIVATE Session** ☐

For: Decision ☐ **Discussion** ☐ **Noting** ☒

Agenda Item and title:	GOV/17/05/20a Items as Approved at the Audit and Assurance Committee
Author:	David Noyes – Director of Planning, Performance and Corporate Services
Lead Director/GP from CCG:	David Noyes – Director of Planning, Performance and Corporate Services
Executive summary:	The Audit and Assurance Committee is a standing sub-committee of the Governing Body, with delegated authority to oversee all aspects of internal controls, satisfying itself that appropriate processes are in place to provide the required assurance. The following items were approved at the Audit and Assurance Committee meeting held on 19 May 2017 and are brought to the Governing Body for ratification: • Audit and Assurance Committee meeting minutes – March and April 2017 • Audit and Assurance Committee Annual Report 2016-17 • Standards of Business Conduct Policy The meeting was quorate and at least 3 Governing Body Members were present.
Evidence in support of arguments:	
Who has been involved/contributed:	Audit and Assurance Committee Members.
Cross Reference to Strategic Objectives:	
Engagement and Involvement:	
Communications Issues:	These documents should be treated as public documents and would be available for release under the FOI Act.

Financial Implications:	
Review arrangements:	The Audit and Assurance Committee adheres to its annual work plan, which contains review details for all documents to be approved.
Risk Management:	
National Policy/ Legislation:	The CCG is required to show that these documents have been approved by the Audit and Assurance Committee and then ratified by the Governing Body.
Public Health Implications:	
Equality & Diversity:	
Other External Assessment:	
What specific action re. the paper do you wish the Governing Body to take at the meeting?	It is recommended that the Governing Body ratify the items as approved by the Audit and Assurance Committee.

NHS Wiltshire Clinical Commissioning Group

MINUTES OF AUDIT AND ASSURANCE COMMITTEE MEETING HELD ON TUESDAY 14 MARCH 2017 AT 09:15hrs AT SOUTHGATE HOUSE, DEVIZES

Present:

Peter Lucas	PL	Chair, Lay Member
Christine Reid	CR	Vice Chair, Lay Member
Mark Smithies	MS	Secondary Care Doctor
Dr Anna Collings	AC	GP Vice Chair, NEW
Mark Harris	MH	Chief Operating Officer
David Noyes	DJN	Director of Planning, Performance and Corporate Services
Sujata McNab	SMcN	Deputy Chief Financial Officer
Jo Cullen	JCu	Director of Primary and Urgent Care, Group Director (West) *(In attendance for item 6 only)*

In Attendance:

Duncan Laird	DL	External Audit, KPMG
Natalie Tarr	NT	Internal Audit, PwC
Lynne Hack	LH	Directorate Business Manager (minute taker)
Susannah Long	SL	Governance and Risk Manager
Paul Travers	PT	Security Management Service

Apologies:

Steve Perkins	SP	Chief Financial Officer

Item Number	Item	Action
AAC/17/03/01	**Welcome and apologies for absence** PL welcomed everyone to the meeting. The above apology was noted.	
AAC/17/03/02	**Declarations of Interest** Members were reminded of their obligation to declare any interest they may have on any issues arising at the meeting which might conflict with the business of Wiltshire CCG. (This included any relevant interests previously declared on the Register of Interests). There were none declared.	
AAC/17/03/03	**Minutes from the Meeting held on 10 January 2017** The minutes of the meeting held on 10 January 2017 were reviewed and agreed as an accurate reflection of the meeting.	
AAC/17/03/04	**Matters Arising** No matters arising.	
AAC/17/03/05	**Action Tracker** **AAC/17/01/16.2:** DJN advised that the Clinical Leadership action plan was with the Chair, but actions had commenced. Work had commenced on deriving an	

	Induction Checklist for Clinical Leaders. DJN will provide feedback at each committee as part of the audit recommendation tracker. **CLOSED** **AAC/17/01/19:** The Local Counter Fraud Service Annual Report will be brought to the May 2017 meeting. **ONGOING** All other actions were marked as completed or closed.	
AAC/17/03/06	**Primary Care Delegated Commissioning** JCu presented information regarding the move to full delegation of Primary Care Commissioning from NHS England (NHSE) to the CCG, highlighting that the membership ballot gave the CCG a mandate to proceed following the Governing Body meeting in September 2016. Wiltshire CCG has had joint commissioning arrangements with NHSE for the last two years. The new Primary Care Commissioning Committee will function as a corporate decision making body for the management of the delegated functions and the exercise of the delegated powers for the commissioning of primary care in accordance with its statutory powers under section 13Z of the NHS Act 2006. JCu reported that the Delegation Agreement, which was signed by the CCG on 8 March 2017, included a number of risks and the CCG's concerns had been raised with the local NHSE team and copied to central NHSE. It was noted that the membership vote may not have agreed to delegation if responsibility for managing performance in Primary Care becomes delegated to the CCG. NHSE has yet to confirm how this would impact on the CCG rating in the assurance framework. The transition process was to be presented to the Governing Body. There were elements in the agreement that caused concern. JCu advised that there were dispute arrangements in place. NHSE had indicated that the Wiltshire CCG delegated budget for 2017/18 and 2018/19 would be £60,937m and £62,342m respectively. It was noted that the 2017/18 budget did not include the return of the 1% surplus achieved against co-commissioned budget in 2016/17. In order to support delivery of the 1% surplus requirement against delegated budgets in 2017/18 the CCG is anticipating a non-recurrent transfer of these funds in 2017/18 with the incremental increase in surplus being funded from 'other reserves'. JCu confirmed that NHSE was explicit that there were no additional administrative resources going to CCGs who apply for this full delegated commissioning model. There are on-going discussions as to any hosting arrangements with BaNES and Swindon CCG. The CCG is already managing GP resilience and vulnerable practices, mergers, ETTF and Estates, a number of practices already contact the CCG to discuss issues. PL congratulated JCu and her team on the work that had been done and on highlighting the risk areas.	
	ITEMS FOR DECISION	
AAC/17/03/07	**Recruitment and Selection Policy** This policy had been amended as part of the Legacy Policy review, incorporating detail from previous policies that would now be withdrawn. The Policy had been developed in consultation with colleagues in CSU HR and shared with WCCG staff via 14 days and reviewed by the Staff Partnership Forum. The committee requested a minor amendment to be made with the correction of a typing mistake on page 13. **The Audit and Assurance Committee approved the Recruitment and**	

	Selection Policy. ACTION: AAC/17/03/07 – Amendment to be made to page 13 of the Policy.	**SL**
AAC/17/03/08	**Flexible Working Policy** DJN presented this Policy for approval and the withdrawal of the Legacy Job Share Policy. The Policy had been developed in consultation with colleagues in CSU HR and shared with WCCG staff via 14 days and reviewed by the Staff Partnership Forum. **The Audit and Assurance Committee approved the Flexible Working Policy.**	
AAC/17/03/09	**Procurement Strategy** DJN presented the Procurement Strategy; the strategy details the legal framework for procurement, the options available to the CCG and the governance arrangement in place. This supported the Conflicts of Interest arrangements. **The Audit and Assurance Committee approved the Procurement Strategy.**	
AAC/17/03/10	**Lone Working Policy**: DJN presented the Lone Working Policy; the CCG is committed to protecting staff that undertake lone working. The Lone Working Policy aimed to identify lone workers and risk assess the situation they might find themselves in. The policy required line managers to reduce the incidence of lone working wherever possible and to put in place arrangements to address any identified safety issues as far as is reasonably practicable. Members were asked to approve the policy as the Committee responsible for overseeing CCG Health and Safety. **The Audit and Assurance Committee approved the Lone Working Policy.**	
AAC/17/03/11	**Counter Fraud Policy**: DJN presented the amended Counter Fraud Policy. This policy provided guide on what fraud, bribery and corruption is within the NHS and to make it clear that it is everyone's responsibility to assist in its prevention. **The Audit and Assurance Committee approved the updated Counter Fraud Policy.**	
AAC/17/03/12	**Information Governance Toolkit**: DJN providing a briefing on progress for the Information Governance (IG) Toolkit submission. The CCG was on track to achieve 76% satisfactory performance. A new toolkit would be issued for 2017/18. The following had been achieved: • Data flow mapping exercise • IG Compliance Audits, further audits will be conducted throughout the year. • Staff Survey conducted, with recommendation for update awareness sessions for the next financial year. • Review of policies completed. • Progress was monitored by the IG Steering group. DJN asked the Committee to delegate approval of the Toolkit submission to him as SIRO. **The Audit and Assurance Committee noted progress with the Information Governance Toolkit for 2016/17 and approved delegation for the submission to SIRO.**	
AAC/17/03/13	*Item removed and merged with paper AAC/17/03/30*	

AAC/17/03/14	**Records Management Strategy and Policy:** DJN presented the updated version of the Records Management Strategy and the Policy; noting that this had been updated in line with current requirements, supporting the CCG self-assessment against the IG Toolkit. The approved strategy would be presented to the Governing Body for ratification by noting. **The Audit and Assurance Committee approved the updated Records Management Strategy and Policy.**	
AAC/17/03/15	**2016/17 Financial Accounts** **15a) Financial Accounts Timetable** SMcN introduced the report on behalf of SP. The report provided an overview of the timetable and plan, which was in place to produce the financial accounts for 2016/17 for Wiltshire CCG. The key dates for the AAC to be aware of were: • The final system close date for month 12, 15 April 2017, to be confirmed during the period from the 15 to 17 April Officers would be preparing and reviewing disclosures to be included in the final accounts and reviewing working paper files for completeness and accuracy prior to submission; • The unaudited accounts to be reviewed by the AAC on Friday 21 April 2017 before being sent to NHSE on Wednesday 26 April 2017. • AAC would meet on Friday 19 May 2017 to review the audited accounts and receive the ISA260 report from external audit before making a recommendation to the Governing Body to approve the accounts. • The GB would meet on Tuesday 23 May 2017 to approve the accounts. • The audited accounts and the final version of the annual report need to be submitted to NHSE by noon on Wednesday 31 May 2017. The AAC were asked to note plans and the timescales to prepare and complete the final accounts for 2016/17. **15b) Accounting Policies** SMcN introduced the report on behalf of SP. The preparation of financial statements required the application of a set of accounting policies. The CCG uses accounting policies issued by NHSE and tailored to the CCG removing policies which are immaterial or not relevant. This paper outlined the accounting policies that the CCG was following for 2016/17. A critical accounting judgement had been applied for the Better Care Fund as a 'jointly controlled operation'. This was detailed in section 1.4.1 with the CCG deciding to account for the Better Care Fund in accordance with accounting policy 1.3. Under section 1.4.2, the CCG makes estimates for prescribing costs still to be reimbursed and for non-contract activity with providers, which has yet to be billed. 1.6.2 Retirement Benefit costs – the CCG had opted not to follow this accounting standard on the grounds of materiality and in its financial statements, treats those employees as members of the NHS Pension scheme. External Audit advised that this would not impact to a great extent on the reported figures. **The Audit and Assurance Committee accepted the contents of Financial Accounts Timetable and Accounting Policies.**	
	ITEMS FOR DISCUSSION	
AAC/17/03/16	**Draft Annual Governance Statement and Annual Report** DJN presented an early draft of the Annual Report containing the Annual Governance Statement; the aim being to give the AAC assurance and an early	

	opportunity to review the working draft version and provide feedback. The committee agreed to review this paper outside the meeting and provide feedback to DJN/SL to enable the preparation of the next draft. ACTION: AAC/17/03/16 - Committee members to provide DJN/SL with feedback on the draft annual governance statement and annual report within two weeks of this meeting.	**AAC Members**
AAC/17/03/17	**Health and Safety Compliance Report** DJN presented the Health and Safety Report 2016/17. The CCG has responsibilities as an employer to identify health and safety risks and control them as far as is reasonably practicable. The CCG is a low risk organisation, with a well-established Health and Safety Forum with staff representation and a Building Tenants Forum which provides a mechanism for the sharing of health and safety information amongst all organisations that occupy Southgate House. There were some minor gaps in health and safety management being addressed. The policy frameworks were good and robust. **The Audit and Assurance Committee considered and accepted the contents of the Health and Safety Report 2016/17 noted the compliance score of 92%.**	
AAC/17/03/18	**Review Board Assurance Framework and Risk Register** DJN presented the Board Assurance Framework (BAF) and Risk Register (RR), both of these documents having been reviewed for the annual report. The AAC were asked to consider and discuss the BAF and RR to ensure that they correctly reflect the risk profile of the CCG, noting the movements since the last report and to agree and recommend the Top 10 risks to be presented to the next Governing Body. DJN advised that there were no major changes to the BAF but there are updates on the controls that are in place enabling the RAG status to change to 'green'. CR advised that PPG development work should be included on the BAF in C.01. On the risk register: • A – 15/062 Patient Transport Service – more investment had been made and a report would be presented at the next Governing Body. An update would be provided after this paper. • A – 14/043 Cancer 2 week wait – the risk score had increased since the last report reflecting the worsening position and now equals the original risk score. • CJ – 16/042 AWP staff vacancies – AWP have particular staffing issues within Wiltshire which are not replicated across the contract thus the CSU are not performance managing AWP on this issue. It was questioned why the Mental Health work force issues had been separated out when recruitment generally is an issue and there are particular problems in Primary Care. DJN advised that risk C – 14/038 covered the general staffing issue but the AWP situation represents a significant threat. • CJ – 16/043 CPLD - the briefing paper had been delayed. • Q – 16/035 GWH Emergency Department - it was noted that a meeting had been arranged by NHSE with Swindon CCG and Wiltshire CCG to complete a quality risk profile to fully consider patient safety in the ED at GWH. MS advised that this had been discussed at length at the Quality and Clinical Governance Committee meeting. Progress would be detailed at the next update. • C – 16/049 CCG Operational Plan 17/18 – DJN advised that directorate business plans were being developed to support this. • Q – 15/029 CHC Eligibility - this risk had been escalated as there was no robust resolution and agreement with Wiltshire Council on eligibility for a	

	cohort of patients. A dispute panel would be held in April 2017. It was recognised that actions need to be SMART with clear expectations and timescales. **The Audit and Assurance Committee accepted the contents of the Board Assurance Framework and recommended the identified top 10 risks on the Risk Register for presentation to the Governing Body.**	
AAC/17/03/19	**Internal Audit Report** **a) Risk Management Audit report** NT advised that the audit was rated overall low risk, with one medium and one low risk finding. There had been some improvement in updating risks, however, some action due dates were in the past and actions were not always described in a SMART manner. Training had not yet taken place but this would be undertaken by Internal Audit as part of the 2017/18 audit plan. DJN recognised the risks and accepted the report. **b) Conflicts of Interest Audit Report** This is the first audit of Conflicts of Interest management as required by NHSE. NT advised that she was responsible for the audit of 30 CCGs and there were a number of areas of good practice and Wiltshire is in a very good position when benchmarked with other areas. Overall the CCG had good arrangements in place and the audit has raised three low risks and one advisory comment. DJN commented that the risks would be addressed as the CCG finishes its implementation project. SL advised that NHSE had issued new guidance as a PowerPoint and it was required to be implemented in June. The new guidance no longer required the CCG to refresh declarations every 6 months, but required that declarations of interest were extended to all staff in the CCG. The Standards of Business Conduct Policy would need to be amended and brought back to AAC. DJN congratulated SL as this was a good outcome for the CCG. **c) Better Care Fund** It was acknowledged that there had been immense progress in this report; the last report was rated a critical risk but this year returned an overall low risk rating, with one medium and two risks low. Progress had been made against the majority of actions agreed in the prior year report. A new Section 75 agreement is in place which clearly states processes, procedures and responsibilities regarding the financial management of BCF and is working well. **d) Core Financial Systems Review report:** It was reported that overall core finance controls were in place and generally robust; however the report includes some areas for improvement. Overall low risk for the CCG with two low risks identified: I. In attempting to test payroll amendment forms, the auditors were unable to get forms from the CSU but these have been provided by the CCG. II. Unable to evidence whether all 25 expense claims sampled had been authorised by an appropriate person. It was noted that these issues had also been observed with other CCGs. DJN expressed disappointed that the evidence required was not obtainable and had written to the CSU expressing our disappointment. All prior year actions had been closed.	

	The Audit and Assurance Committee received and noted the reports. ACTION: AAC/17/03/19b – Amend Standards of Business Conduct Policy in line with new Conflicts of Interest guidance and present to AAC in May 2017 for approval.	**SL**
AAC/17/03/20	**Internal Audit Recommendation Tracker** Recommendations from Internal Audit reports would be added to the recommendation tracker and presented to each AAC meeting. There were no outstanding recommendations for 2014/15. Remaining recommendations for 2015/16 audits for Risk Management and Better Care Fund had been superseded and two actions were in progress for Continuing Healthcare which will be subject to a review in 2017/18. Of the 2016/17 recommendations, the Community Contracts recommendation had now been closed and validated and the Clinical Leadership recommendations were in progress. **The Audit and Assurance Committee received and noted progress against the tracker.**	
AAC/17/03/21	**Internal Audit Draft Annual Report 2016/17** LB presented the internal audit draft annual report 2016/17, which provided a summary on the reviews undertaken in 2016/17 and on the follow up of prior year internal audit recommendations. It noted that all the work which had been completed for year end March 2017 and presented the overall Head of Internal Audit Opinion (HoIAO) as 'satisfactory'. NT confirmed that a risk based approach had been taken to the internal audit programme. Pages 6-8 detailed the summary of findings with a summary and direction of travel on pages 9 and 10. LB and PL expressed thanks to all involved for their hard work and effort to come to this audit position. SL advised that the draft HoIAO needed to be submitted to NHSE by the 17 March 2017. **The Audit and Assurance Committee received and noted the draft HoIAO.**	
AAC/17/03/22	**Internal Audit Draft Annual Plan 2017/18** LB shared the internal audit draft annual plan for 2017/18 detailing with indicative quarters for each audit. The Committee discussed when an audit of Primary Care Commissioning should take place and agreed that it should be at the start of quarter 3. **The Audit and Assurance Committee received and noted the draft annual plan for 2017/18.**	
AAC/17/03/23	**External Audit Technical Update** DL presented the External Audit Technical update with the summary of the key issues and announcements that have occurred since the last technical update in January 2017. Work had been completed on the interim review of financial systems with testing of key areas. External Audit will present the final IS260 report to AAC in May 2017. **The Audit and Assurance Committee received and noted the technical update.**	

AAC/17/03/24	**Security Management Services progress Report 2016/17** PT provided an update on security management since October 2016. It had been agreed by the Department of Health that NHS Protect became a Special Health Authority to take forward counter fraud work for the NHS. This new authority would be responsible for the prevention, detection and investigation of fraud, bribery and corruption across the NHS. The organisation would be transferred as a whole to the new authority which results in implications for current NHS Protect services. NHS Protect would no longer deliver the accredited security management specialist training course and have passed its training material and the delivery of the course to the private sector who were currently preparing for delivery from April 2017. The Self Review Tool of Standards for Commissioners against Security Management 2016/17 had been completed and submitted in December 2016 with the authority of Security Management Director. Wiltshire CCG had an overall rating of green. The CCG had experienced a number of petty thefts within the offices at Southgate House. LSMS have requested that all staff were reminded of the need to bring only what is required for their working day and LSMS are continuing enquiries to identify the culprit. **The Audit and Assurance Committee received and noted the report.**	
AAC/17/03/25	**Security Management Services Work Plan 2017/18** PT presented the Security Management Services Work Plan summarising the work to be carried out against NHS Standards. It was noted that the work plan was flexible. **The Audit and Assurance Committee received and noted the plan.**	
AAC/17/03/26	**Audit and Assurance Committee Work Plan 2017/18** DJN shared the AAC work plan; this work plan will be used to construct future AAC agendas. T**he Audit and Assurance Committee noted the work plan for 2017/18.**	
AAC/17/03/27	**Audit and Assurance Committee Self-Assessment** The updated annual AAC checklist was shared for review, it was requested that any issues or opinions on performance of the Committee were fedback to the PL who will undertake the assessment with CR and MS. **The Audit and Assurance Committee received and noted the format of the assessment.** ACTION: AAC/17/03/27.0 – Committee members to feedback any comments or opinions on AAC performance to PL. ACTION: AAC/17/03/27.1 – PL, CR and MS to undertake AAC self-assessment and present findings to the May 2017 meeting.	**ALL** **PL/CR/MS**
	ITEMS FOR NOTING	
AAC/17/03/28	**Aged Receivables and Payables Report** The Committee noted the aged receivable and payable position, at 3 March 2017. The CCG had £1.274k of outstanding receivables of which £583k was overdue. The CCG had an outstanding payable value of £34,883k, representing invoices for services provided by suppliers and waiting to be approved of £33,839k and approved invoices totalling £1,044k.	

	The Audit and Assurance Committee received and noted the report.	
AAC/17/03/29	**Losses and Special Payments Report** No losses or special payments were reported.	
AAC/17/03/30	**Competitive Tender Waives** The Committee was asked to note the waiver of the requirement for three formal quotations in relation to the provision of a locality wide Pre Diabetes programme for patients in the Sarum area. They were also asked to note the waiver of competitive tendering to extend the Internal Audit contract for a further year. No issues raised. **The Audit and Assurance Committee received and noted the waivers.**	
AAC/17/03/31	**Any other business** SMcN highlighted an emerging matter concerning HMRC and payments to the GP Executives via practices. HMRC was seeking to audit the deductions. The CCG have sought advice from PwC. It was noted that other CCGs were also receiving the same request from the HMRC to review payments with practices.	

Date of next Audit and Assurance Committee Meeting: Tuesday 25 April 2017, 09:30 – 10.30hrs

NHS Wiltshire Clinical Commissioning Group

MINUTES OF AUDIT AND ASSURANCE COMMITTEE EXTRAORDINARY MEETING HELD ON TUESDAY 25 APRIL 2017 AT 09:30hrs AT SOUTHGATE HOUSE, DEVIZES

Present:

Christine Reid	CR	Chair, Lay Member
Steve Perkins	SP	Chief Financial Officer
Dr Anna Collings	AC	GP Vice Chair, NEW
Tracey Cox	TC	Interim Accountable Officer
Peter Jenkins	PJ	Chair of the CCG
David Noyes	DJN	Director of Planning, Performance and Corporate Services

In Attendance:

Susannah Long	SL	Governance and Risk Manager
Ian Loveys	IL	Financial Accountant
Jenna Harvey	JH	Communications Manager
Sharon Woolley	SW	Board Administrator

Apologies:

Peter Lucas	PL	Lay Member
Dr Mark Smithies	MS	Secondary Care Doctor

Item Number	Item	Action
AACex/17/04/01	**Welcome and apologies for absence** CR welcomed everyone to the meeting. The above apologies were noted. This meeting was to preliminary approve the draft Wiltshire CCG Annual Report and Accounts for 2016/17.	
AACex/17/04/02	**Declarations of Interest** Members were reminded of their obligation to declare any interest they may have on any issues arising at the meeting which might conflict with the business of Wiltshire CCG. (This included any relevant interests previously declared on the Register of Interests). AC declared herself as a Partner in Kennet and Avon Medical Partnership. The meeting was not quorate, but voting Members were consulted beforehand. Although apologies had been received from Peter Lucas, it was recorded that, ahead of the meeting, he had confirmed his support for the two papers.	
ITEMS FOR DECISION		
AACex/17/04/03	**Draft Annual Accounts 2016/17** SP introduced the draft set of accounts, taking Members through the accounts page by page. Overall, the comprehensive expenditure for the year ended 31 March 2017 was recorded as £576m.	

	SP advised that the key change on the Statement of Financial Position was to the non-current assets – there were no longer any costs to record against property, plant and equipment. Previously this had included the IT equipment costs for Wiltshire Health and Care, but this now did not incur ongoing charges and had been removed from our accounts. In answering the question from TC, SP explained that the £12k under Intangible Assets referred to software that had been purchased for use by GP's and surgeries. Hardware was managed by NHS England. SP highlighted the two key movements on the Statement for Cash Flows; Depreciation and Impairments – this was due to IT equipment and intangible assets. At the end of the financial year £85k remained in the bank. This good achievement was acknowledged. SP drew Members attention to the Notes page, and the third point of item 1.4.2. The accounts include a provision of £700k due to HMRC's payroll and engagement review of GP Executive Members and the payment of Tax and National Insurance. The £700k had been allocated against the potential liability that the CCG may have to fund. Voluntary declarations were being made to HMRC to mitigate risk. The duplication of payment to HMRC had been identified as a risk. The CCG as the employing body could be charged for assumed non-payment as an employer and for its employees. IL explained the background to this review and advised further information was awaited from HMRC. This would be highlighted to the Governing Body. It was noted that this was closed to any future issues arising as all GP Executive Members were now on the payroll. ACTION: AACex/17/04/03.0 – HMRC's payroll and engagement review and potential liability to the CCG to be highlighted to Governing Body Members at the May meeting. SP moved on to the Financial Performance Targets shown on page 11. Expenditure had not exceeded income. The £11.6m surplus was made up of the required 1% surplus and the release of the headroom monies to the bottom line. Running costs in 2016/17 were £10.6m; this had decreased since 2015/16 (£11.5m) due to NHS England's classification of accounts for the Quality Premium as a programme resource. Otherwise there were no other large changes. Page 13 listed the operating costs for the organisation. The services from foundation trusts line appeared to be less due to the change in adult community service provider in quarter 2, but a new line (services from other WGA bodies) for Wiltshire Health and Care had been added. Premises costs had increased following the change to market rates by NHS Property Services. Grants to other bodies was nil; 2015/16 was the last year of providing capital grants. Page 21 referenced the operating segments. The Better Care Fund was included, although monitored by Wiltshire Council. An underspend of £641k had been identified. This was split with Wiltshire Council; recording a surplus of £319k for the CCG. On concluding, SP wished to note his thanks to IL and the Finance Team for their work on the accounts. **The Committee approved the Draft Annual Accounts for 2016/17.** ACTION: AACex/17/04/03.1 – Finalised Annual Accounts for 2016/17 to be brought to the May Audit and Assurance Committee meeting for final approval,	**SP** **SP**

	and then taken to the May Governing Body meeting for ratification.	
AACex/17/04/04	**Draft Annual Report 2016/17** The first draft of the Annual Report had been presented at the March Audit and Assurance Committee meeting; DJN advised Members that received feedback had now been incorporated into this second draft. External Auditors, Grant Thornton's, had also provided some feedback and highlighted areas for improvement. This Draft Annual Report for 2016/17 had been submitted to NHS England at the end of last week for initial comments. Adjustments would continue to be made until the final submission at the end of May. The final version would be brought to the May Audit and Assurance Committee meeting for approval, and then taken to the May Governing Body meeting for ratification. DJN wished to note his thanks to SL and JH for the work on the report. Involving the Communications Team had ensured it was a more public facing document and was easier to digest. The following comments from the Committee were noted: • The pensions information was still subject to audit • The report covered the breadth and depth of the CCG's work – but it did become repetitive in areas • The inequality and gap in life expectancy was not referenced. The figures for Wiltshire should be incorporated if possible • The complaints response rate seemed to indicate a performance issue – this was to be reviewed • The reference to patient and public involvement should be expanded to illustrate the work undertaken with the Quality Team • An expansion note should be included under the 'Diversity Breakdown by Gender' table to ensure the defined figures are explained and clearer ACTION: AACex/17/04/04 – Suggested amendments to be made to the Annual Report. The final version to be brought to the May Audit and Assurance Committee meeting for final approval, and then taken to the May Governing Body meeting for ratification.	**DJN**
AACex/17/04/05	**Any Other Business** There was none.	
	The meeting concluded at 10.15hrs	

Date of next Audit and Assurance Committee Meeting: Friday 19 May 2017, 09.15-11.00hrs

NHS
Wiltshire
Clinical Commissioning Group

WILTSHIRE CLINICAL COMMISSIONING GROUP

Audit and Assurance Committee

Chairman's Annual Report 2016/17

Summary for the Year

The Audit and Assurance Committee (AAC) for Wiltshire Clinical Commissioning Group (WCCG) continues to provide assurance to the CCG Governing Body on the control environment that operates across the organisation.

The Audit and Assurance Committee continues to consist of three lay members – the lay member for Audit and Assurance, the lay member for Patient and Public Involvement and the Secondary Care representative lay member, together with a voting GP member of the CCG Governing Body. The Committee has met 6 times throughout the financial year (attendance as follows: A and A member – 6, PPI member – 5, Secondary Care member – 6 and GP member – 6) and has discharged its responsibilities for scrutinising the risks and controls which have affected all aspects of the organisation's business. It has also invited clinical leaders of the CCG and Corporate Directors to separate meetings to present on how they identify and manage operational risk within their specific areas of work. This has been enlightening and informative for the Committee as it seeks assurance on the application of the control environment across the CCG.

Principal review areas

This Annual Report is divided into five sections reflecting the five key duties of the Committee as set out in the terms of reference.

Governance, risk management and internal control

In order to fulfil this duty the Committee has undertaken the following:

- It has reviewed relevant guidance and disclosure statements issued by the Department of Health (DoH) and NHS England (NHSE).

- It has reviewed the Annual Governance Statement to ensure that it reflects the Committee's view on the CCG's system of internal control. It has sought assurance from the Internal Auditors, External Auditors and other appropriate independent assurances in order to gain a view of the CCG's system of internal control.

- The Committee has reviewed the Assurance Framework. It believes that the Framework used during the year was fit for purpose and has reviewed evidence to support this. The Framework is in line with Department of Health expectations and has been reviewed by Internal Audit and will be reviewed by External Audit to give additional assurance that this opinion is well founded.

- The Committee has reviewed the completeness of the risk management system and the extent to which it is embedded throughout the organisation. The Committee believes that while adequate systems for risk management are in place, more work is required to ensure that these are embedded throughout the whole organisation. The Committee's opinion is that this issue requires continuing executive management focus and support.

Internal audit

The CCG internal auditors are PWC. Throughout the year the Committee has worked effectively with Internal Audit to strengthen the CCG's internal control processes. The Committee has also in year:

- Received and considered the External Audit review of the effectiveness of Internal Audit and considers the provision of the internal audit service sufficient in supporting the Committee in fulfilling its role.

- Reviewed and approved the Internal Audit operational plan and more detailed programme of work at its March meeting.

- Considered the major findings of Internal Audit and is assured that management have responded in an appropriate manner.

- Continued to challenge Directors on making sure that Internal Audit recommendations are adhered in a timely manner.

- Noted that Internal Audit identified no high risk areas in its analysis of the workings of the CCG. One medium risk area was identified, Clinical Leadership, and the Committee has provided assurance that new controls and procedures are being put in place to address this particular risk area.

- Noted that compared to the previous year, substantial improvement has been made in the reduction of outstanding issues reported by Internal Audit on the Internal Audit Recommendation Tracker.

- Noted that the Internal Audit opinion expressed in their draft Annual Report for 2016/17 was "Satisfactory" – an excellent result for the CCG.

- The Internal Audit Plan for 2017/18 has been developed through discussions with the Interim Accountable Officer, the Interim Chief Operating Officer, the Chief Financial Officer, the Director of Planning, Performance and Corporate Services and other members of staff, whilst also linking back into previous years for reference.

- The Committee has ensured that the CCG responds to all follow up actions in a timely manner which will be evidenced at the May 2017 Audit and Assurance Committee meeting.

External audit

The role of the CCG external auditors KPMG ceases following completion of the audit of the 16/17 accounts. New external auditors, Grant Thornton, have been appointed with effect from 1 April 2017 through a joint procurement process (alongside BANES CCG, Swindon CCG and Gloucester CCG).

The throughout the year the Committee has reviewed and commented on reports prepared by the External Auditors.

The External Auditors will be producing their opinion of the 2016/17 accounts and annual report which will be reported through the ISA 260 report. This will be reported to the Audit and Assurance Committee in May allowing the Committee to recommend the accounts and annual report to the CCG Governing Body. All deadlines for the production of the accounts and annual report have been achieved.

Management

The Committee has continually challenged the assurance process when appropriate and has requested and received assurance reports from CCG management and various other sources both internally and externally throughout the year. This process has also included calling CCG Directors and Clinical Leaders to account when considered necessary to obtain relevant assurance.

Throughout the year there have been a number of senior management changes that have caused the Committee to express concern with regard to management capacity. In June 2016 Debbie Fielding, Accountable Officer, left the CCG to be replaced as Interim Accountable Officer by Simon Truelove, himself being replaced by Steve Perkins as Interim Chief Financial Officer. In September 2016 Simon Truelove left, to be replaced on a part time basis as Interim Accountable Officer by Tracey Cox. At the same time, to provide additional management support, Mark Harris was appointed Interim Chief Operating Officer. From October, Steve Perkins was confirmed as Chief Financial Officer. Since September, considerable efforts have been made to find and appoint a full time Accountable Officer.

Annual Accounts

The Committee has reviewed the process and controls the CCG has put in place to achieve its financial obligations throughout the year and has reviewed the changes in accounting policy that NHS England has promoted in 2016/17.

Effectiveness of the Audit and Assurance Committee

The Committee has been active during the year in carrying out its duty in providing the CCG Governing Body with assurance (or not) that effective internal control arrangements are in place. Specifically the Committee has:

- Reviewed its compliance with the *Audit Committee Handbook.* An Audit and Assurance Committee self-assessment will be conducted and the results and any actions arising from this self-assessment will be reported in the May 2017 Audit and Assurance Committee.

- Cost/benefit analysis - It has not been possible to accurately quantify the benefits of the work of the Committee during the year as it is impossible to determine the financial impact of risks mitigated and costs avoided and the proportion of these that could be apportioned to the Committee work. However, in respect of the work of the Committee, it is clear that the risk profile of the CCG has been reduced. Furthermore the current and future costs associated with loss of reputation have also been mitigated as a result of the work performed by the Committee.

Conclusion

The Committee is of the opinion that this Annual Report is consistent with the draft Annual Governance Statement, the Head of Internal Audit Opinion and the External Audit review and there are no matters that the Committee is aware of at this time that have not been disclosed appropriately.

NHS
Wiltshire
Clinical Commissioning Group

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:	Governing Body
Approval date:	~~November 2016~~ May 2017 (anticipated)
Version:	5.1
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Internet location:	Governance

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: 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	S Long	Minor amendments to reflect emerging CCG and fit to Policy standard.	AAC	July 2013
V2.1	25/6/14	S Long	Minor amendments to wording	AAC	July 2014
V3.1	22/6/15	S 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	S 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	
V5.1	May 2017	S Long	Minor changes to reflect NHS England 'Managing Conflicts of Interest in the NHS: Guidance for staff and organisations' 7 February 2017, including: • Standardisation of definitions; • Definitions of types of interest; • Categorising 'Decision Making Staff'; • Standardising content of declaration form and register;	AAC	

Version	Review Date	Reviewed By	Changes Required? (If yes, please summarise)	Changes Approved By	Approval Date
			• Recognising materiality of an interest; • Creating a separate register for all other staff; • Categorising 'Strategic decision making groups'.		

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. The organisation will inspires confidence and trust in the NHS managing any potential conflicts of interest 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 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

Benefit:	Making a gain or avoiding a loss.
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.

Conflict of interest:	A set of ~~conditions in~~ circumstances by which a reasonable person would consider that an individual's ability to exercise judgement or act, in the context of delivering, commissioning, or assuring taxpayer funded health and care services is, or ~~in a role is,~~ could be, ~~or is seen to be~~ impaired or ~~otherwise~~ influenced by ~~their involvement in another role or relationship~~ another interest they hold.[1]
~~Senior roles~~ Decision making staff:	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.; staff on Agenda for Change band 8d and above; budget holders; ~~Agenda for Change Band 6 and above~~ administrative and clinical staff who have the power to enter into contracts on behalf of their organisation or who are involved in decision making concerning the commissioning of services, purchasing of goods, medicines, medical devices or equipment, and formulary decisions.
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.
Hospitality:	Provision of services such as meals, refreshments ~~drinks~~, travel, accommodation, visits, entertainment, courses, lectures etc.
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.

[1] 'Managing Conflicts of Interest in the NHS', NHS England, 7 February 2017

Material interest:	An interest which a reasonable person would take into account when making a decision regarding the use of taxpayers' money because the interest has relevance to that decision.
Outside employment:	Employment and other engagements, outside formal employment arrangements, including directorships, non-executive roles, self-employment, consultancy work, charitable trustee roles, political roles and roles within not-for-profit organisations, 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.
Shareholdings:	Shareholdings in private or not-for-profit 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 1/100th of the nominal value of the issued share capital~~. There is no need to declare shares or securities held in collective investment or pension funds or units of authorised unit trusts.
Sponsorship:	Full or partial funding and/or supply of materials for an event run by another organisation.
Strategic decision making group:	A board, committee, advisory group, procurement panel etc. that makes key strategic decisions about entering into or renewing large scale contracts, awarding grants, making procurement decisions, selection of medicines, equipment, devices etc.

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)
- Adhere to Standards for members of NHS boards and CCG governing bodies in England (2013)
- Act with regard to the UK Corporate Governance Code
- Adhere to the Equality Act 2010

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 material conflict between ~~the two~~ one or more interests in the future
- Actual – there is a ~~relevant and~~ material conflict between ~~the two~~ one or more 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).

The CCG requires clear and robust mechanisms for effective management of ~~real~~ actual, potential and perceived conflicts of interest. With good management, clear governance and appropriate assurance mechanisms, confidence in the probity of commissioning decisions and the integrity of the clinicians will be promoted.

To support this, the CCG will:

- **Do business 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 will withstand scrutiny;

- **Be proactive, not reactive** – identify and minimise the risk of conflicts of interest at the earliest possible opportunity;

- **Be balanced and proportionate** – identify and manage potential conflicts 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 Defining a conflict 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.

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 conflict of interest has been defined by the National Audit Office and could include:

a) ~~**Direct or Personal**~~ **Financial interests:** where an individual ~~has or may appear to have the opportunity for personal financial gain or financial gain to a close family member, friend or associate, from the consequences of a commissioning decision~~ may get direct financial benefits from the consequences of a decision their organisation makes. This could include:

- A director (including a non-executive director) or senior employee in another organisation which is doing, or is likely to do business with an organisation in receipt of NHS funding;
- A shareholder, partner or owner of an organisation which is doing, or is likely to do business with an organisation in receipt of NHS funding;
- Someone in outside employment;
- Someone in receipt of secondary income;
- Someone in receipt of a grant;
- Someone in receipt of other payments (e.g. honoraria, day allowances, travel or subsistence);
- Someone in receipt of sponsored research funding.

~~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:** where an individual ~~has or~~ may ~~appear to have an opportunity to~~ obtain a non-financial professional benefit* from the consequences of a ~~commissioning~~ decision their organisation makes, (for example, increasing their professional reputation or status or promoting their professional career), ~~or where the individuals decision making is or could be compromised, perhaps due to loyalty;~~ This could include situations where the individual is:

- An advocate for a particular group of patients;
- A clinician with a special interest;
- An active member of a particular specialist body;
- An advisor for the Care Quality Commission or National Institute of Health and Care Excellence;
- A research role.

~~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.~~

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

- A member of a voluntary sector board or has a position of authority within a voluntary sector organisation;
- A member of a lobbying or pressure group with an interest in health and care.

d) **Indirect ~~or Non-personal financial~~ interests:** ~~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~~ where an individual has a close association with another individual who has a financial interest, a non-financial professional interest or a non-financial personal interest who would stand to benefit from a decision they are involved in making. This would include:

- Close family members and relatives;
- Close friends and associates;
- Business partners.

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 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.

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
- 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 Declarations of interests

All applicants for any appointment to a senior role in the CCG or its Governing Body and sub-committees of the Governing Body, including Locality Group Executive Committees, will be required to declare any relevant interests. 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 will 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, and on commencement of a new project, 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 as soon as reasonably practicable and by law within 28 days after the interest arises.

Due to their influence in the spending of taxpayers' money, decision making staff ~~Individuals~~ will be asked to renew or confirm their declarations or make a nil return, ~~every six months~~ at least annually. The ~~individual~~ decision maker must ensure that the Register of Interests is updated correctly reflecting their declaration. All other CCG staff will be asked on an annual basis to declare any potential conflicts of interests.

The Declaration of Interests form is available at Appendix 1.

The agenda for all Governing Body, committee, sub-committee/group 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. Minutes of the meeting must detail all declarations made and any new declarations must be recorded in the Register of Interests (within 28 days). Failure to disclose an interest may render the individual liable to disciplinary action which could ultimately result in termination of employment.

3.2.4 Register of Declarations of Interests

The CCG Register of Declarations of Interests are held by the 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~~ Relevant date~~s from which~~ relating to the interest ~~relates~~;

- ~~The actions taken to mitigate risk~~.

The Register of Interests will be published on the CCG website. All decision making staff ~~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 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 and materiality 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.

A separate register will be maintained by the CCG Governance Lead to record declarations made by staff not classified as decision making staff. This register will not be published or made available to the public under the Freedom of Information Act 2000.

3.2.5 Managing membership

The Conflicts of Interest Guardian will with the 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 strategic decision making group ~~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

For strategic decision making groups, 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 Chair should document management action which could include:

- Requiring the member not to attend the meeting;
- Ensuring the member does not receive meeting papers for the relevant item;
- Requiring the member to not attend all or part of the discussion and decision on the relevant item;
- Noting the nature and extent of the interest but judging it appropriate to allow the member to remain and participate;
- Removing the member from the group or process altogether.

The agenda for all ~~Governing Body, committee, sub-committee/group, advisory committee or working group meetings~~ strategic decision making groups 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.

The Chair of the meeting will decide whether there is a conflict of interest and ensure that the appropriate course of action is taken. 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.

Where the Chair of any strategic decision making group ~~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 Vice Chair (or other nominated individual if the Vice Chair is also conflicted) will act as Chair for the relevant part of the meeting.

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 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.

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 Strategy

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, and compliant with relevant law.

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 Strategy 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.

The Procurement Strategy 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~~ NHS Improvement – 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 Strategy.

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~~ the Primary Care Commissioning 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 '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, and a record of the offer made on the Register of Gifts, Hospitality and Sponsorship within 14 days. However, ~~other than the following which~~ trivial gifts of a promotional nature, e.g., calendars, diaries, pens and other similar articles may be accepted and do not have to be declared on the Register of Gifts, Hospitality and Sponsorship. As a guideline the expectation is that such gifts would be worth a maximum of £6 and in most cases would be worth considerably less.

Gifts of a small or moderate value up to a maximum value of £50, from members of the public to staff for work well done, such as flowers or small tokens of appreciation, 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 may be accepted and do not need to be declared.

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.

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.

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, 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.

Particular caution should be exercised when hospitality is offered by actual or potential suppliers or contractors, where it may be accepted but should be modest and reasonable, approved by a Director and 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 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.

3.4.3 Sponsorship

Sponsorship by commercial companies, including the pharmaceutical sector, is a common practice and reduces NHS expenditure. 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.

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;
- no information should be supplied to the sponsor from which they could gain a commercial advantage or which is not normally in the public domain;
- 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 for posts where guidance should be sought from the CCG Governance Lead.

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

All relevant offers of hospitality, gifts and sponsorship, 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. The Register will be presented to the Audit and Assurance Committee of the CCG on at least a six-monthly basis. 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 inform the CCG if they are employed or engaged in, or wish to engage in any employment or consultancy work in addition to their work with the CCG. The purpose of this is to ensure that the CCG is aware of any potential 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.~~

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. 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.

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 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. All such notifications will be recorded and held in the strictest confidence in adherence with the Whistleblowing Policy.

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.

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 being 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. 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 where applicable;
- Support the rigorous application of conflict of interest principles and policies;
- Undertake investigations into reported breaches;
- 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 particular situation;
- Provide advice on minimising the risks of conflicts of interest;
- Notify NHS England and professional regulatory bodies of breaches where appropriate.

CCG Governing Body Members
All CCG Governing Body Members will 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 and providing leadership in this regard.

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.

Committee and Sub-committee (Strategic decision making groups) 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. These decisions must be recorded.

The Chair will ensure that, at the start of each meeting agenda, there is a request 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 and that any 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
The CCG Governance Lead will be the Director of Planning, Performance and Corporate Services. 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;
- investigating any breaches.

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.

Governing Body
The Governing Body will formally review the Register of Declarations of Interest 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 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

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.

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~~ as 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~~ three years.

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: Revised Statutory Guidance for CCGs', June 2016
- 'Managing Conflicts of Interest in the NHS: A Consultation' September 2016
- 'Managing Conflicts of Interest in the NHS: Guidance for staff and organisations' February 2017

Appendix 1

DECLARATION OF INTERESTS

NHS Wiltshire Clinical Commissioning Group

Name:			
Position within, or relationships with, the CCG ~~(or NHS England in the event of joint committees~~:			
I have interests to declare (please circle as appropriate)		**YES**	**NO**
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)**	**Relevant dates ~~Date interest relates~~**		**Comments ~~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 or professional regulatory action may result.

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

Signed:		**Date:**	

Please return as a signed hard copy to:
Governance & Risk Manager, Corporate Services, Wiltshire CCG, Southgate House, SN10 5EQ

Guidance

Details of interests held:
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.

Types of interest to disclose include:
Financial interests - This is where an individual may get direct financial benefits from the consequences of a decision they are involved in making;
Non-financial professional interests - This is where an individual may obtain a non-financial professional benefit from the consequences of a decision they are involved in making, such as increasing their professional reputation or status or promoting their professional career;
Non-financial personal interests - This is where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit, because of decisions they are involved in making in their professional career;
Indirect interests - This is where an individual has a close association with another individual who has a financial interest, a non-financial professional interest or a non-financial personal interest who would stand to benefit from a decision they are involved in making.

Relevant dates:
From – Insert the date the interest first arose or, if you have just joined the CCG and this is your first declaration, you may enter today's date.
To – Insert the date when the interest ceased or 'ongoing' if it is current.

Comments:
This field should detail any action taken you are aware of to manage an actual or potential conflict of interest. It might also detail any approvals or permissions to adopt certain course of action.

This form is required to be completed in accordance with the CCG Constitution at appointment, at ~~six monthly~~ annual review and within 28 days of a relevant event~~, individuals must register their financial and other interests~~. 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. If in doubt as to whether a conflict of interests could arise, a declaration of the interests should be made.

Interests will be added to a Register of Interests held by the CCG. The register for decision making staff will be a public document on the internet and published in the Annual Report. Records will be retained in line with NHS Records Management Code of Practice. Declared interests will remain on the register for 6 months after they have expired and will be retained as a CCG record for 6 years.

Type of interest	Description
Financial Interests	This is where an individual may get direct financial benefits from the consequences of a commissioning decision. This could, for example, include being: • A director, including a non-executive director, or senior employee in a private company or public limited company or other organisation which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations; • A shareholder (or similar owner interests), a partner or owner of a private or not-for-profit company, business, partnership or consultancy which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations. • A management consultant for a provider; • In secondary employment; • In receipt of secondary income from a provider; • In receipt of a grant from a provider; • In receipt of any payments (for example honoraria, one off payments, day allowances or travel or subsistence) from a provider • In receipt of research funding, including grants that may be received by the individual or any organisation in which they have an interest or role; and • Having a pension that is funded by a provider (where the value of this might be affected by the success or failure of the provider).
Non-Financial Professional Interests	This is where an individual may obtain a non-financial professional benefit from the consequences of a commissioning decision, such as increasing their professional reputation or status or promoting their professional career. This may, for example, include situations where the individual is: • An advocate for a particular group of patients; • A GP with special interests e.g., in dermatology, acupuncture etc. • A member of a particular specialist professional body (although routine GP membership of the RCGP, BMA or a medical defence organisation would not usually by itself amount to an interest which needed to be declared); • An advisor for Care Quality Commission (CQC) or National Institute for • Health and Care Excellence (NICE); • A medical researcher.

Type of interest	Description
Non-Financial Personal Interests	This is where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit. This could include, for example, where the individual is: • A voluntary sector champion for a provider; • A volunteer for a provider; • A member of a voluntary sector board or has any other position of authority • in or connection with a voluntary sector organisation; • Suffering from a particular condition requiring individually funded treatment; • A member of a lobby or pressure groups with an interest in health.
Indirect Interests	This is where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest in a commissioning decision (as those categories are described above). For example, this should include: • Spouse / partner; • Close relative e.g., parent, grandparent, child, grandchild or sibling; • Close friend; • Business partner.

Appendix 2

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?[2]	

[2] 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?	

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?	

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?	

Appendix 3

Declarations of gifts, hospitality and sponsorship form

Received by CCG or Individual? *Please circle as appropriate*	CCG Individual
Recipient Name / Reporting staff member:	
Position:	
Date of offer:	
Declined or Accepted? *Please circle as appropriate*	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, SN10 5EQ**

For Corporate Services staff use	
Date input to register:	

APPENDIX 4

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 ~~Governing Body and sub-committee members and senior managers~~ decision making staff formally declare their interests on commencement of employment and changing roles, and this is recorded in the published Register of Declarations of Interests.

3. Declarations of interest are formally reviewed every ~~6~~ 12 months.

4. The Register of Declarations of Interest is reviewed by the Governing Body at least three times per financial year.

5. The Register of Declarations of Interest is also published as part of the Annual Report.

6. All procurement decisions are recorded on the Register of Procurement Decisions.

7. The Gifts, Hospitality and Sponsorship Register is presented to the Audit and Assurance Committee on at least a six monthly basis.

8. 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.

9. Each committee meeting has a standard agenda item asking for declarations of interest relevant to the agenda.

10. 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.

11. Details of all material breaches are published on the CCG website.

Criteria - Local

1. Staff are aware of LCFS contact details.

2. Staff are aware of the Whistleblowing Policy.

3. All staff are aware of the limits and how to record offered and/or accepted gifts, hospitality and sponsorship.

Conclusion

Please explain any discrepancies below:

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