

Managing Conflicts of Interest Policy



Please complete the table below:

To be added by corporate team once policy approved and before placing on website

Policy ref no:	5
Responsible Executive Director:	Deputy Chief Executive and Chief Finance Officer
Author and Job Title:	Sarah Carr, Corporate Secretary and Laura Davey, Corporate Manager
Date Approved:	Jan 2020
Approved by:	<i>Governing Body</i>
Date of next review:	Jan 2021

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Policy Review Checklist

	Yes/ No/NA	Supporting information
Has an Equality Impact Assessment Screening been completed?	Yes	See appendices
Has the review taken account of latest Guidance/Legislation?	Yes	The policy is aligned to the Revised Statutory Guidance on Managing Conflicts of Interest for CCGs (June 2017)
Has legal advice been sought?	No	Specialist advice has been sought from the CCG Counter Fraud service
Has HR been consulted?	Yes	Advice has been sought from HR. HR issues arising from the application of the policy are set out in relevant HR policies and the recruitment toolkit
Have training issues been addressed?	Yes	Mandatory training requirements are detailed in the policy. NHSE provides a



	Yes/ No/NA	Supporting information
		mandatory training package.
Are there other HR related issues that need to be considered?	No	The policy refers to relevant HR policies
Has the policy been reviewed by Staff Partnership Forum?	No	The HR issues arising from the application of the policy are set out in relevant HR policies which are considered by the SPF
Are there financial issues and have they been addressed?	N/A	There are no financial issues arising from the application of the policy
What engagement has there been with patients/members of the public in preparing this policy?	N/A	The policy describes the CCG's statutory responsibilities and there has been no engagement with patients/members of the public in preparing this policy beyond that undertaken by NHSE as part of the legislative process
Are there linked policies and procedures?	Yes	Associated policies are referenced in the policy
Has the lead Executive Director approved the policy?		Chief Financial Officer
Which Committees have assured the policy?		The Audit, Governance and Risk Committee
Has an implementation plan been provided?	Yes	See appendices
How will the policy be shared with: <ul style="list-style-type: none"> • Staff? • Patients? • Public? 		The policy will be published on the website and internet and will be featured in internal communication. Regular prompts regarding declaring interests will be

	Yes/ No/NA	Supporting information
		placed in internal communications.
Will an audit trail demonstrating receipt of policy by staff be required; how will this be done?	Yes	The policy will be emailed to all staff. There will be a requirement for all staff to respond to the email and confirm receipt and that the policy has been read and understood.
Has a DPIA been considered in regards to this policy?	Yes	A DPIA will be developed for managing conflicts of interest
Have Data Protection implications have been considered?	Yes	The conflicts of interest register is published on the CCG website and consent for publication is included on the declarations of interest form.

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Managing Conflicts of Interest Policy

1 Introduction

This policy describes the arrangements that NHS Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group has in place to manage conflicts of interest. This policy reflects and supports the BNSSG CCG constitution and the Revised Statutory Guidance on Managing Conflicts of Interest for CCGs which was issued by NHS England in June 2017.

Clinical Commissioning Groups (CCGs) manage conflicts of interest as part of their day-to-day activities. Effective handling of conflicts of interest is crucial to give confidence to patients, tax payers, healthcare providers and Parliament that CCG commissioning decisions are robust, fair and transparent and offer value for money. It is essential to manage conflicts of interest in order to protect healthcare professionals and to maintain public trust in the NHS. Failure to manage conflicts of interest could lead to legal challenge and even criminal action in the event of fraud, bribery and corruption.

Conflicts of interest are inevitable in commissioning. They are a common and sometimes unavoidable part of the delivery of healthcare and as such it may not be possible or desirable to completely eliminate them; it is how they are managed that matters. Section 14O of the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012) (“the Act”) sets out the minimum requirements of what both NHS England and CCGs must do in terms of managing conflicts of interest.

This policy reflects the legal requirements and the statutory guidance issued by NHS England under sections 14O and 14Z8 of the Act. This policy also describes the systems the CCG has in place to identify and manage conflicts of interest, and to create an environment in which staff, governing body and committee members, and member practices feel able, encouraged and obliged to be open, honest and upfront about actual or potential conflicts.

In addition to complying with the guidance issued by NHS England, CCGs are also required to adhere to relevant guidance issued by professional bodies on conflicts of interest, including the British Medical Association (BMA), the Royal College of General Practitioners, and the General Medical Council (GMC), and to procurement rules including The Public Contract Regulations 2015 and The National Health

Service (procurement, patient choice and competition) (no.2) regulations 2013, as well as the Bribery Act 2010.

It is expected that all those who serve as members of the CCG Governing Body, its Committees or those who take decisions where they are acting on behalf of the public or spending public money will observe the principles of good governance in the way they do business. These are clearly defined and set out in Appendix 3.

1.1 BNSSG CCG Values

This policy supports the CCG values by ensuring the CCG does the right thing, it enables commissioners to demonstrate they are acting fairly and with integrity. The policy outlines best practice for managing conflicts of interest which enables the CCG to strive for excellence, do the right thing and demonstrate integrity.

2 Purpose and scope

The aims and objectives of this policy, in line with the statutory guidance issued by NHS England in June 2017, are to:

- Safeguard clinically led commissioning, ensuring that conflicts of interest are declared and taken into account when investment decisions are made;
- Ensure that Bristol, North Somerset and South Gloucestershire CCG can demonstrate that it is acting fairly and transparently and in the best interests of patients and local populations;
- Uphold confidence and trust in the NHS;
- Support anybody involved with CCG business to understand when conflicts (whether actual or potential) may arise and how to manage them if they do;
- Be a practical resource to help identify conflicts of interest and appropriately manage them; and
- Ensure that the CCG operates within the legal framework.

This policy applies to:

- All CCG employees (including temporary staff, students, apprentices, trainees, agency staff, seconded staff, self-employed consultants, sessional staff or those on short term contracts, self-employed consultants and individuals working for the CCG under a contract for services)
- Any work experience staff or volunteers
- Members of the Governing Body, all members of the CCGs' committees, sub-committees or sub groups including co-opted members, appointed deputies and any member of committees/groups from other organisations. Where the CCG is participating in a joint committee alongside the CCGs, any interests which are declared by the committee members should be recorded on the register(s) of interest for each CCG.

- All Members of the CCG (i.e. each practice) including each provider of primary medical services which is a member of the CCG under Section 14O (1) of the 2006 Act and all GP Partners / individuals directly involved with the business or decision-making of the CCG.

These are collectively referred to as ‘individuals’ hereafter.

3 Duties – legal framework for this policy

Section 14O of the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012) (“the Act”) sets out the minimum requirements of what both NHS England and CCGs must do in terms of managing conflicts of interest.

This policy reflects the legal requirements and the statutory guidance issued by NHS England under sections 14O and 14Z8 of the Act.

In addition to complying with the guidance issued by NHS England, CCGs are also required to adhere to relevant guidance issued by professional bodies on conflicts of interest, including the British Medical Association (BMA), the Royal College of General Practitioners, and the General Medical Council (GMC), and to procurement rules including The Public Contract Regulations 2015 and The National Health Service (procurement, patient choice and competition) (no.2) regulations 2013, as well as the Bribery Act 2010.

4 Responsibilities and Accountabilities

Chief Executive

- Has overall accountability for the CCG’s management of conflicts of interest.

Line Managers

- Ensure members of their team are aware of and follow this policy and report any potential or actual conflicts of interest to the Corporate Governance Team as they arise. Contact details for the team are at appendix 5.
- Provide basic advice on how conflicts of interest should be managed, escalating queries to the Corporate Governance Team as necessary.

Corporate Secretary

- Has responsibility for the day to day management of conflicts of interest and queries in relation to these.
- Maintains the CCG register(s) of interest and other registers referred to in this policy
- Supports the Conflict of Interest Guardian to enable them to carry out their role effectively
- Provides advice, support and guidance on how conflicts of interest should be managed, and

- Ensures that the appropriate administrative processes are in place to ensure compliance with legislation and statutory guidance

Contact details for the Corporate Secretary can be found at Appendix 5.

Conflicts of Interest Guardian

This role is undertaken by the Audit, Governance and Risk Committee Chair and they will:

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

Contact details for the Conflicts of Interest Guardian can be found at Appendix 5.

Individuals

Every individual has the responsibility to ensure that they complete a conflict of interest form on appointment and to ensure that this is kept up to date. Forms will need to be resubmitted on an annual basis unless something new arises in-year which needs to be declared. In such cases, a new declaration form must be completed and given to the CCG Corporate Governance Team no later than 28 days after becoming aware so that the register can be updated. A Conflict of Interest form can be found at Appendix 6.

All individuals are also responsible for ensuring any conflict of interest arising from the agenda is declared at meetings they attend, regardless of this being declared on the Conflicts of Interest register; any declarations made must be recorded in the minutes of the meeting.

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. Your line manager, a member of the Corporate Governance team or the Conflicts of Interest Guardian will provide advice on this in line with maintaining the registers of interest and decide whether it is necessary for the interest to be declared.

Equally, there will be other occasions where the conflict of interest is profound and acute, such as where an individual has a direct financial interest which gives rise to a conflict, e.g. employment outside of the CCG or involvement with an organisation

which benefits financially from contracts for the supply of goods and services to a CCG or aspires to be a new care model provider. Upon the declaration of such conflicts, consideration will be given as to whether, practically, such an interest is manageable. If it is not, the appropriate course of action may be to refuse to allow the circumstances which gave rise to the conflict to persist. This may require an individual to step down from a particular role and/or move to another role within the CCG. In such circumstances, the appropriate HR policies will be referred to and HR advice will be sought as required.

Managers Engaged in Procurements

- Ensure Conflict of Interest forms are completed by all individuals involved in the procurement process.
- Ensure Conflict of Interest forms are completed regardless of the procurement financial envelope
- Consider their own declarations of interest and conflicts that may arise as part of the procurement. Any new potential conflicts of interest should be declared to the Corporate Governance Team and declared as part of the procurement.
- Ensure conflict of interest declarations are available at all related procurement meetings
- Ensure conflict of interest mitigations are clearly documented in the minutes
- Ensure conflict of interests are declared by any members of the public or group representatives in line with Section 11.1 of this policy
- Ensure a procurement template (Appendix 10) is completed when commissioning GP services
- Ensure bidders complete a conflict of interest form (Appendix 9) as part of the procurement process
- Update the CCG Corporate Governance Team when a procurement decision is made so that the Procurement Register can be updated and published on the CCG website.

ALL Individuals – Disclosure UK Database

Disclosure UK provides a valuable opportunity for healthcare professionals to further demonstrate their integrity in the eyes of patients and the public. All CCG staff who undertake work for pharmaceutical companies must disclose payments on the [UK Disclosure database](#).

Any work undertaken with pharmaceutical companies must also be recorded on a Declaration of Interest Form and given to the Corporate Governance Team.

5 Definitions/explanations of terms used

A conflict of interest occurs where 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. In some circumstances, it could be reasonably considered that a conflict exists even when there is no actual conflict. In such cases it is important to still manage these perceived conflicts in order to maintain public trust.

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

Interests can be captured in four different categories: Financial, Non-Financial Professional, Non-Financial Personal and Indirect. These categories are described in more detail under Appendix 4.

6 Principles

To support the management of conflicts of interest, we will:

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

In addition to the above, it must be recognised that:

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

7 Declaring Conflicts of Interest

As required by section 140 of the NHS Act 2006 (as amended by the 2012 Act), the CCG has made arrangements to manage conflicts and potential conflicts of interest to ensure that they do not, and do not appear to, affect the integrity of any decision-making processes.

Individuals referred to in section 2 will be required to complete a Conflict of Interest Form (Appendix 6) in the following circumstances:

- On appointment,
- On an annual basis in line with the financial year
- On changing role, responsibility or circumstances. This must be no later than 28 days of the change being known.

Registers of Interest are maintained by the CCG Corporate Governance Team for all of the individuals referred to in section 2 and these registers are available on the CCG website.

All interests declared will be promptly transferred to the relevant registers (within 10 working days) by the CCG Corporate Governance Team. Where a declared interest has expired, this will remain on the public register for a minimum of 6 months although a private record of the historic interests will be retained by the CCG for a minimum of 6 years after the date on which it expired.

8 Publication of Registers

The CCG will publish its Conflicts of Interest Register and the Register of Procurement Decisions (described in sections 7 and 12.5) on the website.

In exceptional circumstances, where the public disclosure of information could give rise to a real risk of harm or is prohibited by law, an individual's name and/or other information may be redacted from the publicly available register(s). Where an individual believes that substantial damage or distress may be caused to them or somebody else by the publication of information about them, they are entitled to request that the information is not published. Such requests must be made in writing to the CCG Conflicts of Interest Guardian (please see appendix 5). The outcome of this request will be shared with the individual within 10 working days.

Where a decision is made not to publish information the CCG will retain a confidential un-redacted version of the register(s).

Where a decision is made to refuse a request not to publish information the individual will have the right to appeal this decision through the Grievance Policy. During this process a redacted form of the information will be published.

9 Managing Conflicts of Interest during the Recruitment Process

Everyone in the CCG has responsibility to appropriately manage conflicts of interest during the recruitment process for Governing Body Members, Committee Members, Senior Employees as well as all other staff because these roles will be involved in the decision making processes of the CCG.

9.1 Appointing Governing Body, Committee Members, Senior Employees

When advertising for a Governing Body Member, Committee or Sub-Committee member or a member of senior staff, a request will be made via the recruitment team by the recruiting manager for a Conflict of Interest form to be completed by successfully shortlisted candidates, and this will need to be brought with them to their interview.

On appointing governing body, committee or sub-committee members and senior staff the CCG will need to consider whether conflicts of interest should exclude individuals from being appointed to the role. This will need to be considered on a case-by-case basis and in conjunction with the principles within the CCGs Constitution.

The materiality of the interest will need to be considered, in particular whether the individual (or any person with whom they have a close association as listed in the scope of this policy) could benefit (whether financially or otherwise) from any decision the CCG might make. The CCG will also 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.

The revised NHS England statutory guidance states that "any individual who has a material interest in an organisation which provides, or is likely to provide, substantial services to a CCG (whether as a provider of healthcare or commissioning support services, or otherwise) should recognise the inherent conflict of interest risk that may arise and should not be a member of the governing body or of a committee or sub-committee of the CCG, in particular if the nature and extent of their interest and the nature of their proposed role is such that they are likely to need to exclude themselves from decision-making on a regular basis so that it significantly limits their ability to effectively perform that role."

Case studies to help identify conflicts of interest and the impact of these on decisions made by the CCG and/or in relation to the appointment of senior roles have been provided by NHS England and can be found at:

<https://www.england.nhs.uk/wp-content/uploads/2017/06/coi-case-studies.pdf>

9.2 CCG Lay members

Lay members play a critical role, providing scrutiny, challenge and an independent voice in support of robust and transparent decision-making and management of conflicts of interest. They chair a number of CCG committees, including the Audit, Governance and Risk Committee and the Primary Care Commissioning Committee. BNSSG CCG has appointed three lay members to its Governing Body in recognition of the expanding role of the CCG in primary care commissioning. The CCG has also appointed two independent members who not employed by the CCG, one of these is the Chair of the Primary Care Commissioning Committee.

9.3 Primary Care Commissioning Committee Chair and Audit, Governance and Risk Committee Chair

The Primary Care Commissioning Committee has a lay chair and lay vice chair. To ensure appropriate oversight and assurance, and to ensure the CCG Audit, Governance and Risk Committee Chair's position as Conflicts of Interest Guardian is not compromised, the Audit Governance and Risk Committee Chair should not hold the position of the Primary Care Commissioning Committee Chair.

The Audit Governance and Risk Committee Chair is required to confirm annually to the NHS England Board that the CCG has:

- Had due regard to the statutory guidance on managing conflicts of interest; and
- Implemented and maintained sufficient safeguards for the commissioning of primary care.

As such, if they were to hold the position of Primary Care Commissioning Committee Chair, they would be conflicted when making their declaration to NHS England as they would be reporting on safeguards for a committee which they hold responsibility for. They can however be a committee member with the appropriate safeguards in place to avoid compromising their role as Conflicts of Interest Guardian.

9.4 Other CCG Staff

All recruiting managers will need to ensure that they support obtaining the declaration of interest forms for new staff and make the necessary arrangements to manage any declared conflicts of interest.

10 Governance Arrangements and Decision Making

CCGs must make arrangements for managing conflicts of interest, and potential conflicts of interest, in such a way as to ensure that they do not, and do not appear to, affect the integrity of the group's decision-making.

10.1 Outside employment

The CCG will take all reasonable steps to ensure that individuals are aware of the requirement to inform the CCG if they are employed or engaged in, or wish to be employed or engaged in, any employment or consultancy work in addition to their work with the CCG. This will ensure that the CCG is aware of any potential conflict of interest and that it is managed appropriately. The NHS England statutory guidance is clear however that it is not acceptable for pharmacy advisers or other advisers, employees or consultants to the CCG on matters of procurement, to themselves be in receipt of payments from the pharmaceutical or devices sector.

Examples of work which might conflict with the business of the CCG, including part-time, temporary and fixed term contract work, include:

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

Individuals are required to obtain prior permission to engage in outside employment, and the CCG reserves the right to refuse permission where it believes a conflict may arise which cannot be effectively managed. Further detail of secondary employment and how this should be requested and managed can be found in the CCGs Secondary Employment policy.

11 Managing Conflicts of Interest at Meetings

11.1 Chairing arrangements and decision making processes

The chair of a meeting of the CCG Governing Body or any of its committees, sub-committees or groups has ultimate responsibility for deciding whether there is a conflict of interest and for taking the appropriate course of action in order to manage the conflict of interest. In the event that the chair of a meeting has a conflict of interest, the vice chair is responsible for deciding the appropriate course of action in order to manage the conflict of interest. If the vice chair is also conflicted, then the remaining non-conflicted voting members of the meeting should agree between themselves how to manage the conflict(s). In making such decisions, the chair (or vice chair or remaining non-conflicted members as above) may wish to consult with the Conflicts of Interest Guardian or another member of the Governing Body.

The CCG Chair, with the support of the Corporate Secretary and, if required, the Conflicts of Interest Guardian, will proactively consider ahead of meetings what conflicts are likely to arise and how they should be managed, including taking steps to ensure that supporting papers for particular agenda items of closed

sessions/meetings are not sent to conflicted individuals in advance of the meeting where relevant.

To support chairs in their role, they will have access to a Conflict of Interest checklist prior to meetings, which will include details of any declarations of conflicts which have already been made by members of the CCG or meeting members. A checklist is at Appendix 5.

The chair will ask at the beginning of each meeting if anyone has any conflicts of interest to declare in relation to the business to be transacted at the meeting. Each member of the meeting should declare any interests which are relevant to the business of the meeting regardless of whether or not these interests have previously been declared. Any new interests declared at a meeting must be included on the CCG's relevant register of interests to ensure it is up-to-date.

It is the responsibility of each individual member of the meeting to declare any relevant interests which they may have. However, should any other member of the meeting be aware of facts or circumstances which may give rise to a conflict of interests but which have not been declared then they should bring this to the attention of the chair who will decide whether there is a conflict of interest and the appropriate course of action to take in order to manage the conflict of interest.

When a member of the meeting (including the chair or vice chair) has a conflict of interest in relation to one or more items of business to be transacted at the meeting, the chair (or vice chair or remaining non-conflicted members where relevant as described above) must decide how to manage the conflict. The appropriate course of action will depend on the particular circumstances, but could include one or more of the following:

Where the chair has a conflict of interest, deciding that the vice chair (or another non-conflicted member of the meeting if the vice chair is also conflicted) should chair all or part of the meeting;

Requiring the individual who has a conflict of interest (including the chair or vice chair if necessary) not to attend the meeting;

- Ensuring that the individual concerned does not receive the supporting papers or minutes of the meeting which relate to the matter(s) which give rise to the conflict;
- Requiring the individual to leave the discussion when the relevant matter(s) are being discussed and when any decisions are being taken in relation to those matter(s). In private meetings, this could include requiring the individual to leave the room and in public meetings to either leave the room or join the audience in the public gallery;
- Allowing the individual to participate in some or all of the discussion when the relevant matter(s) are being discussed but requiring them to leave the meeting when any decisions are being taken in relation to those matter(s) or not

participate in the decision-making. This may be appropriate where, for example, the conflicted individual has important relevant knowledge and experience of the matter(s) under discussion, which it would be of benefit for the meeting to hear, but this will depend on the nature and extent of the interest which has been declared;

- Noting the interest and ensuring that all attendees are aware of the nature and extent of the interest, but allowing the individual to remain and participate in both the discussion and in any decisions. This is only likely to be the appropriate course of action where it is decided that the interest which has been declared is either immaterial or not relevant to the matter(s) under discussion. The conflicts of interest case studies include examples of material and immaterial conflicts of interest.

Where the action taken, for example exclusion, affects the quoracy of a meeting appropriate action will be taken, for example in advance of a meeting it may be possible to review the committee's Terms of Reference to understand if, with appropriate approvals, they may be amended to enable the committee to remain quorate. If the conflict arises so that issues of quoracy may not be addressed in advance the item will be postponed until a quorum can be achieved without conflict. Advice from the CCG Corporate Governance Team should be sought in these circumstances.

It is important that an effective record is made and kept on the form of clear minutes of any interests that arise, the agenda item concerned and their subsequent management. An example of this is shown at Appendix 5.

11.2 Minute taking

It is imperative that the CCG ensures complete transparency in its decision-making processes through robust record-keeping and clear minutes. If any conflicts of interest are declared or otherwise arise in a meeting, the chair must ensure the following information is recorded in the minutes:

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

12 Managing Conflicts of Interest Throughout the Commissioning Cycle

The NHS England Managing Conflicts of Interest: Revised Statutory Guidance for CCGs 2017 is clear that conflicts of interest need to be managed appropriately throughout the whole commissioning cycle including within the ongoing management of existing contracts and CCGs must have in place processes to ensure this happens.

At the outset of a commissioning process, all individuals involved, including those from external bodies, must complete a Conflict of Interest form, even if there is nothing to declare (Appendix 4). Completed forms must be held by the lead Procurement Manager and either the forms or a collated register must be available at every meeting.

Where Conflicts of Interest are declared, the chair of the meeting, in conjunction with the Corporate Secretary and/or Conflicts of Interest Guardian, must put in place clear arrangements to robustly manage these. This includes consideration as to which stages of the process a conflicted individual should not participate in, and, in some circumstances, whether that individual should be involved in the process at all. The steps taken must be clearly documented in the minutes (Appendix 5).

Where a conflict is identified which may impact on the management of an existing contract, a discussion must take place with the Corporate Secretary and if necessary the Conflicts of Interest Guardian so that steps can be put in place to manage this. Any mitigation must also be recorded in minutes that are taken.

CCGs will also need to identify as soon as possible where staff might transfer to a provider (or their role may materially change) following the award of a contract. This should be treated as a relevant interest which will be managed in line with this policy and following advice from the Corporate Secretary and if necessary the CCG Conflicts of Interest Guardian.

12.1 Designing service requirements

The NHS England guidance upon which this policy is based states that CCGs have legal duties under the Act to properly involve patients and the public in their respective commissioning processes and decisions. Public involvement supports transparent and credible commissioning decisions and should happen at every stage of the commissioning cycle from needs assessment, planning and prioritisation to service design, procurement and monitoring.

Conflicts of Interest can arise from the inclusion of members of the public or particular groups who are involved in the decision making process of the CCG. As such, any member of the public or representative of a particular group involved in the influencing or decision making of the CCG will be required to complete a Declaration of Interest form regardless of a conflict being identified. This will be held by the Procurement Manager alongside any other conflict of interest forms completed as part of the procurement process.

12.2 Provider engagement

It is good practice to engage relevant providers, especially clinicians, in confirming that the design of service specifications will meet patient needs. Such engagement, done transparently and fairly, is entirely legal but it is important not to gear the requirement in favour of any particular provider(s). If appropriate, the advice of an independent clinical adviser on the design of the service should be secured.

Conflicts of interest, as well as challenges to the fairness of the procurement process, can arise if a commissioner engages selectively with only certain providers (existing or potential) in developing a service specification for a contract for which they may later bid. The CCG is particularly mindful of these issues when engaging with existing / potential providers in relation to the development of new care models and is developing a Procurement Strategy that will ensure:

- 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;
- Provider engagement follows the three main principles of procurement law, namely equal treatment, non-discrimination and transparency. This includes ensuring that the same information is given to all at the same time and procedures are transparent. This mitigates the risk of potential legal challenge.

When available this will be published on the CCG website.

External services such as commissioning support services (CSSs) can play an important role in ensuring Procurement law is adhered to at all times, as well as helping CCGs decide the most appropriate procurement route, undertaking procurements and managing contracts in ways that manage conflicts of interest and preserve the integrity of decision-making.

To ensure transparency and assurance, any member of the Commissioning Support Service (CSS) involved in assisting the CCG with procurement will be required to complete a declaration of interest form (Appendix 4). In addition, the Commissioning Support Service as an organisation will also be required to complete a declaration of interest form at organisational level which will include any conflicts of interest they may have in relation to the work commissioned by the CCG. It is the responsibility of the Procurement Manager to ensure this is completed and is held alongside any other conflict of interest forms that are completed as part of the procurement process.

Irrespective of CSS input, the CCG is responsible for:

- Determining and signing off the specification and evaluation criteria;
- Deciding and signing off decisions on which providers are invited to tender; and
- Making final decisions on the selection of the provider.

12.3 Procuring new care models

Where new care models i.e. Multi-Specialty Community Providers (MCP), Primary and Acute Care Systems (PACS) or other arrangements of a similar scale or scope, are being procured it is imperative that conflicts of interest are managed in line with this policy and in line with Appendix 6. Where further advice is needed, please seek advice from the Corporate Secretary.

12.4 Managing conflicts of interest relating to procurement

An area in which conflicts could arise is where a CCG commissions (or continues to commission by contract extension) healthcare services, including GP services, in which a member of the CCG has a financial or other interest. This is most pertinent in the context of co-commissioning where GPs are current or possible providers or in relation to the commissioning of new care models. A procurement template attached at Appendix 6, sets out factors that the CCG must address when planning to commission general practice services and must be completed every time general practice services are commissioned. It is the responsibility of the Procurement Manager to ensure this form is completed and passed to the CCG Governance Team so the register of procurement decisions can be updated (see section 11.5).

As part of any procurement process undertaken by the CCG, bidders will be asked to declare any conflicts of interest. This enables commissioners to ensure that they comply with the principles of equal treatment and transparency. It is the responsibility of the Procurement Manager and Procurement Team to ensure this step is completed. Where a bidder has declared a conflict, advice should be sought from the Procurement Team, the CCG Corporate Governance Team or the Conflicts of Interest Guardian as to how this should be managed to ensure that no bidder is treated differently to any other. Please see Appendix 7 for a Conflict of interests for bidders/ contractors template.

While it is not appropriate to publish any bidder conflicts of interest, the CCG is required under regulation 84 of the Public Contract Regulations 2015 to make and retain records of contract award decisions and key decisions that are made during the procurement process.

This includes “communications with economic operators and internal deliberations” which should include decisions made in relation to actual or perceived conflicts of interest declared by bidders. These records must be retained by the Procurement Team / Procurement Manager for a period of at least three years from the date of award of the contract.

12.5 Register of procurement decisions

To promote transparency in decision-making, and in line with the NHS England Managing Conflicts of Interest: Statutory Guidance for CCGs 2017, the CCG will maintain a register of procurement decisions taken, either for the procurement of a

new service or any extension or material variation of a current contract. This will include:

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

It is the responsibility of the Procurement Manager to ensure that details of any procurement decisions taken, including single tender actions are provided to the CCG Corporate Governance Team so that the Procurement Register can be maintained. Upon receipt of new information, the register will be updated and published on the CCGs website by the CCG Corporate Governance Team. A template of the register is included at Appendix 8.

12.6 Contract monitoring

Please see section 10 which describes how conflicts of interests at meetings should be managed and how these should be recorded in the minutes. The NHS Standard Contract General Conditions state that providers “must ensure that, in delivering the Services, all staff comply with Law, with Managing Conflicts of Interest in the NHS and other Guidance, and with Good Practice, in relation to gifts, hospitality and other inducements and actual or potential conflicts of interest.”

13 Audit of Managing Conflicts of Interests

The CCG is required to undertake an audit of their conflicts of interest management as part of their internal audit on an annual basis. This is led by the CCG’s Internal Auditor and the outcome will be reflected in the CCGs Annual Governance Statement as well as forming part of the discussion at the end of year governance meeting with NHS England.

14 Raising Concerns and Breaches

It is the duty of all individuals referred to in section 2 to speak up about genuine concerns in relation to the administration of this policy and to report these concerns in line with the CCG’s Freedom to Speak Up Policy. Suspicions must not be ignored or investigated directly by an individual.

We encourage anyone who is not an employee or worker of the CCG, but who wishes to report a suspected or known breach of this Policy to contact a member of the CCG Corporate Governance Team in the first instance.

All disclosures will be treated with appropriate confidentiality at all times in accordance with CCG policies and applicable laws. Anybody making such disclosures may expect an appropriate explanation of any decisions taken as a result of any investigation.

Providers, patients and other third parties may make a complaint to NHS Improvement in relation to the CCG's conduct under the Procurement Patient Choice and Competition Regulations.

Anonymised details of breaches will be published on the CCG's website for the purpose of learning and development. The outcomes of any investigation of breaches will also be reported to the CCG Audit Governance and Risk Committee and NHS England.

15 Breaches of the CCG Managing Conflicts of Interest Policy

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

Civil implications: The CCG could face civil challenges to decisions it makes. 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. In extreme cases, staff and other individuals could face personal civil liability, for example a claim for misfeasance in public office.

Criminal implications: Failure to manage conflicts of interest could lead to criminal investigations into fraud, bribery and corruption offences. This could have implications for the CCG, linked organisations, and the individuals who are engaged by them.

Disciplinary implications: Individuals who fail to disclose any relevant interests or who otherwise breach the CCG's rules and policies relating to the management of conflicts of interest will be subject to investigation and, where appropriate, to disciplinary action.

Individuals should be aware that the outcomes of such action may result in the termination of their employment or position with the CCG.

Statutorily regulated healthcare professionals who work for, or are engaged by the CCG are under professional duties imposed by their relevant regulator to act appropriately with regard to conflicts of interest. Failure to comply with this policy may result in the CCG reporting such individuals to their regulator for investigation if they believe that they have acted improperly. The consequences for inappropriate

action could include fitness to practise proceedings being instigated which may result in individuals being struck off by their professional regulator.

15.1 Managing breaches of this policy

All breaches of the CCG's Conflicts of Interest Policy will be subject to internal investigation in the first instance, notwithstanding any external investigations which may be necessary. Internal investigations will be completed in line with the most appropriate CCG policy.

Investigation outcomes in relation to breaches of this policy will be shared with the CCG's Audit Governance and Risk Committee which will review any lessons to be learnt and recommendations for action. The Audit Governance and Risk Committee will monitor the implementation of any recommendations raised from the outcomes of investigations.

Once a breach is confirmed, the CCG Corporate Governance Team will ensure that NHS England is notified, including information about the nature of the breach and the actions taken in response. This information will also be published anonymously on the CCG's website and a communications plan will be put in place to manage any media interest. This will be managed on a case by case basis.

16 Bribery and Fraud

16.1 Bribery

The CCG has a zero tolerance to bribery. We have a separate policy relating to Fraud and Bribery which can be found on the CCG website. The Bribery Act 2010 defines bribery as the giving or taking of a reward in return for acting dishonestly and or in breach of the law. There are four different classifications of bribery:

- Bribing another person
- Being bribed
- Bribing a foreign public official,
- Failure to prevent bribery

Any offering, promising, giving, requesting, agreeing to, receiving or accepting of any bribe is strictly forbidden by any employee when conducting business on behalf of the CCG or when representing the CCG in any capacity and is contrary to the Bribery Act 2010.

Any suspicions or concerns of acts of bribery can be reported confidentially online via <https://www.reportnhsfraud.nhs.uk/> or via the NHS Fraud and Corruption Reporting Line on 0800 0284060. All calls are dealt with by experienced trained staff and any caller who wishes to remain anonymous may do so.

16.2 Fraud

The CCG has a zero tolerance to Fraud. We have a separate policy relating to Fraud and Bribery which can be found on the CCG website. 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.

In these cases, an offender's conduct must be dishonest and their intention must be to make a gain or cause a loss (or the risk of a loss) to another.

Any suspicions or concerns of acts of fraud can be reported confidentially online via <https://www.reportnhsfraud.nhs.uk/> or via the NHS Fraud and Corruption Reporting Line on 0800 0284060. All calls are dealt with by experienced trained staff and any caller who wishes to remain anonymous may do so.

17 Training requirements

The information and responsibilities within this policy will be disseminated to staff by the publication of this policy on the BNSSG CCG website and intranet. Conflict of Interest training is mandatory for all individuals referred to in section 2 and is to be completed annually by all staff. Conflicts of Interest training packages are provided by NHS England. Training compliance rates will be recorded as part of the CCG's annual conflicts of interest audit.

18 Equality Impact Assessment

All relevant persons are required to comply with this document and must demonstrate sensitivity and competence in relation to the nine protected characteristics as defined by the Equality Act 2010. If you, or any other groups, believe you are disadvantaged by anything contained in this document please contact the Document Lead (author) who will then actively respond to the enquiry.

19 Implementation and Monitoring Compliance and Effectiveness

An implementation plan has been prepared and is attached at appendix 9. Compliance with this policy will be monitored by the Corporate Governance team and reported quarterly to the Audit, Governance and Risk Committee. The outcomes of the mandatory annual audit will be reported to the Audit, Governance and Risk Committee.

20 References, acknowledgements and associated documents

The following related documents may be accessed through our website:

- Fraud and Bribery Policy

- Grievance Policy and Procedure
- Gifts and Hospitality Policy

Equality Impact Assessment Screening

- Policy for the Sponsorship of Activities by and Joint Working with the Pharmaceutical Industry
- Freedom to Speak Up Policy
- [NHS England's Statutory Guidance 'Managing Conflicts of Interest'](#)
- [NHS England Managing Conflicts of Interest Case Studies](#)
- [Read more about managing Conflicts of Interest](#)

21 Appendices

21.1 Equality Impact Assessment

Query	Response	
What is the aim of the document?	to set out the CCG responsibilities in relation to managing conflicts of interest in line with Revised Statutory Guidance on Managing Conflicts of Interest for CCGs (June 2017) and processes to ensure compliance	
Who is the target audience of the document (which staff groups)?	All staff	
Who is it likely to impact on and how?	Staff	yes in that it describes the way in which staff are required to declare all interests as set out in the policy. It does not have an impact on staff in terms of Equalities and Human Rights (see below)
	Patients	no
	Visitors	no
	Carers	no
	Other – governors, volunteers etc	yes – all those defined as staff in the policy are required by statutory guidance to conform to the policy. It does not have an impact in terms of Equalities and Human Rights (see below)
Does the document affect one group more or less favourably than another based on the 'protected characteristics' in the Equality Act 2010:	Age (younger and older people)	no
	Disability (includes physical and sensory impairments, learning disabilities, mental health)	no
	Gender (men or women)	no
	Pregnancy and maternity	no
	Race (includes ethnicity as well as gypsy travellers)	no
	Sexual Orientation (lesbian, gay and bisexual people)	no
	Transgender people	no
	Groups at risk of stigma or social exclusion (e.g. offenders, homeless people)	no
Human Rights (particularly rights to privacy, dignity, liberty and non-degrading treatment)	no – the CCG has in place to ensure that rights to privacy are protected	

21.2 Implementation Plan

Target Group	Implementation or Training objective	Method	Lead	Target start	Target End	Resources Required
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				date	date	
Governing Body	Ensure GB is aware of CCG's responsibilities and provide assurance that appropriate process is established to ensure legal compliance	Cover paper to the policy to be presented to the Governing Body	Corporate Secretary	Jan 2020	Jan 2020	staff time, governing body time
Executive Directors	Ensure awareness of responsibilities to ensure compliance Individual Executive Director responsibilities Directorate Responsibilities	Discussion with individual directors	Corporate Support Officer	Jan 2020	Feb 2020	staff time, executive director time
All Staff	Ensure awareness of CCG processes and procedures	Policy to be placed on website * Information about the policy and CCG process to be placed on the Hub* Information about the policy and CCG process to be communicated through internal newsletter* Awareness raising item at individual Directorate SMT and Directorate team meetings** Annual Conflicts of Interests training module***	Corporate Support Officer /Training manager	Jan 2020	* Jan 2020 ** Mar 2020 *** May 2020	staff time training module

21.3 Principles of Good Governance and Nolan Principles



CCGs should observe the principles of good governance in the way they do business including:

- The Nolan Principles (also known as the 7 Principles of Public Life) set out below
- The Good Governance Standards for Public Services (2004), Office for Public Management (OPM) and Chartered Institute of Public Finance and Accountancy (CIPFA)
- The seven key principles of the NHS Constitution
- The Equality Act 2010
- The UK Corporate Governance Code
- Standards for members of NHS boards and CCG governing bodies in England

Nolan Principles, also known as The 7 Principles of Public Life

- **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.

21.4 Types of Interest

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 e.g. Brisdoc, One Care, GP Care, NHS 111, another NHS Trust
- A shareholder (or similar ownership interests), a partner or owner of a private or not-for-profit company, business, partnership or consultancy which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations e.g. GP Care
- A management consultant for a provider.
- In secondary employment (see section 9.1);
- 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, British Medical Association (BMA) or a medical defence organisation would not usually by itself amount to an interest which needed to be declared);
- An advisor for the Care Quality Commission (CQC) or the National Institute for Health and Care Excellence (NICE);
- A medical researcher.
- GPs and practice managers, who are members of the governing body or committees of the CCG, should declare details of their roles and responsibilities held within their GP practices.

Non-financial personal interests

This is where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit.

This could include, for example, where the individual is:

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

Indirect interests

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

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

Examples of a range of conflicts of interest case studies have been published by NHS England and can be found at <https://www.england.nhs.uk/commissioning/pc-co-comms/coi/>

21.5 Contact details for the CCG Corporate Governance Team and Conflict of Interest Guardian

Corporate Secretary

Name	Sarah Carr
Title	Corporate Secretary
Telephone No.	0117 900 2632
Email	sarah.carr5@nhs.net
Conflict of Interest Guardian	
Name	John Rushforth
Title	Deputy Chair, Lay Member Audit and Governance
Email	John.rushforth@nhs.net
Corporate Governance Team	
Email	bnssg.corporate@nhs.net

21.6 Conflict of Interest form

Name:	
Organisation:	BNSSG CCG <input type="checkbox"/>

		Other <input type="checkbox"/> (please specify)		
Position within, or relationship with, the CCG (or NHS England in the event of joint committees):				
Detail of interests held (complete all that are applicable):				
Type of Interest* *See reverse of form for details	Description of Interest (including for indirect Interests, details of the relationship with the person who has the interest)	Date interest relates From & To		Actions to be taken to mitigate risk (to be agreed with line manager or a senior CCG manager)

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

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

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

(Note: The CCG is unable to remove information from the public view without sufficient reason, please contact the Corporate Governance Team for advice/guidance on this)

Signed: _____

Date: _____

Please return this form to bnssg.corporate@nhs.net

21.7 Conflict of Interest Checklist for Chairs, Meeting Members and Secretariat Support

Under the Health and Social Care Act 2012, there is a legal obligation to manage conflicts of interest appropriately. It is essential that declarations of interest and actions arising from the declarations are recorded formally and consistently across

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all CCG governing body, committee and sub-committee meetings. This checklist has been developed with the intention of providing support in conflicts of interest management. It does not cover the requirements for declaring interests outside of the committee process.

Timing	Checklist for Chairs	Responsibility
In advance of the meeting	<ol style="list-style-type: none"> 1. The agenda to include a standing item on declaration of interests to enable individuals to raise any issues and/or make a declaration at the meeting. 2. A definition of conflicts of interest should also be accompanied with each agenda to provide clarity for all recipients. 3. Agenda to be circulated to enable attendees (including visitors) to identify any interests relating specifically to the agenda items being considered. 4. Members should contact the Chair as soon as an actual or potential conflict is identified. 5. Chair to review minutes from preceding meetings i.e., sub-committee, working group, etc., detailing any conflicts of interest declared and how this was managed. 6. A copy of the members' declared interests is checked to establish any actual or potential conflicts of interest that may occur during the meeting. 	<p>Meeting Chair and secretariat</p> <p>Meeting Chair and secretariat</p> <p>Meeting Chair and secretariat</p> <p>Meeting members</p> <p>Meeting Chair</p> <p>Meeting Chair and secretariat</p>
During the meeting	<ol style="list-style-type: none"> 7. Check and declare the meeting is quorate and ensure that this is noted in the minutes of the meeting. 8. Chair requests members to declare any interests in agenda items- which have not already been declared, including the nature of the conflict. 9. Chair makes a decision as to how to 	<p>Meeting Chair</p> <p>Meeting Chair</p>

	<p>manage each interest which has been declared on a case-by-case basis, and this decision is recorded.</p> <p>10. As minimum requirement, the following should be recorded in the minutes of the meeting:</p> <ul style="list-style-type: none"> • Individual declaring the interest; • At what point the interest was declared; • The nature of the interest; • The Chair’s decision and resulting action taken; • The point during the meeting at which any individuals retired from and returned to the meeting - even if an interest has not been declared. • Visitors in attendance who participate in the meeting must also follow the meeting protocol and declare any interests in a timely manner. 	<p>Meeting Chair and secretariat</p> <p>Secretariat</p>
<p>Following the meeting</p>	<ol style="list-style-type: none"> 1. All new interests declared at the meeting should be promptly updated onto the declaration of interest form; 2. All new completed declarations of interest should be transferred onto the register of interests. 	<p>Individual(s) declaring interest(s)</p> <p>Relevant CCG Governance Lead</p>

Example of a Conflict of Interest being declared at a meeting and how this should be recorded

Item No	Agenda Item	Actions
1	Chairs welcome	
2	Apologies for Absence	
3	<p>Declarations of Interest</p> <p>The Chair reminded committee members of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of XXX clinical commissioning group.</p>	

	<p>Declarations made by members of the XXX Committee are listed in the CCGs Register of Interests. The Register is available either via the CCG Governance Lead or on the CCGs website at the following link.....</p> <p>Declarations of Interest from today's meeting</p> <p>With reference to business to be discussed at this meeting, XX declared that he is a shareholder in XXX.</p> <p>The Chair declared that the meeting is quorate and that XX would not be included in any discussions on agenda item 4 due to a direct conflict of interest which could potentially lead to financial gain for MS.</p> <p>The Chair and XX discussed the conflict of interest, which is recorded on the register of interest, before the meeting and XX agreed to remove himself from the table and not be involved in the discussion around agenda item 4.</p>	
<p>4</p>	<p>Item Title</p> <p>XX left the meeting, excluding himself from the discussion regarding xx</p> <p>*discussion minutes*</p> <p>XX was brought back in to the meeting</p>	

21.8 Template to be used when commissioning services from GP Practices, including provider consortia, or organisations in which GPs have a financial interest

<p>Service:</p>	
<p>Question</p>	<p>Comment/Evidence</p>

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 CCGs proposed commissioning priorities? How does it comply with the CCGs commissioning obligations?	
How have you involved the public in the decision to commission this service?	
What range of health professionals have been involved in 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?	
In respect of every conflict or potential conflict, you must record how you have managed that conflict or potential conflict. Has the management of all conflicts been recorded with a brief explanation of how they have been managed?	
Why have you chosen this procurement route e.g. single tender action?	
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 tender (including but not limited to any qualified provider) or direct award (for services where national tariffs do not apply)

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

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

What steps have been taken to demonstrate that the services to which the contract relates are capable of being provider 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?	

21.9 Declaration of Conflicts of Interests Form for Bidders/Contractors

Name of Organisation:	
Details of Interests held:	
Type of Interest	Details
Provision of services or other work for the CCG or NHS England	

<p>Provision of services or other work for any other potential bidder in respect of this project or procurement process</p>	
<p>Any other connection with the CCG or NHS England, whether personal or professional, which the public could perceive may impair or otherwise influence the CCGs or any of its members' or employees' judgements, decisions or actions</p>	

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

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

Signed: _____

On behalf of: _____

Date: _____

21.10 Register of Procurement Decisions and Contracts Awarded

ref no	contract/ service title	Procurement description	Existing contract or new (if new include details)	Procurement type	clinical lead	Executive Director	decision making process and name of decision making committee	summary of conflicts of interest declared and how managed	contract award	contract value (£) total	Contract value (£) to CCG

