

## CONFLICTS OF INTEREST POLICY

<b>Authorship:</b>	Associate Director of Corporate Affairs
<b>Committee Approved:</b>	Integrated Audit and Governance Committee
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<b>Version Number:</b>	1.4

**The on-line version is the only version that is maintained. Any printed copies should, therefore, be viewed as 'uncontrolled' and as such may not necessarily contain the latest updates and amendments.**

## POLICY AMENDMENTS

Amendments to the Policy will be issued from time to time. A new amendment history will be issued with each change.

<b>New Version Number</b>	<b>Nature of Amendment</b>	<b>Date published</b>
1.0	Policy updated in line with NHSE guidance issued December 2014	
1.1	Policy update to reflect staff comments	04 June 2015 on website
1.2	Policy update to reflect NHSE guidance issued June 2016	
1.3	Policy update to reflect NHSE guidance issued June 2016	December 2016
1.4	Policy Update	May 2017

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## 1 INTRODUCTION

Clinical Commissioning Groups (CCGs) are required to make arrangements to manage conflicts of interest and potential conflicts of interest in order to ensure they do not affect, or appear to affect, the integrity of the CCG's decision-making processes. This includes the provision of clear guidance to Members, employees and relevant others on what might constitute a conflict of interest, together with examples of situations that may arise. This policy sets out those arrangements for NHS Hull CCG, based on its Constitution and taking account of the relevant statutory requirements and guidance documents outlined in Section 16.

"If conflicts of interest are not managed effectively by CCGs, confidence in the probity of commissioning decisions and the integrity of clinicians involved could be seriously undermined. However, with good planning & governance, CCGs should be able to avoid these risks." (*RCGP & NHS Confederation's briefing paper on managing conflicts of interest September 2011*).

CCGs now have the opportunity to take on the responsibility for the commissioning of primary care services. This could expose them to a greater risk of conflicts of interest, both real and perceived, especially if they are opting to take on delegated budgets and functions from NHS England. NHS Hull CCG believes that co-commissioning will provide further opportunities for improving quality and reducing variation, and will enable the CCG and NHS England to commission new models of primary care which meet the needs of the patient population and therefore have opted to assume joint commissioning responsibilities with the NHS England (Yorkshire and The Humber).

In addition to the specific arrangements in this policy, the CCG will embody public service values and principles in all its business transactions as outlined in the Business Conduct Policy, supplemented by Prime Financial Policies.

## 2 STATUTORY FRAMEWORK

For CCGs, the starting point is Section 14O of the NHS Act 2006 which sets out minimum requirements, supplemented by the 2013 Regulations. CCGs must:

- Maintain appropriate registers of interests;
- Publish or make arrangements for the public to access those registers;
- Make arrangements requiring the prompt declaration of interests by the persons specified (essentially members and employees) and ensure that these interests are entered into the relevant register;
- Make arrangements for managing conflicts and potential conflicts of interest (for example by developing and reviewing this policy);
- Have regard to guidance published by NHS England and Monitor in relation to conflicts of interest.

Section 14O is supplemented by the procurement specific requirements set out in the National Health Service (Procurement, Patient Choice and Competition) (No 2) Regulations 2012, in particular, Regulation 6 requires that CCGs:

- Must not award a contract for the provision of NHS health care services where conflicts, or potential conflicts, between the interests involved in commissioning such services and the interests involved in providing them affect, or appear to affect, the integrity of the award of that contract; and
- Keep a record of how it managed any such conflict in relation to an NHS commissioning contract it enters into, which must be published.

### 3 POLICY PURPOSE AND PRINCIPLES

The CCG recognises that conflicts of interest are unavoidable and therefore has in place arrangements to seek to manage them. The measures outlined in this policy are aimed at ensuring that decisions made by the CCG will be taken, and seen to be taken, uninfluenced by external or private interests, specifically:

- Ensure that the CCG and clinicians in commissioning roles demonstrate they are acting fairly and transparently and in the best interest of their patients and local populations;
- Ensure that the CCG operates within the legal framework;
- Safeguard clinically led commissioning, whilst ensuring objective investment decisions;
- Provide the public, providers, Parliament and regulators with confidence in the probity, integrity and fairness of commissioners' decisions;
- Provide support and information for individuals in order that they understand when actual or potential conflicts may arise and how they will be managed.

In addition, the policy sets out:

- The additional factors that need to be addressed when commissioning primary medical care services, either under joint commissioning or delegated commissioning arrangements. This includes factors to consider when drawing up plans for services that might be provided by GP practices and also includes the necessary aspects of the make-up of the decision-making committee which must have a lay and executive member majority;
- The steps that the CCG will take to assure our Integrated Audit and Governance Committee, Health and Wellbeing Board, NHS England and, where necessary, our auditors, that these services are appropriately commissioned from GP practices;
- Procedures for decision-making in cases where all the GPs (or other practice representatives) sitting on a decision-making group have a potential financial interest in the decision.

### 4 IMPACT ANALYSIS

#### 4.1 Equality

As a result of performing the analysis, the policy does not appear to have any adverse effects on people who share *Protected Characteristics* and no further actions are recommended at this stage.

#### 4.2 Sustainability

A sustainability analysis is not required for this policy.

#### 4.3 Bribery Act 2010

This policy is designed to contribute to the CCG's obligation to ensure adequate measures are in place to prevent acts of bribery within the meaning of the Bribery Act 2010.

The Bribery Act 2010 came into force in July 2011 and has particular relevance to this policy. The Act created three relevant criminal offences which cover the offering, promising or giving of a financial or other advantage and the requesting, agreeing to receive or accepting of a financial or other advantage. It increased the maximum penalty for bribery to 10 years' imprisonment, with an unlimited fine. Furthermore the Act introduced a 'corporate

offence' of failing to prevent bribery by the organisation not having adequate preventative procedures in place.

## 5 SCOPE

This policy applies to the Council of Members, Members of the Governing Body and Members of, and attendees at, its committees and sub-committees (both voting and non-voting members), Lay Members, all CCG staff, including contractors, agency workers and seconded staff and any relevant others. Individuals working on behalf of the CCG or providing services or facilities to the CCG will be made aware of their obligations with regard to declaring conflicts or potential conflicts of interest. This requirement will be written into contract documentation.

## 6 DEFINITIONS AND EXAMPLES

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 his or her 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 these cases it is important to still manage these perceived conflicts in order to maintain public trust.

An interest is defined for the purposes of regulation 6 as including an interest of the following:

- A member of the commissioner organisation;
- A member of the governing body of the commissioner;
- A member of its committees or sub-committees or committees or sub-committees of its governing body;
- An employee.

The important things to remember are that:

- A perception of wrong doing, impaired judgement or undue influence can be as detrimental as any of them actually occurring;
- If in doubt, it is better to assume a conflict of interest and manage it appropriately rather than ignore it;
- For a conflict to exist financial gain is not necessary.
- For the purposes of Regulation 6 of the NHS (Procurement, Patient Choice and Competition (No 2) Regulations 2013, a conflict will arise when an individual's ability to exercise judgment or act in their role in the **commissioning** of services is impaired or influenced by their interests in the **provision** of those services. (*Monitor – Substantive guidance on the Procurement, Patient Choice & Competition Regulations (December 2013)*)

A conflict of interest will include (but is not necessarily limited to):

- **A financial interest**: This is where an individual may get direct financial benefits from the consequences of a commissioning decision (for example, as a director, 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).
- **An non-financial professional interest**: 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 (for example, a GP with special interests e.g., in dermatology, acupuncture etc or an advocate for a particular group of patients);

- **A 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 suffering from a particular condition requiring individually funded treatment or a volunteer for a provider
- **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 for example, a: Spouse / partner Business partner. A declaration of interest for a “business partner” in a GP partnership should include all relevant collective interests of the partnership, and all interests of their fellow GP partners (which could be done by cross referring to the separate declarations made by those GP partners, rather than by repeating the same information verbatim).

Examples of interests that will be deemed to be relevant and material will include but are not limited to:

- Roles and responsibilities held within member practices
- Directorships, including non-executive Directorship held in private or public limited companies
- Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the CCG
- Shareholdings (more than 1%) of companies in the field of health and social care.
- Positions of authority in an organisation (e.g. charity or voluntary organisation) in the field of health and social care
- Any connection with a voluntary or other organisation contracting for NHS services.
- Any research funding or grants that may be received by the individual or any organisation that they have an interest or role in.
- Any other role or relationship which the public could perceive would impair or otherwise influence the individual’s judgement or actions in their role within the CCG

Examples of those individuals likely to have potential conflicts of interest or undue influence could be CCG staff, GPs in practice in the CCG, practice managers and Lay Members.

In the case of a GP involved in commissioning, an obvious example is the award of a new contract, or extension of an existing contract, to a provider in which the individual GP has a financial stake.

## **7 ROLES, RESPONSIBILITIES AND DUTIES**

It is the responsibility of Council of Members, Members of the Governing Body Members and attendees, and its Committees and sub-committees (both voting and non-voting members), all CCG staff, including contractors, agency workers, seconded staff and (including relevant others) to ensure that they are fully aware of their responsibilities under this policy and that they fully compliant at all times.

**The Integrated Audit and Governance Committee / Conflicts of Interest Guardian** will review the arrangements for the declaration and management of conflicts of interest and provide assurances, on a report highlighting issues to increase assurances, to the Governing Body that adequate systems and processes are in place to ensure compliance, especially in relation to the development of new services/contracts or changes to existing services/contracts.

**The Integrated Audit and Governance Committee Chair / Conflicts of Interest Guardian and the Accountable Officer** in collaboration with the Associate Director of



Corporate Affairs will be responsible for providing direct formal attestation to NHS England that the CCG has complied with statutory guidance. This attestation will subsequently form part of an annual certification. The CCG's approach to the management of conflicts of interest will also be considered on an on-going basis as part of CCG assurance, as prescribed and amended by NHS England.

**CCG employed staff** are advised not to engage in outside employment which may conflict with their NHS work. They are required to tell their employer if they are engaged in secondary employment. A declaration can be made on the form at Appendix B.

## **8 DECLARING INTERESTS**

On a six monthly basis all individuals covered by the scope of this policy are required to declare any relevant personal or business interests of their spouse, civil partner, cohabitee, family member or any other relationship (including friendship) which may influence or may be perceived to influence their judgement.

Individuals will declare any interests, in writing, as soon as they are aware of it and in any event no later than 28 days after becoming aware. The form to be used for this purpose is included at Appendix B

Where an individual is unable to provide a declaration in writing, for example, if a conflict becomes apparent in the course of a meeting, they will make an oral declaration at the meeting, and provide a written declaration as soon as possible thereafter. The declaration will be recorded in the minutes of the meeting.

Even if an interest has already been declared, it should be declared at the start of any meeting where matters relating to that interest are discussed. In relation to any item on the agenda members of the meeting are reminded of the need to declare:

- (i) any interests which are relevant or material to the CCG;
- (ii) any changes in interest previously declared; or
- (iii) any pecuniary interest (direct or indirect) on any item on the agenda.

Any declaration of interest should be brought to the attention of the Chair in advance of the meeting or as soon as they become apparent in the meeting. For any interest declared the minutes of the meeting must record:

- (i) the name of the individual declaring the interest;
- (ii) the agenda item number to which the interest relates;
- (iii) the nature of the interest and the action taken;
- (iv) be declared under this section and at the top of the agenda item which it relates to

Individuals applying for posts at the CCG or seeking appointment to the Governing Body and any of its committees and sub committees will be required to declare any potential conflicts of interest during the appointment process. Where a question arises as to whether this may impact on the ability to appoint individuals, further guidance should be sought from the CCG Chair, the Chair of The Integrated Audit and Governance Committee Chair / Conflicts of Interest Guardian or the Chief Officer.

## **9. REGISTERS OF INTEREST**

The Associate Director of Corporate Affairs, on behalf of the Chief Officer, will maintain registers of all relevant and material interests and positions of influence declared by

Council of Members, Members of the Governing Body Members and attendees, and its Committees and sub-committees (both voting and non-voting members), all CCG staff, including contractors, agency workers, seconded staff and (including relevant others).

Applicants for any appointment to the CCG or the Governing Body should be asked to declare any relevant interests. When an appointment is made, a formal declaration of interests should again be made and recorded.

All attendees at meetings should be asked to declare any interest they have in any agenda item before it is discussed or as soon as it becomes apparent. Even if an interest is declared in the register of interests it should be declared in meetings where matters relating to that interest are discussed. Declarations of interest must be recorded in minutes.

Registers will be reviewed quarterly by the Integrated Audit and Governance Committee with an assurance report provided to the Governing Body, to include explanations of any concerns and how these were managed.

Where an individual changes role or responsibility within the CCG, or the Governing Body, any change to the individuals interests should be declared.

Any changes/additions to declarations registered should be notified to the Corporate Affairs Officer as soon as possible after the change occurs for recording in the register(s).

All registers will be published on the CCG's website.

Declared interests of the Council of Members, the Governing Body and its committees will be published in the CCG's Annual Report and Accounts.

## **10 MANAGEMENT ARRANGEMENTS**

Full details of how declared interests should be managed are as outlined in Section 8.4 of the Constitution (for ease of reference see extract at Appendix C). Examples of possible scenarios and how to manage them are included as Appendix A.

Where no previous declaration has been made, the Chair of the meeting will determine how this should be managed, in line with the management arrangements and may require the individual to withdraw from the meeting or part of it. The agreed actions should be recorded in the minutes.

### **Interests of the Chair of a Meeting**

Where the Chair of a meeting has a relevant interest, whether previously declared or not, in relation to the scheduled or likely business of the meeting, the Deputy Chair will act as Chair for the relevant part of the meeting and may require the Chair to withdraw for that part of the discussion. If there is no deputy Chair, the meeting will select one and the meeting must ensure that arrangements for the management of the conflict of interest are followed.

### **Effects of withdrawal**

Where 50% of members of a meeting are required to withdraw, the Chair (or Vice) will determine whether or not the discussion can proceed. This decision will be based on whether the meeting is quorate, as set out in Section 8.4.8 of the NHS Hull CCG

Constitution (in relation to the Governing Body) and in line with the terms of reference (for all other meetings). Where a quorum cannot be convened the Chair will consult with the Integrated Audit and Governance Committee Chair to ensure timely management of the issue. Possible actions are set out in Section 8.4.10 of the Constitution (see Appendix C).

Any arrangements made or agreed in a meeting will be recorded in the minutes.

## 11 DECLARATIONS IN RELATION TO PROCUREMENT

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 that has been made. The CCG must comply with the NHS (Procurement, Patient Choice and Competition) (No2) Regulations 2013 and the Public Contracts Regulations 2015 (PCR 2015).

- a) 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 design and re-design services;
- b) service redesign and procurement processes are conducted in an open, transparent, non-discriminatory and fair way.

Where a relevant and material interest or position of influence exists in the context of the specification for, or award of, a contract the individual will be expected to:

- Declare the interest.
- Ensure that the interest is recorded in the register.
- Only take part in discussions as part of extended membership meetings to involve other major stakeholders in the service being discussed. Not have a vote in relation to the specification or award.

Individuals will be expected to declare any interest early in the procurement process if they are to be a potential bidder in that process. In addition, where someone is to be part of the tender evaluation panel or decision making process regarding the award of the contract, any potential conflict of interest must be declared at the earliest opportunity. Failure to do so could result in the procurement process being declared invalid and possible suspension of the relevant individual from the CCG.

Potential conflicts will vary to some degree depending on the way in which a service is being commissioned e.g:

- Where a CCG is commissioning a service through **Competitive Tender** (i.e., seeking to identify the best provider or set of providers for a service) a conflict of interest may arise where GP practices or other providers in which CCG members have an interest are amongst those bidding.
- Where the CCG is commissioning a service through **Any Qualified Provider** a conflict could arise where one or more GP practices (or other providers in which CCG members have an interest) are amongst the qualified providers from whom patients can choose.

Guidance within the *GMC's core guidance Good Medical Practice (2013) – Honesty in Financial Dealings* paragraphs 77-80 states:

- *You must be honest in financial and commercial dealings with patients, employers, insurers and other organisations or individuals.*
- *You must not allow any interests you have to affect the way you prescribe for, treat, refer or commission services for patients.*

- *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.*
- *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 to patients or commission services for patients. You must not offer these inducements.*

In addition, the GMC's document *Financial & Commercial Arrangements and Conflicts of Interest (2013)* indicates GPs should:

- *Use your professional judgment to identify when conflicts of interest arise.*
- *Avoid conflicts of interest wherever possible.*
- *Declare any conflict to anyone affected, formally and as early as possible, in line with the policies of your employer or the organisation contracting your services.*
- *Get advice about the implications of any potential conflict of interest.*
- *Make sure that the conflict does not affect your decisions about patient care.*

*If you are in doubt about whether there is a conflict of interest, act as though there is.*

**The CCG recognise that particular care must be exercised when commissioning services from GP practices, including provider consortia or organisations in which GPs have a financial interest.**

For that reason, this policy incorporates the Procurement Template developed by NHS England for that purpose which must be completed in each case where GP practices, consortia or organisations in which GPs have a financial interest are or may be a tenderer. [See Appendix F] In addition, systems will be put in place to ensure that such contracts are monitored on an ongoing basis to ensure any conflict is appropriately managed.

**The CCG is prohibited by law from awarding any contract where the integrity of the procurement process or the award has been, or appears to have been, affected by a conflict of interest. In this context, it is likely that the CCG will wish to take specialist legal advice.**

The CCG will maintain and publish a register of procurement decisions taken.

This must include:

- The details of the decision;
- Who was involved in the decision;
- A summary of any conflicts of interest in relation to the decision and how this was managed by the CCG;
- The award decision taken.

The register of procurement decisions will be updated whenever a procurement decision is taken; a template for the register is included at Appendix E.

## 11.1 DECLARATIONS IN RELATION TO GIFTS AND HOSPITALITY

During the course of their work, CCG staff and Office Holders (e.g. Members of the Board and Committees/Sub-Committees) will sometimes receive offers of gifts (which includes goods or payment) and hospitality. Individuals listed in section 5 are responsible for the considering the risks associated with this and accepting offers of gifts and hospitality on behalf of the CCG.

The Offers and Acceptance of Gifts and Hospitality policy sets out some guiding principles covering the acceptance of gifts and hospitality. This is available on the CCG website at <http://www.hullccg.nhs.uk/>

A declaration of gifts and hospitality form for the declaring of gifts and hospitality is available at appendix e.

## 12 RAISING CONCERNS AND BREACHES OF THE POLICY

It is the duty of every CCG employee, governing body member, committee or sub-committee member and GP practice member to speak up about genuine concerns in relation to the administration of the CCG's policy on conflicts of interest management, and to report these concerns. Any concerns or potential breaches should be notified immediately and staff should not try to investigate it themselves. Staff can raise concerns or alleged breaches via the Whistleblowing Policy or with any of the following:

- Chief Officer
- Conflicts of Interest Guardian/ Lay Member Chair of the Audit and Integrated Governance Committee
- Associate Director of Corporate Affairs

Any suspicions or concerns of acts of fraud or bribery can also be reported online via <https://www.reportnhsfraud.nhs.uk/> or via the NHS Fraud and Corruption Reporting Line on 0800 0284060.

Individuals who wish to come forward to notify an actual or suspected breach of the rules will be fully supported.

Where the breach is being reported by an employee or worker of another organisation they should report under their organisation's whistleblowing policy

## 13 IMPACT OF NON COMPLIANCE

Failure to comply with the CCG's policies on conflicts of interest management, pursuant to this statutory guidance, can have serious implications for the CCG and any individuals concerned.

**Civil implications** - 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. 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 proceedings including for offences such as fraud, bribery and corruption. This could have **implications for CCGs and linked organisations, and the individuals who are engaged by them.**

**The Fraud Act 2006** created a criminal offence of fraud and defines three ways of committing it:

- Fraud by false representation;
- Fraud by failing to disclose information; and,

- Fraud by abuse of position.

An essential ingredient of the offences is that, the 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. 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** reformed the criminal law of bribery, making it easier to tackle this offence proactively in both the public and private sectors. It 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 and bribery of foreign public officials can also be committed by a body corporate. The Act repealed the UK's previous anti-corruption legislation (the 47 Public Bodies Corrupt Practices Act 1889, the Prevention of Corruption Acts of 1906 and 1916 and the common law offence of bribery) and provides an updated and extended framework of offences to cover bribery both in the UK and abroad. 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.

**Disciplinary implications** - CCGs should ensure that individuals who fail to disclose any relevant interests or who otherwise breach the CCG's rules and policies relating to the management of conflicts of interest are subject to investigation and, where appropriate, to disciplinary action. CCG staff, governing body and committee members in particular should be aware that the outcomes of such action may, if appropriate, result in the termination of their employment or position with the CCG.

**Professional regulatory implications** - 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. CCGs should report statutorily regulated healthcare professionals to their regulator if they believe that they have acted improperly, so that these concerns can be investigated. Statutorily regulated healthcare professionals should be made aware that the consequences for inappropriate action could include fitness to practise proceedings being brought against them, and that they could, if appropriate, be struck off by their professional regulator as a result.

## 14 IMPLEMENTATION

Following approval this policy will be distributed to the CCG Staff, Council of Member Representatives, the Governing Body Committee and Sub Committee Members and publicly made available on the CCG website at <http://www.hullccg.nhs.uk/>

## 15 TRAINING AND AWARENESS

This Conflicts of Interest policy will be made available to all Members and staff via the CCG website. Notice of all approved policies placed on the website will be included in CCG briefing processes. The policy will be brought to the attention of all new Members and staff via the induction process.

Advice on this policy can be obtained from the Chief Officer, Chair of the Integrated Audit and Governance Committee/Conflicts of Interest Guardian and the Associate Director of Corporate Affairs.

## 16 MONITORING AND AUDIT



The Integrated Audit and Governance Committee will keep under review the arrangements for the management of conflicts of interest, review the registers of interest quarterly and provide an annual assurance report to the Governing Body.

## 17 POLICY REVIEW

This policy will be reviewed in two years. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation/guidance, as instructed by the senior manager responsible for this policy'.

## 18 REFERENCES

- Managing Conflicts of Interest: Revised Statutory Guidance for CCGs –June2016\*
- Managing Conflicts of Interest in CCGs – NHS Federation & RCGP Centre for Commissioning – September 2011
- BMA's Ensuring Transparency & Probity Guidance December 2008
- NHS Wirral Commissioning/Procurement of Health Services Appendix D – Approvals Process
- Section 140 of National Health Service Act 2006, as inserted by section 25 of the 2012 Act
- The NHS (Procurement, Patient Choice and Competition)(No 2) Regulations 2013 (SI 2013 No 500)
- GMC core guidance – Good Medical Practice (2013)
- GMC guidance – Financial & Commercial Arrangements and Conflicts of Interest 2013
- Public Contracts Regulations 2006
- Towards Establishment: Creating responsive and accountable CCGs together with Technical Appendix 1 – Managing conflicts of interest (NHS Commissioning Board February 2012)
- Bribery Act 2010
- Policy on Business Conduct & Management of Conflicts of Interest – template for CCGs developed by Internal Auditor, North Yorkshire Service. December 2014

\* builds on guidance issued by other national bodies, in particular Monitor, the BMA, the GMC and the Royal College of General Practitioners outlined above.

## 19 ASSOCIATED DOCUMENTS

- CCG Constitution
- Financial Policy and Procedure - Procurement Policy
- Communications and Engagement Strategy
- Business Conduct Guidance
- Local Anti-Fraud, Bribery and Corruption Policy (within the whistleblowing policy)
- Induction Policy
- Whistleblowing Policy

## APPENDICES

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## COMMISSIONING CYCLE AND POTENTIAL CONFLICTS OF INTEREST

## Notes:

- The illustrations given below should not be considered to be prescriptive in every instance.
- These are guidelines and both the materiality of the conflict and the significance of the issue should be considered carefully by the Chair in deciding on how to manage the conflict.
- It is the responsibility of the Chair to review the agenda and operate caution in terms of deferment or referral if necessary.
- Chairs to also consider potential conflicts of interest arising from verbal reports.
- Links should be considered to strategy direction e.g. is the introduction of a Local Enhanced Service in line with the strategy?
- If significant/complete conflict of interest at a locality level the matter could be referred to the CCG for decision.

Interest	Financial (Self, partner or close associate)	Personal (Self)	Personal (Partner or close associate)	Competing Loyalties
Needs assessment	Fully participate	Fully participate	Fully participate	Fully participate
Decide priorities	Discuss but cannot vote	Discuss and vote	Discuss and vote	Discuss and vote
Review commissioning proposals	Remain but cannot speak or vote	Remain but cannot speak or vote	Remain but cannot speak or vote	Discuss and vote
Design services (ensure a fully inclusive process)	Discuss and vote	Discuss and vote	Discuss and vote	Discuss and vote
Review prioritised business cases	Leave the room	Remain but cannot speak or vote (unless interest is deemed not prejudicial)	Remain but cannot speak or vote (unless interest is deemed not prejudicial)	Discuss and vote
Procurement/contracting	Leave the room	Remain but cannot speak or vote (unless interest is deemed not prejudicial)	Remain but cannot speak or vote (unless interest is deemed not prejudicial)	Discuss and vote
Performance Management	Remain but cannot speak or vote (unless significant and then leave the room)	Remain but cannot speak or vote (unless significant and then leave the room)	Remain but cannot speak or vote (unless significant and then leave the room)	Discuss and vote
Review Health Outcomes	Fully participate	Fully participate	Fully participate	Fully participate

Appendix B

**DECLARATION OF INTERESTS  
FOR COUNCIL OF MEMBERS / BOARD MEMBERS /  
COMMITTEE MEMBERS / EMPLOYEES AND RELEVANT OTHERS**

This form is required to be completed in accordance with the CCG's Constitution and Section 140 of the National Health Service Act 2006, the NHS (Procurement, Patient Choice and Competition) (No2) Regulations 2013 and the Substantive Guidance on the Procurement, Patient Choice and Competition Regulations.

Please complete the form after referring to the guidance notes attached

<b>Name:</b>		
Position within, or relationship with, the CCG (or NHS England in the event of joint committees):		
<i>Please TICK the following statements that apply:</i>		
Council of Member Representative (CoM) ( <i>Please tick</i>	<input type="checkbox"/>	
CoM B Number		<input style="width: 100%;" type="text"/>
Board Member	<input type="checkbox"/>	
Employee	<input type="checkbox"/>	
Primary Care Joint Commissioning Committee	<input type="checkbox"/>	
Planning and Commissioning Committee	<input type="checkbox"/>	
Remuneration Committee	<input type="checkbox"/>	
Integrated Audit and Governance Committee	<input type="checkbox"/>	
Quality and Performance Committee	<input type="checkbox"/>	
Ambassador	<input type="checkbox"/>	
Other ( <i>please specify</i> )	<input type="checkbox"/>	
<hr/>		
<b>Detail of interests held (complete all that are applicable):</b>		
<b>Type of Interest* See reverse of form for details</b>	<b>Description of Interest including the date the interest relates from and too (including for indirect Interests, details of the relationship with the person who has the interest)</b>	<b>Actions taken to mitigate risk (to be agreed with line manager or Senior CCG Manager)</b>
<b>Financial Interests</b>		
<b>Non-Financial Professional Interests</b>		
<b>Non-Financial Personal Interests</b>		
<b>Indirect Interests</b>		


*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.*

**Signature:**

**Job Title:**

**Date:**

**Line Manager or Senior CCG Manager Signature:**

**Job Title:**

**Date:**

**THE SIGNED HARD COPY OF THE COMPLETED FORM MUST BE SENT WITHIN THE SPECIFIC TIMESCALE SPECIFIED TO MICHELLE LONGDEN, CORPORATE AFFAIRS OFFICER, NHS HULL CLINICAL COMMISSIONING GROUP, WILBERFORCE COURT, 2<sup>ND</sup> FLOOR, ALFRED GELDER STREET, HULL, HU1 1UY.**

**FOR GUIDANCE COMPLETING YOUR DECLARATION PLEASE CONTACT THE CORPORATE AFFAIRS TEAM ON 01482 344703**

**\*Types of interest**

Type of Interest	Description
<p><b>Financial Interests</b></p>	<p><b>This is where an individual may get direct financial benefits from the consequences of a commissioning decision. This could, for example, include being:</b></p> <ul style="list-style-type: none"> <li>• 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;</li> <li>• 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.</li> <li>• A management consultant for a provider;</li> <li>• In secondary employment</li> <li>• In receipt of secondary income from a provider;</li> <li>• In receipt of a grant from a provider;</li> <li>• In receipt of any payments (for example honoraria, one off payments, day allowances or travel or subsistence) from a provider</li> <li>• 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</li> <li>• 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).</li> </ul>
<p><b>Non-Financial Professional Interests</b></p>	<p><b>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:</b></p> <ul style="list-style-type: none"> <li>• An advocate for a particular group of patients;</li> <li>• A GP with special interests e.g., in dermatology, acupuncture etc.</li> <li>• 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);</li> <li>• An advisor for the Care Quality Commission (CQC) or National Institute for Health and Care Excellence (NICE);</li> <li>• A medical researcher.</li> </ul>

Type of Interest	Description
	<ul style="list-style-type: none"> <li>• GP's 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 GP practices.</li> </ul>
<b>Non-Financial Personal Interests</b>	<p><b>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:</b></p> <ul style="list-style-type: none"> <li>• A voluntary sector champion for a provider;</li> <li>• A volunteer for a provider;</li> <li>• A member of a voluntary sector board or has any other position of authority in or connection with a voluntary sector organisation;</li> <li>• Suffering from a particular condition requiring individually funded treatment;</li> <li>• A member of a lobby or pressure groups with an interest in health.</li> </ul>
<b>Indirect Interests</b>	<p><b>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:</b></p> <ul style="list-style-type: none"> <li>• Spouse / partner;</li> <li>• Close relative e.g., parent, grandparent, child, grandchild or sibling;</li> <li>• Close friend;</li> <li>• Business partner.</li> </ul>

## Guidance Notes

- Section 8 of the CCG Constitution and its related Business Conduct and Conflicts of Interest Policies published on the CCG website at <http://www.hullccg.nhs.uk/> require Council of Members, Members of the Governing Body Members and attendees, and its Committees and sub-committees (both voting and non-voting members), all CCG staff, including contractors, agency workers, seconded staff and (including relevant others) to declare interests which are relevant and material and any positions of influence they hold or are held by a family member, close friend or other acquaintance, in the categories outlined on the form.
- Declarations are to be completed on appointment to the CCG or its Council of members, governing body or any Committees, at meetings, on changing role, responsibility or circumstances and in addition to this on a six monthly basis (as per the CCGs timeline).
- If there are no interests to declare a nil return must be submitted and the word 'Nil' entered against each category
- If in doubt as to whether a conflict of interest could arise, a declaration of the interest should be made.
- A declaration must be made of any interest likely to lead to a conflict or potential conflict as soon as the individual becomes aware of it and in any event within 28 days.
- Any changes should be reported at the start of each Committee/Sub Committee meeting. This will be a standing agenda item at all meetings.
- Any changes to declarations should also be made within 28 days of a relevant event occurring by completing and submitting a new declaration form. Please note new forms supersede previous declaration forms i.e. all declarations should be re-entered.
- Members and employees completing this form must provide sufficient detail of each interest so that a member of the public would be able to understand clearly the sort of conflict of interest that might arise.
- If you require assistance with completion of this form, please contact the Corporate Affairs Team on 01482 344703.
- The registers will be published on the CCG's website <http://www.hullccg.nhs.uk>

**EXTRACT FROM NHS HULL CCG CONSTITUTION - SECTION 8.4 MANAGING CONFLICTS OF INTEREST:**

**8.4. Managing Conflicts of Interest: general**

8.4.1. Individual members of the group, the Governing Body, committees or sub-committees, the committees or sub-committees of its Governing Body and employees will comply with the arrangements determined by the group for managing conflicts or potential conflicts of interest.

8.4.2. The Associate Director of Corporate Affairs with responsibility for corporate governance will ensure that for every interest declared, either in writing or by oral declaration, arrangements are in place to manage the conflict of interests or potential conflict of interests, to ensure the integrity of the group's decision making processes.

8.4.3. Arrangements for the management of conflicts of interest are to be determined by the Lay Member with responsibility for conflicts of interest matters in consultation with the Senior Officer with responsibility for corporate governance and will include the requirement to put in writing to the relevant individual arrangements for managing the conflict of interests or potential conflicts of interests, within a week of declaration. The arrangements will confirm the following

- a) when an individual should withdraw from a specified activity, on a temporary or permanent basis;
- b) monitoring of the specified activity undertaken by the individual, either by a line manager, colleague or other designated individual.

8.4.4. Where an interest has been declared, either in writing or by oral declaration, the declarer will ensure that before participating in any activity connected with the group's exercise of its commissioning functions, they have received confirmation of the arrangements to manage the conflict of interest or potential conflict of interest from the Accountable Officer acting in accordance with a policy approved by the Integrated Audit & Governance Committee.

8.4.5. Where an individual member, employee or person providing services to the group is aware of an interest which:

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

The Chair of the meeting will then determine how this should be managed and inform the member of their decision. Where no arrangements have been confirmed, the Chair of the meeting may require the individual to withdraw from the meeting or part of it. The individual will then comply with these arrangements, which must be recorded in the minutes of the meeting.

\*(i.e. the Conflicts of Interest Policy)

- 8.4.6. Where the Chair of any meeting of the group, including committees, sub-committees, or the Governing Body and the Governing Body's committees and sub-committees, has a personal interest, previously declared or otherwise, in relation to the scheduled or likely business of the meeting, they must make a declaration and the Deputy Chair will act as Chair for the relevant part of the meeting. Where arrangements have been confirmed for the management of the conflict of interests or potential conflicts of interests in relation to the chair, the meeting must ensure these are followed. Where no arrangements have been confirmed, the deputy chair may require the chair to withdraw from the meeting or part of it. Where there is no deputy chair, the members of the meeting will select one by consensus of those members present.
- 8.4.7. Any declarations of interests, and arrangements agreed in any meeting of the Clinical Commissioning Group, committees or sub-committees, or the Governing Body, the Governing Body's committees or sub-committees, will be recorded in the minutes.
- 8.4.8. Where more than 50% of the members of a meeting are required to withdraw from a meeting or part of it, owing to the arrangements agreed for the management of conflicts of interests or potential conflicts of interests, the chair (or deputy) will determine whether or not the discussion can proceed.
- 8.4.9. 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 group's standing orders. Where the meeting is not quorate, owing to the absence of certain members, the discussion will be deferred until such time as a quorum can be convened. 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 interests, the Chair of the meeting shall review whether a quorum can be reached as set out in Standing Orders section 3.7.1, if not then the Chair will consult with the Integrated Audit & Governance Committee on the action to be taken.
- 8.4.10. This may include:
- a) requiring another of the group's committees or sub-committees, the group's governing body or the governing body's committees or sub-committees (as appropriate) which can be quorate to progress the item of business, or if this is not possible,
  - b) inviting on a temporary basis one or more of the following to make up the quorum (where these are permitted members of the governing body or committee / sub-committee in question) so that the group can progress the item of business:
    - i) a member of the Clinical Commissioning Group who is an individual;
    - ii) an individual appointed by a member to act on its behalf in the dealings between it and the Clinical Commissioning Group;
    - iii) a member of a relevant Health and Wellbeing Board;
    - iv) a member of a governing body of another Clinical Commissioning Group;
    - v) a member of the local NHS England team.
  - c) These arrangements must be recorded in the minutes.
- 8.4.11. In any transaction undertaken in support of the Clinical Commissioning Group's exercise of its commissioning functions (including conversations between two or more individuals, e-mails, correspondence and other communications), individuals



must ensure, where they are aware of an interest, that they conform to the arrangements confirmed for the management of that interest. Where an individual has not had confirmation of arrangements for managing the interest, they must declare their interest at the earliest possible opportunity in the course of that transaction, and declare that interest as soon as possible thereafter. The individual must also inform either their line manager (in the case of employees), or the senior officer with responsibility for corporate governance of the transaction.

- 8.4.12. The Integrated Audit & Governance Committee will take such steps as deemed appropriate, and request information deemed appropriate from individuals, to ensure that all conflicts of interest and potential conflicts of interest are declared.

## SAMPLE OF MINUTE TEMPLATE

### PLANNING AND COMMISSIONING COMMITTEE

#### MINUTES OF THE MEETING HELD ON WEDNESDAY 7 DECEMBER 2016 THE BOARD ROOM, WILBERFORCE COURT

#### PRESENT:

J Parker GP, (Chair)  
P Jackson, (Vice Chair)  
R Raghunath GP, (Clinical Member)

#### IN ATTENDANCE:

D Robinson, (PA, Note Taker)  
D Storr, (Head of Finance)

#### 1. APOLOGIES FOR ABSENCE

M Longden, (Corporate Affairs Officer)  
M Napier, (Associate Director of Corporate Affairs)

#### 2. MINUTES OF THE PREVIOUS MEETING HELD ON 7 NOVEMBER 2016

The minutes (enclosed) of the meeting on 7 November 2016 were provided for information.

#### Resolved

(a)	The minutes of the meeting be taken as a true and accurate record and signed by the Chair.
-----	--

#### 3. MATTERS ARISING FROM THE MEETING

The Action List (enclosed) from the meeting on 7 November 2016 was provided for information.

#### Resolved

(a)	The action list was noted.
-----	----------------------------

#### 4. NOTIFICATION OF ANY OTHER BUSINESS

Any proposed item to be taken under Any Other Business must be raised and, subsequently approved, at least 24 hours in advance of the meeting by the Chair.

Any approved items of Any Other Business to be discussed at item 13.

#### 5. DECLARATIONS OF INTEREST

In relation to any item on the agenda of the meeting members are reminded of the need to declare:

- (i) any interests which are relevant or material to the CCG;
- (ii) any changes in interest previously declared; or
- (iii) any pecuniary interest (direct or indirect) on any item on the agenda.

Any declaration of interest should be brought to the attention of the Chair in advance of the meeting or as soon as they become apparent in the meeting. For any interest declared the minutes of the meeting must record:

- (i) the name of the individual declaring the interest;
- (ii) the agenda number to which the interest relates;
- (iii) the nature of the interest and the Action taken
- (iv) be declared under this section and at the top of the agenda item which it relates too;

Individual	Agenda No	Nature of Interest / Action Taken
J Parker	7	Member of Unplanned Care Board at Hull and East Yorkshire Hospitals. – The declaration was noted.

#### **Resolved**

(a)	There were no declarations of interest noted / or the above declarations are to be noted.
-----	---

The above box should remain in place even if no declarations are made.

#### **6. GOVERNANCE ITEMS**

No items of Governance were discussed

#### **7. PLANNED CARE UPDATE**

J Parker declared an interest in relation to agenda no 7 that he is a member of the Unplanned Care Board at Hull and East Yorkshire Hospitals. – The declaration was noted.

The Head of Commissioning provided this report to the Committee with information regarding recent TAG commissioning recommendations for new drugs.

#### **Resolved**

(a)	That the report be noted.
-----	---------------------------

#### **11. CHAIR'S UPDATE REPORT**

The Chairs Update report will be discussed outside the meeting.

#### **12. ANY OTHER BUSINESS**

There were no items of Any Other Business.

**13. DATE AND TIME OF NEXT MEETING**

The next meeting shall be held on 06 January 2017, 2.00pm in the Boardroom, Wilberforce Court, Alfred Gelder Street, Hull, HU1 1UY.

Signed: \_\_\_\_\_  
(Chair of the Planning and Commissioning Committee)

Date: \_\_\_\_\_

**Abbreviations**

CCG	Clinical Commissioning Group
HEYHT	Hull and East Yorkshire Hospitals Trust Serious Incident process
SCR	Serious Case Reviews
SIs	Serious Incidents



**DECLARATIONS OF GIFTS AND HOSPITALITY**

<b>Recipients Name:</b> (please print)	
<b>Job Title:</b> (please print)	
<b>Date Offer of Gift/Hospitality:</b>	
<b>Individual/Company giving or offering Gift/Hospitality:</b>	
<b>Description of Gift/Hospitality: (including date if applicable)</b>	
<b>Reason for Gift/Hospitality:</b>	
<b>Estimated Value:</b> <b>NB:</b> (a estimate must be provided)	
<b>Advice sought from Line Manager or Associate Director of Corporate Affairs:</b> (please state if not sought and why)	
<b>Action Taken/Declined/Accepted</b>	
<b>Signed by recipient:</b>	
<b>Date:</b>	
<b>Signature of Associate Director of Corporate Affairs or Deputy following approval:</b>	
<b>Date:</b>	
<b>Declaration Number</b> (added by Corporate Affairs Officer)	<input type="text"/>

*The information submitted will be held by the Clinical Commissioning Group (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, professional regulatory or internal disciplinary action may result.*

**ON COMPLETION PLEASE SUBMIT TO MICHELLE LONGDEN, CORPORATE AFFAIRS OFFICER FOR INCLUSION IN THE CENTRAL GIFTS AND HOSPITALITY REGISTER AND PUBLICATION ON THE CCG WEBSITE**

**GIFTS AND HOSPITALITY DECLARATIONS REGISTER**

Dec Number	Recipients Name	Job Title	Date of receipt of offer of Gift/ Hospitality	Description of Gift /Hospitality (including date if applicable)	Individual/ Company giving or offering Gift/ Hospitality	Details of Previous Offers or Acceptance from this offeror/ supplier	Details of the Officer Reviewing and approving the declaration made and date	Reason for Gift/ Hospitality	Estimated Value	Action Taken/ Declined/ Accepted

**PROCUREMENT TEMPLATE**

[To be used when commissioning services from GP, including provider consortia, or organisations in which GPs have a financial interest]

**NHS Hull Clinical Commissioning Group**

<b>Service:</b>	
<b>Question</b>	<b>Comment/ Evidence</b>
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 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 interest 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?	
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?	

<b>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)</b>	
How have you determined a fair price for the service?	

<b>Additional question 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</b>	
How will you ensure that patients are aware of the full range of qualified providers from whom they can choose?	

<b>Additional questions for proposed direct awards to GP providers</b>	
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?	

Annex H:											
Template Register of procurement decisions and contracts awarded											
Ref No	Contract/ Service title	Procurement description	Existing contract or new procurement (if existing include details)	Procurement type – CCG procurement, collaborative procurement with partners	CCG clinical lead	CCG contract manager	Decision making process and name of decision making committee	Summary of conflicts of interest declared and how these were managed	Contract Award (supplier name & registered address)	Contract value (£) (Total)	Contract value to CCG

**ANNEX I: TEMPLATE DECLARATION OF CONFLICT OF INTERESTS FOR BIDDERS/CONTRACTORS**

<b>Name of Organisation:</b>	
<b>Details of interests held:</b>	
<b>Type of Interest</b>	<b>Details</b>
<b>Provision of services or other work for the Contracting Authority or eMBED Health Consortium</b>	
<b>Provision of services or other work for any other potential bidder in respect of this project or procurement process</b>	
<b>Any other connection with the Contracting Authority or eMBED Health Consortium, whether personal or professional, which the public could perceive may impair or otherwise influence the CCG/eMBED Health Consortium or any of their members' or employees' judgements, decisions or actions</b>	

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

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

Signed:

On behalf of:

Date:

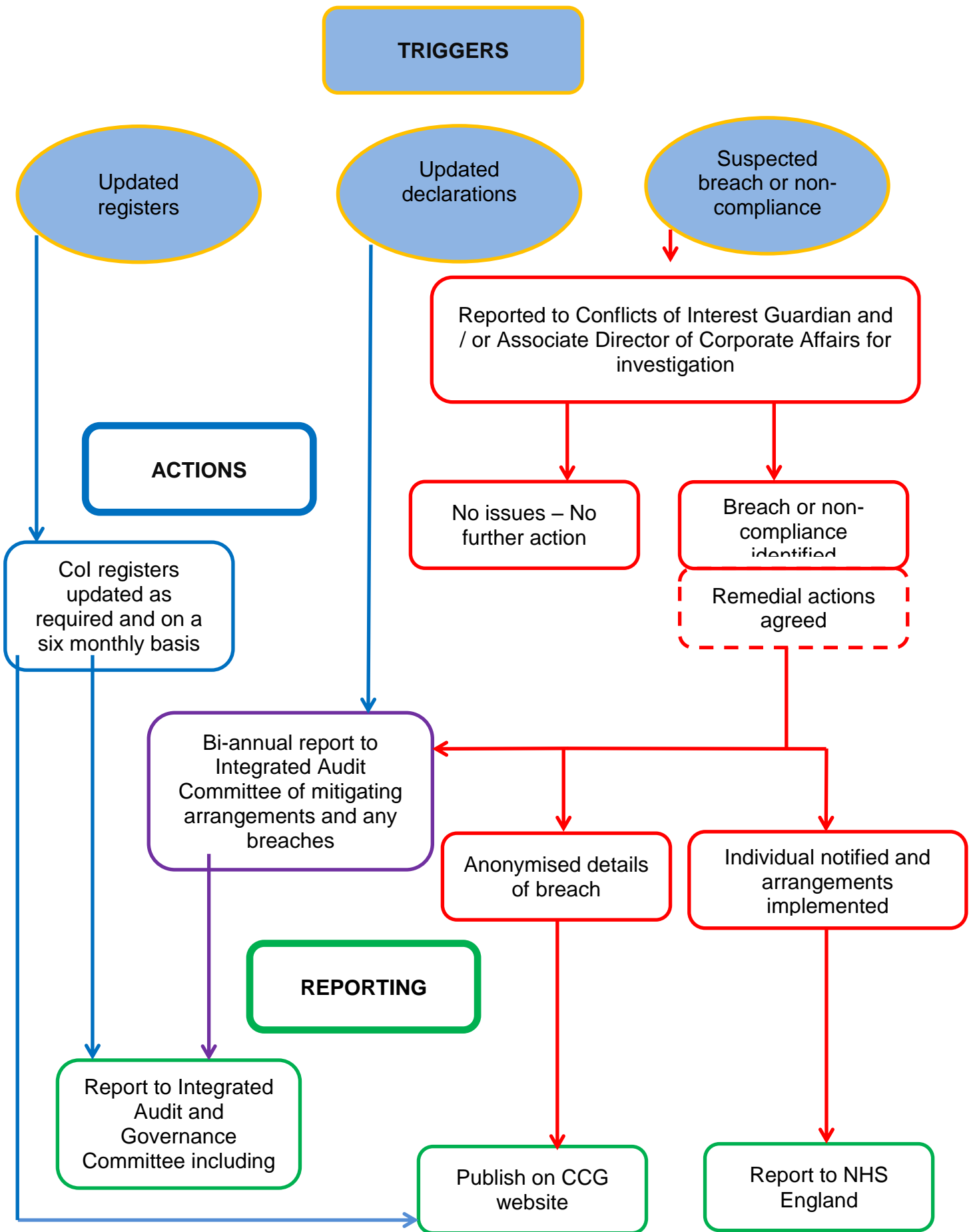
## Appendix J

### Conflicts of Interest Management

#### Raising Concerns and Breaches

- 1 It is the duty of each individual NHS Hull Clinical Commissioning Group (CCG) employee, Governing Body member, committee or sub-committee member or GP practice member to speak up about genuine concerns in relation to the compliance / administration of the CCG's policy on Conflicts of Interest management. If an individual has any such concerns they should not ignore such suspicions or investigate the matter themselves.
- 2 Any Hull CCG employee, Governing Body member, committee or sub-committee member or GP practice member should also refer to the CCG's Whistleblowing Policy which can be found on the CCG's website at: <http://www.hullccg.nhs.uk/corporate-policies>
- 3 Concerns about the management of Conflicts of Interest should be raised with the Associate Director of Corporate Affairs Mike Napier or the Conflicts of Interest Guardian Karen Marshall.
- 4 When raising a concern, the individual must advise whether they wish to remain anonymous whilst the concern is being investigated.
- 5 If someone has any particular concerns as to confidentiality, they may raise the matter solely with the Conflicts of Interest Guardian who, in the first instance, will discuss the matter with the individual and consider how to retain confidentiality.
- 6 The concern will be investigated by the Associate Director of Corporate Affairs or another duly designated senior officer. They will present their findings to a conflict of interest investigation panel comprising the Conflicts of Interest Guardian and another lay member of the CCG Board. It will be for the panel to reach a final decision as to whether a breach of the CCG Conflict of Interest Policy has occurred and, if so, what action should be taken. This could include referral for consideration of disciplinary action in the case of an employee or referral to the CCG Board in the case of a member.
- 7 The individual raising the concern will be kept informed of any decisions taken as a result of any investigation.
- 8 All concerns raised will be reported to the Integrated Audit and Governance Committee who will receive updates as the investigation progresses and be notified of the final outcome of the investigation.
- 9 Where a breach is identified, the Associate Director of Corporate Affairs will be responsible for reporting the breach to NHS England, as appropriate. A confidential record of the breach will be retained by the Associate Director of Corporate Affairs.
- 10 An anonymised record of any breaches of this policy will be made available on the CCG's website at : <http://www.hullccg.nhs.uk/pages/declarations-of-interest>
- 11 Providers, patients and other third parties can make a complaint to NHS Improvement at: <https://improvement.nhs.uk/> in relation to a commissioner's conduct under the Procurement Patient Choice and Competition Regulations.

# FLOWCHART FOR PROCESSING CONFLICT OF INTEREST BREACHES



<b>Equality Impact Analysis:</b>	
<b>Policy / Project / Function:</b>	Conflicts of Interest Policy
<b>Date of Analysis:</b>	October 2016
<b>This Equality Impact Analysis was completed by: (Name and Department)</b>	Michelle Longden, Corporate Affairs Officer
<b>What are the aims and intended effects of this policy, project or function?</b>	<p>The aim of this policy is too:</p> <ul style="list-style-type: none"> <li>• Ensure that the CCG and clinicians in commissioning roles demonstrate they are acting fairly and transparently and in the best interest of their patients and local populations;</li> <li>• Ensure that the CCG operates within the legal framework;</li> <li>• Safeguard clinically led commissioning, whilst ensuring objective investment decisions;</li> <li>• Provide the public, providers, Parliament and regulators with confidence in the probity, integrity and fairness of commissioners' decisions;</li> <li>• Provide support and information for individuals in order that they understand when actual or potential conflicts may arise and how they will be managed.</li> </ul>
<b>Please list any other policies that are related to or referred to as part of this analysis</b>	<ul style="list-style-type: none"> <li>• CCG Constitution</li> <li>• Financial Policy and Procedure - Procurement Policy</li> <li>• Communications and Engagement Strategy</li> <li>• Business Conduct Guidance</li> <li>• Local Anti-Fraud, Bribery and Corruption Policy (within the whistleblowing policy)</li> <li>• Induction Policy</li> <li>• Whistleblowing Policy</li> </ul>
<b>Who does the policy, project or function affect ?</b>	<p>Employees    ✓    <input type="checkbox"/></p> <p>Service Users    <input type="checkbox"/></p> <p>Members of the Public    <input type="checkbox"/></p>
<b>Please Tick ✓</b>	

	Other (List Below) <span style="float: right; border: 1px solid black; padding: 2px;">✓</span>
Council of Members, Members of the Governing Body Members and attendees, and its Committees and sub-committees (both voting and non-voting members), all CCG staff, including contractors, agency workers, seconded staff and (including relevant others)	

### Equality Impact Analysis:

**Local Profile/Demography of the Groups affected** (population figures) Relevant data can be found in the attached Knowledge Management Toolkit

<b>General</b>	Total number of employees in the CCG is 78
<b>Age</b>	73.07% of staff are aged 30-55 20.51% of staff are over 55 6.41% of staff employed are aged 30 or under
<b>Race</b>	94.87% of staff employed in the CCG declared themselves White 3.85% of staff are not stated/undefined 1.27% of staff declared themselves Asian
<b>Sex</b>	70.51% of staff employed are female 39.49% of staff employed are male
<b>Gender reassignment</b>	No information
<b>Disability</b>	57.69% of staff employed declared themselves as having no disability 38.46% of staff did not declare /undefined0 3.85% of staff declared a disability
<b>Sexual Orientation</b>	56.41% of staff described themselves as heterosexual 43.59% did not wish to respond /undefined No staff described themselves as gay, lesbian or bisexual
<b>Religion, faith and belief</b>	47.44% were undefined or did not wish to declare – the largest group 35.90 of staff declared themselves Christian 11.54% declared themselves Atheist 5.13% of staff declared their faith as 'other' Zero staff declared as Islam, Buddhism, Hindu, Judaism or Sikhism
<b>Marriage and civil partnership</b>	64.10% of employees are married. 25.64% are single 7.69% are divorced/legally separated 2.56% are undefined



	0% of employees are in a civil partnership
<b>Pregnancy and maternity</b>	No information yet as the CCG has not been established long enough to build meaningful data

<b>Equality Impact Analysis:</b>	
<p><b>Is any Equality Data available relating to the use or implementation of this policy, project or function ?</b></p> <p>Equality data is internal or external information that may indicate how the activity being analysed can affect different groups of people who share the nine <i>Protected Characteristics</i> – referred to hereafter as ‘<i>Equality Groups</i>’.</p> <p>Examples of <i>Equality Data</i> include: (this list is not definitive)</p> <p>1: Application success rates <i>Equality Groups</i>  2: Complaints by <i>Equality Groups</i>  3: Service usage and withdrawal of services by <i>Equality Groups</i>  4: Grievances or decisions upheld and dismissed by <i>Equality Groups</i></p>	<p>Yes <input checked="" type="checkbox"/></p> <p><input type="checkbox"/></p> <p>Where you have answered yes, please incorporate this data when performing the <i>Equality Impact Assessment Test</i> (the next section of this document).  Yes employee data has been used to support the monitoring of the impact of this policy in the future</p>
<p><b>List any Consultation e.g. with employees, service users, Unions or members of the public that has taken place in the development or implementation of this policy, project or function</b></p>	<p>Consultation has taken place with</p> <ul style="list-style-type: none"> <li>• Staff</li> <li>• SLT</li> <li>• Governing Body</li> <li>• Integrated Audit and Governance Committee</li> <li>• Council of Member Representatives</li> </ul>
<p><b>Promoting Inclusivity</b></p> <p>How does the project, service or function contribute towards our aims of eliminating discrimination and promoting equality and diversity within our organisation</p>	<p>This Policy does not directly promote inclusivity, but the advantage of a written policy is that it will help to ensure that the conflicts of interest’s provisions are applied consistently across the organisation which helps towards promoting equality and diversity.</p>

## Equality Impact Assessment Test:

**What impact will the implementation of this policy, project or function have on employees, service users or other people who share characteristics protected by *The Equality Act 2010* ?**

Protected Characteristic:	No Impact:	Positive Impact:	Negative Impact:	Evidence of impact and if applicable, justification where a <i>Genuine Determining Reason</i> exists
<b>Gender</b> (Men and Women)	✓			This has been considered and has a neutral impact. The policy applies equally to all staff regardless of gender.
<b>Race</b> (All Racial Groups)			✓	As the policy is written in English there is a potential impact on employees whose first language is not English and therefore my struggle reading the policy. However this potential impact is minimised due to the available 'portal' facilities.
<b>Disability</b> (Mental and Physical)	✓			This has been considered and has a neutral impact. The policy applies equally to all staff regardless of disability.
<b>Religion or Belief</b>	✓			This has been considered and has a neutral impact. The policy applies equally to all staff regardless of religion or belief.
<b>Sexual Orientation</b> (Heterosexual, Homosexual and Bisexual)	✓			This has been considered and has a neutral impact. The policy applies equally to all staff regardless of sexual orientation.
<b>Pregnancy and Maternity</b>	✓			This has been considered and has a neutral impact. The policy applies equally to all staff.
<b>Transgender</b>	✓			This has been considered and has a neutral impact. The policy applies equally to all staff.

<b>Marital Status</b>	✓			This has been considered and has a neutral impact. The policy applies equally to all staff regardless of marital status.
<b>Age</b>	✓			This has been considered and has a neutral impact. The policy applies equally to all staff regardless of marital status.

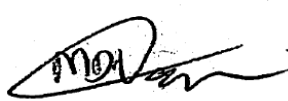
## Action Planning:

**As a result of performing this analysis, what actions are proposed to remove or reduce any risks of adverse outcomes identified on employees, service users or other people who share characteristics protected by *The Equality Act 2010* ?**

<b>Identified Risk:</b>	<b>Recommended Actions:</b>	<b>Responsible Lead:</b>	<b>Completion Date:</b>	<b>Review Date:</b>
As the policy is written in English there is a potential impact on employees whose first language is not English and therefore may struggle reading the policy.	The CCG's Communication Team has developed the 'portal' to signpost individuals to alternative formats.	CCG Communications	October 2016	October 2018

## Equality Impact Findings:

<b>Analysis Rating:</b>	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"><input type="checkbox"/> Red</div> <div style="text-align: center;"><input type="checkbox"/> Red Amber</div> <div style="text-align: center;"><input type="checkbox"/> Amber</div> <div style="text-align: center;"><input checked="" type="checkbox"/> Green</div> </div>
<b>Red – Stop and remove the policy</b>	<b>Red:</b> As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share <i>Protected Characteristics</i> . It is recommended that the use of the policy be suspended until further work or analysis is performed.
<b>Red Amber – Continue the policy</b>	<b>Red Amber:</b> As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share <i>Protected Characteristics</i> . However, a genuine determining reason may exist that could legitimise or justify the use of this policy and further professional advice should be taken.
<b>Amber – Adjust the Policy</b>	<b>Amber:</b> As a result of performing the analysis, it is evident that a risk of discrimination (as described above) exists and this risk may be removed or reduced by implementing the actions detailed within the <i>Action Planning</i> section of this document.
<b>Green – No major change</b>	<b>Green:</b> As a result of performing the analysis, the policy, project or function does not appear to have any adverse effects on people who share <i>Protected Characteristics</i> and no further actions are recommended at this stage.

<b>Other Comments:</b>	
<b>Confirmed by (Manager): (Name and Title)</b>	
<b>Date:</b>	01.12.16