

# **Conflicts of Interest, Gifts, Hospitality and Commercial Sponsorship Policy**

This policy reflects Managing Conflicts of Interest: Revised Statutory Guidance for CCGs (issued in June 2017). It sets out how NHS Coastal West Sussex CCG manages conflicts of interest arising through its work and decision making. The aim of the policy is to help the CCG make robust and impartial decisions in the interests of Coastal West Sussex patients and citizens. This includes the use of public funds. The policy is also designed to protect both the organisation and individuals involved from any appearance of impropriety and to demonstrate transparency to the public and other interested parties

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3	May 2014	Final	CWS CCG amended version	N Curthoys, CWS CCG
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4.2	November 2016	Final	Incorporates new tick box within Declarations of Interest form	Corporate Business Manager
4.3	June 2017	Final	Include revisions circulated by NHS England	Corporate Business Officer
5.0	November 2017	Final	Amended to include 2017 revised guidance for CCGs published by NHS England,	Acting Company Secretary

<b>For more information on the status of this policy, please contact:</b>	
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Responsibility for Review	Company Secretary
Contributors	Corporate Business Team
Audience	All employees and appointed individuals (including consultants, individuals working under a contract for services, employees from hosted organisations i.e. CSU, agency staff, seconded staff, students and trainees) who are working for or on behalf of the CCG, persons with decision-making authority or who are serving on committees and other decision-making groups, and to all members of the Governing Body and Committees of the Governing Body.

This policy should be read in conjunction with the following:

- Freedom to Speak up: Raising Concerns (Whistleblowing) Policy
- Disciplinary Policy
- Fraud, Bribery and Corruption Policy
- CCG Standing Orders and Standing Financial Instructions.
- Standards of Business Conduct HSE(93) 5
- The NHS Code of Conduct
- The Seven Principles of Public Life
- Standards for Members of NHS Boards and Clinical Commissioning Group Governing Bodies in England.
- Association of British Pharmaceutical Industry (ABPI) Code of Professional Conduct

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## 1. Introduction

A “conflict of interest” is defined as “a set of circumstances by which a reasonable person would consider that an individual’s ability to apply judgement, or act in the context of delivering, commissioning or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold”. A range of conflict of interest case studies can be found [here](#).

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, NHS England and, ultimately, Parliament that CCG commissioning decisions are robust, fair and transparent and offer value for money.

Coastal West Sussex (CWS) CCG has a statutory duty to make arrangements for managing both conflicts and potential conflicts of interest to ensure that they do not, and do not appear to, affect the integrity of its decision-making process. To achieve this the CCG requires a policy that provides for relevant interests to be declared and registered transparently and for the risk of conflicts of interest to be identified and minimised at the earliest possible opportunity.

Conflicts also arise through the privileged sight of commercial, sensitive or confidential information. Any individual working for the CCG **must not** use confidential information acquired in the pursuit of their role within the CCG to benefit themselves or another connected person, or create the impression of having done so.

Employees, members of CWS CCG, members of the Governing Body (GB) and its committees must at all times comply with the CCG’s Constitution, including Standards of Business Conduct and Managing Conflicts of Interest as outlined in Section 8

## 2. Principles

CWS CCG observes the principles of good governance in the way it does business. These include: the Seven Principles of Public Life (more commonly known as the Nolan Principles and set out below), the Good Governance Standards for Public Services (2004), the seven key principles of the NHS Constitution, the Equality Act 2010, the UK Corporate Governance Code and the Standards for Members of NHS Boards and CCG Governing Bodies in England.

The Nolan Principles are:

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

The CCG aims to do business appropriately and to be proactive, balanced, proportionate and transparent in its management of conflicts of interest. Individuals should feel supported and confident in declaring relevant information and raising any concerns.

The CCG recognises that a perception of wrongdoing, impaired judgement or undue influence can be as detrimental as any of them actually occurring.

### **3. Scope**

This policy applies to all employees and appointed individuals (including consultants, individuals working under a contract for services, employees from hosted organisations, agency staff, seconded staff, students and trainees) who are working for or on behalf of the CCG, persons with decision-making authority or who are serving on committees and other decision-making groups, and to all members of the Governing Body and Committees of the Governing Body.

For the avoidance of doubt, this policy also applies to all member practice and locality representatives in their role as members of the CCG.

Where third parties are acting on behalf of the CCG they may also be asked to abide by relevant aspects of the policy.

### **4. Definitions of Interests**

Interests can be captured in four different categories which are described below.

#### **4.1 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. This includes involvement with a potential provider of a new care model;
- 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;
- A management consultant for a provider; or
- A provider of clinical private practice.

This could also include an individual being:

- In employment outside of the CCG;
- In receipt of secondary income;
- 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).

#### **4.2 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.
- An active member of a particular specialist professional body (although routine GP membership of the Royal College of General Practitioners (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);
- Engaged in a research role.
- The development and holding of patents and other intellectual property rights which allow staff to protect something they create, preventing unauthorised use of products or the copying of protected ideas;
- 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.

#### **4.3 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 and care.

#### **4.4 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.

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).

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

The above categories and examples are not exhaustive and the CCG will exercise discretion on a case by case basis. The CCG will err on the side of caution and will expect a declaration to be made where an individual has any other role, relationship or interest which may (or may be perceived to) impair or otherwise influence the individual’s judgement or actions in their role within the CCG.

The following are some examples of interests which **must** always be declared and appropriately managed:

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

Issues may arise where GPs or GP practices hold an interest in a health provider business. Where the shares are held by individuals they will be deemed to individually have an interest. Where the interest is held by the practice, the same will be true of profit sharing partners in the practice. Where an individual is an employee, or where the financial interest is held by a parallel property owning partnership that does not include the relevant person, then it would be appropriate to consider declaring an interest on the basis of ‘close friend or acquaintance’ as discussed above. This does not mean the individual is automatically conflicted; the facts of each case will be reviewed by the presiding Chair of the relevant committee in conjunction with the governance lead and the Conflicts of Interests Guardian as necessary.

Where an interest comes to an end, this should also be notified so that it can be removed from the register.

## 5. Definition of Gifts and Hospitality (including Sponsorship)

The Bribery Act 2010 applies to all CCG staff and appointed individuals detailed at page 2 of this policy. Under the Bribery Act 2010 there are two general offences:

- An offence of Corruption to bribe the holder of a public office.
- An offence for the Office Holder to accept a Bribe.

Employees may have committed a criminal offence by corruptly accepting any gifts or considerations as an inducement or reward for:

- Doing, or refraining from doing, anything in their official capacity, or;
- Showing favour or disfavour to any person in their official capacity.

Under the Bribery Act 2010, any money, gift or consideration received by an employee in public service from a person or organisation holding or seeking to obtain a contract will be deemed by the courts to have been received corruptly unless the employee proves the contrary.

A breach of the provisions in this Act renders all staff (as defined at Audience on page 2 of this policy) liable to criminal prosecution and may also lead to loss of employment and superannuation rights in the NHS.

### 5.1 Gifts

A 'gift' is defined as any item of cash or goods, or any service which is provided for personal benefit, free of charge or at less than its commercial value. CCG staff should not accept gifts that may affect, or be seen to affect their professional judgement. This overarching principal should apply in all circumstances.

All gifts from suppliers or contractors doing or likely to do business with the CCG must be declined and declared (subject to this, low cost branded promotional aids may be accepted and not declared where they are under the value of £6). The person to whom the gift was offered must declare the offer to the Corporate Business Team (See **Appendix A-** Declaration of offer of gifts, hospitality or commercial sponsorship form [or use the online form](#)) who will record the offer as declined on the register.

CCG staff should not ask for any gifts, however items of modest value (i.e. under £50) from non-contractors or suppliers.e.g. patients, families and other service users can be accepted and do not need to be declared. Gifts valued over £50 should be treated with caution and only accepted on behalf of an organisation (i.e. to an organisation's charitable funds) and not in a personal capacity. These should be declared and advice sought from the Corporate Business team.

Multiple gifts from the same source over a 12 month period should be treated in the same way as single gifts over £50 where the cumulative value exceeds £50.

Any personal gift of cash or cash equivalents (including vouchers, tokens, offers of remuneration to attend meetings whilst in a capacity working for or representing the CCG) must always be declined, whatever their value and whatever their source, and the offer which has been declined must be declared and recorded on the register.

## 5.2 External Remunerated Activity

It is recognised that some GP members undertaking roles of responsibility within CWS CCG and Governing Body members may also be offered remunerated engagements such as speaking at conferences or serving on advisory panels.

GPs and Governing Body members may be able to accept such payments in circumstances where a CCG employee would not. However in line with the principle of openness and transparency and in order for any risk of conflict of interest to be identified, approval must be obtained from the CCG's governance lead in advance for any external remunerated activity which is not covered by a standing declaration of interests.

A Declaration of Offer of External Remunerated Activity form is attached as **Appendix B**.

## 5.3 Hospitality

Hospitality means offers or meals, refreshments, travel, accommodation and other expenses in relation to attendance at meetings, conferences, education and training events etc. CCG staff will sometimes appropriately receive hospitality. Staff receiving hospitality should always be prepared to justify why it has been accepted and be mindful that even hospitality of small value may give rise to perceptions or impropriety and might influence behaviour.

### 5.3.1 Overarching principles

- CCG staff should not ask for or accept hospitality that may affect, or be seen to affect, their professional judgement;
- Hospitality must only be accepted when there is a legitimate business reason and it is proportionate to the nature and purpose of the event;
- Particular caution should be exercised when hospitality is offered by actual or potential suppliers or contractors, these can be accepted if modest and reasonable, but individuals should always obtain senior approval and declare these.

### 5.3.2 Meals and Refreshments

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

### 5.3.3 Travel and Accommodation:

- Modest offers to pay some or all of the travel and accommodation costs related to attendance at events may be accepted and must be declared;
- Offers which go beyond modest, or are of a type that the CCG itself might not usually offer, need approval by senior staff (e.g. the CCG governance lead or equivalent), should only be accepted in exceptional circumstances, and must be declared. A clear reason should be recorded on the CCG's register of gifts, hospitality and sponsorship as to why it was permissible to accept travel and accommodation of this type;
- A non-exhaustive list of examples includes:

- Offers of business class or first class travel and accommodation (including domestic travel);
- Offers of foreign travel and accommodation.

A declaration form for offers and receipt of gifts, hospitality and commercial sponsorship is attached as **Appendix A**. Approval (as outlined above in the section 5.1) must be obtained in advance for any acceptance of a gift, hospitality or sponsorship and any gifts, hospitality or sponsorship declined must still be noted and brought to the relevant approver's notice.

#### **5.4 Sponsorship**

Sponsorship of NHS events by external parties is valued. Offers to meet some or part of the costs of running an event secures their ability to take place, benefiting NHS staff and patients. Without this funding there may be fewer opportunities for learning, development and partnership working. However, there is potential for conflicts of interest between the organiser and the sponsor, particularly regarding the ability to market commercial products or services. As a result there should be proper safeguards in place to prevent conflicts occurring.

All offers of sponsorship (whether accepted or declined) must be declared so that they can be included on the CCG's register of gifts, hospitality and sponsorship. The governance lead will advise whether or not it would be appropriate to accept any such offers. If such offers are reasonably justifiable and in accordance with the following principles then they may be accepted.

When sponsorships are offered, the following principles must be adhered to:

- Sponsorship of CCG events by appropriate external bodies should only be approved if a reasonable person would conclude that the event will result in clear benefit for the CCG and the NHS;
- During dealings with sponsors there must be no breach of patient or individual confidentiality or data protection rules and legislation; 21
- No information should be supplied to the sponsor from which they could gain a commercial advantage, and information which is not in the public domain should not normally be supplied;
- At the CCG's discretion, sponsors or their representatives may attend or take part in the event but they should not have a dominant influence over the content or the main purpose of the event;
- The involvement of a sponsor in an event should always be clearly identified in the interest of transparency;
- CCGs should make it clear that sponsorship does not equate to endorsement of a company or its products and this should be made visibly clear on any promotional or other materials relating to the event;
- Staff should declare involvement with arranging sponsored events to their CCG.

## **6. Declaration of Interests and Gifts and Hospitality (including sponsorship)**

Declarations of interest and gifts and hospitality should be made by the following:

- **All CCG employees**, including:
  - All full and part time staff;
  - Any staff on sessional or short term contracts;
  - Any students and trainees (including apprentices);
  - Agency staff; and
  - Seconded staff.

In addition, any self-employed consultants or other individuals working for the CCG under a contract for services should make a declaration of interest in accordance with this guidance, as if they were CCG employees.

- **Members of the governing body:** All members of the CCG's committees, sub-committees/sub-groups, including:
  - Co-opted members;
  - Appointed deputies; and
  - Any members of committees/groups from other organisations.

Where the CCG is participating in a joint committee alongside other CCGs, any interests which are declared by the committee members should be recorded on the register(s) of interest of each participating CCG.

- **All members of the CCG (i.e., each practice)** This includes each provider of primary medical services which is a member of the CCG under Section 14O (1) of the 2006 Act. Declarations should be made by the following groups:
  - GP partners (or where the practice is a company, each director);
  - Any individual directly involved with the business or decision-making of the CCG.

GPs and other staff in the CCG's member practices are not required to declare offers/receipt of gifts and hospitality to the CCG which are unconnected with their involvement with the CCG.

Declarations should be made as soon as is reasonably practicable and by law within 28 days after the interest arises. This may be because a new interest has been acquired (such as a new post as a trustee of a local charitable service provider) or an existing interest previously considered irrelevant has become a potential cause of a conflict.

Declarations of interest should also be made:

- On appointment
- Annually (or when prompted)
- At meetings
- On changing role, responsibility or circumstances.

Declarations should be sent to the Corporate Business Team. A nil-return should be submitted and recorded if there are no interests to declare. A declaration of interests form is provided in **Appendix C**. An [on-line form](#) is also available on the internal website which staff are advised to use.

If an individual fails to make full, accurate and timely declarations then civil, criminal, professional, regulatory, or internal disciplinary action may result. Approval must be obtained in

advance for any acceptance of a gift, hospitality or sponsorship and any gifts, hospitality or sponsorship declined must still be noted and brought to the relevant approver's notice. Approval requirements are set out below.

Applicant	Approval Required
GB member (excluding Chair & Accountable Officer)	Two other GB members (one to be one of the lay members)
Accountable Officer / CCG Chair	Lay member for Audit and Assurance and one other GB member
GP Member with CCG responsibilities	CCG Chair and one other GB member
All other staff members	Line Manager

All gifts, hospitality and sponsorship declared must be promptly transferred to the CCG's register of gifts and hospitality by the Corporate Business Team.

GPs and other staff in member practices are not required to declare offers/receipt of gifts and hospitality to the CCG which are not connected with their role or involvement with the CCG. However, GP staff will need to adhere to relevant guidance issued by professional bodies.

## 7. Registers of Interests and Gifts and Hospitality

The CCG must maintain one or more registers of interest and gifts and hospitality for all individuals listed in section 6. The CCG must publish registers at least annually and make arrangements for the public to access these registers on request. Please refer to the register templates in the appendices to this policy.

Declarations submitted are transferred to the relevant register immediately on receipt. The register of interests for decision-making staff is published on the CCG's website where it is accessible by the public and is available at the CCG's offices on request.

CWS CCG defines decision-making staff as those who have a material influence on how taxpayer's money is spent. This will include:

- All governing body members;
- Members of advisory groups which contribute to direct or delegated decision making on the commissioning or provision of taxpayer funded services such as working groups involved in service redesign or stakeholder engagement that will affect future provision of services;
- Members of the Primary Care Commissioning Committee (PCCC);
- Members of other committees of the CCG e.g., audit committee, remuneration committee etc.;
- Members of new care models joint provider / commissioner groups / committees;
- Members of procurement (sub-)committees;
- Those at Agenda for Change band 8d and above;
- Management, administrative and clinical staff who have the power to enter into contracts on behalf of the CCG;

- Management, administrative and clinical staff involved in decision making concerning the commissioning of services, purchasing of good, medicines, medical devices or equipment, and formulary decisions.

In exceptional circumstances, where public disclosure of information could give rise to a real risk of harm or is prohibited by law, an individual's name/details may be redacted from the publically available register. The decision to do this must be made by the Conflicts of Interest guardian and a confidential un-redacted version of the register will be retained.

An interest (including offers of gifts, hospitality and sponsorship) must remain on the public register for a minimum of six months. The CCG must also retain a private record of historic interests for a minimum of six years after the date on which it expired and this will be stated on the published register, with details of whom to contact to submit a request for the information.

## **8. Data Protection**

The information provided through declarations of interest and declarations of gifts and hospitality will be processed in accordance with data protection principles as set out in the Data Protection Act 1998. Data will be processed only to ensure that all employees and appointed individuals act in the best interests of the public and patients the CCG was established to serve. The information provided will not be used for any other purpose. Information may be disclosed to third parties in accordance with the Freedom of Information Act 2000 and published in registers that the CCG holds.

Employees and appointed individuals should not use confidential information acquired in the pursuit of their role to benefit themselves or another connected person.

## **9. Appointments and roles and responsibilities**

Everybody has a responsibility to appropriately manage conflicts of interest.

### **9.1 Outside employment**

Individuals should declare any existing outside employment or appointment and obtain prior permission to engage in outside employment arising during the course of CCG employment. The CCG reserves the right to refuse permission where it believes a conflict will arise that cannot be effectively managed.

Examples of work which might conflict with the business or the CCG include:

- Employment with another NHS body;
- Employment with another organisation which might be in a position to supply goods/services to the CCG including paid advisory positions and paid honorariums which relate to bodies likely to do business with the CCG;
- Directorships e.g. of a GP federation or non-executive roles;

- Self-employment, including private practice, charitable trustee roles, political roles and consultancy work, 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.

Staff should declare any outside employment on appointment and when arising during the course of CCG employment.

## **9.2 Appointing members of the Governing Body**

Consideration should be given at the appointment stage of whether conflicts of interest should exclude individuals from being appointed to the Governing Body, committees or sub-committees of the Governing Body. The materiality of the interest will need to be assessed with regard to the appointee's proposed role, particularly whether an individual could benefit (whether directly or indirectly, financially or otherwise) from any decision the CCG might make.

This should also be considered for all employees, especially those operating at senior level. If the nature and extent of an appointee's 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, consideration needs to be given to whether they can effectively perform the role.

## **9.3 CCG Governance Lead**

The Company Secretary team acts as the CCG's governance lead.

## **9.4 Conflicts of Interest Guardian**

This role is undertaken by the Chair of the Audit and Assurance Committee (AAC). The Conflicts of Interest Guardian, in collaboration with the CCG's governance lead, will:

- Act as a conduit for concerns with regards to conflicts of interest;
- Be a safe point of contact for employees or workers within the CCG 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 the risks of conflicts of interest.

To ensure that the Audit and Assurance Committee Chair's role as Conflict of Interest Guardian is not compromised, the AAC chair will not also act as Chair or Vice-chair of the Primary care Commissioning Committee.

## **10 Potential conflicts arising from GP interests**

An obvious area where conflicts could arise is where the 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.

As a general rule, if a GP (directly or indirectly) is a shareholder, member or potential employee of a private sector bidder, they should not participate in evaluation or decision making for a competitive tender. This will mean not being present when the matter is discussed and not being copied in on papers containing confidential information about the matter where the conflict arises.



If they are involved in the design of the specification, this should be subject to external evaluation to assure the CCG that there is no partiality in the way the tender has been designed.

The CCG may also consider involving other potential providers in the specification design process as part of an open pre-tender soft marketing exercise to ascertain what other providers might think was possible.

The procurement checklist (**Appendix G**) sets out factors that should be addressed when drawing up plans to commission general practice services. This should be used to provide evidence of deliberations on conflicts of interest in relation to these services.

The CCG is required to make the evidence of its management of conflicts publicly available, and the relevant information from the procurement template will be used to complete the published register of procurement decisions (see section 12.4).

## **11. Managing conflicts of interest at meetings**

The chair of a meeting of the Governing Body or of 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 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. 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 of interest.

Chairs, with support from the governance lead, should proactively consider ahead of meetings if conflicts of interest are likely arise and how they should be managed, including ensuring that supporting papers for particular agenda items are not sent to conflicted individuals in advance of the meeting. To support chairs in this, they should be provided with a declarations of interest checklist (**Appendix D**) ahead of meetings which should include details of declarations of conflicts which have already been made by members of the group.

The Chair should 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 group should declare any interests which are relevant, whether or not those interests have previously been declared. Any new interests which are declared at a meeting must be included on the CCG's register of interests. Similarly, any new offers of gifts and hospitality (whether accepted or not) which are declared at a meeting must be included on the register of gifts and hospitality to ensure it is up-to-date. It is the responsibility of the minute taker to issue a copy of the Conflicts of Interest policy and Declaration of Interest Form to individuals who have raised a declaration verbally during a meeting.

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

The appropriate course of action to take when a member of the meeting (including chair or vice chair) will depend on the particular circumstances, but could include one of the following:

- Where the chair has a conflict, deciding that the vice chair (or another un-conflicted member of the meeting) should chair all or part of the meeting;
- Requiring the individual who has a conflict of interest (including the chair or vice chair) 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 taken in relation to those matters. This could include requiring the individual to leave the room or, in public meetings, to either leave the room or to join 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 when decisions are being taken. This may be appropriate where the conflicted individual has important relevant knowledge and experience of the matter(s) under discussion.
- 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 any decisions. This is only likely to be appropriate where it is decided that the interest is which has been declared is either immaterial or not relevant. NHS England's [conflict of interest case studies](#) include examples of material and immaterial conflicts of interest.

Where the conflict of interest relates to outside employment and an individual continues to participate, he/she should ensure that the capacity in which they continue to participate is clear and correctly recorded in the meeting minutes. Where it is appropriate for them to participate in decisions, they must only do so if they are acting in their CCG role.

The CCG will generally accept involvement by conflicted members in the initial discussion around a proposed service or commissioning activity subject to appropriate management of conflicts of interest, but not in the evaluation or decision making stages.

It is the responsibility of the chair to monitor quorum, in accordance with the number and balance of membership set out in the group's terms of reference. 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 from the membership of the meeting.

Where a quorum cannot be convened from the membership of the meeting, owing to the arrangements for managing conflicts of interests, the chair of the meeting shall consult with the Conflicts of Interest Guardian and the CCG's governance lead on the action to be taken. In accordance with the CCG's Constitution<sup>1</sup> this may include:

- a) Requiring another of the CCG's committees or sub-committees, GB or the Governing Body's committees or sub-committees (as appropriate) which can be quorate to progress the item of business.
- 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 CCG can progress the item of business:
  - i. A member of the CCG who is an individual;

- ii. An individual appointed by a member to act on his/her behalf in the dealings between them and the CWS CCG;
- iii. A member of a relevant Health & Wellbeing Board;
- iv. A member of a Governing Body of another CCG.

Depending on the nature of the conflict, GPs or other practice representatives could be permitted to join in the Governing Body's discussion about the proposed decision, but should not take part in any vote on the decision. All arrangements and steps taken must be recorded in the minutes (see **Appendix E** Recording Declarations of Interest in Meeting Minutes) .

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

- 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).

Sub-committees or sub-groups of committees of the Governing Body, including the Primary Care Commissioning Committee, may be convened, for example to develop business cases and options appraisals. It is important the conflicts of interests are managed appropriately within sub-committees and sub-groups in line with this policy. As an additional safeguard, sub-groups should submit their minutes to the constitutionally established committee, detailing any conflicts and how they have been managed. The established committee should be satisfied that conflicts of interest have been managed appropriately in its sub-committees and take action where there are concerns.

## **12. Managing conflicts of interest throughout the commissioning cycle**

Conflicts of interest need to be managed appropriately throughout the whole commissioning cycle. At the outset of a commissioning process, the relevant interests of all individuals involved must be declared and clear arrangements put in place to manage any conflicts of interest. This should include consideration of 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 CCG should identify as soon as possible where staff may transfer to a provider (or their role may materially change) following the award of a contract. This should be treated as a relevant interest and the potential conflict managed.

### **12.1 Designing service requirements**

Public involvement supports transparent and credible commissioning decisions and the way in which services are designed can either increase or decrease the extent of perceived or actual conflicts of interest. Particular attention should be given to public and patient involvement in service development.

## 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 need. However, conflicts of interest may arise, as well as challenges to the fairness of the procurement process, if only certain providers are engaged with in developing a service specification for a contract for which they may later bid. All provider engagement should be in accordance with the three main principles of procurement law, namely equal treatment, non-discrimination and transparency, and an audit trail/evidence base must be maintained.

## 12.3 Specifications

The CCG should seek, as far as possible, to specify the outcomes it wishes to see delivered, rather than the process by which these outcomes are to be achieved. Specifications should be clear and transparent, and set out the basis on which any contract will be awarded.

## 12.4 Procurement

“Procurement” relates to any purchase of goods services or works and the term “procurement decision” should be understood in a wide sense to ensure transparency of decision-making on spending public funds. The decision to use a single tender action, for instance, is a procurement decision.

The CCG must comply with both NHS (Procurement, Patient Choice and Competition Regulations) 2013 (No 2) (PPCCR 2013) and the Public Contracts Regulations 2015 (PCR 2015). A checklist to aid compliance can be found in **Appendix G**.

Complete transparency around procurement will provide evidence that the CCG encourages scrutiny of its decision making processes, a record of public involvement and/or how the proposed service meets local needs and priorities, as well as evidence to the Audit and Assurance Committee and auditors that a robust process has been followed.

The CCG is required to maintain a register of procurement decisions taken. The register should record all procurement decisions taken, either for the procurement of a new service or any extension or material variation of a current contract. This must 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);
- A summary of any conflicts of interest in relation to the decision and how this was managed by the CCG; and
- The award decision taken.

The register must be published on the CCG’s website and available on request for inspection at the CCG’s offices. The procurement register template can be found in **Appendix H**.

## 12.5 Declarations of interests for bidders/contractors

It is good practice to ask bidders to declare any conflict of interest as this allows commissioners to ensure that they comply with the principles of equal treatment and transparency. A form is attached at **Appendix I** to enable you to log this. While it will not normally be appropriate to declare these interests on the register of procurement decisions, an internal audit trail should be retained (for at least three years from date of the contract) of how any conflict or perceived conflict was managed.

## 12.6 Contract monitoring

Any contract monitoring needs to consider conflicts of interest as part of the process and the chair of the contract monitoring meeting should invite declarations of interest and record any declared interests in the minutes and in line with this policy. Individuals involved in monitoring a contract should not have any direct or indirect financial, professional or personal interest in the incumbent provider that could prevent them, or be perceived to prevent them, from carrying out their role in an impartial fair and transparent manner. When disseminating any contract or performance information on providers, there is a need to be mindful of potential conflicts of interest and for risks to be managed accordingly.

## 13. Raising concerns and breaches

Failure to comply with this policy can have serious implications for the CCG and any individuals concerned. There will be situations where interests will not be identified, declared or managed appropriately or effectively. This may happen innocently, accidentally or because of the deliberate actions of staff or organisations. These situations are known as 'breaches'.

If the CCG does not manage conflicts of interest effectively, decisions could be challenged. 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.

Failure to manage conflicts of interest could also lead to criminal proceedings, including for offences such as fraud, bribery and corruption.

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. 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.

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. The CCG will report statutorily regulated healthcare professionals to their regulator if they believe they have acted improperly, so that these concerns can be investigated. The consequence for inappropriate action could include fitness to practice proceedings, potentially resulting in being struck off by their professional regulator if appropriate.

It is the duty of every CCG employee, governing body member, committee member 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. These individuals should not share their suspicions or investigate themselves but should report in accordance with the terms of this policy and the CCG's [Freedom to Speak Up \(Whistleblowing\) Policy](#).

Any reports should be generally be made in the first instance to the Conflicts of Interest Guardian. Reports will be treated with appropriate confidentiality at all times in accordance with the CCG's policies and applicable law. The Conflicts of Interest Guardian will be supported by the governance lead in recording and investigating any concerns raised and the person raising the concern can expect an appropriate explanation of any decisions taken as a result of the investigation.

A proportionate investigation will be conducted and the Conflicts of Interest Guardian will decide, with advice from the governance lead, if there has been a material breach of the CCG's Conflicts of Interests policy. If it is decided that there has been a material breach of the policy, NHS England should be informed by the Chief Officer and anonymised details of the breach must be published on the CCG's website. NHS England's [conflict of interest case studies](#) include examples of material and immaterial conflicts of interest. The governance lead will maintain the register of breaches. All breaches will be reported to the CCG's Audit and Assurance Committee, and will be reported to the GB as an escalation from the committee.

Any suspicions or concerns of acts of Fraud, Bribery or Corruption should be reported to the Local Counter Fraud Specialist directly (07879 434976 / 01424 776750 or by email [chris.lovegrove@nhs.net](mailto:chris.lovegrove@nhs.net) / [chris.lovegrove@tiaa.co.uk](mailto:chris.lovegrove@tiaa.co.uk)) or through the NHS Fraud and Corruption Reporting Line (FCRL) free phone 0800 028 4060, again in strict confidence, or via the online reporting form at [www.reportnhsfraud.nhs.uk](http://www.reportnhsfraud.nhs.uk).

Concerns regarding suspected breaches of the Conflict of Interest policy can also be raised under the CCG's Freedom to Speak Up (Whistleblowing) policy by employees and workers of the CCG and under the whistleblowing policy of the relevant organisation by employees and workers of other organisations.

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

## **14. Training**

The completion of annual online conflicts of interest training will be mandatory for all staff by 31 January of each year. The CCG will be required to record completion rates and to submit as part of the annual conflicts of interest audit.

## **15. Disputes**

In the event that a dispute arises about a conflict of interest and the management of it, then subject to the provisions of this policy and the Constitution, the matter shall be referred to the Conflicts of Interest Guardian, who shall determine the issue. If the Conflicts of Interest Guardian is conflicted, then the dispute shall be referred to the Chair of the Governing Body.

## **16. Governance**

The Executive with responsibility for Corporate Affairs will oversee the implementation of this policy.

## **18. Policy implementation and review**

Staff will be made aware of their obligations at induction and Line Managers must ensure that all staff have access to the policy.

This policy will be reviewed every 12 months.

## **18. Glossary**

**AAC:** Audit and Assurance Committee

**BMA:** British Medical Association

**CCG:** Clinical Commissioning Group

**COI:** Conflicts of Interest

**CWS:** Coastal West Sussex

**GB:** Governing Body

**GP:** General Practitioner

**NHS:** National Health Service

**NICE:** National Institute for Health and Care Excellence

**PCCC:** Primary Care Commissioning Committee

## Appendix A: Declaration of offer of Gifts, Hospitality or Commercial Sponsorship

<b>Recipient/offeree name</b>	
<b>Position</b>	
<b>Date of offer</b>	
<b>Date of receipt (if applicable)</b>	
<b>Details of gift/hospitality/commercial sponsorship</b>	
<b>Estimated value</b>	
<b>Supplier/offeror name and nature of business</b>	
<b>Details of previous offers/acceptance from this offeror/supplier</b>	
<b>Details of the officer reviewing and approving the declaration made</b>	
<b>Declined or accepted</b>	
<b>Reason for declining or accepting</b>	
<b>Other Comments</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, professional regulatory or internal disciplinary action may result.

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

**Signed:**

**Date:**

**Signed:**  
**(Line Manager or a Senior CCG Manager)**

**Position:**

**Date:**

**Please return to** Corporate Business Team



## Appendix B: Declaration of Offer of External Remunerated Activity

To be completed where an offer of remunerated activity not covered by an existing declaration of interest is to be considered.

<b>Date:</b>	
<b>Name:</b>	
<b>Role with CCG:</b>	
<b>Nature of Engagement: e.g. speaking / advisor</b>	
<b>Honorarium / Fee Offered</b>	
<b>Is this in connection with your CWS CCG role?</b>	
<b>Is it proposed to undertake this activity in CWS CCG funded time?</b>	
<b>Details:</b>	
<b>Name of Governance Lead or other CWS CCG officer reviewing and approving the declaration made</b>	
<b>Declined or accepted</b>	
<b>Reason for declining or accepting</b>	
<b>Other Comments</b>	

**Signed:**

**Date:**

**Signed:**

**Position:**

**Date:**

**Governance Lead or other CWS CCG Officer reviewing and approving the declaration**

**Please return to** Corporate Business Team



## Declaration of interest form notes: Types of interest to be declared

- i. Financial interests:** This is where an individual may get direct financial benefits from the consequences of a commissioning decision. This could, for example, include being:
- A director, including a non-executive director, or senior employee in a private company or public limited company or other organisation which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations.
  - A shareholder (or similar 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.
  - A management consultant for a provider.

This could also include an individual being:

- In secondary employment;
  - In receipt of secondary income from a provider;
  - In receipt of a grant from a provider;
  - In receipt of any payments (for example honoraria, one-off payments, day allowances or travel or subsistence) from a provider;
  - In receipt of research funding, including grants that may be received by the individual or any organisation in which they have an interest or role; and
  - Having a pension that is funded by a provider (where the value of this might be affected by the success or failure of the provider).
- ii. 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.

- iii. 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.

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

## Appendix D: Declarations of Interest Checklist

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 declarations are recorded formally and consistently across all Governing Body, Committee and Sub-Committee meetings.

Timing	Checklist for chairs	Responsibility
In advance of the meeting	<p>1. The <b>agenda</b> to include a standing item on declaration of interests to enable individuals to raise any issues and/or make a declaration at the meeting.</p> <p>2. A <b>definition of conflicts of interest</b> should also be accompanied with each agenda to provide clarity for all recipients.</p> <p>3. <b>Agenda</b> to be circulated to enable attendees (including visitors) to identify any interests relating specifically to the agenda items being considered.</p> <p>4. <b>Members should contact the Chair</b> as soon as an actual or potential conflict is identified.</p> <p>5. Chair to <b>review reports from any preceding meetings</b> i.e., subcommittee, working group, etc., detailing any conflicts of interest declared and how these were managed.</p> <p>6. A <b>copy of the members' declared interests</b> is checked to establish any actual or potential conflicts of interest that may occur during the meeting.</p>	<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</p>
During the meeting	<p>7. <b>Check and declare the meeting is quorate</b> and ensure that this is noted in the minutes of the meeting.</p> <p>8. Chair requests <b>members to declare any interests in agenda items</b> (which have not already been declared) including the nature of the conflict.</p> <p>9. <b>Chair makes a decision</b> as to how to manage each interest which has been declared, including whether / to what extent the individual member should continue to participate in the meeting, on a case by case basis, and this decision is recorded.</p> <p>10. <b>As minimum requirement</b>, the following should be <b>recorded in the minutes of the meeting</b>:</p> <ul style="list-style-type: none"> <li>• Individual declaring the interest;</li> <li>• At what point the interest was declared;</li> <li>• The nature of the interest;</li> <li>• The Chair's decision and resulting action taken;</li> <li>• The point during the meeting at which any individuals retired from and returned to the meeting - even if an interest has not been declared;</li> </ul>	<p>Meeting chair</p> <p>Meeting chair</p> <p>Meeting chair and secretariat</p> <p>Secretariat</p>

	Visitors in attendance who participate in the meeting must also follow the meeting protocol and declare any interests in a timely manner.	
Following the meeting	<p>11. <b>All new interests declared</b> at the meeting should be promptly updated onto the declaration of interest form;</p> <p>12. All new completed declarations of interest should be <b>transferred onto the Register of Interests.</b></p>	<p>Individual(s) declaring interest(s)</p> <p>Designated person responsible for registers of interest</p>

## Appendix E: Recording Declarations of Interest in Meeting Minutes

Examples of how minutes should record declarations of interest and subsequent action

Item no.	Agenda Item	Actions
1	<b>Welcome from Chair</b>	
2	<b>Apologies for absence</b>  None received.	
3	<p><b>Declarations of Interest</b></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 the clinical commissioning group.</p> <p>Declarations declared by members of the Primary Care Commissioning Committee are listed in the CCG's Register of Interests. The Register is available either via the secretary to the governing body or the CCG website at the following link: <a href="http://xxxccg.nhs.uk/about-xxx-ccg/who-weare/our-governing-body/">http://xxxccg.nhs.uk/about-xxx-ccg/who-weare/our-governing-body/</a></p> <p><b>Declarations of interest from sub committees</b> None declared</p> <p><b>Declarations of interest from today's meeting</b> The following update was received at the meeting:</p> <ul style="list-style-type: none"> <li>• With reference to business to be discussed at this meeting, MS declared that he is a shareholder in Any Care Ltd.</li> </ul> <p>SK declared that the meeting is quorate and that MS would not be included in any discussions on agenda item 5 due to a direct conflict of interest which could potentially lead to financial gain for MS.</p> <p>SK and MS discussed the conflict of interest, which is recorded on the register of interest, before the meeting and MS agreed to remove himself from the table and not be involved in the discussion around agenda item 5.</p>	
4	<b>Minutes of the last meeting &lt;date to be inserted&gt; and matters arising</b>	
5	<p><b>Any Care Ltd</b></p> <p>MS left the meeting, excluding himself from the discussion regarding Any Care Ltd.</p> <p>&lt;note the discussion and decision made Any Care Ltd&gt;</p> <p>MS was brought back into the meeting.</p>	







## Appendix G: Procurement Checklist

Service:	
Question	Comment/Evidence
1. 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?	
2. How have you involved the public in the decision to commission this service?	
3. What range of health professionals have been involved in designing the proposed service?	
4. What range of potential providers have been involved in considering the proposals?	
5. 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)?	
6. What are the proposals for monitoring the quality of the service?	
7. What systems will there be to monitor and publish data on referral patterns?	
8. Have all conflicts and potential conflicts of interests been appropriately declared and entered in registers?	
9. 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?	
10. Why have you chosen this procurement route e.g. single action tender?	
11. What additional external involvement will there be in scrutinising the proposed decisions?	
12. 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>	
13. How have you determined a fair price for the service?	

**Additional questions when qualifying a provider on a list or framework or pre selection for tender (including but not limited to any qualified provider) where GP practices are likely to be qualified providers**

14. How will you ensure that patients are aware of the full range of qualified providers from whom they can choose?

**Additional questions for proposed direct awards to GP providers**

15. What steps have been taken to demonstrate that the services to which the contract relates are capable of being provided by only one provider?

16. In what ways does the proposed service go above and beyond what GP practices should be expected to provide under the GP contract?

17. What assurances will there be that a GP practice is providing high-quality services under the GP contract before it has the opportunity to provide any new services?



**Appendix I: Declaration of Conflict of interests for Bidders/Contractors**

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

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

Signed:

On behalf of:

Date: