



Herefordshire and
Worcestershire
Clinical Commissioning Group

Management of Conflicts of Interest, Gifts and Hospitality Policy

Version 1.0

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1. Introduction

- 1.1 This policy sets out how NHS Herefordshire and Worcestershire CCG will manage conflicts and potential conflicts of interest.
- 1.2 All Clinical Commissioning Groups manage conflicts of interest as part of their day-to-day activities. Effective handling of conflicts of interest is crucial to give confidence to patients, tax payers, healthcare providers and Parliament that CCG commissioning decisions are robust, fair, transparent and offer value for money. It is essential in order to protect healthcare professionals and maintain public trust in the NHS. Failure to manage conflicts of interest could lead to legal challenge and even criminal action in the event of fraud, bribery and corruption.
- 1.3 Conflicts of interest are inevitable within commissioning. As such it may not be possible or desirable to completely eliminate the risk of conflicts. Instead, it may be preferable to recognise the associated risks and put measures in place to manage the conflicts appropriately when they do arise. It is how they are managed that matters. Section 140 of the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012) (“the Act”) sets out the minimum requirements of what both NHS England / Improvement and CCGs must do in terms of managing conflicts of interest.
- 1.4 This policy is based on the above mentioned Act and is fully reflective of the CCG’s Constitution, NHS England guidance published in June 2017 as well as guidance issued by professional bodies on conflicts of interest, including the British Medical Association (BMA), the Royal College of General Practitioners and the General Medical Council (GMC), and to procurement rules including The Public Contract Regulations 2015 and the National Health Service (procurement, patient choice and competition) (no.2) Regulations 2013 as well as the Bribery Act 2010. This policy applies to:
 - Members, appointed deputies and co-opted members of the CCG’s Governing Body (Clinical, Executive and Lay);
 - GP Practice members involved in the CCG’s business – GP partners (or where the practice is a company, each director)
 - CCG staff including full and part time staff, staff on sessional or short term contracts, students, trainees, agency and seconded staff
 - All staff commissioning or delivering services on behalf of the CCG including seconded staff;
 - Any self-employed consultants or other individuals working for the CCG under a contract for services;
 - Any individual directly involved with the business or decision-making of the CCG.
- 1.5 The CCG’s governing body has responsibility for all actions carried out by staff and committees. This includes the stewardship of significant public resources and the commissioning of healthcare to the community. The governing body is therefore committed to ensuring that the CCG inspires confidence and trust amongst its patients, staff, partners, funders and suppliers by demonstrating integrity and avoiding any potential or real situations of undue bias or influence in the decision-making of the CCG.
- 1.6 The governing body has a legal obligation to act in the best interests of the CCG, and in accordance with the CCG’s constitution, and to avoid situations where there may be a potential conflict of interest.
- 1.7 It is for each individual to exercise their judgement in deciding whether to register any interests that may be construed as a conflict. Individuals can seek guidance from the Associate Director of Corporate Services but may decide to declare when in doubt.

- 1.8 The Herefordshire and Worcestershire CCG aims to create an environment in which CCG staff, governing body and committee members, and member practices feel able to be open, honest and upfront about actual or potential conflicts of interest. Transparency in this regard will lead to effective identification and management of conflicts. The effect should be to make everyone aware of what to do if they suspect a conflict and ensure decision making is efficient, transparent and fair.

2. Purpose

2.1 The purpose of this policy is to:

- Ensure that the CCG operates within the legal framework;
- Provide clarity to all staff and individuals listed in section 1.4 of this policy on how to properly manage any actual or potential conflicts of interest;
- Protect both the organisation and the individuals involved from any appearance of impropriety and demonstrate transparency to the public and other interested parties.

3. Principles for managing conflicts of interest

3.1 The principles for managing conflicts of interests stem from the key principles of good governance in relation to the CCG and the way it conducts business. These include:

- The Nolan Principles (See section 3.2 below)
- The Good Governance Standards for Public Services (2004), Office for Public management (OPM) and Chartered Institute of Public Finance and Accountancy (CIPFA)
- The seven key principles of the NHS Constitution
- The Equality Act 2010
- The UK Corporate Governance Code
- Standards for members of NHS boards and CCG governing bodies in England

3.2 This conflict of interest policy respects the seven principles of public life promulgated by the Nolan Committee.

- **Selflessness** - Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends;
- **Integrity** - Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties;
- **Objectivity** - In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit;
- **Accountability** – Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office;
- **Openness** – Holders of public office should be as open as possible about all the decisions and actions they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands;
- **Honesty** – Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects

the public interest;

- **Leadership** – Holders of public office should promote and support these principles by leadership and example.

3.3 Conflicts of interest will be managed by the CCG in line with the following underpinning principles.

- **Doing business appropriately**

The CCG will endeavour to ensure needs assessments, consultation mechanisms, commissioning strategies and procurement procedures are properly conducted from the outset, making conflicts of interest much easier to identify, avoid or deal with, because the rationale for all decision-making will be transparent and clear and should withstand scrutiny.

- **Being proactive not reactive**

The CCG will identify and minimise the risk of conflicts of interest at the earliest possible stage in the process and ensure appropriate action is taken such as:

- Considering potential conflicts of interest when electing or selecting individuals to join the governing body, recruiting staff members or other decision making process
- Ensuring individuals receive proper induction and training so that they understand what a conflict of interest is, their obligations to declare conflicts of interest and the need to complete Conflicts of Interest training as appropriate

The rules should assume people will volunteer information about conflicts, which will enable the CCG to consider these and ensure appropriate mitigations are implemented. This will then provide clarity to individuals on what action should be taken to exclude themselves from decision making where they exist. This will be supplemented by additional proactive measures such as periodic Conflicts of Interest register reviews and standing invitations to declare conflicts of interest at the beginning of all governing body, committee and sub-committee meetings.

- **Being balanced and proportionate**

Policy and guidance is to be clear and robust but not overly prescriptive or restrictive. The intention should be to identify and manage conflicts of interest (not eliminate them) and their effect should be to protect and empower people by ensuring decision making is efficient as well as transparent and fair. Rules should not constrain people by making decision making overly complex or slow. For example, clinicians with the relevant local knowledge and expertise should not be excluded from informing discussions about the design of a service but should not make a decision about the award of the contract.

- **Securing expert advice**

Ensuring that plans take into account advice from appropriate objective health and social care professionals, e.g. through clinical senates and networks, and draw on commissioning support, for instance around formal consultations and procurement processes.

- **Transparency**

The CCG will ensure that transparency is at the very heart of decision making by:

- Clearly documenting the approach and decisions taken at every stage in the commissioning cycle so that a clear audit trail is evident.
- Producing clear and transparent commissioning specifications that reflect the depth of engagement and set out the basis on which any contract will be awarded.
- Publishing its register of interests and register of procurement decisions so that it's available for public inspection.
- Publishing any breaches in relation to conflicts of interest to NHSE/I
- Publishing the Gifts and Hospitality register on the CCG's website

- **Supportive approach**

The CCG will create an environment and culture where individuals feel supported and confident in declaring relevant information and raising any concerns.

3.4 In addition, it is important to remember that:

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

3.5 The CCG's governing body has responsibility for all actions carried out by staff and committees and include the stewardship of significant public resources and the commissioning of healthcare to the community. The governing body is therefore determined to ensure the organisations inspire confidence and trust amongst its patients, staff, partners, funders and suppliers by demonstrating integrity and avoiding any potential or real situations of undue bias or influence in the decision-making of the CCG.

4. Definition of an Interest

4.1 A conflict of interest could be 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."

4.2 A conflict of interest may be **Actual** or **Potential**. Perception of a conflict is as important to manage as the existence of an actual conflict. In these cases it is important to still manage these perceived conflicts in order to maintain public trust.

4.3 Staff may hold interests for which they cannot see potential conflict. However, caution is always advisable because others may see it differently. It is important to exercise judgement and to declare such interests where there is a risk of imputation of improper conduct.

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

4.5 Interests can be captured in four different categories:

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 ; or
- A provider of a clinical private practice This

could also include an individual being:

- In secondary employment (see section 11);
- 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.
- An active 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);
- Engaged in a research role;
- Involved in the development and holding of patents and other intellectual property rights which allow staff to protect something that they create, preventing unauthorised use of products or the copying of protected ideas; or
- 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 or associate;
- 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 conflicts of interest will depend upon the nature of the relationship between that person and the individual, and the role of the individual within the CCG.

4.6 Annex 1 contains a range of specific case studies and specific situations where conflicts of interest may arise. (Proposal to omit an develop refreshed case studies in light of new commissioning landscape

4.7 The above categories and examples are not exhaustive and the CCG will exercise discretion on a case by case basis, having regard to the principles set out in section 3 of this policy. The Associate Director of Corporate Services can provide guidance and advice as and when required. Where uncertainty prevails, the Conflicts of Interest Guardian (*see section 10.3*) will ultimately decide if actual or potential conflicts exist and whether it should be declared.

5. Declaring Conflicts of Interest

5.1 The CCG requires all individuals specified in paragraph 1.4 of this policy to declare any relevant and material interests, and any gifts or hospitality offered and received in connection with their role in the CCG. For further information on which interests should be declared, please see section 4 of this policy. A declaration of interest should be made as soon as it is reasonably possible and by law within 28 days after the interest arises. Failure to do this will constitute a breach (*see section 15*). All declarations will be managed by the Corporate team. For further information about roles and responsibilities and associated contact details, see *section 10 and Appendix 1*.

5.2 Declarations should be made at the following key points:

Pre Appointment

Applicants for any roles and appointments to the CCG are now required to declare any conflicts of interest as part of the pre-employment checks process. This will enable the CCG to review this information as part of the pre-employment process and provide due consideration. For example, any secondary employment which could pose a particular conflict. Any such matters will be referred to The Conflicts of Interest Guardian, supported by the Associate Director of Corporate Services, who will consider if a particular interest precludes an individual from being appointed to a decision making role within the CCG, taking into account the nature of the conflict, the materiality in relation to the post and the extent of the interest. The decision of the Conflicts of Interest Guardian will be final. Please see section 11 for further detail.

On appointment

When an appointment is made, the individual will be invited to submit a formal declaration of interests, which is captured as part of the CCG's induction and new starter process. The individual will also be invited to review the Conflicts of Interest Policy. Some staff are more likely than others to have a decision making influence on the use of taxpayers' money, because of the requirements of their role, in line with the nationally determined decision making criteria set out below. These individuals are required to complete module 1 of the online Conflicts of Interest training on an annual basis. However, the CCG recognises how conflicts of interest can manifest itself at all layers of the CCG operations and it would be good practice for all staff to complete the online training module, which will be a locally mandated requirement.

The following groups of staff have been identified as decision making staff:

- Executive and non-executive directors who have decision making roles which involve the spending of taxpayers' money
- Members of advisory groups which contribute to direct or delegated decision making on the commissioning or provision of taxpayer funded services
- Those at Agenda for Change Band 8d and above
- Administrative and clinical staff who have the power to enter into contracts on behalf of their organisation
- Administrative and clinical staff involved in decision making concerning the commissioning of services, purchasing of goods, medicines, medical devices or equipment, and formulary decisions.

This process will be co-ordinated by the Corporate Team.

Bi-Annually

All staff identified in section 1.4 of this policy will be prompted bi-annually as a minimum to update their declarations of interests if they have any interests to declare. Decision making staff will be required to submit a nil return, even if their interests haven't changed or they have no interests to declare.

At meetings

Declarations of Interests is a standing agenda item for the governing body, committee, sub-committee or working group meetings. All committees will also receive an extract of all members/attendees declared interests, which will be available for reference and review. All attendees are required to declare their interests before the item in question is discussed. Even if an interest has been recorded in the register of interests, it should still be declared in meetings where matters relating to that interest are discussed. Declarations of interest must be recorded in minutes of meetings.

The Chair must assume a proactive role in inviting declarations of interest in relation to specific agenda items. *See section 13 for further information.*

On changing role, responsibility or circumstances

Whenever an individual's role, responsibility or circumstances change in a way that affects the individual's interests (e.g., where an individual takes on a new role outside the CCG or enters into a new business or relationship), or when an individual is involved in a new project, a further declaration must be made to reflect the change in circumstances as soon as the change occurs, and in any event *within 28 days*. This could involve a conflict of interest ceasing to exist or a new one materialising. It is the responsibility of all individuals covered by this policy to make a further declaration as soon as the change occurs and in any event within 28 days, rather than waiting to be asked. This will be further supported and assured by the corporate team's HR processes.

- 5.3 Declarations can be made by contacting the Corporate team (*see Appendix 1 for Corporate team's contact details*).
- 5.4 Individuals requiring clarification on potential or actual interests should refer the matter to the Associate Director of Corporate Services for confidential guidance. Individuals can also approach the Conflicts of Interest Guardian who will be able to provide independent advice and judgement where there is any doubt about the application of this policy in an individual situation. Please see section 10 for further clarification on roles and responsibilities.
- 5.5 There will be occasions where an individual declares an interest in good faith but, upon closer consideration, it is clear that this does not constitute a genuine conflict of interest. The Associate Director of Corporate Services will provide advice on this and decide whether it is necessary for the interest to be declared.
- 5.6 There will be other occasions where the conflict of interest is of significant and urgent nature. In such scenarios (such as where an individual has a direct financial interest which gives rise to a conflict, e.g., secondary employment or involvement with an organisation which benefits financially from contracts for the supply of goods and services to the CCG or aspires to be a new care model provider) it is likely that the CCG will want to consider whether, practically, such an interest is manageable at all. If it is not, the appropriate course of action may be to refuse to allow the circumstances which gave rise to the conflict to persist. This may require an individual to step down from a particular role and/or move to another role within the CCG. Final decision with regards to the appropriate course of action will be taken by the Conflicts of Interest Guardian.

6. Register of Interests

- 6.1 The CCG maintains a single, consolidated register of interests which covers: :
- 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
 - Seconded staff
 - Any self-employed consultants or other individuals working for the CCG under a contract for services
 - Commissioning Support Unit employees delivering services to the CCG
 - Members of the Governing Body and its committees, sub-committees/ sub-groups, including:
 - Co-opted members
 - Appointed deputies
 - Any members of committees/groups from other organisations
 - All members of the CCG specifically:
 - Any individual directly involved with the business or decision-making of the CCG
 - The register will also detail the following information pertaining to each individual declaration:
 - Date of declaration

- Whether the individual is classified as decision making
 - Which committees the individual attends in order to inform the committee extracts within which the individual will feature
- 6.2 All declarations made in line with the process described in *section 5* of this policy, will be promptly transferred by the corporate team to the CCG's register of interests.
- 6.3 The register will be published on the CCG's website at the following location xxx
- 6.4 All interests will remain on the public register for a minimum of 6 months after the interest has expired. This would also apply if the individual has left the post/ organisation.
- 6.5 The CCG will also maintain a private record of historic registers of interests for a minimum of 6 years after the date on which it expired.
- 6.6 The register of interests will contain:
- Name of the person making the declaration
 - Position within, or relationship with, the CCG
 - Type of interest being declared (*see section 4.5*)
 - Description of the interest, including for indirect interests details of the relationship with the person who has the interest
 - The dates from which the interest applies
 - The actions to be taken to mitigate the risk - these will be agreed with the individual's line manager or a senior manager within the CCG.
 - Template conflict of interests register is included in *appendix 3*.

7. Management of Conflicts of Interest: Principles and situations

- 7.1 The CCG recognises that conflicts of interest must be managed sensibly and proportionately. If an interest presents an actual or potential conflict of interest then management action is required. This might typically involve:
- Deciding that no action is warranted
 - Restricting an individual's involvement in discussions and excluding them from decision making process
 - Removing an individual's responsibility for an entire area of work
 - Removing an individual from their role altogether if the conflict is so significant that they are unable to operate effectively in the role
- 7.2 An audit trail must be kept of any action take.
- 7.3 Given the wide area within which the CCG operates, each case will clearly be different and will require a different approach and treatment. However, there are a number of common situations which can give rise to risk of conflicts of interest. These are listed below:
- Gifts
 - Hospitality
 - Outside Employment
 - Shareholdings and other ownership interests
 - Patents
 - Loyalty interests
 - Donations

- Sponsored events
- Sponsored research
- Sponsored posts
- Clinical private practice

Appendix 12 contains guidance on these common situations and the overarching rules and principles which should be applied in dealing with these. Some of these situations are also described in more detail in the following section of this policy:

7.4 Gifts

7.4.1 Staff in the NHS offer support during significant events in people's lives. For this work they may sometimes receive gifts as a legitimate expression of gratitude. We should be proud that our services are so valued. But situations where the acceptance of gifts could give rise to conflicts of interest should be avoided. Staff and organisations should be mindful that even gifts of a small value may give rise to perceptions of impropriety and might influence behaviour if not handled in an appropriate way. In particular, staff should be aware that the Bribery Act 2010 makes the seeking, offering or receiving of any "financial or other advantage" that is likely to lead to the improper performance of someone's duties a serious criminal offence.

7.4.2 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.

7.4.3 Overarching principles:

- CCG staff should not accept gifts that may affect, or be seen to affect, their professional judgement. This overarching principle should apply in all circumstances;
- Any personal gift of cash or cash equivalents (e.g. vouchers, tokens, offers of remuneration to attend meetings whilst in a capacity working for or representing the CCG) must always be declined, whatever their value and whatever their source, and the offer which has been declined must be declared to the corporate team for inclusion on the gifts and hospitality register.

7.4.4 Gifts from suppliers and contractors:

- Gifts from suppliers or contractors doing business (or likely to do business) with the CCG should be declined, whatever their value (subject to this, low cost branded promotional aids may be accepted and not declared where they are under the value of a common industry standard of £6). The person to whom the gifts were offered should also declare the offer to the corporate team for inclusion on the gifts and hospitality register.

7.4.5 Gifts from other sources: (e.g. patients, families, service users):

- CCG staff should not ask for any gifts;
- Modest gifts under a value of £50 may be accepted and do not need to be declared; Gifts valued at over £50 should be treated with caution and only be accepted on behalf of an organisation (i.e. to an organisation's charitable funds), not in a personal capacity. These should be declared by staff.
- A common sense approach should be applied to the valuing of gifts (using an actual amount, if known, or an estimate that a reasonable person would make as to its value).
- 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.

7.5 Hospitality

7.5.1 Delivery of services across the NHS relies on working with a wide range of partners (including industry and academia) in different places and, sometimes, outside of 'traditional' working hours. As a result, 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 a small value may give rise to perceptions of impropriety and might influence behaviour.

7.5.2 Hospitality means offers of meals, refreshments, travel, accommodation, and other expenses in relation to attendance at meetings, conferences, education and training events, etc.

7.5.3 The following overarching principles apply to offers of hospitality:

- 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.

- **Meals and refreshments**

- Under a value of £25 - may be accepted and need not be declared.
- Meals and refreshments between £25 and £75- may be accepted and must be declared. (The £75 value has been selected with reference to existing industry guidance issued by the ABPI)
- Over a value of £75 - should be refused unless (in exceptional circumstances) senior approval is given. A clear reason should be recorded on an organisation's register(s) of interest as to why it was permissible to accept. (The £75 value has been selected with reference to existing industry guidance issued by the ABPI)

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).

- **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 organisation itself might not usually offer, need approval by senior staff, should only be accepted in exceptional circumstances, and must be declared. A clear reason should be recorded on an organisation's register(s) of interest 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.

7.6 Commercial Sponsorship

7.6.1 CCG staff, governing body and committee members, and GP member practices may be offered commercial sponsorship for courses, conferences, post/project funding, meetings and publications in connection with the activities which they carry out for or on behalf of the CCG or

their GP practices. All such offers (whether accepted or declined) must be declared so that they can be included on the CCG's register of interests, and the Associate Director of Corporate Services, should provide advice on whether or not it would be appropriate to accept any such offers. If such offers are reasonably justifiable and otherwise in accordance with this statutory guidance then they may be accepted.

7.6.2 Anyone wishing to accept any such offers must complete a sponsorship declaration form (see *Appendix 9*) This form must be submitted to the Associate Director of Corporate Services who will seek Conflicts of Interest Guardian approval and ensure that the Conflict of Interest Guardian log has been updated. No offers of commercial sponsorship can be accepted without the express approval of the Conflicts of Interest Guardian.

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

- Sponsorship of the CCG's 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;
- 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;
- The CCG 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 must declare involvement with arranging sponsored events to the corporate team for inclusion on the gifts and hospitality register.

7.6.4 Declarations of offers and acceptance of commercial sponsorship will be captured and published on the Gifts and Hospitality Register (see *Appendix 4*).

7.7 Declaration of Offers of Gifts, Hospitality and Sponsorship

7.7.1 Template for declaring gifts and hospitality is available from the CCG's intranet or from the corporate team. Please see *appendix 4* for gifts and hospitality declaration template. All hospitality or gifts declared will be promptly transferred to a register of gifts and hospitality by the corporate team. This will also include any gifts and hospitality declared in meetings.

7.7.2 The register of gifts and hospitality will contain:

- Recipient's name;
- Current position(s) held by the individual (within the CCG);
- Date of offer and/or receipt;

- Details of the gifts or hospitality
- The estimated value of the gifts or hospitality
- Details of the supplier/offer (e.g. their name and the nature of their business);
- Details of previous gifts and hospitality offered or accepted by this offer or/ supplier
- Details of the officer reviewing/approving the declaration made and date;
- Whether the offer was accepted or not; and
- Reasons for accepting or declining the offer.

7.7.3 GPs and other staff within the CCG's member practices are not required to declare offers/ receipt of gifts and hospitality to the CCG which are unconnected with their role or involvement with the CCG, and this statutory guidance does not apply to such situations. However GP staff will need to adhere to other relevant guidance issued by professional bodies.

7.8 **Register(s) of Gifts, Hospitality and Commercial Sponsorship**

7.8.1 The CCG maintains a publicly available gifts and hospitality register for the individuals listed in paragraph 6.1, in line with the Standards of Business Conduct Policy.

7.8.2 It is the responsibility of all individuals to consider the risks associated with accepting offers of gifts, hospitality and entertainment when undertaking activities for or on behalf of the CCG or their GP practice. This is especially important during procurement exercises, as the acceptance of gifts could give rise to real or perceived conflicts of interests, accusations of unfair influence, collusion or canvassing. In all instances, as detailed below, any gifts or hospitality received must be declared.

8. **Managing Conflicts of Interest throughout the Commissioning Cycle (Section 8 sent to procurement for review)**

8.1 Conflicts of interest need to be managed appropriately throughout the whole commissioning cycle. The individual responsible for project managing or leading a commissioning initiative will be responsible for ensuring that, at the outset of a commissioning process, the relevant interests of all individuals involved will be identified and clear arrangements put in place to manage any conflicts of interest. This includes consideration as to which stages of the process a conflicted individual should not participate in, and, in some circumstances, whether that individual should be involved in the process at all. The details will be captured and included within the register of conflicts of interest. Advice can be sought from the Associate Director of Corporate Services as well as from the Conflicts of Interest Guardian if necessary.

8.12 Please see the Herefordshire and Worcestershire Procurement Policy for full details of these processes, how conflicts of interest are required to be managed; and key documentation

9. **Publication of Registers**

9.1 The CCG will publish the register of conflicts of interest, register of gifts and hospitality and the register of procurement decisions in a prominent place on its website.

9.2 In exceptional circumstances, where the public disclosure of information could give rise to a

real risk of harm or is prohibited by law, an individual's name and/or other information may be redacted from the publicly available register(s). Where an individual believes that substantial damage or distress may be caused, to him/herself or somebody else by the publication of information about them, they are entitled to request that the information is not published. Such requests must be made in writing. Decisions not to publish information must be made by the Conflicts of Interest Guardian who should seek appropriate legal advice where required, and the CCG should retain a confidential un-redacted version of the register(s).

- 9.3 All persons who are required to make a declaration of interest(s) or a declaration of gifts or hospitality should be made aware in advance of the publication, that the register(s) will be published. This should be done by the provision of a fair processing notice that details the identity of the data controller, the purposes for which the registers are held and published, and contact details for the data protection officer. This information should additionally be provided to individuals identified in the registers because they are in a relationship with the person making the declaration.
- 9.4 The register(s) of interests (including the register of gifts and hospitality) must be published as part of the CCG's Annual Report and Annual Governance Statement, for example via a web link.

10. Roles and Responsibilities

- 10.1 Everyone who undertakes work for the CCG in some capacity, has responsibility to appropriately manage conflicts of interest. In addition, the following individuals/ committees have the following specific responsibilities:

10.2 The Chief Executive/ Accountable Officer

- 10.2.1 The Chief Executive/ Accountable Officer has the overall accountability for the CCG's management of conflicts of interest. They will be responsible for reporting to NHS England and Improvement on effective management of Conflicts of Interest via quarterly and annual self-certification process. (See paragraph 18.1).

10.3 Conflicts of Interest Guardian Role

- 10.3.1 Lay members play a critical role in CCGs, providing scrutiny, challenge and an independent voice in support of robust and transparent decision-making and management of conflicts of interest. They chair a number of CCG committees, including the Audit Committee and Primary Care Commissioning Committee.
- 10.3.2 To further strengthen scrutiny and transparency of the CCG's decision-making processes, there is now a new requirement to appoint Conflicts of Interest Guardian (akin to a Caldicott Guardian). This role will be undertaken by the CCG's Lay Member for Audit and Governance, provided they have no provider interests, as audit committee chairs already have a key role in conflicts of interest management. This individual will be supported by the CCG's Associate Director of Corporate Services, who will have responsibility for the day-to-day management of conflicts of interest matters and queries. They will keep the Conflicts of Interest Guardian well briefed on conflicts of interest matters and issues arising.
- 10.3.3 The Conflicts of Interest Guardian will, in collaboration with the CCG's governance lead:
- Act as a conduit for GP practice staff, members of the public and healthcare professionals who have any concerns with regards to conflicts of interest;
 - Be a safe point of contact for employees or workers of 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 judgment 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.

10.3.4 The Associate Director of Corporate Services will maintain a Conflicts of Interest Guardian Log which will contain:

- All issues/ queries raised with the Conflicts of Interest Guardian including approvals of appointment (see section 11) and approvals of secondary employment (see section 12).
- Any breaches and action taken as a result of those breaches.

10.3.5 Whilst the Conflicts of Interest Guardian has an important role within the management of conflicts of interest, executive members of the CCG's Governing Body have an on-going responsibility for ensuring the robust management of conflicts of interest, and all CCG employees, governing body and committee members and member practices will continue to have individual responsibility in playing their part on an ongoing basis.

10.4 **Primary Care Commissioning Committee Chair**

10.4.1 The Primary Care Commissioning Committee must have a lay chair and lay vice chair. To ensure appropriate oversight and assurance, and to ensure the CCG audit chair's position as Conflicts of Interest Guardian is not compromised, the audit committee chair will not hold the position of chair of the Primary Care Commissioning Committee. This is because CCG audit committee chair would conceivably be conflicted in such a role due to the requirement that they attest annually to the NHS England Board that the CCG has had due regard to the statutory guidance on managing conflicts of interest and implemented and maintained sufficient safeguards for the commissioning of primary care.

10.5 **Associate Director of Corporate Services**

10.5.1 The Associate Director of Corporate Services is the CCG's lead for managing Conflicts of Interests, ensuring that appropriate processes are set up, communicated to staff and the Conflicts of Interest Guardian log is kept up to date and presented to Audit Committee on regular basis. They will also support the Conflict of Interest Guardians in discharging their role.

11. **Appointments to the CCG**

11.1 Prior to agreeing to appoint individuals to the CCG governing body, committees or sub-committees or appointing senior members of staff, the Conflict of Interest Guardian will consider whether conflicts of interest should exclude individuals from being appointed to the relevant role. This will need to be considered on a case-by-case basis and decision logged in the Conflicts of Interest Guardian log (see paragraph 10.3.4). The following factors will be considered:

- **The materiality of the interest**, in particular whether the individual (or any person with whom they have a close association as listed in paragraph 4.3) could benefit (whether financially or otherwise) from any decision the CCG might make. This will be particularly relevant for governing body, committee and sub-committee appointments, but should also be considered for all employees and especially those operating at senior level.

- **The extent of the interest and the nature of the appointee’s proposed role within the CCG.** If the interest is related to an area of business significant enough that the individual would be unable to operate effectively and make a full and proper contribution in the proposed role, then that individual should not be appointed to the role.
- 11.2 Any individual who has a material interest in an organisation which provides, or is likely to provide, substantial services to a CCG (whether as a provider of healthcare or commissioning support services, or otherwise) should recognise the inherent conflict of interest risk that may arise and should not be a member of the governing body or of a committee or sub-committee of the CCG, in particular if the nature and extent of their interest and the nature of their proposed role is such that they are likely to need to exclude themselves from decision-making on so regular a basis that it significantly limits their ability to effectively perform that role.
- 11.3 The CCG constitution includes a statement of the conduct expected of individuals involved in the CCG, e.g. members of the governing body, members of committees, and employees, which reflect the safeguards in this guidance.

12. Secondary Employment

- 12.1 All employees, committee members, contractors and other individuals engaged under a contract with the CCG are required to inform the CCG if they are employed or engaged in, or wish to be employed or engage in, any employment or consultancy work in addition to their work with the CCG. The purpose of this is to ensure that the CCG is aware of any potential conflict of interest. Examples of work which might conflict with the business of the CCG, including part-time, temporary and fixed term contract work, include:
- Employment with another NHS body;
 - Employment with another organisation which might be in a position to supply goods/services to the CCG;
 - Directorship of a GP federation; and
 - Self-employment, including private practice, in a capacity which might conflict with the work of the CCG or which might be in a position to supply goods/services to the CCG.
- 12.2 All individuals listed in paragraph 12.1 must obtain prior permission to engage in secondary employment, and the CCG reserves the right to refuse permission where it believes a conflict will arise which cannot be effectively managed. In particular, it is unacceptable for pharmacy advisers or other advisers, employees or consultants to the CCG on matters of procurement to themselves be in receipt of payments from the pharmaceutical or devices sector.
- 12.3 All individuals who are considering secondary employment must seek permission from the Conflicts of Interest Guardian via the Associate Director of Corporate Services. A failure to obtain approval will result in Conflicts of Interest Breach (see *section 15*). They also must inform their line manager in line with the process set out within Standards of Business Conduct Policy.

13. Managing Conflicts of Interest at Meetings

- 13.1 **Chairing Arrangements and Decision-Making Processes**

- 13.1.1 The Chair of the CCG governing body or any of its committees, sub-committees or groups have ultimate responsibility for deciding whether there is a conflict of interest and for taking the appropriate course of action in order to manage the conflict of interest.
- 13.1.2 In the event that the chair of a meeting has a conflict of interest, the vice chair is responsible for deciding the appropriate course of action in order to manage the conflict of interest. If the vice chair is also conflicted then the remaining non- conflicted voting members of the meeting should agree between themselves how to manage the conflict(s). In all instances, the matter must be minuted.
- 13.1.3 In making such decisions, the chair (or vice chair or remaining non-conflicted members as above) may wish to consult with the Conflicts of Interest Guardian (*see paragraph 10.3*) or another member of the governing body.
- 13.1.4 It is good practice for the chair, with support from the Associate Director of Corporate Services and, if required, the Conflicts of Interest Guardian, to proactively consider ahead of meetings what conflicts are likely to arise and how they should be managed, including taking steps to ensure that supporting papers for particular agenda items of private sessions/meetings are not sent to conflicted individuals in advance of the meeting where relevant. Explanatory information is also included within agendas/email communications to remind individuals of their responsibilities in relation to Conflicts of Interest.
- 13.1.5 To support chairs in their role, the corporate office will provide an extract of all committee members/attendees declared interests which will be made available at meetings for information and review. Suggest appendix 10 is removed
- 13.1.6 All meetings will have conflicts of interest as a standing agenda item at the beginning of the meeting. As part of this, the chair will ask 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 to the business of the meeting, whether or not those interests have previously been declared. Any new interests that are declared at a meeting must be included on the CCG's relevant register of interests to ensure it is up- to-date. The chair must ensure that any newly declared interests are communicated to the Associate Director of Corporate Services who will make arrangements for a declaration form to be completed and for the interest to be recorded on the register.
- 13.1.7 Similarly, any new offers of gifts or hospitality (whether accepted or not) which are declared at a meeting must be included on the CCG's register of gifts and hospitality to ensure it is up-to-date.
- 13.1.8 It is the responsibility of each individual member of the meeting to declare any relevant interests which they may have. However, should the chair or any other member of the meeting be aware of facts or circumstances which may give rise to a conflict of interests but which have not been declared then they should bring this to the attention of the chair who will decide whether there is a conflict of interest and the appropriate course of action to take in order to manage the conflict of interest.
- 13.1.9 When a member of the meeting (including the chair or vice chair) has a conflict of interest in relation to one or more items of business to be transacted at the meeting, the chair (or vice chair or remaining non-conflicted members where relevant as described above) must decide how to manage the conflict. The appropriate course of action will depend on the particular circumstances, but could include one or more of the following:
- Where the chair has a conflict of interest, deciding that the vice chair (or another non-conflicted member of the meeting if the vice chair is also conflicted) should chair all or part of the meeting;
 - Requiring the individual who has a conflict of interest (including the chair or vice chair if

necessary) not to attend the meeting;

- Ensuring that the individual concerned does not receive the supporting papers or minutes of the meeting which relate to the matter(s) which give rise to the conflict;
- Requiring the individual to leave the discussion when the relevant matter(s) are being discussed and when any decisions are being taken in relation to those matter(s). In private meetings, this could include requiring the individual to leave the room and in public meetings to either leave the room or join the audience in the public gallery;
- Allowing the individual to participate in some or all of the discussion when the relevant matter(s) are being discussed but requiring them to leave the meeting when any decisions are being taken in relation to those matter(s). This may be appropriate where, for example, the conflicted individual has important relevant knowledge and experience of the matter(s) under discussion, which it would be of benefit for the meeting to hear, but this will depend on the nature and extent of the interest which has been declared;
- Noting the interest and ensuring that all attendees are aware of the nature and extent of the interest, but allowing the individual to remain and participate in both the discussion and in any decisions. This is only likely to be the appropriate course of action where it is decided that the interest which has been declared is either immaterial or not relevant to the matter(s) under discussion.

13.2 Minute-Taking

13.2.1 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:

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

14. Primary Care Commissioning Committees and Sub-Committees

14.1 There are three general practice co-commissioning models:

- **Greater involvement** is simply an invitation to CCGs to collaborate more closely with their NHS England and Improvement teams to ensure that decisions taken about healthcare services are strategically aligned across the local health economy.
- **Joint commissioning** enables one or more CCGs to assume responsibility for jointly commissioning primary medical services with their local NHS England team via a joint committee. It is a requirement for each joint committee to have a register of interests, and for the interests of both CCG and NHS England / Improvement representatives to be

included on this register. These interests should also be recorded on the CCG's main register of interests.

- **Delegated commissioning** enables the CCG to assume responsibility for commissioning general practice services.

14.2 As the CCG works within the delegated commissioning model, they must establish a primary care commissioning committee for the discharge of their primary medical services functions. This committee must be separate from the CCG governing body. The interests of all primary care commissioning committee members must be recorded on the CCG's register of interests.

As a general rule, meetings of the Primary Care Commissioning Committee, including the decision-making and deliberations leading up to the decision, should be held in public unless the CCG has concluded it is appropriate to exclude the public where it would be prejudicial to the public interest to hold that part of the meeting in public. Examples of where it may be appropriate to exclude the public include:

- Information about individual patients or other individuals which includes sensitive personal data is to be discussed;
- Commercially confidential information is to be discussed, for example the detailed contents of a provider's tender submission;
- Information relating to a claim where legal professional privilege could be maintained in legal proceedings, is to be discussed;
- To allow the meeting to proceed without interruption and disruption.

14.3 **Membership of Primary Care Commissioning Committees (for delegated arrangements)**

14.3.1 A CCG can agree the full membership of their primary care commissioning committees, within the following parameters:

- The primary care commissioning committee must be constituted to have a **lay and executive majority**, where lay refers to non-clinical. This ensures that the meeting will be quorate if all GPs had to withdraw from the decision-making process due to conflicts of interest.
- The primary care commissioning committee should have a lay chair and lay vice chair (see paragraph 10.4.1 for further information).
- **GPs** can, and should, be members of the primary care commissioning committee to ensure sufficient clinical input but must not be in the majority. CCGs may wish to consider appointing retired GPs or out-of-area GPs to the committee to ensure clinical input whilst minimising the risk of conflicts of interest.
- A standing invitation must be made to the CCG's **local Healthwatch** representative and a **local authority representative from the local Health and Wellbeing Board** to join the primary care commissioning committee as non-voting attendees, including, where appropriate, for items where the public is excluded for reasons of confidentiality.
- Other individuals could be invited to attend the primary care commissioning committee on an ad-hoc basis to provide expertise to support with the decision-making process.

14.3.2 A CCG could also consider reciprocal arrangements with other CCGs, for example exchanging GP representatives from their respective GP member practices, or sharing lay or

executive members, in order to ensure a majority of lay and executive members and to support effective clinical representation within the primary care commissioning committee.

14.4 **Primary Care Commissioning Committee Decision-Making Processes and Voting Arrangements**

- 14.4.1 The primary care commissioning committee is a decision-making committee, which should be established to exercise the discharge of the primary medical services functions. As such, the CCG's constitution includes this committee.
- 14.4.2 The quorum requirements for primary care commissioning committee meetings must include a majority of lay and executive members in attendance with eligibility to vote.
- 14.4.3 In the interest of minimising the risks of conflicts of interest, GPs will not have voting rights on the primary care commissioning committee. The arrangements do not preclude GP participation in strategic discussions on primary care issues, subject to appropriate management of conflicts of interest. They apply to decision-making on procurement issues and the deliberations leading up to the decision.
- 14.4.4 Whilst sub-committees or sub-groups of the primary care commissioning committee can and will be established e.g., to develop business cases and options appraisals, ultimate decision-making responsibility for the primary medical services functions must rest with the primary care commissioning committee. For example, whilst a sub-group could develop an options appraisal, it should take the options to the primary care commissioning committee for their review and decision-making. The CCG will carefully consider the membership of sub-groups and as a principle appoint a lay member as the chair of the group.
- 14.4.5 It is important that conflicts of interests are managed appropriately within the sub-committees and sub-groups. As an additional safeguard, sub-groups will submit their minutes to the primary care commissioning committee, detailing any conflicts and how they have been managed. The primary care commissioning committee should be satisfied that conflicts of interest have been managed appropriately in its sub-committees and take action where there are concerns.

15. Raising and Reporting Concerns and Breaches

- 15.1 There will be situations when interests will not be identified, declared or managed appropriately and effectively. This may happen innocently, accidentally, or because of the deliberate actions of staff or other organisations. For the purposes of this policy these situations are referred to as 'breaches'. Breach is any instance of non-compliance with this policy.
- 15.2 Staff who are aware about actual breaches of this policy, or who are concerned that there has been, or may be, a breach, should report these concerns to the Associate Director of Corporate Services. They can also approach the Conflicts of Interest Guardian; .
- 15.3 The organisation will investigate each reported breach in line with the Whistleblowing Policy according to its own specific facts and merits, and give relevant parties the opportunity to explain and clarify any relevant circumstances.
- 15.4 Following investigation the organisation will:
Decide if there has been or is potential for a breach and if so what the severity of the breach is.
- Assess whether further action is required in response – this is likely to involve any staff member involved and their line manager, as a minimum.
 - Consider who else inside and outside the organisation should be made aware
 - Take appropriate action as set out in the next section.

- 15.5 Action taken in response to breaches of this policy will be in accordance with the disciplinary procedures of the organisation and could involve organisational leads for staff support (e.g. Human Resources), fraud (e.g. Local Counter Fraud Specialists), members of the management or executive teams and organisational auditors.
- 15.6 Breaches could require action in one or more of the following ways:
- Clarification or strengthening of existing policy, process and procedures.
 - Consideration as to whether HR/employment law/contractual action should be taken against staff or others.
 - Consideration being given to escalation to external parties. This might include referral of matters to external auditors, NHS Protect, the Police, statutory health bodies (such as NHS England and Improvement or the CQC), and/or health professional regulatory bodies.

The final decision regarding an outcome of an investigation will be made by the Conflicts of Interest Guardian.

- 15.7 Inappropriate or ineffective management of interests can have serious implications for the organisation and staff. There will be occasions where it is necessary to consider the imposition of sanctions for breaches.

Sanctions should not be considered until the circumstances surrounding breaches have been properly investigated. However, if such investigations establish wrong-doing or fault then the organisation can and will consider the range of possible sanctions that are available, in a manner which is proportionate to the breach. This includes:

- Employment law action against staff, which might include
 - Informal action (such as reprimand, or signposting to training and/or guidance).
 - Formal disciplinary action (such as formal warning, the requirement for additional training, re-arrangement of duties, re-deployment, demotion, or dismissal).
- Reporting incidents to the external parties described above for them to consider what further investigations or sanctions might be.
- Contractual action, such as exercise of remedies or sanctions against the body or staff which caused the breach.
- Legal action, such as investigation and prosecution under fraud, bribery and corruption legislation.

15.8 **Learning and transparency concerning breaches**

Details of breaches, investigations and decisions will be recorded in the Conflicts of Interest Guardian Log and reported to Audit Committee via Conflicts of Interest Guardian report.

To ensure that lessons are learnt and management of interests can continually improve, anonymised information on breaches, the impact of these, and action taken will be prepared and published on the CCGs' websites as appropriate, or made available for inspection by the public upon request.

- 15.9 All individuals are covered by the CCG's Whistleblowing Policy and can report any concerns or suspicions of non-compliance with the Conflicts of Interest policy in that way. The CCG's Whistleblowing Policy is available on the CCG's website.
- 15.10 Anyone who wishes to report a suspected or known breach of the policy, who is not an employee or worker of the CCG, should also ensure that they comply with their own organisation's whistleblowing policy, since most such policies should provide protection against detriment or dismissal.
- 15.11 The CCG recognises the importance of creating a safe environment for individuals to raise concerns about the administration of this policy and alerting the CCG to potential breaches. All

such notifications will be therefore treated with appropriate confidentiality at all times in accordance with the CCG's policies and applicable laws, and the person making such disclosures will be given an appropriate explanation of any decisions taken as a result of any investigation.

- 15.12 Furthermore, 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. The regulations are designed as an accessible and effective alternative to challenging decisions in the courts.
- 15.13 Any suspicions or concerns of acts of fraud or bribery can be reported online via <https://cfa.nhs.uk/reportfraud> or via the NHS Fraud and Corruption Reporting Line on 0800 0284060. This provides an easily accessible and confidential route for the reporting of genuine suspicions of fraud or bribery within or affecting the NHS. All calls are dealt with by experienced trained staff and any caller who wishes to remain anonymous may do so.
- 15.14 The Associate Director of Corporate Services will publish all anonymised breaches on the CCG's website for the purpose of learning and development.

16. Impact of Non-Compliance

- 16.1 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.

16.2 Civil Implications

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

16.3 Criminal Implications

- 16.3.1 Depending on the particular circumstances, a failure to address and manage possible conflicts of interest could lead to criminal offences such as fraud or bribery being committed. This could have implications for the CCG and the linked organisations, and the individuals who are engaged by them.

- 16.3.2 The Fraud Act 2006 created a general 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.

The latter way is particularly relevant to managing conflicts of interest issues, as an offence could be committed if someone deliberately and dishonestly abused a position of trust in order to obtain a gain for themselves or another party e.g. by deliberately manipulating a decision-making process in order to award a contract to a body that they had a financial interest in.

- 16.3.3 Bribery is generally defined as offering or giving someone a "financial or other advantage" to

encourage that person to perform their functions or activities improperly; or seeking or receiving such an advantage. The Bribery Act 2010 provisions apply where there is an expectation that such functions are carried out in good faith, or impartially, or where the person performing them is in a position of trust. Such expectations are particularly relevant in the context of the CCG's role as a commissioner of healthcare services.

16.4 **Disciplinary Implications**

16.4.1 All 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 in line with the CCG's Disciplinary Policy. 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.

16.5 **Professional Regulatory Implications**

16.5.1 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 it believes 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.

17. **Conflicts of Interest Training**

17.1 All CCG's must ensure that training is offered to all employees, governing body members and members of CCG committees and sub-committees on the management of conflicts of interest. This is to ensure staff and others within the CCG understand what conflicts are and how to manage them effectively. This will also include periodic focus upon conflicts of interest through GB Development sessions, which will cover case studies and examples of best practice

17.2 All such individuals should have training on the following:

- What is a conflict of interest;
- Why is conflict of interest management important;
- What are the responsibilities of the organisation you work for in relation to conflicts of interest;
- What should you do if you have a conflict of interest relating to your role, the work you do or the organisation you work for (who to tell, where it should be recorded, what actions you may need to take and what implications it may have for your role);
- How conflicts of interest can be managed;
- What to do if you have concerns that a conflict of interest is not being declared or managed appropriately;
- What are the potential implications of a breach of the CCG's rules and policies for managing conflicts of interest.

- 17.3 NHS England is developing an online training package for CCG staff, governing body and committee members. This will need to be completed on a yearly basis to raise awareness of the risks of conflicts of interest and to support staff in managing conflicts of interest. The annual training will be mandatory and will need to be completed by all staff by 31 January of each year. CCGs will be required to record their completion rates as part of their annual conflicts of interest audit.
- 17.4 NHS England will also continue to provide face-to-face training on conflicts of interest to key individuals within CCGs and to share good practice across CCGs and NHS England.
- 17.5 In addition the CCG will provide annual face to face training to Governing Body members on key aspects of this policy.

18. External Assurance

18.1 CCG Improvement and Assessment Framework

- 18.1.1 As part of the NHSE Improvement and Assessment Framework, CCGs will be required on an *annual* basis to confirm via self-certification:
- That the CCG has a clear policy for the management of conflicts of interest in line with the statutory guidance and a robust process for the management of breaches;
 - That the CCG has a minimum of three lay members;
 - That the CCG audit chair has taken on the role of the Conflicts of Interest Guardian;
 - The level of compliance with the mandated conflicts of interest on-line training, as of 31 January annually.
- 18.1.2 In addition, CCGs will be required to report on a *quarterly* basis via self-certification whether they:
- have processes in place to ensure individuals declare any interests which may give rise to a conflict or potential conflict as soon as they become aware of it, and in any event within 28 days, ensuring accurate up to date registers are complete and available on the CCGs' website for:
 - conflicts of interest,
 - procurement decisions and
 - gifts and hospitality
 - are aware of any breaches of its policies and procedures in relation to the management of conflicts of interest and how many:
 - To include details of how they were managed;
 - Confirmation that anonymised details of the breach have been published on the CCG website;
 - Confirmation that they been communicated to NHS England and Improvement.
- 18.1.3 Where the CCGs have decided not to comply with one or more of the requirements of this statutory guidance, there is an expectation that this will be discussed with NHS England and Improvement. The CCG must also include within their self-certification statements the reasons for deciding not to do so, on a "comply or explain" basis.

18.2 Internal Audit

- 18.2.1 In addition there is a requirement for the CCG to undertake an annual internal audit on the management of conflicts of interest to provide further assurance about the degree of compliance with the statutory guidance. Consideration of the indicator should form part of this audit. This area will form part of the annual audit plan.
- 18.2.2 The results of the audit should be reflected in the CCG's annual governance statements and should be discussed in the end of year governance meeting with NHS regional teams.

19. Monitoring and Review

- 19.1 This policy will be valid for three years, but will be kept under review by the corporate team and will be reviewed earlier should there be any legislative changes or operational changes that need to be reflected within the policy

Appendix 1: CCG Key Contacts

Role	Name	Email address	Telephone Number
CCG Conflicts of Interest Guardian	Graham Hotchen	graham.hotchen@nhs.net	
Associate Director of Corporate Services	Hana Taylor	Hana.Taylor@nhs.net	07841 800793
Corporate Team Contact – Corporate Governance Manager	Tony Ciriello	Tony.Ciriello@nhs.net	01905 681999
Local Counter Fraud Specialist	Fiona Dwyer	Fiona.dwyer@cwaudit.org.uk or FDwyer@nhs.net (secure)	07552 290964

Appendix 2: Declaration of Interests Extract

Date of Declaration	Title	Forename	Surname	Decision Making?	Current position (s) held in the CCG i.e. Governing Body member; Committee member; Member practice; CCG employee or other	Interests to declare?	Interest_No	Declared Interest (Name of the organisation and nature of business)	Interest type	From	To	Actions to be taken to mitigate the risk
				To be completed by Corporate team								To be completed by Corporate team

Declaration Guidance:

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 - this includes GP Federations.
- 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).

Non-financial professional interests

This is where an individual may obtain a non-financial professional benefit from the consequences of a commissioning decision, such as increasing their professional reputation or status or promoting their professional career. This may, for example, include situations where the individual is:

- An advocate for a particular group of patients;
- A GP with special interests e.g., in dermatology, acupuncture etc.
- A member of a particular specialist professional body (although routine GP membership of the RCGP, British Medical Association (BMA) or a medical defence organisation would not usually by itself amount to an interest which needed to be declared);
- An advisor for the Care Quality Commission (CQC) or the National Institute for Health and Care Excellence (NICE);
- A medical researcher.
- GPs and practice managers, who are members of the governing body or committees of the CCG, should declare details of their roles and responsibilities held within their GP practices.

Non-financial personal interests:

This is where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit. This could include, for example, where the individual is:

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

Indirect interests:

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

- 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 conflicts of interest will depend upon the nature of the relationship between that person and the individual, and the role of the individual within the CCG.

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

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

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

Appendix 3: Template Register of Interests

Date of Declaration	Title	Forename	Surname	Decision Making?	Current position (s) held in the CCG i.e. Governing Body member; Committee member; Member practice; CCG employee or other	Interests to declare?	Interest_No	Declared Interest (Name of the organisation and nature of business)	Interest type	From	To	Actions to be taken to mitigate the risk	Governing Body	Clinical Commissioning Executive Committee	QPR	Audit Committee	PCCC	Financial Sustainability	PC Quality & Risk Mgt Subcommittee

Appendix 4: Template Declaration of Gifts and Hospitality

Date of Declaration	Date of Receipt of Hospitality	Recipient of Gift/Hospitality	Position of Person Accepting the Gift/Hospitality	Gift/Hospitality Donor	Details of Gift/Hospitality Received	Reason for Accepting/Declining Gift/Hospitality	Approximate Value	Declined or Accepted	Governance Manager Check

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: _____

Position: _____

Date: _____

(Line Manager or a Senior CCG Manager)

Please return to Hana Taylor: hana.taylor@nhs.net

Appendix 5: Commercial Sponsorship Form

Section 1 – to be completed by proposed sponsor

Proposed sponsor details:

Company name:	Nature of business:
Contact name:	Position:
Telephone number:	
Email address:	

Description of sponsorship offered:

Aims and objectives of project to be sponsored:

Duration of project/sponsorship:

Benefits of project (considering patients, contractors, the community, the recipient and sponsor):

Form of sponsorship (e.g. financial grant, hospitality, room hire, training costs etc.):

Value of sponsorship:

I declare that the above record represents a complete and accurate description of the sponsorship that I have offered:

Signed: _____ Dated: _____

Name:	CCG Team:
Telephone number:	Position:
Email address:	
Do you have any personal relationship with, or personal business connection with the person/organisation from whom the sponsorship detailed above has been offered?	

Screening questions for assessment of offers of commercial sponsorship

(These questions are not the only ones that should be considered when offered commercial sponsorship and CCG staff must consider offers carefully referring to the guidance in the policy document on Commercial Sponsorship and Joint Working)

- Is sponsorship linked in any way to a change in CCG policy (commissioning / prescribing) or the recommendation/ endorsement of a particular product(s)? YES/NO
- If so, is the product included on the Herefordshire and Worcestershire Joint Medicines Formulary? YES/NO
- Will any speakers at the event be employed by the sponsoring company in any capacity? YES/NO
- Is the subject of the event in keeping with the priorities of Herefordshire and Worcestershire CCG? YES/NO
- Will the event be provided by a recognised independent provider? E.g. a university? YES/NO
- Have all the competing interests of speakers, training providers etc. been declared? YES/NO

Positive answers to question 1 & 3 or a negative answer to any of questions 2, 4, 5 & 6 indicates that the proposed sponsorship must be authorised by the CCG's Conflicts of Interest Guardian.

Declaration:

I declare that the above record represents a complete and accurate description of the sponsorship that I have been offered and I have assessed the offer using the above screening questions to make a decision on acceptance of this sponsorship offer.

Signed:

Dated:

Sponsorship decision (accept/decline)

Guidelines on Commercial Sponsorship for meeting attendance/training/publication costs

When considering commercial sponsorship the following broad rules should be followed:

- It is important to avoid the impression being given of bias towards a particular company. If the event relates to a specific clinical area, sponsorship should be invited from all relevant companies in line with the Herefordshire and Worcestershire Joint Medicines Formulary and Herefordshire and Worcestershire Area Prescribing Committee (APC) guidance. If there are a large number of potential sponsors, a selection should be offered the opportunity. If the event does not relate to a specific clinical topic, major companies should be rotated.
- A record of sponsorship should be held centrally to ensure that alternative companies can be given opportunities to be involved in future events. The commercial sponsorship form below should be completed. If necessary, guidance can be sought from the Medicines Commissioning team if you have doubts about the appropriateness of a pharmaceutical industry sponsor.
- Sponsoring companies may be allowed to set up display stands prior to the event in a suitable space, to mingle with and talk to participants before the event and during coffee and lunch breaks. All display materials must be in line with the CCG formulary, guidance and policies.
- The wording, “supported by an educational grant from” may appear once, in typeset no greater than 18 point, at the base of the invitation. Drug company logos and specific product names should not be included in any official materials.
- Drug company representatives will not be allowed to attend the business part of the meeting unless they would otherwise be entitled to do so as a member of the public.
- No discussion will be entered into with the company about timings, speakers, content or any other aspect of the event that would reasonably be controlled by the CCG.

Is conflicts of interest guardian approval required? (see page 16 above) YES/NO

Name of Conflicts of Interest Guardian:

‘In my role as conflicts of Interest Guardian, I DO/ DO NOT authorise the proposed sponsorship.

Signature:

Date:

Please return to Hana Taylor and Tony Ciriello: hana.taylor@nhs.net / Tony.Ciriello@nhs.net

Appendix 6: Common situations which give rise to conflicts of interest and the principles and rules that staff and organisations should adopt to manage them

Situations	What are the issues	Principles and rules	What should be declared
Gifts	<p>Staff in the NHS offer support during significant events in people's lives. For this work they may sometimes receive gifts as a legitimate expression of gratitude. We should be proud that our services are so valued. But situations where the acceptance of gifts could give rise to conflicts of interest should be avoided. Staff and organisations should be mindful that even gifts of a small value may give rise to perceptions of impropriety and might influence behaviour if not handled in an appropriate way.</p> <p>A gift means 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.</p>	<p>Overarching principle applying in all circumstances:</p> <ul style="list-style-type: none"> • Staff should not accept gifts that may affect, or be seen to affect, their professional judgement. • Gifts of cash and vouchers to individuals should always be declined. <p>Gifts from suppliers or contractors:</p> <ul style="list-style-type: none"> • Gifts from suppliers or contractors doing business (or likely to do business) with an organisation should be declined, whatever their value and declared. • Subject to this, low cost branded promotional aids may be accepted where they are under the value of a common industry standard of £6* in total, and need not be declared. Should it exceed £6, the offer should be rejected and declared <p>*The £6 value has been selected with reference to existing industry guidance issued by the ABPI: http://www.pmcpa.org.uk/thecode/Pages/default.aspx</p> <p>Gifts from others sources (e.g. patients, families, service users):</p> <ul style="list-style-type: none"> • Staff should not ask for any gifts. • Gifts valued at over £50 should be treated with caution and only be accepted on behalf of an organisation (i.e. to an organisation's charitable funds), not in a personal capacity. All offers should be declared by staff. • Modest gifts accepted under a value of £50 do not need to be declared. • A common sense approach should be applied to the valuing of gifts 	<p>Staff name and their role with the organisation.</p> <ul style="list-style-type: none"> • A description of the nature and value of the gift, including its source. • Date of receipt. • Any other relevant information (e.g. circumstances surrounding the gift, action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this guidance).

		<p>(using an actual amount, if known, or an estimate that a reasonable person would make as to its value).</p> <ul style="list-style-type: none"> • 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. 	
Hospitality	<p>Delivery of services across the NHS relies on working with a wide range of partners (including industry and academia) in different places and, sometimes, outside of 'traditional' working hours. As a result, 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 a small value may give rise to perceptions of impropriety and might influence behaviour.</p> <p>Hospitality means offers of meals, refreshments, travel, accommodation, and other expenses in relation to attendance at meetings, conferences, education and training events, etc.</p>	<p>Principles and rules. Overarching principles applying in all circumstances:</p> <ul style="list-style-type: none"> • 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. <p>Meals and refreshments:</p> <ul style="list-style-type: none"> • 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 an organisation's register(s) of interest 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). <p>*The £75 value has been selected with reference to existing industry guidance issued by the ABPI http://www.pmcpcpa.org.uk/thecode/Pages/default.aspx</p>	

		<p>Travel and Accommodation:</p> <ul style="list-style-type: none"> • 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 organisation itself might not usually offer, need approval by senior staff, should only be accepted in exceptional circumstances, and must be declared. A clear reason should be recorded on an organisation's register(s) of interest 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. 	
<p>Outside employment</p>	<p>The NHS relies on staff with good skills, broad knowledge and diverse experience. Many staff bring expertise from sectors outside the NHS, such as industry, business, education, government and beyond. The involvement of staff in these outside roles alongside their NHS role can therefore be of benefit, but the existence of these should be well known so that conflicts can be either managed or avoided.</p> <p>Outside employment means employment and other engagements, outside of formal employment arrangements. This can include directorships, non-executive roles, self-employment, consultancy work, charitable trustee roles, political roles and roles within not-for-profit organisations, paid advisory positions and paid honorariums which relate to bodies likely to do business with an organisation. (Clinical private practice is</p>	<p>Substantive staff should declare any existing outside employment on appointment, and any new outside employment when it arises. If a conflict arises, the individual's formal, substantive role would take precedence</p> <p>CCGs are required to adopt the Codes of Conduct and Accountability, published in April 1994. The Codes require Lay Members to declare on appointment any business interests, position of authority in a charity or voluntary body in the field of health and social care, and any connection with bodies contracting for NHS services.</p> <ul style="list-style-type: none"> • Where a risk of conflict of interest is identified, the general management actions outlined in this guidance should be considered and applied to mitigate risks. • Where contracts of employment or terms and conditions of engagement permit, staff may be required to seek prior approval from an organisation to engage in outside employment. • Organisations may also have legitimate reasons within employment law for knowing about outside employment of staff, even this does not give rise to risk of a conflict. Nothing in this guidance prevents such enquiries being made. 	<ul style="list-style-type: none"> • Staff name and their role with the organisation. • A description of the nature of the outside employment (e.g. who it is with, a description of duties, time commitment). • Relevant dates. • Any other relevant information (e.g. action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this guidance).

	considered in a separate section).		
Shareholding and other ownership interests	<p>Holding shares or other ownership interests can be a common way for staff to invest their personal time and money to seek a return on investment. However, conflicts of interest can arise when staff personally benefit from this investment because of their role with an organisation. For instance, if they are involved in their organisation's procurement of products or services which are offered by a company they have shares in then this could give rise to a conflict of interest. In these cases, the existence of such interests should be well known so that they can be effectively managed.</p>	<ul style="list-style-type: none"> • Should individuals hold shares or other ownership interests, this should be documented as an interest at the earliest possible opportunity. Appropriate mitigations can then be devised and included on the CCG's Conflict of Interests Register 	
Patents	<p>The development and holding of patents and other intellectual property rights allows staff to protect something that they create, preventing unauthorised use of products or the copying of protected ideas. Staff are encouraged to be innovative in their practice and therefore this activity is welcomed.</p> <p>However, conflicts of interest can arise when staff who hold patents and other intellectual property rights are involved in decision making and procurement. In addition, where product development involves use of time, equipment or resources from their organisation, then this too could create risks of conflicts of interest, and it is important that the organisation is aware of this and it can be managed appropriately.</p>	<ul style="list-style-type: none"> • Staff should declare patents and other intellectual property rights they hold (either individually, or by virtue of their association with a commercial or other organisation), including where applications to protect have started or are ongoing, which are, or might be reasonably expected to be, related to items to be procured or used by their organisation. • Staff should seek prior permission from their organisation before entering into any agreement with bodies regarding product development, research, work on pathways, etc, where this impacts on the organisation's own time, or uses its equipment, resources or intellectual property. • Where holding of patents and other intellectual property rights give rise to a conflict of interest then the general management actions outlined in this guidance should be considered and applied to mitigate risks. 	<ul style="list-style-type: none"> • Staff name and their role with the organisation. • A description of the patent or other intellectual property right and its ownership. • Relevant dates. • Any other relevant information (e.g. action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this guidance).
Loyalty Interests	As part of their jobs staff need to build strong relationships with colleagues	Loyalty interests should be declared by staff involved in decision making where they:	<ul style="list-style-type: none"> • Staff name and their role with the organisation.

	<p>across the NHS and in other sectors. These relationships can be hard to define as they may often fall in the category of indirect interests. They are unlikely to be directed by any formal process or managed via any contractual means - it can be as simple as having informal access to people in senior positions. However, loyalty interests can influence decision making. Conflicts of interest can arise when decision making is influenced subjectively through association with colleagues or organisations out of loyalty to the relationship they have, rather than through an objective process. The scope of loyalty interests is potentially huge, so judgement is required for making declarations.</p>	<ul style="list-style-type: none"> • Hold a position of authority in another NHS organisation or commercial, charity, voluntary, professional, statutory or other body which could be seen to influence decisions they take in their NHS role. • Sit on advisory groups or other paid or unpaid decision making forums that can influence how their organisation spends taxpayers' money • Are, or could be, involved in the recruitment or management of close family members and relatives, close friends and associates, and business partners. • Are aware that their organisation does business with an organisation with whom close family members and relatives, close friends and associates, and business partners have decision making responsibilities. Where holding loyalty interests gives rise to a conflict of interest then the general management actions outlined in this guidance should be considered and applied to mitigate risks. 	<ul style="list-style-type: none"> • A description of the nature of the loyalty interest. • Relevant dates. • Any other relevant information (e.g. action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this guidance).
Donations	<p>A donation is a charitable financial payment, which can be in the form of direct cash payment or through the application of a will or similar directive. Charitable giving and other donations are often used to support the provision of health and care services. As a major public sector employer the NHS holds formal and informal partnerships with national and local charities. Staff will, in their private lives, undertake voluntary work or fundraising activities for charity. A supportive environment across the NHS and charitable sector should be promoted. However, conflicts of interest can arise.</p>	<ul style="list-style-type: none"> • Acceptance of donations made by suppliers or bodies seeking to do business with an organisation should be treated with caution and not routinely accepted. In exceptional circumstances a donation from a supplier may be accepted but should always be declared. A clear reason should be recorded as to why it was deemed acceptable, alongside the actual or estimated value. • Staff should not actively solicit charitable donations unless this is a prescribed or expected part of their duties for an organisation, or is being pursued on behalf of that organisation's registered charity (if it has one) or other charitable body and is not for their own personal gain. • Staff must obtain permission from their organisation if in their professional role they intend to undertake fundraising activities on behalf of a pre-approved charitable campaign. • Donations, when received, should be made to a specific charitable fund (never to an individual) and a receipt should be issued. 	<ul style="list-style-type: none"> • Organisations should maintain records in line with their wider obligations under charity law, in line with the above principles and rules.

		Staff wishing to make a donation to a charitable fund in lieu of a professional fee they receive may do so, subject to ensuring that they take personal responsibility for ensuring that any tax liabilities related to such donations are properly discharged and accounted for.	
Sponsored Events	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.	<ul style="list-style-type: none"> • Sponsorship of 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 organisation and the NHS. • During dealings with sponsors there must be no breach of patient or individual confidentiality or data protection rules and legislation. • 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 an organisation'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. • Organisations 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 organisation. 	<ul style="list-style-type: none"> • Organisations should maintain records regarding sponsored events in line with the above principles and rules.
Sponsored Research	Research is vital in helping the NHS to transform services and improve outcomes. Without sponsorship of research some beneficial projects might not happen. More broadly, partnerships between the NHS and external bodies on research are important for driving innovation and sharing best practice.	<ul style="list-style-type: none"> • Funding sources for research purposes must be transparent. • Any proposed research must go through the relevant health research authority or other approvals process. • There must be a written protocol and written contract between staff, the organisation, and/or institutes at which the study will take place and the sponsoring organisation, which specifies the nature of the services to be provided and the payment for those services. 	<ul style="list-style-type: none"> • Organisations should retain written records of sponsorship of research, in line with the above principles and rules. • Staff should declare: <ul style="list-style-type: none"> • their name and their role with the organisation

	<p>However, there is potential for conflicts of interest to occur, particularly when research funding by external bodies does or could lead to a real or perceived commercial advantage. There needs to be transparency and any conflicts of interest should be well managed.</p>	<ul style="list-style-type: none"> • The study must not constitute an inducement to prescribe, supply, administer, recommend, buy or sell any medicine, medical device, equipment or service. • Staff should declare involvement with sponsored research to their organisation. 	<ul style="list-style-type: none"> • a description of the nature of the nature of their involvement in the sponsored research • relevant dates • any other relevant information (e.g. what, if any, benefit the sponsor derives from the sponsorship, action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this guidance)
Sponsored posts	<p>Sponsored posts are positions with an organisation that are funded, in whole or in part, by organisations external to the NHS. Sponsored posts can offer benefits to the delivery of care, providing expertise, extra capacity and capability that might not otherwise exist if funding was required to be used from the NHS budget. However, safeguards are required to ensure that the deployment of sponsored posts does not cause a conflict of interest between the aims of the sponsor and the aims of the organisation, particularly in relation to procurement and competition.</p>	<ul style="list-style-type: none"> • Staff who are establishing the external sponsorship of a post should seek formal prior approval from their organisation. • Rolling sponsorship of posts should be avoided unless appropriate checkpoints are put in place to review and confirm the appropriateness of arrangements continuing. • Sponsorship of a post should only happen where there is written confirmation that the arrangements will have no effect on purchasing decisions or prescribing and dispensing habits. For the duration of the sponsorship, auditing arrangements should be established to ensure this is the case. Written agreements should detail the circumstances under which organisations have the ability to exit sponsorship arrangements if conflicts of interest which cannot be managed arise. • Sponsored post holders must not promote or favour the sponsor's specific products, and information about alternative products and suppliers should be provided. • Sponsors should not have any undue influence over the duties of the post or have any preferential access to services, materials or intellectual property relating to or developed in connection with the sponsored posts. 	<ul style="list-style-type: none"> • Organisations should retain written records of sponsorship of posts, in line with the above principles and rules. • Staff should declare any other interests arising as a result of their association with the sponsor, in line with the content in the rest of this guidance.

<p>Clinical Private Practice</p>	<p>Service delivery in the NHS is done by a mix of public, private and not-for-profit organisations. The expertise of clinicians in the NHS is in high demand across all sectors and the NHS relies on the flexibility that the public, private and not-for-profit sectors can provide. It is therefore not uncommon for clinical staff to provide NHS funded care and undertake private practice work either for an external company, or through a corporate vehicle established by themselves.</p> <p>Existing provisions in contractual arrangements make allowances for this to happen and professional conduct rules apply. However, these arrangements do create the possibility for conflicts of interest arising. Therefore, these provisions are designed to ensure the existence of private practice is known so that potential conflicts of interest can be managed. These provisions around declarations of activities are equivalent to what is asked of all staff in the section on Outside Employment.</p>	<p>Existing provisions in contractual arrangements make allowances for this to happen and professional conduct rules apply. However, these arrangements do create the possibility for conflicts of interest arising. Therefore, these provisions are designed to ensure the existence of private practice is known so that potential conflicts of interest can be managed. These provisions around declarations of activities are equivalent to what is asked of all staff in the section on Outside Employment.</p> <p>Clinical staff should declare all private practice on appointment, and/or any new private practice when it arises* including:</p> <ul style="list-style-type: none"> • Where they practise (name of private facility) • What they practise (specialty, major procedures). • When they practise (identified sessions/time commitment) <p>*Hospital Consultants are already required to provide their employer with this information by virtue of Para.3 Sch. 9 of the Terms and Conditions – Consultants (England) 2003: https://www.bma.org.uk/-/media/files/pdfs/practical_advice_at_work/contracts/consultanttermsandconditions.pdf</p>	<ul style="list-style-type: none"> • Staff name and their role with the organisation • A description of the nature of the private practice (e.g. what, where and when you practise, sessional activity, etc). • Relevant dates. • Any other relevant information (e.g. action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this guidance).
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