Conflicts of Interest Policy and Procedures

(Including Gifts and Hospitality and Sponsorship and Joint Working)

APPROVED BY: Ratified by Governing Bodies December 2019 – February 2020
EFFECTIVE FROM: December 2019
REVIEW DATE: December 2020

Online declarations are made at: https://sussexccgs.mydeclarations.co.uk/

Further information and advice is available from your CCG Governance team or by email at: sesc.declarations@nhs.net

This policy must be read in conjunction with the following:

CCG Standing Orders;
CCG Standing Financial Instructions;

Disciplinary Policy
Fraud, Bribery and Corruption policy
Parallel Sanctions Policy
Procurement Policy
Whistleblowing Policy
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1. STAFF QUICK REFERENCE GUIDE.

1.1. The Sussex Clinical Commissioning Groups comprise the following seven CCGs:
- Brighton and Hove CCG
- East Sussex CCG
- West Sussex CCG

1.2. The three CCGs that make up the Sussex Clinical Commissioning Groups have historically used different conflicts of interest policies. Accordingly, this policy has been created in order to ensure a consistent approach, and will be applied uniformly across the CCGs.

As a member of staff you should… | As an organisation we will…
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• Familiarise yourself with this policy and follow it. Refer to the guidance for the rationale behind this policy www.england.nhs.uk/wp-content/uploads/2017/02/guidance-managing-conflicts-of-interest-nhs.pdf | • Ensure that this policy and supporting processes are clear and help staff understand what they need to do.
• Use your common sense and judgement to consider whether the interests you have could affect the way taxpayers’ money is spent | • Identify a team or individual with responsibility for:
  o Keeping this policy under review to ensure they are in line with the guidance.
  o Providing advice, training and support for staff on how interests should be managed.
  o Maintaining register(s) of interests.
  o Auditing this policy and its associated processes and procedures at least annually.
• Regularly consider what interests you have and declare these as they arise. If in doubt, declare. | • NOT avoid managing conflicts of interest.
• NOT misuse your position to further your own interests or those close to you | • NOT interpret this policy in a way which stifles collaboration and innovation with our partners
• NOT be influenced, or give the impression that you have been influenced by outside interests | • NOT allow outside interests you have to inappropriately affect the decisions you make when using taxpayers’ money

1.3. Adhering to this policy will help to ensure that we use NHS money wisely, providing best value for taxpayers and accountability to our patients for the decisions we take.
2. INTRODUCTION.

2.1. As commissioners of healthcare, the CCGs are committed to improving the health of local people. CCG staff (including interim and temporary staff, and contractors and seconded staff), member practices (including GP partners and individual clinicians who are supporting commissioning activity) and Governing Body / Committee members have a duty to ensure that all their dealings are conducted to the highest standards of integrity and that NHS monies are used wisely so that finite resources are used in the best interests of patients.

2.2. CCGs, as guardians of public money, need to have regard to the Good Governance Standards of Public Services and holders of public office need to uphold the Seven principles of public life (the Nolan Principles). See Appendix 6 for more details of good governance principles.

2.3. Partnerships with other organisations have many benefits and should help ensure that public money is spent efficiently and wisely, but there is a risk that conflicts of interest may arise. The CCGs must ensure the integrity of the processes they follow when making decisions for their communities, so that they are taken without the influence (or perceived influence) of external or private interests.

2.4. Providing best value for taxpayers and ensuring that decisions are taken transparently and clearly (accountability to the public, communities and patients) are key principles in the NHS Constitution.

2.5. There are also specific statutory requirements for managing conflicts of interest under the National Health Service Act 2006 (as inserted by the Health and Social Care Act 2012) and under the NHS (Procurement, Patient Choice and Competition) (No. 2) Regulations 2013 (and related substantive guidance).

2.6. This policy and associated procedures are based on the statutory guidance on conflicts of interest published by NHS England in June 2017 and February 2019, and supports the “Managing Conflicts of Interest” section in the CCGs’ Constitutions.

2.7. This policy is based on NHS England’s Model COI Policy. Appendix 1 of this policy contains detail on COI procedure including dealing with breaches.

3. PURPOSE OF THIS POLICY.

This policy will help CCG staff manage conflicts of interest risks effectively. It:
- Introduces consistent principles and rules
- Provides advice about what to do in common situations
- Supports good judgement about how to approach and manage interests.

This policy should be read in conjunction with the organisational policies, procedures and documents outlined in the section on References.
4. SCOPE OF THIS POLICY.

4.1. This policy applies to all individuals who act on behalf of the CCGs, whether employees, prospective employees (in the recruitment process), contractors and sub-contractors, agency staff, governing body members, clinical leads / advisors, council of members, or persons serving on committees and decision making groups (including patient representatives and members of third-party organisations) established by the CCG.

4.2. It also applies to GP partners (or where the practice is a company, each director) of member practices and individuals in a GP practice directly involved with the business or decision making of their CCG.

4.3. For the purposes of this policy, the term “staff” is used to describe all of the above. This policy also applies to GP Member Practices that have a responsibility to declare their practice interests under statutory guidance.

4.4. Decision Making Staff.
For the purposes of this policy, some staff described in section 4.1 are considered “Decision Making” as they are more likely than others to have an influence on the use of taxpayers’ money. These include:

- Executive and non-executive directors (or equivalent roles) 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, including members of the Primary Care Commissioning Committee and those of new care models joint provider / commissioner groups
- Members of procurement evaluation panels
- Those at Agenda for Change Band 8d and above
- Administrative and clinical staff (of any grade) who have the power to enter into contracts on behalf of their organisation
- Administrative and clinical staff (of any grade) involved in decision making concerning the commissioning of services, purchasing of goods, medicines, medical devices or equipment, and formulary decisions.

For the purposes of publication of registers and compliance with mandatory training, the CCGs include all employed staff at Band 8a and above and Governing Body members and Clinical Leads in this category.

4.5. The NHS England guidance applies to CCGs, NHS Trusts, NHS Foundation Trusts and NHS England. It does not apply statutorily to independent and private sector organisations, general practices, social enterprises, community pharmacies, community dental practices, optical providers and local authorities. However, Boards / Governing Bodies of these organisations are invited to consider implementing the guidance as a means to effectively manage conflicts of interest.
4.6. For clarity, GP practice staff should note that the requirements in the statutory guidance for CCGs on the management of conflicts of interest continue to apply to GP partners (or where the practice is a company, each director), individuals in a practice directly involved with the business or decision making of their CCG, and GP Member Practices.

5. DEFINITIONS OF TERMS.

5.1. Breaches.  
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 are referred to as “breaches”.

5.2. Conflict of Interest.  
A conflict of interest is “a set of circumstances by which a reasonable person would consider that an individual’s ability to exercise judgement or act, in the context of delivering, commissioning or assuring taxpayer funded health and care services, is or could be, or is seen to be or could be seen to be, impaired or influenced by his or her involvement in another role or relationship.”

A conflict of interest may be:
- Actual – there is a material conflict between one or more interests
- Potential – there is the possibility of a material conflict between one or more interests in the future;

Staff may hold interests for which they cannot see potential conflict, but others may see the situation differently. The perception of wrongdoing, impaired judgement or undue influence can be as damaging as it actually occurring. All interests should be declared where there is a risk of perceived improper conduct.

5.3. Gifts.  
A gift is defined as any item of cash or goods, or any service that is provided for personal benefit, free of charge or at less than its commercial value.

5.4. Interests.  
Interests fall into one of the four following categories:
- Financial interests
  Where an individual may get direct financial benefit from the consequences of a decision they are involved in making
- Non-financial professional interests
  Where an individual may obtain a non-financial professional benefit from the consequences of a decision they are involved in making, such as increasing their professional reputation or promoting their professional career.

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1 This may be a financial gain, or avoidance of a loss.
• **Non-financial personal interests**
  Where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit, because of decisions they are involved in making in their professional career

• **Indirect interests**
  Where an individual has a close association\(^2\) with another individual who has a financial interest, a non-financial professional interest or a non-financial personal interest and could stand to benefit from a decision they are involved in making.

NHS England have provided conflict of interest case studies intended to raise awareness of the different types of conflicts of interest that could arise in CCGs and to support CCGs to robustly and effectively identify and manage them: [www.england.nhs.uk/publication/managing-conflicts-of-interest-ccg-case-studies/](http://www.england.nhs.uk/publication/managing-conflicts-of-interest-ccg-case-studies/)

These case studies include indirect interests and personal interests.

### 5.5. Joint Working

This includes situations where organisations pool skills, experience and/or resources for the benefit of patients. Joint working differs from sponsorship, where pharmaceutical companies (or other third-party organisations) simply provide funds for a specific event or work programme.

### 5.6. Pharmaceutical Industry

- Companies, partnerships or individuals involved in the manufacture, sale, promotion or supply of medicinal products subject to the licensing provisions of the Medicines Act
- Companies, partnerships or individuals involved in the manufacture, sale, promotion or supply of medical devices, appliances, dressings and nutritional supplements that are used in the treatment of patients within the NHS
- Trade associations representing companies involved with such products;
- Companies, partnerships or individuals who are directly concerned with research, development or marketing of a medicinal product that is being considered by or would be influenced by, decisions taken by the CCGs or one of their committees or groups
- Pharmaceutical industry related industries, including companies, partnerships or CCG individuals directly concerned with enterprises that may be positively or adversely affected by decisions taken by the CCGs or one of their committees or groups.

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\(^2\) A common sense approach should be applied to the term “close association”. Such an association might arise, depending on the circumstances, through relationships with close family members and relatives, close friends and associates, and business partners.
5.7. Sponsorship.
This includes funding provided to the NHS from an external commercial source, whether in cash, goods, services or other benefits in kind. This includes funding of all or part of the costs of a member of staff, staff training, training of primary care contractors and their employees when organised by the CCG, pharmaceuticals, medical devices, dressings, nutritional supplements, equipment, hotel and transport costs, and provision of free services (e.g. speakers), buildings or premises. This list is not exhaustive.

6. PRINCIPLES OF GOOD GOVERNANCE.

6.1. CCGs should observe the principles of good governance in the way they do business. These include:
   - Seven Principles of Public Life (commonly known as the Nolan Principles)
   - Good Governance Standards of Public Services
   - Seven Key Principles of the NHS Constitution
   - Equality Act 2010
   - UK Corporate Governance Code
   - Standards for members of NHS Boards and CCG governing bodies in England.

6.2. In addition, to support the management of COIs, CCGs should:
   - Do business appropriately
   - Be proactive, not reactive
   - Be balanced, sensible and proportionate
   - Be transparent
   - Create an environment and culture where individuals feel supported and confident in declaring relevant information and raising concerns.

   Taken from NHS England guidance (2017).

6.3. For more details on the principles of good governance, please see Appendix 6.

7. ROLES AND RESPONSIBILITIES.

7.1. Chief Executive Officer (CEO) and Governing Body.
The CEO and executive members of CCG Governing Bodies have ongoing responsibility for ensuring the robust management of conflicts of interest across the CCGs. Operational responsibility has been delegated to the CCG Director of Corporate Governance. All references to staff in this policy also apply to the CEO and Governing Body members.

7.2. Chief Finance Officer
The Chief Finance Officer of each CCG is responsible for approving applications for Sponsorship and Joint Working valued at £500 or less and for convening a Working Panel to consider applications for Sponsorship and Joint Working valued at more than £500.
7.3. **Conflicts of Interest (COI) Guardian.**
This role is undertaken by each CCG Audit Committee chair and further strengthens scrutiny and transparency of CCGs’ decision-making processes. The COI Guardian is supported by the CCG Director of Corporate Governance and the Governance team to:
- Act as a conduit for GP practice staff, members of the public and healthcare professionals who have any concerns regarding conflicts of interest
- Be a safe point of contact for staff (as defined in 4.1 above) to raise concerns in relation to this policy
- Support the rigorous application of COI principles and policies
- Provide independent advice and judgement to staff and members where there is any doubt about how to apply COI policies and principles
- Provide advice on minimising the risks of COIs.

7.4. **Governance team.**
The Governance team is responsible for managing COI processes, monitoring compliance and completing assurance reporting to NHS England.

7.5. **Director of Corporate Governance.**
The Director of Corporate Governance has lead responsibility for overseeing the operational management of conflicts of interest across the CCGs and for ensuring that all appropriate steps are taken to ensure that all staff are aware of and in compliance with the national statutory guidance on Conflicts of Interest. Day-to-day operational management of conflicts of interest across the CCGs is with the individual CCGs’ Company Secretaries.

7.6. **GP Member Practices.**
The Senior Partner or Practice Manager (or equivalent role) in GP Member Practices will be requested to complete a Declaration of Interests on behalf of the Practice, in line with statutory guidance.

7.7. **Meeting Chairs.**
Meeting chairs have responsibility for ensuring that declarations of interest are a standing agenda item and addressed at the start of all meetings. See Appendix 4: Checklist for Chairs and Appendix 5: Briefing for Chairs for more details / guidance.

7.8. **Primary Care Commissioning Committee (PCCC)**
The PCCC Chair makes decisions on the review, planning and procurement of primary care services. 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 chair should not hold the position of chair of the primary care commissioning committee. NHS England’s COI guidance provides further information and recommendations on the PCCC.

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3 Tbc pending current organisational restructure.
7.9. **Organisational Development team.**
The Organisational Development team is responsible for ensuring all staff can access mandatory COI training, monitoring compliance against the NHS England standards and for reporting on compliance to the Corporate Governance team.

7.10. **Responsible Committee.**
Reports in relation to conflicts of interest (including Gifts and Hospitality, and Sponsorship and Joint Working) will be received by the CCGs’ Audit Committees.

7.11. **Staff.**
Employed or engaged staff have a duty to comply with CCG policies and standards as outlined in their contracts of employment and codes of conduct.

7.12. **Line Managers.**
Line Managers have a responsibility to ensure their staff comply with CCG policies and standards within their areas of responsibility. Line Managers also have a responsibility to ensure that all conflicts of interest declared by their staff have an appropriate management action plan.

7.13. **GPs.**
GPs and other professionals have a duty to comply with this policy under their professional codes of conduct.

8. **TRAINING.**

8.1. In January 2018 NHS England launched an online training package for conflicts of interest. There are three modules:

- **Module 1** covers what conflicts of interest are; how to declare and manage conflicts of interest, including individuals’ responsibilities; and how to report any concerns.
- **Module 2** provides further information on managing conflicts of interest throughout the whole commissioning cycle and in recruitment processes.
- **Module 3** provides advice on how chairs should manage conflicts of interest; an overview of the safeguards that should be applied in Primary Care Commissioning Committees; and how to identify and manage breaches of conflicts of interest rules, through a series of practical scenarios.

8.2. **Module 1**
NHS England requires that completion of Module 1 annually is mandatory for the following staff / officers:

- CCG Governing Body Members and Clinical Leads.
- Executive members of formal CCG committees and sub-committees.
- Primary Care Commissioning Committee members.
- Clinicians involved in commissioning or procurement decisions.
- CCG governance leads.
- Anyone involved (or likely to be involved) in taking a procurement decision(s). The CCGs have interpreted this to include all staff at Band 8a and above.

However, please note that the CCGs’ Organisational Development strategy requires that all staff should complete Module 1 as part of internal mandatory training.

All staff and the officers outlined above must pass Module 1 once every year by 31 January. Achievement of 80% in the assessment is required to pass the module.

8.3. Modules 2 and 3

These modules are currently optional, but may be of interest to:
- Module 2: individuals in decision-making roles, including contract and performance managers, commissioning leads, primary care teams, strategy and planning teams, locality managers, etc.
- Module 3: senior CCG staff with high exposure to conflicts of interest, such as governing body members, the senior management team, GP clinical leads, governance leads, COI Guardian and procurement leads.

The CCGs recommend that Governing Body Members, Executive Directors and Clinical Leads should undertake Modules 2 and 3, although the modules are available to all staff. Reporting of compliance with mandatory COI training is provided to the Governance team by the Organisational Development team.

8.4. Details on accessing the training are via individual CCG induction packs and on staff Intranets. The training is also accessible via e-Learning for Healthcare Hub, which is hosted by Health Education England, by registering with an NHS email address. Word versions of the training modules, which are suitable for screen readers, can be made available upon request to england.commissioning@nhs.net.

8.5. Compliance. The CCGs have to report on compliance with mandatory COI training to NHS England as part of the Improvement and Assessment Framework Conflicts of Interest indicator. The reporting year runs 1 February to 31 January. CCGs have to confirm that 100% of relevant staff have been offered Module 1 training and 90% of those staff have completed it. Compliance has been set at 90% in recognition that changes in staffing levels may make reaching 100% impossible. However, the expectation is that all relevant staff will complete the training. Newly recruited staff should complete the training within two weeks of starting to enable completion of their initial Declaration of Interests before 28 days.

8.6. Procurement. All individuals involved in Procurements, including patient representatives and those from third party organisations, will be required to complete Module 1 before undertaking evaluation of bids. The procurement lead manager can email support@e-lfh.org.uk to request access for those who do not have an NHS email address.
9. REVIEW, MONITORING AND COMPLIANCE.

9.1. This policy will be reviewed when there are significant changes to legislation, updated statutory guidance is issued by NHS England or in annually, whichever is sooner. Compliance with this policy will be audited annually via mandatory internal audits.

9.2. An Equality and Health Inequality Impact Assessment (EHIA) has been carried out on this policy. As a result, there is no anticipated detrimental impact on any equality group.

10. EQUALITY.

In applying this policy, the CCG will have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity, and provide for good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the Equality Act (2010): age, disability, sex, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation, in addition to offending background, trade union membership, or any other personal characteristic.

11. REFERENCES.

Acts of Parliament

www.gov.uk/government/publications/bribery-act-2010-guidance

www.gov.uk/guidance/equality-act-2010-guidance

European Public Contracts Regulations 2015.


ico.org.uk/for-organisations/guide-to-freedom-of-information/what-is-the-foi-act/


NHS (Procurement, Patient Choice and Competition) (no.2) regulations 2013.

and related guidance. www.england.nhs.uk/resources/resources-for-ccgs/#procurement


Public Contracts Regulations 2015 (PCR 2015).
www.legislation.gov.uk/uksi/2015/102/contents/made

Other documents.

ABPI and Department of Health toolkit on joint working between the NHS and the pharmaceutical industry.

Association of the British Pharmaceutical Industry (ABPI) code of practice.
www.pmcpa.org.uk/thecode/Pages/default.aspx

British Medical Association (BMA). Guidance on Conflicts of Interest for GPs in their role as commissioners and providers.

Department of Health. Commercial Sponsorship – Ethical Standards for the NHS.

Department of Health. Best practice guidance for joint working between the NHS and the pharmaceutical industry

Department of Health. Confidentiality: NHS Code of Practice
e-Learning for Healthcare Hub. my.esr.nhs.uk/

European Procurement Directives and the UK Regulations. www.gov.uk/guidance/transposing-eu-procurement-directives


NHS Counter Fraud Authority. cfa.nhs.uk/


NHS Improvement (now including Monitor, the sector regulator for health services in England). improvement.nhs.uk/


Royal College of General Practitioners. Managing Conflicts of Interest in clinical commissioning groups. www.rcgp.org.uk/~/media/Files/CIRC/Managing_conflicts_of_interest.ashx


**CCG Policies**

Individual CCG policies are available on each staff Intranet including:

CCG Standing Orders
CCG Standing Financial Instructions
Disciplinary Policy
Fraud, Bribery and Corruption policy
Parallel Sanctions Policy
Procurement Policy
Freedom to Speak Up (Whistleblowing) Policy
Appendix 1: COI procedure.

Including Gifts and Hospitality and Sponsorship and Joint Working.

1. **Identification, declaration and review of interests.**

1.1. All staff should identify and declare interests at the earliest opportunity (and in any event within **28 days** of the circumstances outlined below). If staff have no interests to declare, then a **nil return must be made**.

1.2. Declarations (including nil returns) should be made:
   - On appointment to the organisation.
   - When staff move to a new role or their responsibilities change significantly.
   - At the beginning of a new project / piece of work / procurement.
   - As soon as circumstances change and new interests arise (for instance, in a meeting when interests staff hold are relevant to the matters in discussion).
   - At an annual review of interests.

1.3. To assist staff with making timely declarations:
   - The requirement is included in the Staff Induction Checklist;
   - The Governance team prompt new staff to declare interests on appointment and when made aware of staff changing roles.
   - The Governance team prompt staff annually to review declarations they have made and, as appropriate, update them or make a nil return.
   - The Governance team request updated DOIs from GP practices annually.
   - The register is updated when revised practice lists are obtained from Primary Care teams monthly: new GP partners are asked to provide a declaration of interests within 28 days.

1.4. NHS England have provided conflict of interest case studies intended to raise awareness of the different types of conflicts of interest that could arise in CCGs and to support CCGs to robustly and effectively identify and manage them: [www.england.nhs.uk/publication/managing-conflicts-of-interest-ccg-case-studies/](http://www.england.nhs.uk/publication/managing-conflicts-of-interest-ccg-case-studies/)
   These case studies include indirect interests and personal interests.

1.5. **Declarations portal**

   Declarations are uploaded and managed by individuals on an online web-portal at: [https://SussexCCGs.mydeclarations.co.uk](https://SussexCCGs.mydeclarations.co.uk)  Help and advice on completing and uploading declarations are available from the CCG Governance team or by email at: [sesc.declarations@nhs.net](mailto:sesc.declarations@nhs.net)

1.6. When a Declaration of Interests (DOI) is completed, the Governance team will check that sufficient information has been provided in order to complete the register and will request clarification from the declarer if needed.
1.7. The Governance team will check on materiality of the declaration(s) and ensure there is a suitable management action plan for each material declaration. If any issues arise that are complex or unclear, the Governance team will refer to the Governance Team or the COI Guardian for advice or a decision.

1.8. The Governance team will aim to make declarations available on the appropriate register within ten working days of the declaration being submitted.

1.9. **Materiality of Interests.**
   If staff are in any doubt as to whether an interest is material then they should declare it, so that it can be considered by the Governance team. Advice on materiality of an interest is available from the Governance team. If an interest is declared but it is deemed there is no risk of a conflict arising for the CCGs’ business, then no action is warranted. A record of the decision will be kept, but the interest will not be included on either the published or non-published register. If unclear, materiality of a declared interest will be decided by the Conflicts of Interest Guardian and/or the CCG Head of Governance.

1.10. **Management Actions.**
   Staff who declare material interests should discuss them with their line manager or the person(s) they are working to and agree a management action plan for mitigation of the risks. The general management actions that could be applied include:
   - Restricting staff involvement in associated discussions and excluding them from decision making.
   - Removing staff from the whole decision making process.
   - Removing staff responsibility for an entire area of work.
   - Removing staff from their role altogether if they are unable to operate effectively in it because the conflict is so significant.

   Each case will be different and context-specific, and the CCGs will clarify the circumstances and issues with the individuals involved. Staff should maintain a written audit trail of information considered and actions taken. Advice on management actions can be obtained from the Governance team. In the case of disputes about the most appropriate management action, the individual or their line manager should refer to the Conflicts of Interest Guardian or the CCG Head of Governance (see Appendix 3 – key staff contacts).

1.11. **Proactive Review of Interests.**
   Staff will be prompted at least annually, usually via email, to review the declarations they have made. All staff are required to submit either a declaration of interests or a nil return **annually**.

1.12. **Leavers.**
   Register entries for leavers are removed from the live register and stored separately for a minimum of six years.
1.13. Expired Interests.
After expiry, an interest will remain on the register for a minimum of six months.
After six months, the Governance team will remove the interest from the live register
and a private record of historic interests will be retained by the CCGs for a minimum of six years.

COIs of applicants for Governing Body and Executive Director (Band 8d and above) roles should be considered during the recruitment process. Following shortlisting for interview, candidates will be asked to complete a DOI so that any conflicts can be considered prior to and during interview. The CCGs will need to consider whether the individual (or anyone they have a close association with) could benefit from any decision the CCG might make, which may cause an individual to be excluded from being appointed to the relevant role. These will have to be considered on a case-by-case basis.

Key considerations when appointing Governing Body or Executive Directors include:
- Whether COIs should exclude individuals from appointment;
- Assessing materiality of interests;
- Determining the extent of the interest.

Advice on managing Conflicts of Interest during recruitment is available from the Governance team or the COI Guardian and the CCG Governance Team (see Appendix 3 – key staff contacts).

1.15. New Models of Care.
The term “new models of care” refers to Multi-specialty Community Providers (MCP), Primary and Acute Care Systems (PACS) or other arrangements of a similar scale or scope. For the CCGs this includes working towards Integrated Care Systems (ICSs), Integrated Care Providers (ICPs) and Primary Care Networks (PCNs).

When CCGs are commissioning new care models, particularly those that include primary medical services, it is likely that there will be some individuals with roles in the CCG (whether clinical or non-clinical) that also have roles within a potential provider, or may be affected by decisions related to new care models. Any conflicts of interest must be identified and appropriately managed in accordance with this statutory guidance.

This is a new area for the CCGs and policy and procedures are still in development, but recommendations for consistent handling of potential COIs include:
- The Primary Care Commissioning Committees should be used as the principal governance route to manage the conflicts of procuring new models of care;
- Each case will be different but as a general principle, Clinical Directors of Federations or PCNs should be precluded from being members (even non-
voting) of Governing Bodies, Primary Care Commissioning Committees and other sub-committees;

- As PCNs appoint their Clinical Directors there should be a proactive review of individual’s current roles and an open and transparent discussion of which roles can continue and agreement of an appropriate management strategy.

More detailed NHS England guidance on managing COIs in commissioning New Models of Care is included in Appendix 2.

The management of COIs is important in the context of joint decision-making processes. Following the creation of Sustainability and Transformation Partnerships (STPs) and Integrated Care Systems (ICSs), CCGs are working more collaboratively with other CCGs and local partners such as Local Authorities to jointly commission services. The requirements for managing COIs apply to joint forums and committees formed to discuss and make commissioning decisions.

Further guidance from NHS England “Mechanisms for collaboration across health and care systems” is also available on the staff Intranet.

2. Publication of registers.

2.1. The CCGs will maintain one or more Register(s) of Conflicts of Interest, Gifts and Hospitality, Procurement decisions and Sponsorship and Joint Working. All declared interests that are material will be available on the appropriate register. The Governance team make declarations available on the appropriate register within ten working days of the declaration being submitted.

2.2. The CCGs will:
- Publish the interests declared by decision making staff in one or more Register(s) of Conflicts of Interest, Gifts and Hospitality and Sponsorship and Joint Working;
- Refresh this information at least annually;
- Make this information available on the CCGs’ websites:
  - Brighton and Hove CCG
    www.brightonandhoveccg.nhs.uk/about-us/conflicts-of-interest/
  - East Sussex CCG
    www.eastsussexccg.nhs.uk/about-us/conflicts-of-interest/
  - West Sussex CCG
    www.westsussexccg.nhs.uk/about-us/conflicts-of-interest/

and in hard copy on request at the following CCG offices:
- Brighton and Hove CCG
  - Town Hall, Norton Rd, Hove BN3 4AH
- East Sussex CCG
  - 36-38 Friars Walk, Lewes, BN7 2PB
  - Bexhill Hospital, Holliers Hill, Bexhill, TN40 2DZ
2.3. Requests for Non-publication of interests.
If decision making staff have substantial grounds for believing that publication of their interests should not take place then they should contact the Governance team to explain why. In exceptional circumstances, for instance where the publication of information might put a member of staff at risk of harm, information may be withheld or redacted on public registers.

All requests for non-publication will be considered by the Conflicts of Interest Guardian and/or the CCG Head of Governance. Non-publication of interests would only be agreed as the exception and information will not be withheld or redacted merely because of a personal preference. The CCG will retain a confidential, un-redacted version of the register(s).

2.4. Wider Transparency Initiatives
The CCGs fully support wider transparency initiatives in healthcare, and we encourage staff to engage actively with these.

Relevant staff are strongly encouraged to give their consent for payments they receive from the pharmaceutical industry to be disclosed as part of the Association of British Pharmaceutical Industry (ABPI) Disclosure UK initiative. These “transfers of value” include payments relating to:
- Speaking at and chairing meetings.
- Training services.
- Advisory board meetings.
- Fees and expenses paid to healthcare professionals.
- Sponsorship of attendance at meetings, which includes registration fees and the costs of accommodation and travel, both inside and outside the UK.
- Donations, grants and benefits in kind provided to healthcare organisations.

Further information about the scheme can be found on the ABPI website: www.abpi.org.uk/ethics/ethical-responsibility/disclosure-uk/


3.1. Strategic decision making groups.
The CCGs use a variety of different groups to make key strategic decisions about things such as:
- Entering into (or renewing) large scale contracts.
- Awarding grants.
- Making procurement decisions.
- Selection of medicines, equipment, and devices.
3.2. The interests of those who are involved in these groups should be well known so that they can be managed effectively. For the CCGs these groups include the following whether held individually or as Committees in Common:

- Governing Bodies.
- Audit Committees.
- Remuneration and Nominations Committees.
- Primary Care Commissioning Committees.
- Quality and Safety Committees.
- Finance and Performance Committees.
- Clinical Commissioning Committees.

3.3. This list includes the statutory and principal CCG committees, but is not exhaustive; the principles and procedures outlined in this policy apply to all committees and groups that have the power to make decisions on commissioning and the spending of taxpayers' money, procurements, purchasing of goods, medicines, medical devices or equipment, formulary decisions and contract monitoring.

3.4. Committees should adopt the following principles:

- Chairs should consider any known interests of members in advance, and begin each meeting by asking for declaration of relevant material interests.
- Members should take personal responsibility for declaring material interests at the beginning of each meeting and as they arise.
- Any new interests identified should be added to the organisation’s register(s).
- The vice chair (or other non-conflicted member) should chair all or part of the meeting if the chair has an interest that may prejudice their judgement.

3.5. The default response should not always be to exclude members with interests, as this may have a detrimental effect on the quality of the decision being made. Good judgement is required to ensure proportionate management of risk.

3.6. Committees should adopt the procedures outlined below.

3.7. The Governance team will provide a register of interests of members and attendees of committees, on request from the meeting administrator or organiser. An updated committee register should be requested for every meeting.

3.8. It is good practice for the chair 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 are not sent to conflicted individuals, where relevant. The chair should complete the checklist in Appendix 4 to assist them in managing COIs in meetings. Advice and support on managing COIs is available from the Governance team, the CCG Head of Governance or the Conflicts of Interest Guardian (see Appendix 3 key staff contacts).
3.9. The agendas for all meetings covered by this policy should have a standing item on “Declarations of Interest”. During this item the chair will ask if anyone has any conflicts of interest to declare in relation to the business of the meeting. Each member of the meeting should declare any relevant interests whether or not those interests have been declared previously. Any new interests declared at a meeting will subsequently be included on the appropriate CCG(s)’ register(s) of interest.

3.10. 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) must decide how to manage the conflict and ensure that the reason for the chosen action is documented in minutes or records. 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.
- Removing the member from the group or process altogether.
- 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. The conflicts of interest case studies include examples of material and immaterial conflicts of interest.

3.11. The default response should not always be to exclude members with interests, as this may have a detrimental effect on the quality of the decision being made. Good judgement is required to ensure proportionate management of risk.
3.12. The chair of a meeting or committee has ultimate responsibility or deciding whether there is a conflict of interest and for taking the appropriate course of action to manage the conflict of interest.

3.13. If the chair of a meeting has a conflict of interest, the vice chair is responsible for deciding the appropriate course of action 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 how to manage the conflict(s).

3.14. In making such decisions, the chair, vice chair or remaining non-conflicted members may wish to consult with the Conflicts of Interest Guardian or CCG Head of Governance.

3.15. It is imperative that the CCGs ensure complete transparency in their decision making processes through robust record keeping. If any conflicts of interest are declared or otherwise arise at 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 cause to a conflict;
   - The items on the agenda to which the items relate;
   - How the conflict was agreed to be managed, and;
   - Evidence that the conflict was managed as intended.

A CCG briefing document for chairs and minute takers provides guidance on the management of conflicts of interest at meetings (Appendix 5).

4. How to make a declaration of interests.

4.1. This section explains the types of interest that should be declared and the procedures for making declarations. Further advice on what should be declared or on any of these processes is available from the Governance team.

4.2. Declarations portal
Declarations including for conflicts of interest, gifts, hospitality and sponsorship are uploaded and managed by individuals on an online web-portal at: https://SussexCCGs.mydeclarations.co.uk. Help and advice on completing and uploading declarations are available from the CCG Governance team or by email at: sesc.declarations@nhs.net

4.3. Loyalty Interests.
Loyalty interests should be declared by staff involved in decision making where they:
   - 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 an 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 in which close family members and relatives, close friends and associates, and business partners have decision making responsibilities.

NHS England have provided conflict of interest case studies intended to raise awareness of the different types of conflicts of interest that could arise in CCGs and to support CCGs to robustly and effectively identify and manage them: [www.england.nhs.uk/publication/managing-conflicts-of-interest-ccg-case-studies/](http://www.england.nhs.uk/publication/managing-conflicts-of-interest-ccg-case-studies/)

These case studies include indirect interests and personal interests.

**What should be declared.**
- Staff name and their role with the organisation.
- Nature of the loyalty interest.
- Relevant dates.
- Other relevant information (e.g. action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

**4.4. Gifts.**

CCG staff should not accept gifts that may affect, or be seen to affect, their professional judgement.

- Gifts from suppliers or contractors:
  - Gifts from suppliers or contractors doing business (or likely to do business) with the organisation should be declined, whatever their value, and should be declared.
  - Low cost branded promotional aids such as pens or post-it notes may, however, be accepted where they are under the value of £6\(^4\) in total, and need not be declared.

- Gifts from other sources (e.g. patients, families, service users):
  - Any personal gift of cash or cash equivalents (e.g. vouchers, tokens or offers of remuneration to attend meetings while working for or representing any of the CCGs), whatever their value, should always be declined and should be declared.
  - Staff should not ask for any gifts.
  - Modest gifts under a value up to £50 may be accepted and do not need to be declared.
  - Gifts valued at over £50 should be treated with caution and only accepted on behalf of one of the CCGs and not in a personal capacity. These should be declared by staff.

\(^4\) 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](http://www.pmcpa.org.uk/thecode/Pages/default.aspx)
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.

What should be declared and recorded on the register.

- Staff name and their role with the organisation.
- A description of the nature and value of the gift including its source.
- Date of receipt.
- Whether or not the gift was accepted and reason for accepting/declining.
- 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 policy).

4.5. Hospitality.

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

Meals and refreshments:

- Under a value of £25 – may be accepted and need not be declared.
- Of a value between £25 and £75 – may be accepted and must be declared.
- Over a value of £75 – should be refused unless (in exceptional circumstances) approval is given in advance by the CCC’s Managing Director, or the CCG’s Chief Finance Officer (or nominated deputies). A clear reason should be recorded on the Gifts and Hospitality Register 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 a reasonable estimate).

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 in advance by the CCC’s Managing Director, or the CCC’s Chief Finance Officer (or nominated deputies), should only be accepted in exceptional circumstances, and must be declared.
What should be declared and recorded on the register

- Staff name and their role with the organisation.
- The nature and value of the hospitality including the circumstances.
- Date of receipt.
- Whether or not the hospitality was accepted and reason for accepting / declining.
- Name / role of approver if approval was needed.
- Any other relevant information (e.g. action taken to mitigate against a conflict, details of any approvals given that depart from the terms of this policy).

- A clear reason should be recorded on the organisation’s Gifts and Hospitality Register 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.

4.6. Outside Employment.

- Staff should declare any existing outside employment to their line manager on appointment and any new outside employment when it arises;
- Governing Body members, while not employees, should disclose any outside employment, along with any other conflicts of interest, as requested during the recruitment process and any new outside employment when it arises;
- Where a risk of conflict of interest arises, the general management actions outlined in this policy 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 the organisation to engage in outside employment.
- The organisation may also have legitimate reasons within employment law for knowing about outside employment of staff, even when this does not give rise to risk of a conflict.

What should be declared

- Staff name and their role with the organisation.
- The nature of the outside employment (e.g. who it is with, a description of duties, time commitment).
- Relevant dates.
- Other relevant information (e.g. action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

4.7. Shareholdings and Other Ownership Issues.

- Staff should declare, as a minimum, any shareholdings and other ownership interests in any publicly listed, private or not-for-profit company, business, partnership or consultancy which is doing, or might be reasonably expected to do, business with the organisation.
Where shareholdings or other ownership interests are declared and give rise to risk of conflicts of interest then the general management actions outlined in this policy should be considered and applied to mitigate risks.

There is no need to declare shares or securities held in collective investment or pension funds or units of authorised unit trusts.

**What should be declared.**
- Staff name and their role with the organisation.
- Nature of the shareholdings / other ownership interest.
- Relevant dates.
- Other relevant information (e.g. action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

### 4.8. Patents.

- 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 the organisation.
- Staff should seek prior permission from the 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 policy should be considered and applied to mitigate risks.

**What should be declared.**
- Staff name and their role with the organisation.
- A description of the patent.
- Relevant dates.
- Other relevant information (e.g. action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

### 4.9. Donations.

- Donations made by suppliers or bodies seeking to do business with the organisation should be treated with caution and not routinely accepted. In exceptional circumstances they 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 the organisation, or is being pursued on behalf of the organisation’s own registered charity or other charitable body and is not for their own personal gain.
• Staff must obtain permission from the organisation if in their professional role they intend to undertake fundraising activities on behalf of a pre-approved charitable campaign for a charity other than the organisation’s own.
• Donations, when received, should be made to a specific charitable fund (never to an individual) and a receipt should be issued.
• Staff wishing to make a donation to a charitable fund in lieu of receiving a professional fee 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.

**What should be declared.**
The organisation will maintain records in line with the above principles and rules and relevant obligations under charity law.

4.10. **Clinical Private Practice.**
Clinical staff should declare all private practice on appointment, and/or any new private practice when it arises\(^5\) including:
• Where they practise (name of private facility).
• What they practise (specialty, major procedures).
• When they practise (identified sessions / time commitment).

Clinical staff should (unless existing contractual provisions require otherwise or unless emergency treatment for private patients is needed):
• Seek prior approval of their organisation before taking up private practice.
• Ensure that, where there would otherwise be a conflict or potential conflict of interest, NHS commitments take precedence over private work.\(^6\)
• Not accept direct or indirect financial incentives from private providers other than those allowed by Competition and Markets Authority guidelines: assets.publishing.service.gov.uk/media/542c1543e5274a1314000c56/Non-Divestment_Order_amended.pdf

GPs and Hospital Consultants should not initiate discussions about providing their Private Professional Services with NHS patients, nor should they ask other staff to initiate such discussions on their behalf.

**What should be declared.**
• Staff name and their role with the organisation.

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\(^5\) Hospital Consultants are already required to provide 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

\(^6\) These provisions already apply to Hospital Consultants by virtue of Paras.5 and 20, 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
5. Sponsorship and joint working.

5.1. The Department of Health recognises that joint working with the pharmaceutical industry (or other third-party organisations, where the benefits to patient care and the difference it could make to their health and wellbeing are clearly advantageous, should be considered by NHS organisations and their employees.

5.2. NHS organisations are required to consider fully the impact of any sponsorship arrangement on wider healthcare services and the risks of conflicts of interest.

5.3. Definitions of sponsorship includes:
- Funding provided to the NHS from an external commercial source, whether in cash, goods, services, or other benefits in kind.
- This includes funding of all or part of the costs of a member of staff, staff training, training of primary care contractors and their staff, pharmaceuticals, medical devices, dressings, nutritional supplements, equipment, meeting rooms, costs associated with meetings, meals, gifts, hospitality, hotel and transport costs, provision of free services (speakers etc.), buildings or premises.
- This list is not exhaustive, and it would be prudent to include any other benefits, goods or services that would otherwise be funded through NHS resources.

5.4. Definitions of joint working includes:
- Where, for the benefit of patients, organisations pool skills, experience and/or resources for the joint development and implementation of patient-centred projects and share a commitment to successful delivery.
- Joint working agreements and management arrangements are conducted in an open and transparent manner.

5.5. Joint working differs from sponsorship where organisations simply provide funds for a specific event or work programme.

5.6. The philosophy underpinning the relationship between the CCGs and the pharmaceutical industry is such that the CCGs:
- Acknowledge the interdependent relationship between the pharmaceutical industry and the NHS;
- Seek to explore and develop the relationship between themselves and the pharmaceutical industry for the benefit of their populations within a clear ethical framework;
• Recognise the needs of the pharmaceutical industry to maintain profitability and promote specific drugs and the needs of the NHS to ensure there is evidence-based decision making, value for money and equity;
• Believe that ethical member of the pharmaceutical industry hold a clear desire to improve health and health care as well as to maintain profitability; and
• Recognise the requirement of the pharmaceutical industry to promote its products in an ethical manner to the prescribing practitioners aligned to the CCGs.

5.7. Principles of Sponsorship and Joint Working.

i. Working in the interests of patients to deliver high quality care:
• Joint projects between the CCGs and the pharmaceutical industry must be for the benefit of their populations.
• Any joint project must adequately respect and safeguard confidential patient information.
• Any relationship between the pharmaceutical industry and the CCGs must promote and enhance equitable access to evidence-based high quality healthcare for their populations.
• Joint working between the CCGs and the pharmaceutical industry must promote evidence-based medicine and support only those drugs and treatments that have an acceptable evidence base and which have local formulary approval where applicable.

ii. Supporting the delivery of CCG strategic objectives and local needs:
• The CCGs will not undertake joint working or accept sponsorship from the pharmaceutical industry to support projects that are contrary to its strategic priorities.
• The CCGs will consider the implications for the entire Health and Social Care community and other key stakeholders of any proposal prior to approving the joint working project.
• The continuity of any services funded through sponsorship or joint working must be fully considered before entering into any arrangements.

iii. Selection and approval of sponsorship and joint working partners:
• Where sponsorship or joint working is being sought by the CCGs, the opportunity to participate should be offered to an appropriate range of companies within the pharmaceutical industry.
• All joint working or sponsorship must be assessed and declared.
• The CCGs may pursue joint working with any interested company of good standing within the pharmaceutical industry regardless of their size.

iv. Transparency and openness:
• All relationships with the pharmaceutical must be handled in an open and transparent manner as befits publicly funded bodies.
• Joint working or sponsorship will not be accepted for projects that have the prime objective of increasing the usage of a specific brand of pharmaceutical or other product.
v. Relationship between the CCGs and the pharmaceutical industry:

- The CCGs seek to develop long term relationships with the pharmaceutical industry and will look favourably on undertaking joint projects with companies that have a proven history of ethical and productive joint working.
- The CCG will preferentially support sponsorship and joint working that develop the expertise and capabilities of the employees and organisations within the Health and Social Care community to provide high quality care for their populations.
- All joint working projects and associated materials must comply with the current Association of the British Pharmaceutical Industry (ABPI) code of practice, whether or not the company is a member of the ABPI.
- Any learning or products (protocols, guidelines, intellectual property, etc.) developed through joint working will be the property of the CCGs unless specifically agreed otherwise in a signed contract with company(ies) and may be shared with other NHS organisations. The CCGs will consider supporting the dissemination of lessons learned from joint working, but retains the right of approval of associated literature and material.

5.8. How to Apply for Sponsorship or Joint Working.

i. Sponsored Events:

- Sponsorship of events by appropriate external bodies will only be approved if a reasonable person would conclude that the event will result in clear benefit to 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 whom they could gain a commercial advantage, and information which is not in the public domain should not normally be supplied.
- At the 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.
- Staff within the organisation involved in securing sponsorship of events 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 arranging sponsored events must declare this to the organisation.

What should be declared.
The organisation will maintain records regarding sponsored events in line with the above principles and rules.
ii. Sponsored Research.
- 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.
- 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 the organisation.

What should be declared.
- The organisation will retain written records of sponsorship of research, in line with the above principles and rules.
- Staff should declare:
  - Their name and their role with the organisation.
  - Nature of their involvement in the sponsored research.
  - Relevant dates.
  - 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 policy).

iii. Sponsored Posts.
- External sponsorship of a post requires prior approval from the organisation.
- Rolling sponsorship of posts should be avoided unless appropriate checkpoints are put in place to review and withdraw if appropriate.
- 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. This should be audited for the duration of the sponsorship. 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 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.
What should be declared.
The organisation will 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 policy.

iv. Other Forms of Sponsorship.
- Organisations external to the CCGs or the NHS may also sponsor posts or research.
- There is potential for conflicts of interest to occur, however, particularly when research funding by external bodies does or could lead to a real or perceived commercial advantage, or if sponsored posts cause a conflict of interest between the aims of the sponsor and the aims of the organisation, particularly in relation to procurement and competition.
- There needs to be transparency and any conflicts of interest should be well managed.
- For further information, please see “Managing Conflicts of Interest in the NHS: Guidance for staff and organisations”.

v. Joint working.
- Joint working must be for the benefit of patients or of the NHS and preserve patient care.
- Any joint working between the NHS and the pharmaceutical industry should be conducted in an open and transparent manner.
- Arrangements should be of mutual benefit; the principal beneficiary being the patient.
- The length of the arrangement, the potential implications for patients and the NHS, together with perceived benefits for all parties, should be clearly outlined before entering into any joint working arrangement.
- A mutually agreed and effective exit strategy will be required at the outset of any joint working arrangement.

What should be declared
The organisation will retain written records of joint working, 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 policy.

5.9. Approval process for Sponsorship and Joint Working
The application form for sponsorship or joint working is available in Annex 5 of this policy.

i. Applications for sponsorship or joint working valued at £500 or less:
- The lead manager must complete a declaration of Sponsorship or Joint Working Approval and submit it to the CCG’s Chief Finance Officer.
The CFO will ensure the declaration complies with this policy before giving approval.

The lead manager will be informed in writing (via email) of the outcome of the application following the CFO’s review.

Following approval, the lead manager will be able to take forward the arrangements as outlined in their application. No significant amendments to the arrangements may be made after approval.

The details will be logged on the Register of Sponsorship and Joint Working and the relevant Audit Committee informed.

ii. Applications for sponsorship or joint working valued at over £500:

- The lead manager must complete a declaration of Sponsorship or Joint Working Approval and submit it to the CCG’s Chief Finance Officer.
- The CFO will convene a sponsorship and joint working panel to consider the application.
- The lead manager will be informed in writing (via email) of the outcome of the application following review by the panel.
- Following approval, the lead manager will be able to take forward the arrangements as outlined in their application. No significant amendments to the arrangements may be made after approval.
- The details will be logged on the Register of Sponsorship and Joint Working and the relevant Audit Committee informed.

6. Procurement and contract monitoring.

6.1. Procurements should be managed in an open and transparent manner, compliant with procurement and other relevant law, to ensure there is no discrimination against or in favour of any provider.

6.2. Procurement processes should be conducted in a manner that does not constitute anti-competitive behaviour, which is against the interest of patients and the public.

6.3. The CCGs obtain expert advice and support on Procurement from NHS South of England Procurement Services (SOEPS). Conflicts of interest management is still needed where a third-party organisation leads the bidding process.

6.4. At the start of a procurement project and, as the members of the procurement team are identified, SOEPS will ask them to complete the Procurement Declaration of Interests for inclusion on the COI Register. The Procurement lead manager and the CCG project lead are also sent a copy for their records.

6.5. The CCG project lead, with the support of SOEPS, should keep records that show a clear audit trail of how conflicts of interest have been identified and managed as part of procurement processes. At every stage of the procurement steps should be taken to identify and manage conflicts of interest to ensure and to protect the integrity of the process.
6.6. Discussions around conflicts should take place when procurement specifications are produced, bids are scored, or in meetings where final procurement decisions are made.

6.7. Conflicts of interest should be a standing agenda item for procurement and contract meetings.

6.8. **Single Tender Actions.**
Conflicts of interest should be considered prior to the approval of single tender waivers and recorded on the Procurement Register.

6.9. Procurement decisions and mitigation of conflicts of interest should be recorded in the CCGs’ Procurement Registers that are maintained by the Finance Directorate.

6.10. The Register of Procurement Decisions will include all new services, extension, contract variations and single tender actions;

6.11. The Procurement Registers are published on the CCGs’ websites 6 monthly:
- Brighton and Hove CCG
- East Sussex CCG
- West Sussex CCG

and in hard copy on request at the following CCG offices:
- Brighton and Hove CCG
  o Town Hall, Norton Rd, Hove BN3 4AH
- East Sussex CCG
  o 36-38 Friars Walk, Lewes, BN7 2PB
  o Bexhill Hospital, Holliers Hill, Bexhill, TN40 2DZ
- West Sussex CCG
  o Wicker House, High Street, Worthing BN11 1DJ
  o Lower Ground Floor Crawley Hospital, West Green Drive, Crawley RH11 7DH

6.12. Further information and guidance can be obtained from the CCGs’ Procurement policy and the CCGs’ Chief Finance Officer.

7. **Dealing with breaches.**
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”.
7.1. Identifying and reporting breaches.
Staff who are aware of actual breaches of this policy, or who are concerned that there has been, or may be a breach, should report these concerns to the Governance team. Further advice on what constitutes a breach can be sought from the COI Guardian (see key staff contacts in Appendix 3).

To ensure that interests are effectively managed staff are encouraged to speak up about actual or suspected breaches. Every individual has a responsibility to do this. For further information about how concerns should be raised see the Whistleblowing Policy (Freedom to Speak Up). The CCGs each have a Freedom to Speak up Guardian (see Appendix 3 – key staff contacts).

The CCGs will investigate each reported breach according to its own specific facts and merits, and give relevant parties the opportunity to explain and clarify any relevant circumstances. Investigations will be organised by the Governance team and, following investigation, the COI Guardian and/or the CCG Head of Governance 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; and
- Take appropriate action as set out in the next section.

7.2. Taking action in response to breaches.
Action taken in response to breaches of this policy will be in accordance with the disciplinary procedures of the CCGs and could involve the organisational leads for staff support (e.g. Human Resources), fraud (e.g. Local Counter Fraud Specialists), or members of the management or executive teams and organisational auditors.

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 Counter Fraud Authority, the Police, statutory health bodies (such as NHS England, NHS Improvement or the CQC), and/or health professional regulatory bodies.

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.

7.3. Learning and transparency concerning breaches.
Reports on breaches, the impact of these, and action taken will be considered by the CCG Head of Governance at least quarterly. Breaches are reported to NHS England as part of the quarterly assurance submission. To ensure that lessons are learned 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 relevant CCG website as appropriate, and made available for inspection by the public upon request.

8. Fraud, bribery, corruption and money laundering.

8.1. The Bribery Act 2010 places specific responsibility on organisations to have in place sufficient and adequate procedures to prevent bribery and corruption taking place. The CCGs have a dedicated counter fraud resource, a Fraud Bribery and Corruption Policy and a strategic approach to counter the risks of Fraud and Bribery. The CCGs adopt a zero tolerance approach to fraud, corruption, bribery, money laundering or any similar act within the NHS.

8.2. Under the Bribery Act 2010 it is an offence for all employees and connected staff to:

- Pay bribes: to offer or give a financial or other advantage with the intention of inducing that person to perform a relevant function or activity improperly or to reward that person for doing so;
- Receive Bribes: to receive a financial or other advantage intending that a relevant function or activity should be performed improperly as a result;
- Fail to prevent bribery: an organisation is guilty of an offence if an associated person, i.e. someone who performs services on behalf of the organisation, bribes another person intending to obtain or retain business or a business advantage.
8.3. “Relevant function or activity” includes any function of a public nature and any activity connected with a business. The employee performing the activity is required to perform it in good faith or impartiality or be in a position of trust. On summary conviction, the penalties for these offences can include a fine of up to £5,000 and (in the case of individuals) imprisonment for up to 12 months. On conviction on indictment, these penalties can increase to an unlimited fine and (in the case of individuals) imprisonment for up to 10 years.

8.4. Money Laundering is a process by which the proceeds of crime are converted into assets which appear to have a legitimate origin, so that they can be retained permanently or recycled into further criminal enterprises. Offences covered by the Proceeds of Crime Act 2002 and the Money Laundering Regulations 2007 may be considered and investigated in accordance with the Fraud, Bribery and Corruption Policy.

8.5. All members of staff have a responsibility to report any instances of bribery, or suspected bribery, to the Chief Finance Officer or the Counter Fraud Specialist (see Appendix 3 – key staff contacts).

8.6. In certain circumstances, these offences could be committed as a result of a gift being accepted by a friend or relative as well as a member of staff.

8.7. Genuine suspicions of Fraud, Bribery and Corruption should be reported to the Counter Fraud Specialist (see Appendix 3 – key staff contacts) or the NHS Fraud and Corruption Reporting Line on Freephone: 0800 028 4060, in strict confidence, or via the online reporting form at www.cfa.nhs.uk/reportfraud. Suspicions of fraud can be reported within the CCG to the Chief Finance Officer or to the NHS Counter Fraud Manager (see Appendix 3 – key staff contacts).

8.8. Failure to manage conflicts of interest could lead to criminal proceedings including for offences such as fraud, bribery and corruption. See the Fraud Bribery and Corruption Policy for more information.
Appendix 2: NHS England Guidance on New Models of Care

Summary of key aspects of the guidance on managing conflicts of interest relating to commissioning of new care models.

Introduction

1. Conflicts of interest can arise throughout the whole commissioning cycle from needs assessment, to procurement exercises, to contract monitoring. They arise in many situations, environments and forms of commissioning.

2. Where CCGs are commissioning new care models, particularly those that include primary medical services, it is likely that there will be some individuals with roles in the CCG (whether clinical or non-clinical), that also have roles within a potential provider, or may be affected by decisions relating to new care models. Any conflicts of interest must be identified and appropriately managed, in accordance with this statutory guidance.

3. This annex is intended to provide further advice and support to help CCGs to manage conflicts of interest in the commissioning of new care models. It summarises key aspects of the statutory guidance which are of particular relevance to commissioning new care models rather than setting out new requirements. Whilst this annex highlights some of the key aspects of the statutory guidance, CCGs should always refer to, and comply with, the full statutory guidance.

Identifying and managing conflicts of interest

4. The statutory guidance for CCGs is clear that any individual who has a material interest in an organisation which provides, or is likely to provide, substantial services to a CCG (whether as a provider of healthcare or provider of 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.

5. In the case of new care models, it is perhaps likely that there will be individuals with roles in both the CCG and new care model provider / potential provider. These conflicts of interest should be identified as soon as possible, and appropriately managed locally. The position should also be reviewed whenever an individual’s role, responsibility or circumstances change in a way that affects the individual’s interests. For example where an individual takes on a new role outside the CCG, or enters into a new business or relationship, these new interests should be promptly declared and appropriately managed in accordance with the statutory guidance.

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7 Where we refer to “new care models” in this note, we are referring to any Multi-speciality Community Provider (MCP), Primary and Acute Care Systems (PACS) or other arrangements of a similar scale or scope that (directly or indirectly) includes primary medical services.
6. There will be occasions where the conflict of interest is profound and acute. 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 a CCG or aspires to be a new care model provider), it is likely that CCGs will want to consider whether, practically, such an interest is manageable at all. CCGs should note that this can arise in relation to both clinical and non-clinical members/roles. If an interest is not manageable, 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 and may require the CCG to take action to terminate an appointment if the individual refuses to step down. CCGs should ensure that their contracts of employment and letters of appointment, HR policies, governing body and committee terms of reference and standing orders are reviewed to ensure that they enable the CCG to take appropriate action to manage conflicts of interest robustly and effectively in such circumstances.

7. Where a member of CCG staff participating in a meeting has dual roles, for example a role with the CCG and a role with a new care model provider organisation, but it is not considered necessary to exclude them from the whole or any part of a CCG meeting, he or she should ensure that the capacity in which they continue to participate in the discussions is made clear and correctly recorded in the meeting minutes, but where it is appropriate for them to participate in decisions they must only do so if they are acting in their CCG role.

8. CCGs should take all reasonable steps to ensure that employees, committee members, contractors and others engaged under contract with them are aware of the requirement to inform the CCG if they are employed or engaged in, or wish to be employed or engaged in, any employment or consultancy work in addition to their work with the CCG (for example, in relation to new care model arrangements).

9. CCGs should identify as soon as possible where staff might be affected by the outcome of a procurement exercise, e.g., they may transfer to a provider (or their role may materially change) following the award of a contract. This should be treated as a relevant interest, and CCGs should ensure they manage the potential conflict. This conflict of interest arises as soon as individuals are able to identify that their role may be personally affected.

10. Similarly, CCGs should identify and manage potential conflicts of interest where staff are involved in both the contract management of existing contracts, and involved in procurement of related new contracts.
Governance arrangements

11. Appropriate governance arrangements must be put in place that ensure that conflicts of interest are identified and managed appropriately, in accordance with this statutory guidance, without compromising the CCG’s ability to make robust commissioning decisions.

12. We know that some CCGs are adapting existing governance arrangements and others developing new ones to manage the risks that can arise when commissioning new care models. We are therefore, not recommending a “one size fits” all governance approach, but have included some examples of governance models which CCGs may want to consider.

13. The principles set out in the general statutory guidance on managing conflicts of interest (paragraph 19-23), including the Nolan Principles and the Good Governance Standards for Public Services (2004), should underpin all governance arrangements.

14. CCGs should consider whether it is appropriate for the Governing Body to take decisions on new care models or (if there are too many conflicted members to make this possible) whether it would be appropriate to refer decisions to a CCG committee.

Primary Care Commissioning Committee

15. Where a CCG has full delegation for primary medical services, CCGs could consider delegating the commissioning and contract management of the entire new care model to its Primary Care Commissioning Committee. This Committee is constituted with a lay and executive majority, and includes a requirement to invite a Local Authority and Healthwatch representative to attend (see paragraph 97 onwards of the CCG guidance).

16. Should this approach be adopted, the CCG may also want to increase the representation of other relevant clinicians on the Primary Care Commissioning Committee when new care models are being considered, as mentioned in Paragraph 98 of this guidance. The use of the Primary Care Commissioning Committee may assist with the management of conflicts / quorum issues at governing body level without the creation of a new forum / committee within the CCG.

17. If the CCG does not have a Primary Care Commissioning Committee, the CCG might want to consider whether it would be appropriate / advantageous to establish either:

   a) A new care model commissioning committee (with membership including relevant non-conflicted clinicians, and formal decision making powers similar to a Primary Care Commissioning Committee (“NCM Commissioning Committee”); or

   b) A separate clinical advisory committee, to act as an advisory body to provide clinical input to the Governing Body in connection with a new care model project, with representation from all providers involved or potentially involved in
the new care model but with formal decision making powers remaining reserved to the governing body (“NCM Clinical Advisory Committee”).

NCM Commissioning Committee
18. The establishment of a NCM Commissioning Committee could help to provide an alternative forum for decisions where it is not possible / appropriate for decisions to be made by the Governing Body due to the existence of multiple conflicts of interest amongst members of the Governing Body. The NCM Commissioning Committee should be established as a sub-committee of the Governing Body.

19. The CCG could make the NCM Commissioning Committee responsible for oversight of the procurement process and provide assurance that appropriate governance is in place, managing conflicts of interest and making decisions in relation to new care models on behalf of the CCG. CCGs may need to amend their constitution if it does not currently contain a power to set up such a committee either with formal delegated decision making powers or containing the proposed categories of individuals (see below).

20. The NCM Commissioning Committee should be chaired by a lay member and include non-conflicted GPs and CCG members, and relevant non-conflicted secondary care clinicians.

NCM Clinical Advisory Committee
21. This advisory committee would need to include appropriate clinical representation from all potential providers, but have no decision making powers. With conflicts of interest declared and managed appropriately, the NCM Clinical Advisory Committee could formally advise the CCG Governing Body on clinical matters relating to the new care model, in accordance with a scope and remit specified by the Governing Body.

22. This would provide assurance that there is appropriate clinical input into Governing Body decisions, whilst creating a clear distinction between the clinical / provider side input and the commissioner decision-making powers (retained by the Governing Body, with any conflicts on the Governing Body managed in accordance with this statutory guidance and constitution of the CCG).

23. From a procurement perspective the Public Contracts Regulations 2015 encourage early market engagement and input into procurement processes. However, this must be managed very carefully and done in an open, transparent and fair way. Advice should therefore be taken as to how best to constitute the NCM Clinical Advisory Committee to ensure all potential participants have the same opportunity. Furthermore it would also be important to ensure that the advice provided to the CCG by this committee is considered proportionately alongside all other relevant information. Ultimately it will be the responsibility of the CCG to run an award process in accordance with the relevant procurement rules and this should be a process which does not unfairly favour any one particular provider or group of providers.
24. When considering what approach to adopt (whether adopting an NCM Commissioning Committee, NCM Clinical Advisory committee or otherwise) each CCG will need to consider the best approach for their particular circumstances whilst ensuring robust governance arrangements are put in place. Depending on the circumstances, either of the approaches in paragraph 17 above may help to give the CCG assurance that there was appropriate clinical input into decisions, whilst supporting the management of conflicts. When considering its options the CCG will, in particular, need to bear in mind any joint / delegated commissioning arrangements that it already has in place either with NHS England, other CCGs or local authorities and how those arrangements impact on its options.

Provider engagement

25. It is good practice to engage relevant providers, especially clinicians, in confirming that the design of service specifications will meet patient needs. This may include providers from the acute, primary, community, and mental health sectors, and may include NHS, third sector and private sector providers. Such engagement, done transparently and fairly, is entirely legal. However, conflicts of interest, as well as challenges to the fairness of the procurement process, can arise if a commissioner engages selectively with only certain providers (be they incumbent or potential new providers) in developing a service specification for a contract for which they may later bid. CCGs should be particularly mindful of these issues when engaging with existing / potential providers in relation to the development of new care models and CCGs must ensure they comply with their statutory obligations including, but not limited to, their obligations under the National Health Service (Procurement, Patient Choice and Competition) (No 2) Regulations 2013 and the Public Contracts Regulations 2015.

Further support

26. If you have any queries about this advice, please contact: england.co-commissioning@nhs.net.
# Appendix 3: Key Staff Contacts

<table>
<thead>
<tr>
<th>Key Staff</th>
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<tbody>
<tr>
<td><strong>Conflicts of Interests Guardian</strong></td>
<td>Audit Committee Chair for each CCG</td>
</tr>
<tr>
<td><strong>Head of Governance</strong></td>
<td>Director of Corporate Governance</td>
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<tr>
<td><strong>Freedom to Speak Up Guardians</strong></td>
<td></td>
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<tr>
<td><strong>Brighton and Hove</strong></td>
<td>Jane Chandler</td>
</tr>
<tr>
<td><strong>East Sussex</strong></td>
<td>Denise Matthams</td>
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<tr>
<td><strong>West Sussex</strong></td>
<td>Alison Lewis-Smith</td>
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<tr>
<td><strong>Fraud</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Senior Fraud Manager</strong></td>
<td>Chris Lovegrove <a href="mailto:chris.lovegrove@tiaa.co.uk">chris.lovegrove@tiaa.co.uk</a> / <a href="mailto:chris.lovegrove@nhs.net">chris.lovegrove@nhs.net</a> Tiaa Ltd, Regent House, Mitre Way, Station Approach, Battle, East Sussex TN33 0BQ</td>
</tr>
<tr>
<td><strong>Counter Fraud Specialist (CFS)</strong></td>
<td>Leanne Burns <a href="mailto:leanne.burns@tiaa.co.uk">leanne.burns@tiaa.co.uk</a> / <a href="mailto:leanne.burns2@nhs.net">leanne.burns2@nhs.net</a></td>
</tr>
</tbody>
</table>
Appendix 4: Checklist for Chairs

Under the Health and Social Care Act 2012, there is a legal obligation to manage Conflicts of Interest (COI) appropriately. It is essential that Declarations of Interest (DOI) and actions arising from DOI are recorded formally and consistently across all CCG governing body, committee and sub-committee meetings.

This checklist has been developed with the intention of providing support in COI management to the Chair of the meeting prior to, during and following the meeting. It does not cover the requirements for declaring COI outside the committee process.

<table>
<thead>
<tr>
<th>Timing</th>
<th>Checklist for Chairs</th>
<th>Responsibility</th>
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<tbody>
<tr>
<td>In advance of the meeting</td>
<td>1. The agenda to include a standing item on declaration of interests to enable individuals to raise any issues and/or make a declaration at the meeting.</td>
<td>Meeting Chair and secretariat</td>
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<td></td>
<td>2. A definition of conflicts of interest should also be accompanied with each agenda to provide clarity for all recipients.</td>
<td>Meeting Chair and secretariat</td>
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<td>3. Agenda to be circulated to enable attendees (including visitors) to identify any interests relating specifically to the agenda items being considered.</td>
<td>Meeting Chair and secretariat</td>
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<td>4. Members should contact the Chair as soon as an actual or potential conflict is identified.</td>
<td>Meeting members</td>
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<td></td>
<td>5. A copy of the members’ declared interests is checked to establish any actual or potential conflicts of interest that may occur during the meeting/</td>
<td>Meeting Chair</td>
</tr>
<tr>
<td>During the meeting</td>
<td>6. Check and declare the meeting is quorate and ensure that this is noted in the minutes of the meeting.</td>
<td>Meeting Chair</td>
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<td></td>
<td>7. Chair requests members to declare any interests in agenda items- which have not already been declared, including the nature of the conflict.</td>
<td>Meeting Chair</td>
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<tr>
<td></td>
<td>8. Chair makes a decision as to how to manage each interest which has been declared,</td>
<td>Meeting Chair and secretariat</td>
</tr>
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<td>including whether / to what extent the individual member should continue to participate in the meeting, on a case-by-case basis, and this decision is recorded.</td>
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<tr>
<td></td>
<td>9. As minimum requirement, the following should be recorded in the minutes of the meeting:</td>
<td>Secretariat</td>
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<tr>
<td></td>
<td>• Individual declaring the interest;</td>
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<td></td>
<td>• At what point the interest was declared;</td>
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<tr>
<td></td>
<td>• The nature of the interest;</td>
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<td></td>
<td>• The Chair’s decision and resulting action taken;</td>
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<tr>
<td></td>
<td>• The point during the meeting at which any individuals retired from and returned to the meeting - even if an interest has not been declared.</td>
<td></td>
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<td></td>
<td>• Visitors in attendance who participate in the meeting must also follow the meeting protocol and declare any interests in a timely manner.</td>
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<tr>
<td>Following the meeting</td>
<td>10. All new interests declared at the meeting should be promptly updated onto the declaration of interest form;</td>
<td>Individual(s) declaring interest(s)</td>
</tr>
<tr>
<td></td>
<td>11. All new completed declarations of interest should be transferred onto the register of interests.</td>
<td>Secretariat/ Designated person responsible for registers of interest</td>
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<td>8. Chair makes a decision as to how to manage each interest which has been declared, including whether / to what extent the individual member should continue to participate in the meeting, on a case-by-case basis, and this decision is recorded.</td>
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| **Following the meeting**  
10. All new interests declared at the meeting should be promptly updated onto the declaration of interest form;  
11. All new completed declarations of interest should be transferred onto the register of interests. |  
| Individual(s) declaring interest(s)  
Secretariat / designated person responsible for registers of interest |
Appendix 5: Briefing for Chairs and Minute Takers

Notes on DOI and managing COI at Meetings
1. “Declarations of Interest” (DOIs) is a mandatory agenda item at all CCG committees and sub-committees, and any groups with decision making powers.

2. The following definition of a conflict of interest should be written under the “Declarations of Interest” section on all agendas:

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

3. The chair of the meeting needs to ensure that DOIs are noted and managed appropriately during the meeting.

4. The minute taker needs to ensure that DOIs are documented according to national guidance.

5. Meeting protocol:
   a. A copy of the Conflict of Interest (COI) register for committee members and regular attendees is sent out with the meeting papers and is available for the Chair at the meeting.
      The register is available from the Governance team – ensure you request an up to date version for each meeting.

   b. During the “Declarations of Interest” agenda item:

      The chair:
      • Reminds members of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of the CCG.
      • Asks members if there are any corrections or updates to their existing declarations or any new declarations related to agenda items.
      • Decides how to manage each interest that has been declared, including whether and to what extent the individual member should continue to participate in the meeting (or agenda item), on a case-by-case basis.
      • Checks the meeting is quorate and will continue to be in the absence of any conflicted members. The chair will decide on appropriate action if the meeting is not quorate for decisions.

      The minute taker:
      • Documents the item, including:
          o Individual declaring the interest;
          o At what point the interest was declared;
6. The Chair and minute taker should both be aware and make use of the Declarations of Interest Checklist for Chairs (Appendix 4).

Visitors in attendance who participate in the meeting must also follow the meeting protocol and declare any interests in a timely manner.

Anyone declaring an interest should complete a new DOI within 28 days at the latest.

See Appendix 6: Template for recording declarations of interest in minutes for a suggested format.

- Ensures blank DOI forms are available at meetings.
- Informs the Governance team of new declarations made at meetings.
Appendix 6: Template for recording minutes

XXXX Clinical Commissioning Group
Primary Care Commissioning Committee Meeting

Date: 16 June 2017
Time: 2pm to 4pm
Location: Room B, XXXX CCG

Attendees:

<table>
<thead>
<tr>
<th>Name</th>
<th>Initials</th>
<th>Role</th>
</tr>
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<tbody>
<tr>
<td>Sarah Kent</td>
<td>SK</td>
<td>XXX CCG Governing Body Lay Member (Chair)</td>
</tr>
<tr>
<td>Andy Booth</td>
<td>AB</td>
<td>XXX CCG Audit Chair Lay Member</td>
</tr>
<tr>
<td>Julie Hollings</td>
<td>JH</td>
<td>XXX CCG PPI Lay Member</td>
</tr>
<tr>
<td>Carl Hodd</td>
<td>CH</td>
<td>Assistant Head of Finance</td>
</tr>
<tr>
<td>Mina Patel</td>
<td>MP</td>
<td>Interim Head of Localities</td>
</tr>
<tr>
<td>Dr Myra Nara</td>
<td>MN</td>
<td>Secondary Care</td>
</tr>
<tr>
<td>Doctor Dr Maria Stewart</td>
<td>MS</td>
<td>Chief Clinical Officer</td>
</tr>
<tr>
<td>Jon Rhodes</td>
<td>JR</td>
<td>Chief Executive – Local Healthwatch</td>
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</table>

In attendance from 2.35pm
Neil Ford                NF    Primary Care Development Director

<table>
<thead>
<tr>
<th>Item no</th>
<th>Agenda item</th>
<th>Actions</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Chair’s welcome</td>
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<tr>
<td>2.</td>
<td>Apologies for absence</td>
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<td></td>
<td>&lt;apologies to be noted&gt;</td>
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<tr>
<td>3.</td>
<td>Declarations of interest</td>
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SK reminded committee members of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of XXX clinical commissioning group.

Declarations made by members of the Primary Care Commissioning Committee are listed in the CCG’s Register of Interests. The Register is available either via the secretary to the governing body or the CCG’s website at the following link: http://xxxccg.nhs.uk/about-xxx-ccg/who-weare/our-governing-body/
Declarations of interest from sub committees.
None declared

Declarations of interest from today’s meeting.

The following update was received at the meeting:

• With reference to business to be discussed at this meeting, MS declared that he is a shareholder in XXX Care Ltd.

SK declared that the meeting is quorate and that MS would not be included in any discussions on agenda item X due to a direct conflict of interest which could potentially lead to financial gain for MS.

SK and MS discussed the conflict of interest, which is recorded on the register of interest, before the meeting and MS agreed to remove himself from the table and not be involved in the discussion around agenda item X.

4. minutes of the last meeting <date to be inserted> and matters arising

5. Agenda Item <note the agenda item>

MS left the meeting, excluding himself from the discussion regarding xx.

<conclude decision has been made>

<Note the agenda item>

MS was brought back into the meeting.

6. Any other business

7. Date and time of the next meeting
Appendix 7: Details of Good Governance Principles.

Nolan Principles.

1. **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.

2. **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.

3. **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.

4. **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.

5. **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.

6. **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.

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

The Seven Key Principles of the NHS Constitution.

1. **The NHS provides a comprehensive service, available to all.**
   This is irrespective of gender, race, disability, age, sexual orientation, religion or belief. It has a duty to each and every individual that it serves and must respect their human rights. At the same time, it has a wider social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population.
2. Access to NHS services is based on clinical need, not an individual’s ability to pay.
NHS services are free of charge, except in limited circumstances sanctioned by Parliament.

3. The NHS aspires to the highest standards of excellence and professionalism.
In the provision of high-quality care that is safe, effective and focused on patient experience; in the planning and delivery of the clinical and other services it provides; in the people it employs and the education, training and development they receive; in the leadership and management of its organisations; and through its commitment to innovation and to the promotion and conduct of research to improve the current and future health and care of the population.

4. NHS services must reflect the needs and preferences of patients, their families and their carers.
Patients, with their families and carers, where appropriate, will be involved in and consulted on all decisions about their care and treatment.

5. The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population.
The NHS is an integrated system of organisations and services bound together by the principles and values now reflected in the Constitution. The NHS is committed to working jointly with local authorities and a wide range of other private, public and third sector organisations at national and local level to provide and deliver improvements in health and well-being.

6. The NHS is committed to providing best value for taxpayers’ money and the most cost-effective, fair and sustainable use of finite resources.
Public funds for healthcare will be devoted solely to the benefit of the people that the NHS serves.

7. The NHS is accountable to the public, communities and patients that it serves.
The NHS is a national service funded through national taxation, and it is the Government which sets the framework for the NHS and which is accountable to Parliament for its operation. However, most decisions in the NHS, especially those about the treatment of individuals and the detailed organisation of services, are rightly taken by the local NHS and by patients with their clinicians. The system of responsibility and accountability for taking decisions in the NHS should be transparent and clear to the public, patients and staff. The Government will ensure that there is always a clear and up-to-date statement of NHS accountability for this purpose.
The Good Governance Standards of Public Services.

1. Good governance means focusing on the organisation’s purpose and on outcomes for citizens and service users.
   - Being clear about the organisation’s purpose and its intended outcomes for citizens and service users.
   - Making sure that users receive a high quality service.
   - Making sure that taxpayers receive value for money.

2. Good governance means performing effectively in clearly defined functions and roles.
   - Being clear about the functions of the governing body.
   - Being clear about the responsibilities of non-executives and the executive, and making sure that those responsibilities are carried out.
   - Being clear about relationships between governors and the public.

3. Good governance means promoting values for the whole organisation and demonstrating the values of good governance through behaviour.
   - Putting organisational values into practice.
   - Individual governors behaving in ways that uphold and exemplify effective governance.

4. Good governance means taking informed, transparent decisions and managing risk.
   - Being rigorous and transparent about how decisions are taken.
   - Having and using good quality information, advice and support.
   - Making sure that an effective risk management system is in operation.

5. Good governance means developing the capacity and capability of the governing body to be effective.
   - Making sure that appointed and elected governors have the skills, knowledge and experience they need to perform well.
   - Developing the capability of people with governance responsibilities and evaluating their performance, as individuals and as a group.
   - Striking a balance, in the membership of the governing body, between continuity and renewal.

6. Good governance means engaging stakeholders and making accountability real.
   - Understanding formal and informal accountability relationships.
   - Taking an active and planned approach to dialogue with and accountability to the public.
   - Taking an active and planned approach to responsibility to staff.
   - Engaging effectively with institutional stakeholders.
Annex 1: Form - Procurement COI

Conflicts of Interest and Confidentiality Undertaking

Provision of [insert name of service]

[Name of Stakeholder Organisations]

(the ‘Contracting Authority/s’)

The project involves a procurement process managed by The Contracting Authority/s and it is a legal requirement that all NHS commissioners / stakeholders ensure that the procurement process is reasonable, open, and transparent and that all bidders are treated fairly. In order to ensure a fair and transparent procurement process, all stakeholders’ actual or potential conflicts of interest (‘CoI’) must be identified and resolved to the satisfaction of the Co-ordinating / Lead Commissioner as well as any local policy /governance arrangements. Please refer to NHS England Guidance on Conflicts of Interests: https://www.england.nhs.uk/commissioning/pc-co-comms/coi/

As part of this process and before you participate in the project, you are required to confirm that you have no actual or potential conflicts of interest or to declare these. Please note: A Conflict of Interest form shall be completed when the decision to award a contract is via Single tender Action / Single Tender Waiver (NHSE Best Practice Update on Col Management Feb 2019).

<table>
<thead>
<tr>
<th>DECLARATION</th>
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<tbody>
<tr>
<td>Name:</td>
</tr>
<tr>
<td>Position within CCG / Job Title (or relationship with the CCG):</td>
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<tr>
<td>Role within the procurement process (e.g. clinical, GP, commissioner, project manager, contracts manager, HR etc)</td>
</tr>
<tr>
<td>Dates that it is anticipated involvement in the procurement will be required. From <strong>XX/XX/XXXX</strong> To <strong>XX/XX/XXXX</strong></td>
</tr>
<tr>
<td>Type of Interest (See page 4 for details)</td>
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</tbody>
</table>
### Note: You are required to enter details of all interests held (including all of those that you may have submitted in your general (annually submitted) Conflict of Interest form. Complete all that are applicable

<table>
<thead>
<tr>
<th>Financial Interests</th>
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<tbody>
<tr>
<td>Non-Financial Professional Interests</td>
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<tr>
<td>Non-Financial Personal Interests</td>
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<tr>
<td>Indirect Interests</td>
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</table>

The information submitted will be held by the CCG to comply with the organisation’s policies or such other specific governance arrangements that are agreed for this project, ensuring compliance at all times with the minimum requirements defined in [NHS England’s Managing Conflicts Of Interest: Revised Statutory Guidance For CCGs 2017](#) and in accordance with the CCGs obligations of self-certification under the Improvement and Assessment Framework (conflict of interest indicator). This information may be held in both manual and electronic form in accordance with all relevant Data Protection Legislation. Information may be disclosed to third parties in accordance with the Freedom of Information Act 2000 and, in the case of ‘decision making staff’ (as defined in the statutory guidance on managing conflicts of interest for CCGs) may be published in registers that the CCG holds.

Decision making staff should be aware that the information provided in this form will be added to the CCG’s registers which are held in hardcopy for inspection by the public and published on the CCG’s website. Decision making staff must make any third party whose personal data they are providing in this form aware that the personal data will held in hardcopy for inspection by the public and published on the CCG’s website and must inform the third party that the CCG’s privacy policy is available on the CCG’s website. If you are not sure whether you are a ‘decision making’ member of staff, please speak to your line manager before completing this form.

For further information please contact your nominated CCG Governance lead.

I confirm that the information provided 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.
<table>
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<tr>
<th>Signed (Stakeholder):</th>
<th>Position:</th>
<th>Date:</th>
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<tr>
<th>Name and Signature of Line Manager or CCG Governance Lead* (or advise why not applicable here):</th>
<th>Position:</th>
<th>Date:</th>
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Please return to all of the following: <add email of the CCG project lead; add email of the procurement manager>

*Important Note: It is the signatory’s responsibility to present this form to their Line Manager for signature and/or provide a copy to the above email addresses or others if required in accordance with local policy / governance arrangements. Where a Line Manager is not present e.g. for General Practitioners, it is the signatory’s responsibility to present this form to the above email addresses or as per specific and agreed governance arrangements for this requirement.
COI MANAGEMENT FOR PROCUREMENT PROCESS

The host / lead CCG will record and manage any and all disclosures made to the nominated lead/host contracting Authority for this procurement process. Any disclosure by you will be assessed on a case-by-case basis. Individuals will only be excluded from involvement where the identified conflict is (in the opinion of the host / lead CCG) material and cannot be mitigated or be reasonably dealt with. A register will be kept by the host / lead CCG of all conflicts of interest arising throughout the duration of the project and this will be regularly reviewed. Where necessary this will be escalated through the Contracting Authority/s procedures (via the Board or designated Committee for review and/or decisions as per CCG process/specific governance arrangements for this requirement).

Where members remain part of the project having declared an interest this will be managed appropriately and explicitly.

**Bribery Act 2010 and Fraud Act 2006**

Soliciting, offering or accepting a bribe will be held to be an offence under the Bribery Act 2010. In addition, the Act introduced a new corporate offence – resulting in a wider spectrum of potential defendants, meaning company’s, as well as individuals, may find themselves in breach of the Act. Thus, it is important that we are all aware and remain compliant with the Act, maintaining a robust corporate and employee code of practice. Any suspected instances of bribery will be taken seriously and dealt with thoroughly by the employers Contracting Authority and appropriate action will be taken where necessary.

In compliance with the Bribery Act 2010, all stakeholders are required to familiarise themselves with the Contracting Authority/s Anti-Bribery Policy which provides clear guidance on the ethical behaviour expected of all persons who are involved or undertaking business on behalf of the organisation.

In compliance with the Bribery Act 2010 and the Fraud Act 2006 you will ensure that you act in a professional manner by not accepting any hospitality or gift that may be seen as a conflict of interest. Please contact your nominated Governance lead/team for more information.

**Further guidance can be found on the NHS England web site via the following link:**
## Potential/Registered Bidders

I acknowledge that the following are potential bidders have registered their interest in the procurement process [delete if not applicable i.e. at service design stage/pre-procurement]:

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<thead>
<tr>
<th>Organisation</th>
<th>Company Registration</th>
<th>Address</th>
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</table>
## Types of Interest

<table>
<thead>
<tr>
<th>Types of Interest</th>
<th>Description</th>
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</table>
| 1. Financial interest | This is where an individual may get direct financial benefits from the consequences of a commissioning decision. This could, for example, include being:  
- A director, including a non-executive director, or senior employee in a private company or public limited company or other organisation which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations  
- A shareholder (or similar owner interests), a partner or owner of a private or not-for-profit company, business, partnership or consultancy which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations  
- Care organisations  
- A management consultant for a provider  
- In secondary employment (see paragraph 56 to 57)  
- 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  
- 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) |
| 2. Non-financial professional interest | This is where an individual may obtain a non-financial professional benefit from the consequences of a commissioning decision, such as increasing their professional reputation or status or promoting their professional career. This may, for example, include situations where the individual is:  
- An advocate for a particular group of patients  
- A GP with special interests e.g. in dermatology, acupuncture etc.  
- A member of a particular specialist professional body (although routine GP membership of the RCGP, BMA or a medical defence organisation would not usually by itself amount to an interest which needed to be declared)  
- An advisor for Care Quality Commission (CQC) or National Institute for Health and Care Excellence (NICE)  
- A medical researcher |
| 3. Non-financial personal interest | This is where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit. This could include, for example, where the individual is:  
- A voluntary sector champion for a provider  
- A volunteer for a provider  
- A member of a voluntary sector board or has any other position of authority in or connection with a voluntary sector organisation  
- Suffering from a particular condition requiring individually funded treatment  
- A member of a lobby or pressure groups with an interest in health |
| 4. Indirect interest | This is where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest in a commissioning decision (as those categories are described above). For example, this should include:  
- Spouse / partner  
- Close relative e.g., parent, grandparent, child, grandchild or sibling  
- Close friend  
- Business partner |
Conflicts of Interest and Confidentiality Undertaking

Provision of [insert name of service] [Name of Stakeholder Organisations] (the ‘Contracting Authority/s’)

The purpose of this declaration is to confirm the terms pursuant to which the Contracting Authority/s will release any information to you related to the commissioning decisions, any documents relating to the above project or any other information related to the Contracting Authority/s activities.

This confidentiality undertaking must be signed by you and be returned to the lead / host Contracting Authority governance/project lead at the emails addresses csesca.declarations@nhs.net; <add email of the CCG project lead; add email of the procurement manager.

Once the confidentiality undertaking is signed and returned the Contracting Authority/s will be in a position to release any information/documents.

In consideration of the release by the Contracting Authority of the Confidential Information as set out below, you undertake and agree with the following:

1. This undertaking is binding upon you;
2. This undertaking extends to all information of whatsoever nature in whatsoever form relating to the above project, obtained from any source, including without limitation: the Tender documentation; information received from the Contracting Authority or its appointed advisors; information obtained as a result of being allowed in or onto any premises associated with the delivery of the project (“Confidential Information”). It does not extend to information which, at the time it is obtained, is in the public domain (through no breach of this Confidentiality Undertaking);
3. You shall treat all Confidential Information strictly as such and shall take all steps necessary to prevent it from being disclosed to the public or any third party or coming, by any means, into the possession of any third party (except where disclosure is required or permitted by law, or by court order);
4. Representative(s) means:
   a) officers and employees that need to know the Confidential Information for the Purpose;
   b) professional advisers or consultants who are engaged to advise you in connection with the Purpose;
   c) contractors and sub-contractors engaged by you in connection with the Purpose; and
   d) any other person to whom the Contracting Authority agrees in writing that Confidential Information may be disclosed in connection with the Purpose.
5. You shall not disclose Confidential Information to any Representative(s) without first informing the Representative(s) of the confidential nature of the information and ensuring compliance by the Representative(s) with the obligations of this Confidentiality Agreement.
6. You shall use the Confidential Information solely for the purpose of this procurement
for the above named project;
7. You shall not use or disclose or permit the disclosure by any person of any of the Confidential Information for the benefit of any third party;
8. You shall keep all materials containing Confidential Information in a secure place and return them to the Contracting Authority immediately upon the request of the Contracting Authority;
9. No failure or delay by the Contracting Authority in exercising any right or power or privilege available to the Contracting Authority shall be deemed to be a waiver nor shall any single or partial exercise of any such right or power or privilege preclude any further exercise or the exercise of any such rights or power or privilege;
10. Confidentiality shall be kept 6 years from the date of signature of this declaration (or such other period specified by the Contracting Authority and subject to paragraph 3).
11. The agreement formed by the acceptance of this undertaking shall be governed by and constructed in all respects in accordance with English law and each hereby submits to the exclusive jurisdiction of the courts of England and Wales in relation to all matters pertaining to or arising from this Agreement.

I accept and agree to the above terms and conditions:

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<thead>
<tr>
<th>Signed:</th>
<th>Date:</th>
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Name in BLOCK capitals:
Annex 2: Template - Procurement Register

<table>
<thead>
<tr>
<th>Ref No</th>
<th>Contract / Service title</th>
<th>Procurement description</th>
<th>Existing contract or new procurement (if existing include details)</th>
<th>Procurement type – CCG procurement, collaborative procurement with partners</th>
<th>CCG clinical lead</th>
<th>CCG contract manager</th>
<th>Decision making process and name of decision making committee</th>
<th>Summary of conflicts of interest declared and how these were managed</th>
<th>Contract awarded (supplier name and registered address)</th>
<th>Contract value (£) (Total)</th>
<th>Contract value (£) to CCG</th>
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Annex 3: Process Chart – Declarations, Assessment and Recording

**Triggers**
- New joiner
- New role
- New interest
- Interest ceases
- (Re-)Commissioning starts
- Annual update

**Actions**
- Complete and submit declaration
- Assessed by Line Manager and any arrangements proposed
- Reviewed by the Governance team
- Approved by Governance team
- Nil return
- Mitigating arrangements documented and notified to individual and line manager
- No arrangements necessary

**Register**
- Declaration added to the COI register
- COI register of declared interests published on CCG websites

Advice from COI Guardians in complex cases

**Triggers**
- New joiner
- New role
- New interest
- Interest ceases
- (Re-)Commissioning starts
- Annual update

**Actions**
- Complete and submit declaration
- Assessed by Line Manager and any arrangements proposed
- Reviewed by the Governance team
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- No arrangements necessary

**Register**
- Declaration added to the COI register
- COI register of declared interests published on CCG websites

Advice from COI Guardians in complex cases
Anne x 4

Process Chart – Scrutiny, Assurance, Breaches and Publication

Triggers

Suspected breach or non-compliance

Reported to Governance team

Governance team investigates

No issue - NFA

Breach or non-compliance identified / occurred?

Remedial actions agreed with COI Guardians

Individual and Line Manager notified and arrangements implemented

Anonymised details of breach

Updated registers

Updated declarations

Actions

Bi-monthly updated COI Registers

Quarterly report to Audit Committees of mitigating arrangements and any breaches

Report to Audit Committees including annual review of COI Policy and Processes

Reporting

Publish on CCG website

Report to NHS England
Annex 5: Application for Approval of Sponsorship and Joint Working

Name: 
Address: 
Work telephone: 
Mobile: 
Email: 

EVENT OR PROJECT DETAILS

Organiser: 
Event or Project name: 
Date(s): 
Location: 

Brief outline and statement of objectives (attach full details if applicable):
<table>
<thead>
<tr>
<th>Proposed sponsor:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact name:</td>
</tr>
<tr>
<td>Contact telephone:</td>
</tr>
</tbody>
</table>

**Outline of sponsorship (financial value, what provided, what in return, attach full details if applicable)**

<table>
<thead>
<tr>
<th>Benefits of the event / project:</th>
</tr>
</thead>
</table>
Potential risks:

REPORTING BACK PROCESS

Proposal for reporting back to the CCG:

SIGNED: ___________________________________________ DATE: ____________________________

Following completion of this form, please send to the CCGs Chief Finance Officer, once approved, attach the fully completed application for sponsorship, together with copies of emailed approvals from CFO, to sesc.declarations@nhs.net
Applications for sponsorship or joint working valued at £500 or less:

- The lead manager must complete a declaration of Sponsorship or Joint Working Approval and submit it to the CCG’s Chief Finance Officer.
- The CFO will ensure the declaration complies with this policy before giving approval.
- The lead manager will be informed in writing (via email) of the outcome of the application following the CFO’s review.
- Following approval, the lead manager will be able to take forward the arrangements as outlined in their application. No significant amendments to the arrangements may be made after approval.
- The details will be logged on the Register of Sponsorship and Joint Working and the relevant Audit Committee informed.

Applications for sponsorship or joint working valued at over £500:

- The lead manager must complete a declaration of Sponsorship or Joint Working Approval and submit it to the CCG’s Chief Finance Officer.
- The CFO will convene a sponsorship and joint working panel to consider the application.
- The lead manager will be informed in writing (via email) of the outcome of the application following review by the panel.
- Following approval, the lead manager will be able to take forward the arrangements as outlined in their application. No significant amendments to the arrangements may be made after approval.
- The details will be logged on the Register of Sponsorship and Joint Working and the relevant Audit Committee informed.