

CONFLICTS OF INTEREST POLICY

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**NHS Vale of York Clinical Commissioning Group
CONFLICTS OF INTEREST POLICY
POLICY AMENDMENTS**

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

Version Number	Issued by	Nature of Amendment	Approved by & Date	Date on Intranet
1.1	P Furneaux	Separate Business Conduct and Conflict of Interest policies. Addition of CCG specific links/form, responsibilities and arrangements. Managing conflicts of interest in service re-design (section 8) and proposed SOP, (App. C).	Audit Committee 10/09/14	
1.2 2.0 (Final)	Audit Committee	Political interests added as example of defined declared interest	Audit Committee 10/09/14 Governing Body 02/10/14	
2.1 3.0 (Final)	YHCS Legal Services	Amendments to reflect statutory COI guidance issued by NHS England for the purposes of co-commissioning of primary care services.	Audit Committee Chair 07/01/15 Governing Body 08/01/15	
3.1	R Simmons	To incorporate the revised guidance from NHS England issued June 2016.	Senior Management Team 12/07/2016	
3.2 3.3	P Furneaux	Insertion of Gifts and Hospitality Policy section from Business Conduct Policy. Clarification of Chief Officer/Accountable Officer responsibilities, consistency in "Deputy" and "Vice" chair terminology, (arising from COO review.)	Governing Body (To be presented Sept 2016)	

To request this document in a different language or in a different format, please contact:

Sharron Hegarty, Communications Manager
Telephone: 07718 192232
Sharron.hegarty@nhs.net

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1. INTRODUCTION

- 1.1. NHS Vale of York Clinical Commissioning Group (the CCG) is required to make arrangements to manage conflicts of interest. This policy sets out those arrangements, based on the following, taking account of the relevant statutory requirements and guidance documents outlined in Sections 21 and 22
 - guidance published by NHS England for CCGs taking responsibilities for Co-Commissioning of Primary Care Services
 - Section 8 of the CCG Constitution;
 - revised guidance published by NHE England in June 2016
- 1.2. Specific rules around GPs as potential providers of CCG commissioned services will be covered in the NHS Vale of York Clinical Commissioning Group's Procurement Policy.
- 1.3. In addition to the specific arrangements in this policy, the CCG will embody public service values and principles in all its business transactions as outlined in the Policy on Business Conduct.

2. POLICY STATEMENT

- 2.1. NHS Vale of York Clinical Commissioning Group strives to achieve the highest standards of business conduct at all times and is committed to conducting its business with honesty and impartiality. One of the overriding objectives of the CCG is to ensure that decisions made by the CCG are both taken, and taken to be seen, without any possibility of the influence of external or private interest.

3. IMPACT ANALYSES

Equality

- 3.1. As a result of performing the screening analysis, the policy does not appear to have any adverse effects on people who share Protected Characteristics and no further actions are recommended at this stage. The results of the screening are attached at Appendix 1.

Sustainability

- 3.2. A Sustainability Impact Assessment has been undertaken. No positive or negative impacts were identified against the twelve sustainability themes. The results of the assessment are attached at Appendix 2.

Bribery Act 2010

- 3.3. This policy is designed to contribute to the CCG's obligation to ensure adequate measures are in place to prevent acts of bribery within the meaning of the Bribery Act 2010.
- 3.4. The Bribery Act 2010 came into force in July 2011 and has particular relevance to this policy. The Act created four criminal offences:

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- Bribery, or offering to bribe, another person (section 1;)
- Requesting, agreeing to receive, or accepting a bribe (section 2);
- Bribing, or offering to bribe, a foreign public official (section 6);
- Failing to prevent bribery (section 7).

- 3.5. It should be noted that there need not be any actual giving and receiving for financial or other advantage to be gained, to commit an offence.
- 3.6. The Act also increased the maximum penalty for bribery to 10 years' imprisonment, with an unlimited fine, or both. Furthermore, the Act introduced a 'corporate offence' of failing to prevent bribery by the organisation not having adequate preventative procedures in place.
- 3.7. Individuals may expose the organisation to a conviction punishable with an unlimited fine because the organisation may be liable where a person associated with it commits an act of bribery.
- 3.8. Individuals should also be aware that a breach of this Act, or of this policy, renders them liable to disciplinary action by the CCG whether or not the breach leads to prosecution. Where a material breach of this guidance is found to have occurred, the likely sanction will be loss of employment and superannuation rights.
- 3.9. Further information on the Bribery Act can be found at www.opsi.gov.uk/acts.

4. SCOPE

- 4.1. This policy applies to the Council of Representatives, Members of the Governing Body and members of, and attendees at, its committees and sub committees (both voting and non-voting members), Lay Members and all NHS Vale of York Clinical Commissioning Group staff.
- 4.2. Individuals working on behalf of NHS Vale of York Clinical Commissioning Group or providing services or facilities to the CCG will be made aware of their obligations with regard to declaring conflicts or potential conflicts of interest. This requirement will be written into contract documentation.
- 4.3. With reference to member GP practices, only practice staff with involvement in CCG decision-making processes are required to declare interests.

5. POLICY PURPOSE/AIMS & FAILURE TO COMPLY

- 5.1. NHS Vale of York Clinical Commissioning Group recognises that conflicts of interest are unavoidable and therefore has in place arrangements to seek to manage them. The measures outlined in this policy are aimed at ensuring that decisions made by the CCG will be taken, and be seen to be taken, uninfluenced by external or private interests.
- 5.2. Breaches of this policy will be investigated and may result in the matter being treated as a disciplinary offence under the CCG's disciplinary procedure. Failure to adhere to the provisions of this policy may constitute a criminal offence of fraud, as an individual could be gaining unfair advantages of financial rewards for themselves, a family member or a close associate. Any suspicion that a relevant

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interest may not have been declared should be reported to the Chief Operating Officer.

- 5.3. Where disciplinary action is taken breach of this policy may be regarded as gross misconduct and result in the individual being dismissed or removed from office.

6. PRINCIPAL LEGISLATION AND COMPLIANCE WITH STANDARDS

Statutory Framework

- 6.1. For CCGs, the starting point is Section 14o of the NHS Act 2006 which sets out minimum requirements, supplemented by the 2013 Regulations. CCGs must:
- Maintain appropriate registers of interests;
 - Publish or make arrangements for the public to access those registers;
 - Make arrangements requiring the prompt declaration of interests by the persons specified (essentially members and employees) and ensure that these interests are entered into the relevant register;
 - Make arrangements for managing conflicts and potential conflicts of interest (for example by developing and reviewing this policy);
 - Have regard to guidance published by NHS England and Monitor in relation to conflicts of interest.
 - Must not award a contract for the provision of NHS health care services where conflicts, or potential conflicts, between the interests involved in commissioning such services and the interests involved in providing them affect, or appear to affect, the integrity of the award of that contract; and
 - Keep appropriate records of how conflicts of interest have been managed in individual cases in relation to NHS commissioning contracts entered into, which must be published.

NHS/Department of Health Guidance

- Managing Conflicts of Interest: Revised Statutory Guidance for CCGs, NHS England, June 2016
- Managing conflicts of interest where GP practices are potential providers of CCG- commissioned services, NHS England

7. ROLES / RESPONSIBILITIES / DUTIES

Vale of York CCG Governing Body

- 7.1. The Governing Body has ultimate responsibility for all actions carried out by staff and Committees throughout the CCG's activities. This responsibility includes the stewardship of significant public resources and the commissioning of healthcare services to the local community.

The Audit Committee

- 7.2. The CCG Audit Committee is responsible for ensuring there is an effective system in place to manage and to protect the reputation of the CCG arising from conflicts or potential conflicts of interest. The Audit Committee will review the arrangements

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for the declaration and management of conflicts of interest and provide assurances, on a report highlighting issues to increase assurances, to the Governing Body that adequate systems and processes are in place to ensure compliance, especially in relation to the development of new services/contracts or changes to existing services/contracts.

The Accountable Officer

- 7.3. The CCG's Accountable Officer has overall accountability for the CCG's management of conflicts of interest.

The Conflicts of Interest Guardian

- 7.3 To further strengthen scrutiny and transparency of the CCG's decision making processes, all CCGs should have a Conflicts of Interest Guardian (akin to a Caldicott Guardian). This role should be undertaken by the CCG Audit Committee Chair, provided they have no provider interests, as Audit Committee Chairs already have key role in conflicts of interest management. They should be supported by the CCG's Head of Corporate Assurance and Strategic Governance who should have responsibility for the day-to-day management of conflicts of interest matters and queries. The CCG Head of Corporate Assurance and Strategy should keep the Conflicts of Interest Guardian well briefed on conflicts of interest matters and issues arising.
- 7.4 The Conflicts of Interest Guardian should:
- Act as a conduit for members of the public who have concerns with regards to a conflict of interest;
 - Be a safe point of contact for whistleblowing;
 - Support the rigorous application of conflict of interest principles and policies;
 - Provide independent advice and judgment where there is any doubt about how to apply conflicts of interest policies and principles in an individual situation;
 - Provide advice on minimising the risks of conflicts of interest.
- 7.5 Whilst the Conflicts of Interest Guardian has an important role within the management of conflicts of interest, executive members of the CCG's Governing Body have an on-going responsibility for ensuring the robust management of conflicts of interest, and all CCG employees, Governing Body and committee members and member practices will continue to have individual responsibility in playing their part on an on-going basis.

The Chief Operating Officer Responsibilities

- 7.4. The Chief Operating Officer will oversee arrangements to ensure that the CCG's register of interests is publicly accessible and will advise on how declarations of should be made and how interests are managed. The Chief Operating Officer will develop procedures for managing those interests that are common to a number of individuals or to specific activities of the CCG.

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Employees / Staff Working on Behalf of the Vale of York Clinical Commissioning Group

- 7.5. Employees and staff working on behalf of the CCG should be aware that in any transaction undertaken in support of the NHS Vale of York Clinical Commissioning Group's commissioning functions (including conversations between two or more individuals, e-mails, correspondence and other communications), individuals must ensure, where they are aware of an interest, that they conform to the management arrangements for conflicts of interest.
- 7.6. Where the NHS Vale of York Clinical Commissioning Group commissions services from GP practices, the general safeguards will be supplemented by additional safeguards which form the separate guidance entitled 'Towards Establishment: Creating responsive and accountable CCGs together with Technical Appendix 1 – Managing conflicts of interest (NHS Commissioning Board February 2012)'.
- 7.7. Where someone is to be part of the tender evaluation panel or decision making process regarding the award of the contract, any potential conflict of interest must be declared at the earliest opportunity. Failure to do so could result in the procurement process being declared invalid and possible suspension of the relevant individual from the CCG.
- 7.8. If in doubt, an individual should assume that a potential conflict of interest exists. Transparency demands that individuals are explicitly and clearly aware of their responsibilities and duties in this context. Should there be any doubt about the relevance of an interest, this should be discussed with the Chair of the Governing Body, Chair of the Audit Committee or the Chief Operating Officer, which will result in a recommended course of action.
- 7.9. NHS Vale of York Clinical Commissioning Group employed staff are advised not to engage in outside employment which may conflict with their NHS work. They are advised to tell their employer if they think they may be risking a conflict of interest in this area and the declaration can be made on the form at Appendix 4.7.
- 7.10. All individuals covered by the scope of this policy are also required to declare any relevant personal or business interests of their spouse, civil partner, cohabitee, family member or any other relationship (including friendship) which may influence or may be perceived to influence their judgment.
- 7.11. Individuals will declare any interests, in writing, as soon as they are aware of it and in any event no later than 28 days after becoming aware. A form to be used for this purpose is included at Appendix 4.
- 7.12. Where an individual is unable to provide a declaration in writing, for example, if a conflict becomes apparent in the course of a meeting, they will make an oral declaration at the meeting, and provide a written declaration as soon as possible thereafter. The declaration will be minuted.
- 7.13. Even if an interest has already been declared, it should be declared at the start of any meeting where matters relating to that interest are discussed and this should be minuted.

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

8. MANAGING CONFLICTS OF INTEREST AT MEETINGS

- 8.1. The Chair of a meeting of the CCG's Governing Body or any of its committees or sub-committees has ultimate responsibility for deciding whether there is a conflict of interest and for taking the appropriate action in order to manage the conflict of interest.
- 8.2 In the event that the Chair of a meeting has a conflict of interest, the Deputy Chair is responsible for deciding the appropriate course of action in order to manage the conflict of interest. If the Deputy Chair is also conflicted, then the remaining non-conflicted voting members of the meeting should agree between themselves how to manage the conflict(s). In making such decisions, the Chair or Deputy Chair / remaining non-conflicted members may wish to consult with the Conflicts of Interest Guardian.
- 8.3 It is good practice for the Chair to proactively consider ahead of meetings any conflicts that are likely to occur and how they should be managed, including steps to ensure relevant supporting papers are not sent to conflicted individuals.
- 8.4 To support the Chair, they should be provided with a checklist of declaration of interests made by members / attendees prior to the meetings.
- 8.5 There should be a standing agenda item on every meeting agenda asking for declarations of interest. Each member of the group should declare any interests which are relevant to the business of the meeting, whether or not those interests have been previously declared. It is the responsibility of each individual member of the group to declare any interests.
- 8.6 Any new declarations identified at a meeting should be incorporated in the CCG's registers of interest.
- 8.7 When a member of the meeting (including the Chair or Deputy Chair) has a conflict of interest in relation to one or more items of business to be transacted at the meeting, the Chair (or Deputy Chair / remaining non-conflicted members) must decide how to manage that conflict. This could include one or more of the following:
- where the Chair has a conflict, deciding that the Deputy Chair or a non-conflicted member chair all or part of the meeting;
 - the individual not attending the meeting;
 - the individual not attending the relevant section of the meeting;
 - noting the interest and ensuring all attendees are aware of the nature and extent but allowing the individual to participate in both the discussion and any decisions;

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- ensuring the relevant person does not receive documentation and / or minutes in relation to the relevant matter.

9. MINUTE TAKING

- 9.1. Asking for declarations of interests to be declared should be a standing agenda item for the Governing Body, all committees and sub-committees after the Chair's Welcome and Introductions and Apologies.
- 9.2. If any conflicts of interest are declared or otherwise at a meeting, the Chair must ensure the following information is recorded in the minutes:
- who has the interest
 - the nature of the interest and why it gives rise to a conflict, including the magnitude of any interest
 - the items on the agenda to which the interest relates
 - how the conflict was agreed to be managed
 - evidence that the conflict was managed as intended, i.e., recording the points during the meeting when particular individuals left or returned to the meeting
- 9.3. An example for recording interests in committee minutes is included at Appendix 8

10. DEFINITIONS

- 10.1. The NHS England Guidance on Managing Conflicts of Interest (December 2014) states that : "A conflict of interest occurs where an individual's ability to exercise judgement, or act in a role is, or could be, impaired or otherwise influenced by his or her involvement in another role or relationship. The individual does not need to exploit his or her position or obtain an actual benefit, financial or otherwise, for a conflict of interest to occur." A potential for competing interests and/or a perception of impaired judgement or undue influence can also be a conflict of interest.
- 10.2. An interest is defined for the purposes of Regulation 6 as including an interest of the following:
- A member of the commissioner organisation;
 - A member of the Governing Body of the commissioner;
 - A member of its committees or sub-committees or committees or sub-committees of its Governing Body;
 - An employee.
- 10.3. The important things to remember are that:
- A perception of wrong doing, impaired judgement or undue influence can be as detrimental as any of them actually occurring;
 - If in doubt, it is better to assume a conflict of interest and manage it appropriately rather than ignore it;
 - Financial gain is not necessary for a conflict to exist;
 - For the purposes of Regulation 6 of the NHS (Procurement, Patient Choice and Competition (No 2) Regulations 2013, a conflict will arise when an

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individual's ability to exercise judgement or act in their role in the commissioning of services is impaired or influenced by their interests in the provision of those services.

10.4. In line with Section 8 of the Constitution, a conflict of interest will include (but is not necessarily limited to):

- **A direct pecuniary interest:** where an individual may financially benefit from the consequences of a commissioning decision (for example, as a provider of services);
- **An indirect pecuniary interest:** for example, where an individual is a partner, member or shareholder in an organisation that will benefit financially from the consequences of a commissioning decision;
- **A non-pecuniary interest:** where an individual holds a non-remunerative or not-for profit interest in an organisation, that will benefit from the consequences of a commissioning decision (for example, where an individual is a trustee of a voluntary provider that is bidding for a contract);
- **A non-pecuniary personal benefit:** where an individual may enjoy a qualitative benefit from the consequence of a commissioning decision which cannot be given a monetary value (for example, a reconfiguration of hospital services which might result in the closure of a busy clinic next door to an individual's house).
- Where an individual is closely related to, or in a personal or professional relationship, including friendship, with an individual in the above categories.

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

- Roles and responsibilities held within member practices.
- Membership of a Partnership (whether salaried or profit sharing) seeking to enter into any contracts with the CCG.
- Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the CCG.
- Directorships, including non-executive Directorship held in private or public limited companies seeking to enter into contracts with the CCG.
- All shareholdings of companies in the field of health and social care seeking to enter into contracts with the CCG must be declared.
- Positions of authority in an organisation (e.g. charity or voluntary organisation) in the field of health and social care.
- Any connection with a voluntary or other organisation contracting for NHS services.
- Formal interest with a position of influence in a political party or organisation;
- If registered with the General Medical Council, any interested they are required to declare in accordance with paragraph 55 of the GMC's publication 'Management for Doctors' or any successor guidance.
- If registered with the Nursing and Midwifery Council, any interested they are would be required to declare in accordance with paragraph 7 of the NMC's publication 'Code of Professional Conduct' or any successor Code.

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- Any interest which does or might constitute a conflict of interest in relation to the specification for or award of any contract to provide goods or services to the CCG.
- Any research funding or grants that may be received by the individual or any organisation that they have an interest or role in.
- Any other role or relationship which the public could perceive would impair or otherwise influence the individual's judgement or actions in their role within the CCG.

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

11. MANAGING CONFLICTS OF INTEREST IN COMMISSIONING ACTIVITIES

11.1. Conflicts of interests may arise when the CCG engages clinicians, or other representatives of provider organisations for the purpose of advising it on its commissioning activities. These activities include:

- pre procurement work;
- work during procurement; and
- work following procurement.

11.2. The CCG acknowledges that its engagement with clinicians or representatives from member practices, hospitals or other providers who have an interest in providing services to the CCG is likely to differ depending on which stage of the procurement process that the organisation is at. For example, it may be appropriate in a clinically led membership organisation to engage clinicians with interests in providing services to the CCG (subject to the provisions set out in this procedure) when deciding what to procure but that it would not be appropriate to engage providers with interests during procurement.

11.3. In managing conflicts or potential conflicts of interests, the CCG may distinguish between those individuals or organisations that have an interest and those that are deemed to have a material interest.

11.4. A proposed Standard Operating Procedure has been included at Appendix 5 to manage potential conflicts of interest that arise during the course of service re-design.

12. REGISTERS OF INTEREST

12.1. The Policy and Assurance Manager on behalf of the Chief Operating Officer will maintain registers of all relevant and material interests and positions of influence declared by members of the Council of Representatives, Governing Body, committees and sub-committees and employees.

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

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- 12.3. All attendees at meetings should be asked to declare any interest they have in any agenda item before it is discussed or as soon as it becomes apparent. Even if an interest is declared in the register of interests it should be declared in meetings where matters relating to that interest are discussed. Declarations of interest must be recorded in minutes.
- 12.4. Registers will be reviewed annually by the Audit Committee with an assurance report provided to the Governing Body, to include explanations of any concerns and how these were managed.
- 12.5. Where an individual changes role or responsibility within the CCG or the Governing Body, any change to the individuals interests should be declared.
- 12.6. Any changes/additions to declarations registered should be notified to the Policy and Assurance Manager as soon as possible after the change occurs for recording in the Register of Interests.
- 12.7. The Register will be published on the NHS Vale of York Clinical Commissioning Group's website with the exception of staff grade 7 and below who does not have a position of influence on any CCG committees or sub-committee. All information may have to be disclosed, if requested under the Freedom of Information Act.
- 12.8. The Registers for Governing Body, Council of Representatives and staff (grade 8a and above) will be reviewed and republished at least every six months.
- 12.9. Declared interests of the Council of Members, the Governing Body and its committees will be published on the NHS Vale of York Clinical Commissioning Group's website and in the Annual Report and Accounts.

13. MANAGEMENT ARRANGEMENTS

- 13.1. Full details of how declared interests should be managed are as outlined in Section 8 of the Constitution (for ease of reference see extract at Appendix 7). Examples of possible scenarios and how to manage them are included as Appendix 3.
- 13.2. Where no previous declaration has been made, the Chair of the meeting will determine how this should be managed, in line with the management arrangements and may require the individual to withdraw from the meeting or part of it. The agreed actions should be recorded in the minutes.

Interests of the Chair of a Meeting

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

Effects of withdrawal

- 13.4. Where 50% of members of a meeting are required to withdraw, the Chair (or Deputy) will determine whether or not the discussion can proceed. This decision will be based on whether the meeting is quorate, as set out in Standing Orders (in relation to the Governing Body) and in line with the terms of reference (for all other meetings). Where a quorum cannot be convened, the Chair will consult with the Audit Committee Chair to ensure timely management of the issue. Possible actions are set out in Section 8 the Constitution (see Appendix 7).
- 13.5. Any arrangements made or agreed in a meeting will be recorded in the minutes.

14. DECLARATIONS IN RELATION TO PROCUREMENT

- 14.1. The CCG recognises the importance in making decisions about the services it procures in a way that does not call into question the motives behind the procurement decision that has been made. This has now been put on a statutory footing in the 2013 Regulations mentioned above.
- 14.2. The CCG will publish a Procurement Policy approved by its Governing Body which includes specific reference to conflicts of interest. Procurement Policy should make reference to:
- All relevant clinicians (not just members of the CCG) and potential providers, together with local members of the public, are engaged in the decision- making processes used to design and re-design services;
 - Service redesign and procurement processes are conducted in an open, transparent, non-discriminatory and fair way
- 14.3. Where a relevant and material interest or position of influence exists in the context of the specification for, or award of, a contract the individual will be expected to:
- Declare the interest
 - Ensure that the interest is recorded in the register
 - Only take part in discussions as part of extended membership meetings to involve other major stakeholders in the service being discussed
 - Not have a vote in relation to the specification or award.
- 14.4. Individuals will be expected to declare any interest early in the procurement process if they are to be a potential bidder in that process. In addition, where someone is to be part of the tender evaluation panel or decision making process regarding the award of the contract, any potential conflict of interest must be declared at the earliest opportunity. Failure to do so could result in the procurement process being declared invalid and possible suspension of the relevant individual from the CCG.
- 14.5. Potential conflicts will vary to some degree depending on the way in which a service is being commissioned, e.g. :
- Where a CCG is commissioning a service through **Competitive Tender** (i.e. seeking to identify the best provider or set of providers for a service) a conflict of interest may arise where GP practices or other providers in which CCG members have an interest are amongst those bidding.

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- Where the CCG is commissioning a service through **Any Qualified Provider** a conflict could arise where one or more GP practices (or other providers in which CCG members have an interest) are amongst the qualified providers from whom patients can choose. Guidance within the GMC's core guidance Good Medical Practice (2006) and reiterated in its document Conflicts of Interest (2008) Indicates, in such cases, that: "You must act in your patients best interests when making referrals and when providing or arranging treatment of care.
- 14.6. You must not ask for or accept any inducement, gift or hospitality which may affect or be seen to affect the way you prescribe, treat or refer patients. You must not offer such inducements to colleagues:
- If you have financial or commercial interest in organisations providing healthcare or in pharmaceutical or other biomedical companies, these interests must not affect the way you prescribe for, treat or refer patients;
 - If you have a financial or commercial interest in an organisation to which you plan to refer a patient for treatment or investigation, you must also tell the patient about your interest. When treating NHS patients you must also tell the healthcare provider."
 - You may wish to note on the patient's record when an unavoidable conflict of interest arises; and
 - If you have a financial interest in an institution and are working under an NHS employers' policy you should satisfy yourself, or seek other assurance from your employing or contracting body, that systems are in place to ensure transparency and to avoid, or minimise the effects of, conflicts interest. You must follow the procedures governing the schemes.
- 14.7. Guidance within the GMC'S core guidance 'Good Medical Practice (2013) - Honesty in Financial Dealings paragraphs 77-80 states :
- You must be honest in financial and commercial dealings with patients, employers, insurers and other organisations or individuals.
 - You must not allow any interests you have to affect the way you prescribe for, treat, refer or commission services for patients.
 - If you are faced with a conflict of interest, you must be open about the conflict, declaring your interest formally, and you should be prepared to exclude yourself from decision making.
 - You must not ask for or accept – from patients, colleagues or others – any inducement, gift or hospitality that may affect, or be seen to affect, the way you prescribe for, treat or refer to patients or commission services for patients. You must not offer these inducements.
- 14.8. In addition, the GMC's document Financial & Commercial Arrangements and Conflicts of Interest (2013) indicates GPs should :
- Use your professional judgment to identify when conflicts of interest arise.
 - Avoid conflicts of interest wherever possible.
 - Declare any conflict to anyone affected, formally and as early as possible, in line with the policies of your employer or the organisation contracting your services.
 - Get advice about the implications of any potential conflict of interest.
 - Make sure the conflict does not affect your decisions about patient care

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- 14.9. If you are in doubt about whether there is a conflict of interest, act as though there is.
- 14.10. The CCG recognise that particular care must be exercised when commissioning services from GP practices including provider consortia or organisations, in which GPs have a financial interest.
- 14.11. For that reason, this policy incorporates the Procurement Template developed by NHS England for that purpose which must be completed in each case where GP practices, consortia or organisations in which GPs have a financial interest are or may be a tenderer. [See Appendix 6] In addition, systems will be put in place to ensure that such contracts are monitored on an on-going basis to ensure any conflict is appropriately managed
- 14.12. The CCG is prohibited by law from awarding any contract where the integrity of the procurement process or the award has been, or appears to have been, affected by a conflict of interest. In this context, it is likely that the CCG will wish to take specialist legal advice.
- 14.13. The CCG will also adhere to all relevant regulations and principles which pertain to NHS procurement and UK / EU competition law, including the NHS (Procurement, Patient Choice and Competition) Regulations 2013.

15. GIFTS AND HOSPITALITY

- 15.1. The CCG will maintain a register of gifts and hospitality and robust processes must be in place to ensure individuals do not accept gifts, hospitality or other benefits which might reasonably be seen to compromise their professional judgment or integrity.
- 15.2. The register will be reviewed by the Audit Committee at least annually with an assurance report provided annually to the Governing Body. Details will be available on the CCG's website.
- 15.3. All individuals need to consider the risks associated with accepting gifts, hospitality or other benefits, particularly during procurement exercises. The acceptance of gifts could give rise to real or perceived conflicts of interests or accusations of unfair influence, collusion or canvassing.

GIFTS

- 15.4. A gift is defined as any item of cash or goods or any service which is provided for personal benefit at less than its commercial value.
- 15.5. All gifts of any nature offered to any member of CCG staff or committee member or GP member practice staff by a contractor or supplier (current or prospective) to the CCG's business should be declined. The person to whom the gifts were offered must declare said offer to the Policy and Assurance Manager for inclusion on the register.
- 15.6. The offer of gifts must be declared, even when they are declined.

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- 15.7. Gifts from other sources should also be declined if acceptance could be perceived as favouritism or bias. The only exceptions relate to gifts of little financial value, i.e., less than £10, such as diaries, calendars and other small gifts. Gifts of this nature do not need to be declared.
- 15.8. Any personal gift of cash or cash equivalent, i.e., vouchers, tokens, remuneration to attend meetings whilst working for / representing the CCG, must **always** be declined whatever their value and whatever their source. The person to whom the gifts were offered must declare said offer to the Policy and Assurance Manager for inclusion on the register.

PROVISION OF HOSPITALITY

- 15.9. NHS funds for hospitality should be used sparingly and modestly and only after each case has been carefully considered. All expenditure on these items should be capable of justification as reasonable and authorised by the relevant budget holder. Petty cash should not be used to provide hospitality.
- 15.10. Whenever possible meetings should be arranged within CCG premises. If this is not possible, other NHS establishments should be the preferred choice. If this is not possible the meeting should be arranged at the most economic rate, taking into account room and refreshment charges.
- 15.11. Meetings during the lunch period should be avoided.

ACCEPTING HOSPITALITY

- 15.12. To be acceptable, hospitality must be secondary to the purpose of the meeting or event. The level of hospitality offered in these circumstances should be appropriate and not out of proportion to the occasion e.g. a meal during the course of an event or visit away from base. Hospitality cannot in these circumstances be extended to spouses/partners. Modest hospitality, e.g., tea / coffee and light refreshments at meetings need not be declared.
- 15.13. Utmost discretion should be exercised in accepting offers of hospitality from contractors or their representatives, other organisations or individuals concerned with the supply of goods or services. Individuals should be especially cautious of accepting small items of value, or hospitality over that afforded in a normal meeting environment (i.e. beverages) during a procurement process or from bidders/potential bidders. This avoids any potential claim of unfair influence, collusion or canvassing.
- 15.14. Individuals need to be aware that accepting hospitality may compromise their strict independence and impartiality. If in doubt, advice should be sought from the line manager. Further advice is available from the Chief Finance Officer, the Chief Officer or the Policy and Assurance Manager.
- 15.15. Individuals should decline all other offers of hospitality or entertainment even if they would occur in their own time. All offers of hospitality **with a value of over £10** which have been accepted, must be reported on the relevant form (see Appendix 3).

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- 15.16. Offers of funding from private companies for events (e.g. training events for clinicians), which may include the provision of hospitality, must be approved prior to acceptance. Such circumstances are covered by the separate Policy and Guidance Sponsorship (the principles of which apply to all private companies).
- 15.17. Unacceptable hospitality should be politely refused and then declared to the Policy and Assurance Manager for inclusion in the register. Particular caution should be applied to:
- hospitality offered by suppliers or contractors (current or prospective) linked to the CCG
 - hospitality of a value above £10
 - foreign travel and accommodation
- 15.18. Commercial sponsorship for courses, conferences, funding, meetings and publications in relation to work by committee members or GP members may be offered. If such offers are reasonably justifiable and otherwise in accordance with the statutory guidance, then they may be accepted. All such offers, whether accepted or declined, must be declared to the Policy and Assurance Manager for inclusion in the register.

16. RAISING CONCERNS AND BREACHES

- 16.1. It is the duty of every CCG employee, Governing Body member, committee / sub-committee member and GP practice member to report genuine concerns in relation to conflicts of interest.
- 16.2. In the first instance, suspected or actual breaches of the CCG's conflicts of interest policy should be raised with the Conflicts of Interest Guardian. All such notifications will be treated in the strictest confidence.
- 16.3. CCG staff and other individuals should also report any concerns to the NHS Fraud and Corruption Reporting Line on 0800 028 40 60.

17. POLICY IMPLEMENTATION

- 17.1. Following approval by the Council of Representatives, this policy will be distributed the Communications Manager for referencing in the staff newsletter and to the Council of Representatives, the Governing Body, committee and sub-committee Members and Practice Managers.

18. TRAINING & AWARENESS

- 18.1. This policy will be published on the CCG's website and will be available to staff on the organisation's intranet.
- 18.2. Notice of all approved policies placed on the website will be included in CCG briefing processes. The policy will be brought to the attention of all new Members and staff via the induction process. Advice on this policy can be obtained from the

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Accountable Officer, Chair of the Audit Committee, the Legal Services Manager or the Policy and Assurance Manager.

- 18.3. NHS England will provide mandatory online conflicts of interest training. All CCG staff and those staff of member practices who have involvement in CCG business will be required to evidence completion of the mandated training on an annual basis, by 31 December each year.
- 18.4. This training will, however, be voluntary for practice staff who have no involvement in CCG decision making processes.

19. MONITORING & AUDIT

- 19.1. The Audit Committee will :
- keep the arrangements for the management of conflicts of interest under review
 - annually review the registers of interest
 - provide an annual assurance report to the Governing Body
- 19.2. Monitoring of this policy may form part of the Internal Audit review of governance compliance.
- 19.3. The CCG is required to include an annual audit of conflicts of interest management within their internal audit plans and to publish the internal audit findings within their annual end-of-year governance statement.

20. POLICY REVIEW

- 20.1. This policy will be reviewed annually. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation / guidance, as instructed by the senior manager responsible for this policy'.
- 20.2. This policy, once approved, will be shared with all staff through the staff newsletter, and published on the intranet. A team briefing will be provided to support this dissemination.
- 20.3. 'Breaches of this policy may be investigated and may result in the matter being treated as a disciplinary offence under the CCG's disciplinary procedure'.

21. REFERENCES

- Managing Conflicts of Interest in CCGs – NHS Federation & RCGP Centre for Commissioning
- Managing Conflicts of Interest : Revised Statutory Guidance for CCGs – NHS England – June 2016
- NHS England- Managing conflicts of interest where GP practices are potential providers of CCG-commissioned services
- BMA's Ensuring Transparency & Probity Guidance
- Institute of Chartered Secretaries & Administrators Chartered

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Secretaries Guidance Note 100618 June 2010

- NHS Wirral Commissioning/Procurement of Health Services Appendix D – Approvals Process
- Section 14O of the National Health Service Act 2006, as inserted by section 25 of the 2012 Act
- The NHS (Procurement, Patient Choice and Competition)(No 2) Regulations 2013 (SI 2013 No 500)
- Public Contracts Regulations 2006
- Towards Establishment: Creating responsive and accountable CCGs together with Technical Appendix 1 – Managing conflicts of interest (NHS Commissioning Board February 2012)
- Bribery Act 2010
- Policy on Business Conduct & Management of Conflicts of Interest – template for CCGs developed by Internal Auditor, North Yorkshire
- The Seven Principles of Public Life (commonly known as the Nolan Principles)
- The Good Governance Standards of Public Services
- The Seven Key Principles of the NHS Constitution

22. ASSOCIATED POLICIES

- NHS Vale of York CCG Constitution
- COR01a Business Conduct Policy
- COR05 Sponsorship Policy
- COR12 Whistleblowing Policy
- COR13 Local Anti-Fraud, Bribery and Corruption Policy
- FIN01 Procurement Policy

23. CONTACT DETAILS

Policy and Assurance Manager

Pennie Furneaux

Telephone: 01904 555870

Email: pennie.furneaux@nhs.net

Address: NHS Vale of York Clinical Commissioning Group, West Offices, Station Rise, York. Y01 6GA

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24. APPENDIX 1: EQUALITY IMPACT ANALYSIS FORM

1.	Title of policy/ programme/ service being analysed
	Conflicts of Interest Policy
2.	Please state the aims and objectives of this work.
	NHS Vale of York CCG is required to make arrangements to manage conflicts of interest.
3.	Who is likely to be affected? (e.g. staff, patients, service users)
	All CCG employees, members of the Governing Body, Council of Representatives, committees and sub-committees
4.	What sources of equality information have you used to inform your piece of work?
5.	What steps have been taken ensure that the organisation has paid <u>due regard</u> to the need to eliminate discrimination, advance equal opportunities and foster good relations between people with protected characteristics
	The analysis of equalities is embedded within the CCG's Committee Terms of Reference and project management framework.
6.	Who have you involved in the development of this piece of work?
	<p>Internal involvement: Senior Management team</p> <p>Stakeholder involvement: Consultation with Senior Managers</p> <p>Patient / carer / public involvement: This is an Internal policy aimed at staff employed by the CCG and contractors working for the CCG. The focus is on compliance with statutory duties and NHS mandated principals and practice. There are no particular equality implications.</p>

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7.	<p>What evidence do you have of any potential adverse or positive impact on groups with protected characteristics? Do you have any gaps in information? Include any supporting evidence e.g. research, data or feedback from engagement activities</p> <p>(Refer to Error! Reference source not found. if your piece of work relates to commissioning activity to gather the evidence during all stages of the commissioning cycle)</p>	
	<p>Disability People who are learning disabled, physically disabled, people with mental illness, sensory loss and long term chronic conditions such as diabetes, HIV)</p>	<p>Consider building access, communication requirements, making reasonable adjustments for individuals etc.</p>
N/A		
	<p>Sex Men and Women</p>	<p>Consider gender preference in key worker, single sex accommodation etc.</p>
N/A		
	<p>Race or nationality People of different ethnic backgrounds, including Roma Gypsies and Travellers</p>	<p>Consider cultural traditions, food requirements, communication styles, language needs etc.</p>
N/A		
	<p>Age This applies to all age groups. This can include safeguarding, consent and child welfare</p>	<p>Consider access to services or employment based on need/merit not age, effective communication strategies etc.</p>
N/A		

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Trans People who have undergone gender reassignment (sex change) and those who identify as trans	Consider privacy of data, harassment, access to unisex toilets & bathing areas etc.
N/A	
Sexual orientation This will include lesbian, gay and bi-sexual people as well as heterosexual people.	Consider whether the service acknowledges same sex partners as next of kin, harassment, inclusive language etc.
N/A	
Religion or belief Includes religions, beliefs or no religion or belief	Consider holiday scheduling, appointment timing, dietary considerations, prayer space etc.
N/A	
Marriage and Civil Partnership Refers to legally recognised partnerships (employment policies only)	Consider whether civil partners are included in benefit and leave policies etc.
N/A	
Pregnancy and maternity Refers to the pregnancy period and the first year after birth	Consider impact on working arrangements, part-time working, infant caring responsibilities etc.
N/A	
Carers This relates to general caring responsibilities for someone of any age.	Consider impact on part-time working, shift-patterns, options for flexi working etc.
N/A	

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<p>Other disadvantaged groups This relates to groups experiencing health inequalities such as people living in deprived areas, new migrants, people who are homeless, ex-offenders, people with HIV.</p>	<p>Consider ease of access, location of service, historic take-up of service etc.</p>
<p>N/A</p>	
<p>8.</p>	<p>Action planning for improvement Please outline what mitigating actions have been considered to eliminate any adverse impact?</p> <p>Please state if there are any opportunities to advance equality of opportunity and/ foster good relationships between different groups of people?</p>
<p>Sign off</p>	
<p>Name and signature of person / team who carried out this analysis</p>	
<p>Date analysis completed</p>	
<p>Name and signature of responsible Director</p>	
<p>Date analysis was approved by responsible Director</p>	

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26. APPENDIX 2: SUSTAINABILITY IMPACT ASSESSMENT

Staff preparing a policy, Governing Body (or Sub-Committee) report, service development plan or project are required to complete a Sustainability Impact Assessment (SIA). The purpose of this SIA is to record any positive or negative impacts that this is likely to have on sustainability.

Title of the document	Conflicts of Interest Policy
What is the main purpose of the document	Staff preparing a Policy / Board Report / Committee Report / Service Plan / Project are required to complete a Sustainability Impact Assessment. Sustainability is one of the CCG's key priorities and the CCG has made a corporate commitment to address the environmental effects of activities across CCG services. The purpose of this Sustainability Impact Assessment is to record any positive or negative impacts that this activity is likely to have on each of the CCG's Sustainability Themes. For assistance with completing the Sustainability Impact Assessment, please refer to the instructions below.
Date completed	05 July 2016
Completed by	Business and Assurance Co-ordinator

Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = N/A	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
Travel	Will it provide / improve / promote alternatives to car based transport?	N/A		
	Will it support more efficient use of cars (car sharing, low emission vehicles, environmentally friendly fuels and technologies)?	N/A		

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Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = N/A	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
	Will it reduce 'care miles' (telecare, care closer) to home?	N/A		
	Will it promote active travel (cycling, walking)?	N/A		
	Will it improve access to opportunities and facilities for all groups?	N/A		
	Will it specify social, economic and environmental outcomes to be accounted for in procurement and delivery?	N/A		
Procurement	Will it stimulate innovation among providers of services related to the delivery of the organisations' social, economic and environmental objectives?	N/A		
	Will it promote ethical purchasing of goods or services?	N/A		
Procurement	Will it promote greater efficiency of resource use?	N/A		
	Will it obtain maximum value from pharmaceuticals and technologies (medicines management, prescribing, and supply chain)?	N/A		
	Will it support local or regional supply chains?	N/A		
	Will it promote access to local services (care closer to home)?	N/A		

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Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = N/A	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
	Will it make current activities more efficient or alter service delivery models	N/A		
Facilities Management	Will it reduce the amount of waste produced or increase the amount of waste recycled? Will it reduce water consumption?	N/A		
Workforce	Will it provide employment opportunities for local people?	N/A		
	Will it promote or support equal employment opportunities?	N/A		
	Will it promote healthy working lives (including health and safety at work, work-life/home-life balance and family friendly policies)?	N/A		
	Will it offer employment opportunities to disadvantaged groups?	N/A		
Community Engagement	Will it promote health and sustainable development?	N/A		
	Have you sought the views of our communities in relation to the impact on sustainable development for this activity?	N/A		
Buildings	Will it improve the resource efficiency of new or refurbished buildings (water, energy, density, use of existing buildings, designing for a longer lifespan)?	N/A		

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Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = N/A	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
	Will it increase safety and security in new buildings and developments?	N/A		
	Will it reduce greenhouse gas emissions from transport (choice of mode of transport, reducing need to travel)?	N/A		
	Will it provide sympathetic and appropriate landscaping around new development?	N/A		
	Will it improve access to the built environment?	N/A		
Adaptation to Climate Change	Will it support the plan for the likely effects of climate change (e.g. identifying vulnerable groups; contingency planning for flood, heat wave and other weather extremes)?	N/A		
Models of Care	Will it minimise 'care miles' making better use of new technologies such as telecare and telehealth, delivering care in settings closer to people's homes?	N/A		
	Will it promote prevention and self-management?	N/A		
	Will it provide evidence-based, personalised care that achieves the best possible outcomes with the resources available?	N/A		

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Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = N/A	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
	Will it deliver integrated care, that co-ordinate different elements of care more effectively and remove duplication and redundancy from care pathways?	N/A		

27. APPENDIX 3: COMMISSIONING CYCLE AND POTENTIAL CONFLICTS OF INTEREST

Notes:

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

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

28. APPENDIX 4: DECLARATION OF INTERESTS FOR MEMBERS/EMPLOYEES

Please see separate attachment.

29. APPENDIX 5: MANAGING CONFLICTS OF INTERESTS IN COMMISSIONING ACTIVITIES

STANDARD OPERATING PROCEDURE (DRAFT)

PURPOSE

The purpose of this operating procedure is to set out how the CCG will manage the interests of those providers with whom it engages, to assist it in the development of its commissioning plans. The procedure should be read in conjunction with the CCG's policy on managing conflicts of interest which requires anyone working for, or on behalf of, the CCG, who is involved in making decisions, or who is able to influence a decision, to declare their interests.

MANAGING INTERESTS

PRE PROCUREMENT ACTIVITIES

The pre-procurement phases of the CCG's commissioning comprise:

- generating ideas and options
- solution exploration
- service review
- specification

Whilst procedures should be applied consistently, the effort that the CCG invests to manage conflicts of interest will be proportionate to the value, complexity and risks of the services contracted. Risks will be evaluated and focus maintained where there is a combination of higher benefits, costs, savings and quality.

COMMISSION HEALTHCARE SERVICES

When drawing up plans to commission healthcare services (or continue to commission services by contract extension) including GP services in which a member of the CCG has a financial or other interest, a procurement assessment evaluation must be completed in line with the template published by NHS England, a copy of which is provided on the next page.

Forms should be evaluated as part of the decision making process. Deliberations regarding identification of potential conflicts of interest will be published in line with NHS England guidance.

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

Service:	
Question	Comment/ Evidence
How does the proposal deliver good or improved outcomes and value for money- what are the estimated costs and the estimated benefits? How does it reflect the CCG's proposed commissioning priorities? How does it comply with the CCG's commissioning obligations?	
How have you involved the public in the decision to commission this service?	
What range of health professionals have been involved in designing the proposed service?	
What range of potential providers have been involved in considering the proposals?	
How have you involved your Health and Wellbeing Board(s)? How does the proposal support the priorities in the relevant joint health and wellbeing strategy (or strategies)?	
What are the proposals for monitoring the quality of the service?	
What systems will there be to monitor and publish data on referral patterns?	
Have all conflicts and potential conflicts of interest been appropriately declared and entered in registers which are publicly available? Have you recorded how you have managed any conflict or potential conflict?	
Why have you chosen this procurement route?	
What additional external involvement will there be in scrutinizing the proposed decisions?	

<p>How will the CCG make its final commissioning decision in ways that preserve the integrity of the decision- making process and award of any contract?</p>	
<p>Additional question when qualifying a provider on a list or framework or pre selection for tender (including but not limited to any qualified provider) or direct award (for services where national tariffs do not apply)</p>	
<p>How have you determined a fair price for the service?</p>	
<p>Additional question when qualifying a provider on a list or framework or pre selection for tender (including but not limited to any qualified provider) or direct award (for services where national tariffs do not apply)</p>	
<p>How will you ensure that patients are aware of the full range of qualified providers from whom they can choose ?</p>	
<p>Additional questions for proposed direct awards to GP providers</p>	
<p>What steps have been taken to demonstrate that the services to which the contract relates are capable of being provided by only one provider ?</p>	
<p>In what ways does the proposed service go above and beyond what GP practices should be expected to provide under the GP contract?</p>	

IDEAS AND SOLUTION EXPLORATION PHASE

The CCG will engage with clinicians or other representatives of providers to help generate ideas or options, or to explore solutions which either improve access to services, provide care closer to home, provide additional choices for patients / users or which offer a different model of care to the CCG's existing arrangements. The approach and extent to which consultation takes place with current or potential providers will be influenced by the type of procurement process which is to be undertaken (i.e., open, restricted, or competitive dialogue).

Where clinicians, providers or their representatives are engaged in this process, they must be asked to complete and sign conflict of interest declaration forms. An example form is included with this procedure.

Clinicians or representatives in this context include providers who may subsequently bid to provide such services, including member practices.

In engaging clinicians or representatives during the 'ideas' and 'solution exploration' phase, the group will take steps to ensure that:

- Providers do not have preferential access to information that would give them a competitive edge in their bid to provide that service;
- A provider with a 'material interest' is not appointed to a position of influence, including, for example, chairing meetings or conducting research on behalf of the CCG;
- Providers who currently provide the services under consideration are invited to contribute to the CCG's work.

It is important, however, to ensure that the final version of any specification has been approved by the commissioner. In order to mitigate against providers, or the perception of provider's being given preferential access to information, the group will, as soon as practical, actively encourage a range of providers to contribute ideas and solutions to its work. This will include promoting this work on the CCG's website. All clinicians contributing to the review should declare any interests, both current and future, and these will be recorded in a log and cross referenced in the minutes of the meeting.

The recommendations arising from the review will be recorded in the minutes of meetings and will be available on request (or via the CCG's website).

SERVICE REVIEW

Where the CCG is undertaking a major service review involving consideration of for example, where and how an existing service may be procured in the future; or where existing contracts are due to expire or to be terminated, which, for example involve a public consultation exercise that has a significant value, benefit or potential savings, the group will:

- appoint a clinical representative to co-ordinate the service review from a provider which does not intend to bid to provide that service in the future;
and

- seek to engage a range of providers in the service review, dependant on the type of procurement process to be undertaken. This may include representatives from the current provider of that service along with other providers who are expected to bid for the service in the future.

The CCG will promote a level playing field amongst providers by advertising the review via its website and inviting providers to participate in the review. This may include active participation in the review via for example an advisory group or the opportunity for providers to make a written contribution or to attend engagement events.

Clinicians or representatives contributing to the review should declare any interests, both current and future, and these will be recorded in a log and, where appropriate, in the minutes of meetings.

The recommendations arising from the review will be recorded in the minutes of meetings and will be available on request (or via the CCG's website).

SPECIFICATION PHASE

In drafting specifications, the CCG:

- May obtain assistance from (clinicians or representatives from) member practices with an interest;
- May not obtain assistance from (clinicians or representatives from) member practices with a material interest; and
- May not obtain assistance from clinicians from other organisations which have an interest and from whom the CCG may commission services.

GENERAL

The CCG will endeavour to ensure that an individual provider is not afforded preferential treatment or given access to information that could not be made available to other providers, either on their request or via the CCG's website.

Where there is a single provider or one individual is the only likely bidder for a service, and where there are other known providers of that service, they will not be involved in the review of that service or the development of a specification for that service.

Where an individual provider is likely to be advantaged by their representative's involvement in the pre-procurement phases of the CCG's commissioning activities and the CCG cannot provide equality of treatment to other potential providers, the CCG will exclude that provider from its pre-procurement work.

Providers of services who are interested in bidding for services may contribute to discussions concerning proposals for that service, but they will not be able to vote on the proposal.

Where the Governing Body or a committee of the Governing Body considers it helpful, it may invite Clinicians from providers, with an interest or with a material

interest in bidding for services, to participate in discussions concerning the recommendations under consideration. Where, however, those meetings are held in public, such providers will be excluded from the meeting when the decision is taken concerning the outcome of the review or if they are a member of the Governing Body, they will not be allowed to vote on the proposal.

In the circumstances set out in the paragraphs above, the minutes of the meeting will record the reasons for inviting the provider (s) to inform discussions.

DURING PROCUREMENT

Clinicians from providers who are competing for services will not be involved in the CCG's processes for evaluating submissions and / or awarding a service following the decision to procure a service.

The CCG will endeavour to avoid a situation where a provider has to be excluded from bidding to provide a service due to their or their representatives' involvement in the decisions to procure that particular service or their participation in the CCG's commissioning activities. The arrangements for managing conflicts of interests by creating a level playing field for all providers, or by excluding sole providers of services, during the pre-procurement phase should help to mitigate against this.

POST PROCUREMENT

Where a Provider of Services commissioned by the CCG also refers patients to services that it provides under a contract with the CCG (including companies in which the provider has an interest), a condition of that contract will be that the provider informs patients of its interests and promotes the patient's rights to choose an alternative provider. The provider can do this by displaying information on the contracts that it holds with the CCG in a prominent place where patients can see and read it on its website.

30. APPENDIX 6: COMMISSIONING COMMUNITY SERVICES CONFLICT OF INTEREST DECLARATION & CONFIDENTIALITY AGREEMENT

Instructions: This form is to be completed by all individuals who will provide input, advice and/or make commercial decisions in respect of the commissioning and procurement of the above service. Guidance in respect of individuals is provided in Appendix D1.

Completed forms are to be signed (no electronic signatures) and scanned in to an email in the first instance to pennie.furneaux@nhs.net. The original signed hard copy should be posted to the following address:

FAO: Pennie Furneaux, NHS Vale of York Clinical Commissioning Group, West Offices, Station Rise, York, YO1 6GA.

Part 1: Conflict of Interest Declaration

Please read statements 1 – 6 thoroughly. If you acknowledge and agree with each of the statements and have no conflict of interest please complete Box A, and move onto Part 2 – Confidentiality Agreement.

If you identify a potential conflict please complete Box B and move to Part 2, the Confidentiality Agreement.

Statements

1. Neither I nor any member of my family, close friends or any other acquaintances, have any financial interest of any nature in any individual, organisation or group who may express an interest in this commissioning exercise and/or put forward a bid for any related procurement;
2. I have no conflict of interest (whether financial or otherwise) in providing input/advice in connection with this commissioning exercise and/or procurement;
3. I will advise the North of England Commissioning Support Unit as soon as it is known of any conflict of interest which may arise at any point during my involvement in this commissioning exercise and/or procurement;
4. The documents made available to me, in electronic / hard copy format for the purpose of evaluating any Tenders are classified Commercial in Confidence and I confirm that none of these documents nor their contents will or have been released, disclosed or divulged by me, or on my behalf, to any third party without the relevant authorisation;
5. I understand that the release or disclosure of such material to a third party without such authorisation will be regarded very seriously and may result in disciplinary or formal action, and;
6. To the best of my knowledge, no-one with whom I have a direct association has expressed an interest in this commissioning exercise and/or intends to submit a bid for any relevant procurement.

Box A: I confirm and agree to the statements 1-6 which form the conflict of interest declaration.			
Name	Position/Organisation	Date	Signature
Box B:			
Name	Position/Organisation	Date	Signature

Part 2 Confidentiality Agreement:

Please read statements 7-13 and complete Box C to acknowledge and agree that:

7. I will treat any verbal and written information issued to me in relation to the procurement as strictly confidential;
8. I will not share any information or documentation received with any third party without the express agreement of the North of England Commissioning Support Unit;
9. I will not leave hard copies of documents in any public place risking unauthorised access to them;
10. I will safeguard electronic access to documents at all times;
11. I will advise North of England Commissioning Support of any potential or actual breach of this agreement whether intentional or not;
12. I waive the right to submit a bid to any tender opportunity which I have had direct involvement, and
13. I will ensure the safeguarding of all documents and information at all times both pre and post award.

Box C: I confirm and agree to the statements 7-13 which form the confidentiality agreement.			
Name	Position/Organisation	Date	Signature

Appendix D1 – Guidance

Individuals who may be party to providing guidance/advice in respect of the procurement process:

- Employees
- CCG Member
- Governing Body Member
- Committee or Sub-Committee Member
- Finance
- Other Interests

Potential Types of Conflict:

- roles and responsibilities held within member practices;
- directorships, including non-executive directorships, held in private companies or PLCs;
- ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the CCG;
- all shareholdings of companies in the field of health and social care;
- a position of authority in an organisation (e.g. charity or voluntary organisation) in the field of health and social care;
- any connection with a voluntary or other organisation contracting for NHS services;
- research funding/grants that may be received by the individual or any organisation in which they have an interest or role;
- any other role or relationship which the public could perceive would impair or otherwise influence the individual's judgement or actions in their role within the CCG.

What level of detail is to be provided in outlining a conflict of interest?

- relevant organisations completing this declaration form must provide sufficient detail of each interest so that a member of the public would be able to understand clearly the sort of financial or other interest the person concerned has and the circumstances in which a conflict of interest with the business or running of the CCG might arise.
- if in doubt as to whether a conflict of interests could arise / is relevant, a declaration of the interests should be made.

31. APPENDIX 7: EXTRACT FROM NHS VALE OF YORK CCG CONSTITUTION - SECTION 8.15 MANAGING CONFLICTS OF INTEREST

- 8.15 Individual members of the group, the Governing Body, committees or sub-committees, the committees or sub-committees of its Governing Body and employees will comply with the arrangements determined by the group for managing conflicts or potential conflicts of interest.
- 8.16 The Chairman of the Audit Committee will ensure that for every interest declared, either in writing or by oral declaration, arrangements are in place to manage the conflict of interests or potential conflict of interests, to ensure the integrity of the group's decision making processes.
- 8.17 Arrangements for the management of conflicts of interest are to be determined by the Chairman of the Audit Committee and will include the requirement to put in writing to the relevant individual arrangements for managing the conflict of interests or potential conflicts of interests, within a week of declaration. The arrangements will confirm the following:
- when an individual should withdraw from a specified activity, on a temporary or permanent basis;
 - monitoring of the specified activity undertaken by the individual, either by a line manager, colleague or other designated individual.
- 8.18 Where an interest has been declared, either in writing or by oral declaration, the declarer will ensure that before participating in any activity connected with the group's exercise of its commissioning functions, they have received confirmation of the arrangements to manage the conflict of interest or potential conflict of interest from the Chairman of the Audit Committee.
- 8.19 Where an individual member, employee or person providing services to the group is aware of an interest which:
- has not been declared, either in the register or orally, they will declare this at the start of the meeting;
 - has previously been declared, in relation to the scheduled or likely business of the meeting, the individual concerned will bring this to the attention of the Chair of the meeting, together with details of arrangements which have been confirmed for the management of the conflict of interests or potential conflict of interests.
- 8.20 The Chair of the meeting will then determine how this should be managed and inform the member of their decision. Where no arrangements have been confirmed, the Chair of the meeting may require the individual to withdraw from the meeting or part of it. The individual will then comply with these arrangements, which must be recorded in the minutes of the meeting.
- 8.21 Where the Chair of any meeting of the group, including committees, sub-committees, or the Governing Body and the Governing Body's committees and sub-committees, has a personal interest, previously declared or otherwise, in relation to the scheduled or likely business of the meeting, they must make a declaration and the Deputy Chair will act as Chair for the relevant part of the meeting. Where arrangements have been confirmed for the management of the conflict of interests or potential conflicts of interests in relation to the Chair, the meeting must ensure these are followed. Where no arrangements have been
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confirmed, the Deputy Chair may require the Chair to withdraw from the meeting or part of it. Where there is no Deputy Chair, the members of the meeting will select one.

- 8.22 Any declarations of interests, and arrangements agreed in any meeting of the Clinical Commissioning Group, committees or sub-committees, or the Governing Body, the Governing Body's committees or sub-committees, will be recorded in the minutes.
- 8.23 Where more than 50% of the members of a meeting are required to withdraw from a meeting, or part of it, owing to the arrangements agreed for the management of conflicts of interests or potential conflicts of interests, the Chair (or Deputy) will determine whether or not the discussion can proceed.
- 8.24 In making this decision the Chair will consider whether the meeting is quorate, in accordance with the number and balance of membership set out in the group's standing orders. Where the meeting is not quorate, owing to the absence of certain members, the discussion will be deferred until such time as a quorum can be convened. Where a quorum cannot be convened from the membership of the meeting, owing to the arrangements for managing conflicts of interest or potential conflicts of interests, the Chair of the meeting shall consult with Chairman of the Audit Committee on the action to be taken.
- 8.25 This may include:
- requiring another of the group's committees or sub-committees, the group's Governing Body or the Governing Body's committees or sub-committees (as appropriate) which can be quorate to progress the item of business, or if this is not possible,
 - inviting on a temporary basis one or more of the following to make up the quorum (where these are permitted members of the Governing Body or committee / sub-committee in question) so that the group can progress the item of business:
 - a member of the Clinical Commissioning Group who is an individual;
 - an individual appointed by a member to act on its behalf in the dealings between it and the Clinical Commissioning Group;
 - a member of a relevant Health and Wellbeing Board;
 - a member of a Governing Body of another Clinical Commissioning Group.
- 8.26 These arrangements must be recorded in the minutes.
- 8.27 In any transaction undertaken in support of the Clinical Commissioning Group's exercise of its commissioning functions (including conversations between two or more individuals, e-mails, correspondence and other communications), individuals must ensure, where they are aware of an interest, that they conform to the arrangements confirmed for the management of that interest. Where an individual has not had confirmation of arrangements for managing the interest, they must declare their interest at the earliest possible opportunity in the course of that transaction, and declare that interest as soon as possible thereafter. The individual must also inform either their line manager (in the case of employees), or the Chairman of the Audit Committee of the transaction.
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- 8.28 The Chairman of the Audit Committee will take such steps as deemed appropriate, and request information deemed appropriate from individuals, to ensure that all conflicts of interest and potential conflicts of interest are declared.

Managing Conflicts Of Interest: Contractors and People who Provide Services to the Group

- 8.29 Anyone seeking information in relation to a procurement, or participating in a procurement, or otherwise engaging with the Clinical Commissioning Group in relation to the potential provision of services or facilities to the group, will be required to make a declaration of any relevant conflict / potential conflict of interest.
- 8.30 Anyone contracted to provide services or facilities directly to the Clinical Commissioning Group will be subject to the same provisions of this constitution in relation to managing conflicts of interests. This requirement will be set out in the contract for their services.
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32. APPENDIX 8 – RECORDING DECLARATIONS OF INTEREST IN MINUTES

ATTENDANCE

Name Initials Role

Item No.	Agenda Item	Actions
1	Chairs welcome	
2	Apologies for absence <apologies to be noted>	
3	<p>Declarations of interest</p> <p>Committee members were reminded of their obligation to declare any interest that they may have on any issues arising at committee meetings which might conflict with the business of NHS Vale of York CCG.</p> <p>Declarations declared by members of the Primary Care Commissioning Committee (PCCC) are listed in the CCG's registers of interest which are available either via the the CCG's website at : http://www.valeofyorkccg.nhs.uk/publication-scheme/lists-and-registers/ or on request.</p> <p>Declarations of interest from sub-committees</p> <p>Declarations of interest from today's meeting</p> <p>The following Declaration of Interest update was received at the meeting :</p> <p>The quoracy of the meeting was reviewed and it was established that the meeting remained/ did not remain quorate.</p>	
4	Minutes of the last meeting <date to be inserted> and matters arising	
	<p>Agenda Item <note the agenda item></p> <p>Details of any action taken in respect of updated declaration(s).</p> <p><conclude decision has been made> <note the agenda item XX></p>	
6	Any other business	
7	Date and time of next the meeting	

33. ANNEX 9: DECLARATIONS OF GIFTS AND HOSPITALITY FORM

Recipient Name:	
Position:	
Date of Offer :	
Date of Receipt (if applicable):	
Details of Gift / Hospitality:	
Estimated Value:	
Supplier / Offeror Name and Nature of Business:	
Details of Previous Offers or Acceptance by this Offeror / Supplier:	
Details of the Officer Reviewing and Approving the Declaration Made and Date:	
Declined or Accepted?	
Reason for Declining or Accepting:	
Other Comments :	

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

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

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

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	Name	Position	Date
Signed By:			
Senior/Line Manager			

Please Return to the Policy and Assurance Manager