

# Conflicts of Interest Policy

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## 1 Introduction to the policy

- 1.1 The policy describes the principles and processes which employees, the Governing Body, members of Salford CCG and contractors should follow in regard to the declaration of conflicts of interest. It also describes the principles and process that individuals of Salford CCG should follow if they are offered or given gifts, payments, hospitality and commercial sponsorships.
- 1.2 Salford CCG is required to make arrangements to manage conflicts of interest and potential conflicts of interest to ensure that decisions made by the CCG will be taken, and seen to be taken, without any possibility of the influence of external or private interest.
- 1.3 This policy applies to:
  - All CCG employees, including: all full and part time staff; any staff on sessional or short term contracts; any students and trainees (including apprentices) agency staff and seconded staff
  - In addition, any self-employed consultants or other individuals working for the CCG under a contract for services
  - Members of the Governing Body. All members of the CCG's committees, sub-committees/sub-groups, including: co-opted members; appointed deputies; and any members of committees/groups from other organisations
  - All members of the CCG (i.e., each practice). This includes GP partners (or where the practice is a company, each director); and any individual directly involved with the business or decision-making of the CCG.
- 1.4 This policy applies to those persons within the scope identified in 1.3 (above) when they are acting on behalf of the CCG e.g. when representing or speaking on behalf of the CCG at conference and meetings. It **does not** apply to GP members of the CCG in the daily running of their practice.
- 1.5 Persons within the scope of this policy should ensure that it is clear which organisation they are representing, or speaking on behalf of, when at conferences or in meetings.
- 1.6 For example, a GP member of the Governing Body attends a conference or meeting where services or policies that could benefit the GP Practice, of which they are a member, are discussed and decisions are made about future models of care or commissioning intentions.
- 1.7 In this case, the GP should ensure that he or she declares which body they are representing, or speaking on behalf of, and consider if a declaration of a perceived or actual conflict of interest should be raised, and recorded.
- 1.8 GMSS staff contractors should also refer to the GMSS Conflicts of Employment Interest Policy on the GMSS intranet.

## 2 Definition of an interest

- 2.1 A conflict of interest occurs where an individual's ability to exercise judgement, or act in a role is, could be, or is seen to be impaired, or otherwise influenced by his or her involvement in another role or relationship. In some circumstances, it could be reasonably considered that a conflict exists even when there is no actual conflict. In these cases it is important to still manage these perceived conflicts in order to maintain public trust.
- 2.2 The types of interests that should be declared include, but are not limited to:

- **Financial interests**, where individuals may directly benefit financially from the consequences of a commissioning decision e.g., being a partner in a practice that is commissioned to provide primary care services;
- **Non-financial professional interests**, where individuals may benefit professionally from the consequences of a commissioning decision e.g., having an unpaid advisory role in a provider organisation that has been commissioned to provide services by the CCG;
- **Non-financial personal interests**, where individuals may benefit personally (but not professionally or financially) from a commissioning decision e.g., if they suffer from a particular condition that requires individually funded treatment;
- **Indirect interests**, where there is a close association with an individual who has a financial interest, non-financial professional interest or a non-financial personal interest in a commissioning decision e.g., spouse, close relative (parent, grandparent, child, etc.) close friend or business partner.

2.3 If in doubt, it is better for an interest to be declared, and managed appropriately, than for it to be ignored.

### 3 Principles

3.1 All individuals within the scope of this policy working for, or with Salford CCG, must abide by 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 and the Equality Act 2010*. They must at all times comply with Salford CCG's Constitution, and be aware of their responsibilities, as outlined in it.

3.2 Where relevant, individuals covered by the scope of this policy must also follow appropriate professional codes of conduct, and are obliged to report any misdemeanours to their professional bodies.

3.3 As a general principle, it is the responsibility of all those covered by this policy to be aware of the potential possibility for perceived and actual conflicts of interest arising, and to take steps to ensure that potential instances are identified and recorded at the earliest opportunity, by discussing the issue with their line manager or contract manager and ensuring the interest(s) are notified to the Head of Governance and Policy, and raised with the Chair of any meetings, where the perceived, or actual conflict(s) of interest should be declared.

### 4 Declaring conflicts of interests

4.1 The types of interest to be declared are outlined in the definition of an interest section, including: financial interests; non-financial professional interests; non-financial personal interests; or indirect interests.

4.2 Individuals must declare any interest, on appointment, six-monthly, at meetings, or on changing role, responsibility or circumstances, and no later than 28 days after becoming aware of the interest. The interest should be discussed with their line manager, or contract manager, then declared in writing to Head of Governance and Policy, using the template attached in **Appendix 1**, and notified to the Chair of any meeting where the interest is likely to be relevant.

4.3 All relevant individuals are required to complete and return a Conflicts of Interest Declaration (contained in Appendix 1) on a six-monthly basis. A nil return should be submitted to the Head of Governance and Policy if an individual concludes that they have no interests to declare.

4.4 Where individuals are unable to provide a declaration in writing, for example, if a conflict becomes apparent in the course of a meeting, they should make an oral declaration before witnesses, and provide a written declaration as soon as possible afterwards to the Head of Governance and Policy.

## **5 Register(s) of conflicts of interest**

5.1 The CCG holds registers of interests for:

- All CCG employees
- Members of the Governing Body
- All members of the CCG (i.e., each practice **but** not all practice staff as outlined in the scope of the policy)

5.2 The registers of interests will be reviewed every six months, and will be published on the Salford CCG's website (and be available upon request from Salford CCG). This frequency of review has been reduced and is in line with the requirement for CCGs to collate declarations of interest six-monthly.

## **6 Declaration of gifts and hospitality**

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

6.2 Items with a value of less than £20, such as diaries, calendars, flowers and small tokens of appreciation, may be accepted. These gifts do not need to be recorded in the register, but individuals should notify their line manager in writing.

6.3 All gifts with a value of £20 or more must be declined. Explain the terms of this policy, and state that you are not allowed to accept the gift.

6.4 Individuals should immediately report all offers of gifts with a value of £20 or more to their line manager, and record the offer in the register.

6.5 If the gift arrives without warning, an individual should pass the gift to his or her head of service/team, who will decide whether the gift should be returned, and agree how to notify the gift giver of the action taken.

6.6 If gifts with a value of less than £20 are repeatedly provided by a giver, then these must be treated as collectively having a value over £20.

### **Flowers and other gifts for Salford CCG staff**

6.7 CCG resources cannot be used to purchase gifts for staff birthdays, weddings, births, deaths and hospitalisations.

6.8 There may be exceptional cases which merit expenditure. These must be approved by the Chief Accountable Officer.

### **Payments**

6.9 Staff must not accept gifts of cash, or cash equivalents (e.g. vouchers), even if these are below the £20 limit.

6.10 Individuals should seek guidance from a member of the Salford CCG Executive Team before accepting any payment for attending a work related or professional meeting, or presentation.

- 6.11 Payments received as a result of attending a work related, or professional meeting during contracted hours of Salford CCG employment, are normally payable to Salford CCG. The exception to this is travel expenses, although individuals must provide receipts for the travel costs.
- 6.12 Individuals should record all payments accepted, regardless of value, in the register as soon as possible.

### **Hospitality provided by other organisations**

- 6.13 This policy covers hospitality from all organisations, including other NHS and partner organisations.
- 6.14 It is reasonable to accept hospitality that is linked to working arrangements, or where there is a genuine business reason, for example, refreshments or meals provided at meetings, events, seminars. The hospitality should be on a similar scale to what Salford CCG might offer in similar circumstances. It is not necessary to record this type of hospitality described above in the register.
- 6.15 If individuals accept hospitality that is greater than described in section 6.2 above, then they must record this in the register.
- 6.16 Individuals should not accept invitations to purely social events, unless a link to business reasons can be demonstrated. These invitations should be discussed with their line manager prior to accepting the invitation, and advice is also available from the Head of Governance and Policy. These invitations, even if declined, must be recorded in the register.

### **Hospitality offered by Salford CCG**

- 6.17 Any hospitality provided by Salford CCG should be modest. Avoid providing hospitality at non-business locations, unless there is a clear need to do so – this should be agreed in advance by the responsible head of service/team.
- 6.18 When choosing the refreshments for an event, consider Salford CCG's aim to improve health and wellbeing by selecting healthier options.

### **Commercial Sponsorship**

- 6.19 Commercial sponsorships must also be included on the register. The details of this are contained within Salford CCG's *Commercial Sponsorship Policy*.

### **Preferential rates**

- 6.20 Individuals must not seek, or accept, preferential rates, or benefits in kind, for private transactions carried out with companies with which they have had, or may have, official dealings on behalf of Salford CCG. This does not apply to officers' and members' benefit schemes offered by the CCG, NHS or trade unions.

## **7 Maintaining a register of gifts and hospitality**

- 7.1 The policy sets out in which instances individuals need to make a declaration to the register. They should make their declaration to the register as soon as possible. The register is held by the Head of Governance and Policy. A declaration form is attached as **appendix 2**.

7.2 The register is reviewed twice a year by the Audit Committee, and twice a year by the Governing Body.

7.3 The CCG will publish the register(s) of gifts and Hospitality on the CCG's website.

## **8 Roles and responsibilities**

8.1 Everyone in the CCG has responsibility to appropriately manage conflicts of interest.

### **Appointing Governing Body or committee members and senior employees**

8.2 On appointing Governing Body, committee or sub-committee members and senior staff, the CCG will consider whether conflicts of interest should exclude individuals from being appointed to the relevant role. This will be considered on a case-by-case basis and in line with the CCG's constitution which reflects the CCG's general principles.

8.3 The CCG will assess the materiality of the interest, in particular whether the individual (or any person with whom they have a close association as listed in the types of interest on page 5 of the policy) could benefit (whether financially or otherwise) from any decision the CCG might make. This will be particularly relevant for Governing Body, committee and sub-committee appointments, but will also be considered for all employees and especially those operating at senior level.

8.4 The CCG will also determine the extent of the interest and the nature of the appointee's proposed role within the CCG. If the interest is related to an area of business significant enough that the individual would be unable to operate effectively and make a full and proper contribution in the proposed role, then that individual would not be appointed to the role.

8.5 Any individual who has a material interest in an organisation which provides, or is likely to provide, substantial services to a CCG (whether as a provider of healthcare or commissioning support services, or otherwise) should recognise the inherent conflict of interest risk that may arise and should not be a member of the Governing Body or of a committee or sub-committee of the CCG, in particular if the nature and extent of their interest and the nature of their proposed role is such that they are likely to need to exclude themselves from decision-making on so regular a basis that it significantly limits their ability to effectively perform that role. Specific considerations in relation to delegated or joint commissioning of primary care are set out below.

### **CCG lay members**

8.6 Lay members play a critical role in the CCG, providing scrutiny, challenge and an independent voice in support of robust and transparent decision-making and management of conflicts of interest. They chair a number of CCG committees, including the Audit Committee and Primary Care Commissioning Committee.

### **Conflicts of Interest Guardian**

8.7 To further strengthen scrutiny and transparency of the CCGs' decision-making processes, the CCG will have a Conflicts of Interest Guardian (akin to a Caldicott Guardian). This role will be undertaken by the CCG audit chair, as audit chairs already have a key role in conflicts of interest management. The Conflicts of Interest Guardian will be supported by the CCG's Head of Governance and Policy, who has responsibility for the day-to-day management of conflicts of interest matters and queries.

8.8 The Conflicts of Interest Guardian will, in collaboration with the CCG's Head of Governance and Policy:

- Act as a conduit for GP practice staff, members of the public and healthcare professionals who have any concerns with regards to conflicts of interest;
- Be a safe point of contact for employees or workers of the CCG to raise any concerns in relation to this policy;
- Support the rigorous application of conflict of interest principles and policies;
- Provide independent advice and judgment where there is any doubt about how to apply conflicts of interest policies and principles in an individual situation;
- Provide advice on minimising the risks of conflicts of interest.

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

### **Primary Care Commissioning Committee Chair**

8.10 The Primary Care Commissioning Committee has a lay chair and lay deputy 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 will not hold the position of chair of the Primary Care Commissioning Committee. This is because CCG audit chairs would conceivably be conflicted in this role due to the requirement that they attest annually to the NHS England Board that the CCG has:

- had due regard to the statutory guidance on managing conflicts of interest; and
- implemented and maintained sufficient safeguards for the commissioning of primary care.

## **9 Governance arrangements and decision making**

### **Secondary employment**

9.1 The CCG requires that individuals obtain prior permission to engage in secondary employment, and reserve the right to refuse permission where it believes a conflict will arise which cannot be effectively managed. The CCG has clear and robust organisational policies in place to manage issues arising from secondary employment. In particular, it is unacceptable for pharmacy advisors or other advisors, employees or consultants to the CCG on matters of procurement to themselves be in receipt of payments from the pharmaceutical or devices sector.

### **Chairing arrangements and decision-making processes**

9.2 The chair of a meeting of the CCG's Governing Body or any of its committees, sub-committees or groups has ultimate responsibility for deciding whether there is a conflict of interest and for taking the appropriate course of action in order to manage the conflict of interest.

9.3 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).

9.4 In making such decisions, the chair (or deputy chair or remaining non-conflicted members as above) may wish to consult with the Conflicts of Interest Guardian or another member of the Governing Body.

- 9.5 It is good practice for the chair, with support of the CCG's Head of Governance and Policy and, if required, the Conflicts of Interest Guardian, to proactively consider ahead of meetings what conflicts are likely to arise and how they should be managed, including taking steps to ensure that supporting papers for particular agenda items of private sessions/meetings are not sent to conflicted individuals in advance of the meeting where relevant.
- 9.6 To support chairs in their role, they will be given access to the declaration of interest checklist prior to meetings, which will include details of any declarations of conflicts which have already been made by members of the group.
- 9.7 The chair will ask at the beginning of each meeting if anyone has any conflicts of interest to declare in relation to the business to be transacted at the meeting. Each member of the group should declare any interests which are relevant to the business of the meeting whether or not those interests have previously been declared. Any new interests which are declared at a meeting must be included on the CCG's relevant register of interests to ensure it is up to date.
- 9.8 Similarly, any new offers of gifts or hospitality (whether accepted or not) which are declared at a meeting must be included on the CCG's register of gifts and hospitality to ensure it is up-to-date.
- 9.9 It is the responsibility of each individual member of the meeting to declare any relevant interests which they may have. However, should the chair or any other member of the meeting be aware of facts or circumstances which may give rise to a conflict of interests but which have not been declared then they should bring this to the attention of the chair who will decide whether there is a conflict of interest and the appropriate course of action to take in order to manage the conflict of interest.
- 9.10 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 or remaining non-conflicted members where relevant as described above) must decide how to manage the conflict. The appropriate course of action will depend on the particular circumstances, but could include one or more of the following:
- Where the chair has a conflict of interest, deciding that the deputy chair (or another non-conflicted member of the meeting if the deputy 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 deputy chair if necessary) not to attend the meeting;
  - Ensuring that the individual concerned does not receive the supporting papers or minutes of the meeting which relate to the matter(s) which give rise to the conflict;
  - Requiring the individual to leave the discussion when the relevant matter(s) are being discussed and when any decisions are being taken in relation to those matter(s). In private meetings, this could include requiring the individual to leave the room and in public meetings to either leave the room or join the audience in the public gallery;
  - Allowing the individual to participate in some or all of the discussion when the relevant matter(s) are being discussed but requiring them to leave the meeting when any decisions are being taken in relation to those matter(s). This may be appropriate where, for example, the conflicted individual has important relevant knowledge and experience of the matter(s) under discussion, which it would be of benefit for the meeting to hear, but this will depend on the nature and extent of the interest which has been declared;
  - Noting the interest and ensuring that all attendees are aware of the nature and extent of the interest, but allowing the individual to remain and participate in both the discussion and in any decisions. This is only likely to be the appropriate

course of action where it is decided that the interest which has been declared is either immaterial or not relevant to the matter(s) under discussion.

### **Primary Care Commissioning Committees and sub-committees**

- 9.11 NHS Salford CCG has level 3 delegated commissioning arrangements in place. This enables the CCG to assume responsibility for commissioning general practice services.
- 9.12 The CCG has established a Primary Care Commissioning Committee for the discharge of their primary medical services functions. The interests of all Primary Care Commissioning Committee members must be recorded in the CCG's register(s) of interests.
- 9.13 Meetings of the Primary Care Commissioning Committee, including the decision-making and deliberations leading up to the decision, are held in public unless the CCG has concluded it is appropriate to exclude the public where it would be prejudicial to the public interest to hold that part of the meeting in public. Examples of where it may be appropriate to exclude the public include:
- Information about individual patients or other individuals which includes sensitive personal data is to be discussed;
  - Commercially confidential information is to be discussed, for example the detailed contents of a provider's tender submission;
  - Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings is to be discussed;
  - To allow the meeting to proceed without interruption and disruption.

### **Membership of Primary Care Commissioning Committee**

- 9.14 The Primary Care Commissioning Committee is constituted to have a lay and executive majority. This ensures that the meeting will be quorate if all GPs had to withdraw from the decision making process due to conflicts of interest.
- 9.15 The Primary Care Commissioning Committee has a lay chair and lay deputy chair.
- 9.16 The Committee also has a GP representative to ensure sufficient clinical input, who is not in the majority and a non-voting member.
- 9.17 Representatives from HealthWatch and the Salford Health and Wellbeing Board are also non-voting members of the Committee.

### **Primary Care Commissioning Committee decision-making processes and voting arrangements**

- 9.18 The Primary Care Commissioning Committee is a decision-making committee, which has been established to exercise the discharge of the primary medical services functions.
- 9.19 The quorum requirements for Primary Care Commissioning Committee meetings includes a majority of lay and officers present including the Chair or Deputy Chair.
- 9.20 In the interest of minimising the risks of conflicts of interest, GPs do not have voting rights on the Primary Care Commissioning Committee. The arrangements do not preclude GP participation in strategic discussions on primary care issues, subject to appropriate management of conflicts of interest. They apply to decision-making on procurement issues and the deliberations leading up to the decision.
- 9.21 Whilst the CCG has established a Primary Care Quality Group to develop business cases and option appraisals, ultimate decision-making responsibility for the primary medical services functions rests with the Primary Care Commissioning Committee.

## **Minute-taking**

9.22 It is imperative that the CCG ensures complete transparency in their decision making processes through robust record-keeping. If any conflicts of interest are declared or otherwise arise in 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; and
- Evidence that the conflict was managed as intended (for example recording the points during the meeting when particular individuals left or returned to the meeting).

## **10 Managing conflicts of interest throughout the commissioning cycle**

10.1 Conflicts of interest need to be managed appropriately throughout the whole commissioning cycle. At the outset of a commissioning process, the relevant interests of all individuals involved should be identified and clear arrangements put in place to manage any conflicts of interest. This includes consideration as to which stages of the process a conflicted individual should not participate in, and, in some circumstances, whether that individual should be involved in the process at all.

### **Designing service requirements**

10.2 The way in which services are designed can either increase or decrease the extent of perceived or actual conflicts of interest. Particular attention should be given to public and patient involvement in service development. Public involvement supports transparent and credible commissioning decisions. It should happen at every stage of the commissioning cycle from needs assessment, planning and prioritisation to service design, procurement and monitoring. The CCG has a legal duty under the Act to properly involve patients and the public in their respective commissioning processes and decisions.

### **Provider engagement**

10.3 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.

10.4 Provider engagement should follow the three main principles of procurement law, namely equal treatment, non-discrimination and transparency. This includes ensuring that the same information is given to all at the same time and procedures are transparent. This mitigates the risk of potential legal challenge.

10.5 As the service design develops, it is good practice to engage with a range of providers on an on-going basis to seek comments on the proposed design e.g. via the commissioners website and/or via workshops with interested parties (ensuring a record is kept of all interaction). NHS Improvement has issued guidance on the use of provider boards in service design.

- 10.6 Engagement should help to shape the requirement to meet patient need, but it is important not to gear the requirement in favour of any particular provider(s). If appropriate, the advice of an independent clinical adviser on the design of the service should be secured.

### **Specifications**

- 10.7 Commissioners should seek, as far as possible, to specify the outcomes that they wish to see delivered through a new service, rather than the process by which these outcomes are to be achieved. As well as supporting innovation, this helps prevent bias towards particular providers in the specification of services. However, they also need to ensure careful consideration is given to the appropriate degree of financial risk transfer in any new contractual model.
- 10.8 Specifications should be clear and transparent, reflecting the depth of engagement, and set out the basis on which any contract will be awarded.

### **Managing Conflicts of Interest in the Procurement Process**

- 10.9 Anyone seeking information in relation to a procurement exercise, or participating in a procurement exercise, or otherwise engaging with Salford CCG 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, and must follow this policy. This requirement will be set out in the contract for services.
- 10.10 Salford CCG staff invited to visit organisations to inspect equipment (e.g. software or training aids) for the purpose of advising on its purchase, will be reimbursed for their travelling expenses, in accordance with the travel expenses policy laid down by Salford CCG. Such expenses should not be claimed from other organisations, to avoid compromising the purchasing decisions of Salford CCG.
- 10.11 Every invitation to tender to a prospective bidder for Salford CCG business must require each bidder to give a written undertaking not to engage in collusive tendering, or other restrictive practice, and not to engage in canvassing Salford CCG personnel or representatives concerning the contract opportunity tendered. Prospective bidders must declare any conflict of interests using the form attached in **Appendix 2**.
- 10.12 Offers of pro bono work from prospective bidders for Salford CCG business should be politely refused.
- 10.13 **The National Health Service (Procurement, Patient Choice and Competition) (No. 2) Regulations (2013) regulation 6 requires the following:**
- **CCGs must not award a contract for the provision of NHS health 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**
  - **CCGs must keep a record of how it managed any such conflict, in relation to NHS commissioning contracts it enters into; and details of this should be published by the CCG in Procurement Register of Decisions**

### **Register of Procurement Decisions**

- 10.14 The Deputy Chief Finance Officer, on behalf of the CCG, will maintain a Register of Procurement Decisions taken (and this will be updated whenever a procurement decision is taken) including:
- The details of the decision

- Who was involved in making the decision (i.e., Governing Body or Committee Members – including Joint Committees with NHS England, other CCGs, and Local Authorities - and others with decision making responsibility); and
- A summary of any conflicts of interest in relation to the decision, and how this was managed by the CCG

10.15 The Register of Procurement Decisions will be publicly available online, and at the registered offices of the CCG, and will form part of the CCG's Annual Accounts in due course.

## 11 Raising concerns

11.1 It is the duty of every CCG employee, Governing Body member, committee or sub-committee and GP practice member to speak up about genuine concerns in relation to the administration of the CCG's policy on conflicts of interest management, and to report these concerns. These individuals should not ignore their suspicions or investigate themselves, but rather speak to the designated CCG Conflicts of Interest Guardian for these matters.

11.2 Any non-compliance with the CCG's conflicts of interest policy should be reported in accordance with the terms in this policy, and CCG's whistleblowing policy (where the breach is being reported by an employee or worker of the CCG) or with the whistleblowing policy of the relevant employer organisation (where the breach is being reported by an employee or worker of another organisation).

11.3 Effective management of conflicts of interest requires an environment and culture where individuals feel supported and confident in declaring relevant information including notifying any actual or suspected breaches of the rules.

11.4 Anonymised details of breaches will be published on the CCG's website for the purpose of learning and development.

11.5 Any suspicions or concerns of acts of fraud or bribery can reported online via <https://www.reportnhsfraud.nhs.uk/> or via the NHS Fraud and Corruption Reporting Line on 0800 1284060.

## 12 Breach of conflicts of interest policy

12.1 The CCG has a clear process for managing breaches of its conflicts of interest policy. The process is detailed below:

- The CCG's Accountable Officer and / or Conflicts of Interest Guardian will be informed by the Head of Governance and Policy within 28 days of any individuals having taken up office or appointment, or a new office, or new appointment having **not** completed and returned a completed declaration of interest form, within 28 days of appointment, to her.
- In accordance with the CCG's constitution and NHS England statutory guidance, failure to declare a perceived or actual conflict of interest either within 28 days of appointment (including contractor, executive (employee) and member roles), re-appointment; or on taking up a new role in the CCG, **could** lead to the removal from office or position of that individual.
- The Accountable Officer and / or Conflicts of Interest Guardian will consider any extenuating circumstances for non-compliance with the 28 day rule, and **may** take appropriate external advice from Hempsons, the NHS Solicitors, or the CCG's Internal

Auditors, Mersey Internal Audit Authority (MIAA), before recommending a course of action to the Governing Body or Executive Team as appropriate.

- 12.2 The CCG's Chief Accountable Officer and the Chair of the Audit Committee will be required, on an annual basis, to attest to the CCG having had regard to NHS England statutory guidance concerning conflicts of interest, in its Annual Report and Accounts.
- 12.3 In the event that the CCG has departed from the NHS statutory guidance on conflicts of interest in any year, it will be required to account for this to its Audit Committee, and to explain this in detail in its Annual Report and Accounts.

References:

- Committee on Standards in Public Life (1995) *Standards of Public Life: First Report of the Committee of Standards in Public Life* London: HMSO
- Department of Health (1994) *The Code of Conduct and Code of Accountability in the NHS (second revision)* London: Department of Health
- *Bribery Act* (2010) London: HMSO
- Managing Conflicts of Interest: Statutory Guidance for CCGs (19/12/14)
- Managing Conflicts of Interest: Revised Statutory Guidance for CCGs (June 2016)

Related Salford CCG policies, procedures and documents:

- Local Anti-Fraud, Bribery and Corruption Policy
- Whistleblowing Policy
- Disciplinary Policy
- Commercial Sponsorship Policy
- Salford CCG Constitution
- Professional Standards Authority Standards for NHS Boards and Clinical Commissioning Group Governing Bodies in England



## Types of interest

Type of Interest	Description
<b>Financial Interests</b>	<p>This is where an individual may get direct financial benefits from the consequences of a commissioning decision. This could, for example, include being:</p> <ul style="list-style-type: none"> <li>• A director, including a non-executive director, or senior employee in a private company or public limited company or other organisation which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations;</li> <li>• A shareholder (or similar owner interests), a partner or owner of a private or not-for-profit company, business, partnership or consultancy which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations.</li> <li>• A management consultant for a provider;</li> <li>• In secondary employment (see paragraph 56 to 57);</li> <li>• In receipt of secondary income from a provider;</li> <li>• In receipt of a grant from a provider;</li> <li>• In receipt of any payments (for example honoraria, one off payments, day allowances or travel or subsistence) from a provider</li> <li>• In receipt of research funding, including grants that may be received by the individual or any organisation in which they have an interest or role; and</li> <li>• Having a pension that is funded by a provider (where the value of this might be affected by the success or failure of the provider).</li> </ul>
<b>Non-Financial Professional Interests</b>	<p>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:</p> <ul style="list-style-type: none"> <li>• An advocate for a particular group of patients;</li> <li>• A GP with special interests e.g., in dermatology, acupuncture etc.</li> <li>• A member of a particular specialist professional body (although routine GP membership of the RCGP, BMA or a medical defence organisation would not usually by itself amount to an interest which needed to be declared);</li> <li>• An advisor for Care Quality Commission (CQC) or National Institute for Health and Care Excellence (NICE);</li> <li>• A medical researcher.</li> </ul>
<b>Non-Financial Personal Interests</b>	<p>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:</p> <ul style="list-style-type: none"> <li>• A voluntary sector champion for a provider;</li> <li>• A volunteer for a provider;</li> <li>• A member of a voluntary sector board or has any other position of authority in or connection with a voluntary sector organisation;</li> <li>• Suffering from a particular condition requiring individually funded treatment;</li> <li>• A member of a lobby or pressure groups with an interest in health.</li> </ul>
<b>Indirect Interests</b>	<p>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:</p> <ul style="list-style-type: none"> <li>• Spouse / partner;</li> <li>• Close relative e.g., parent, grandparent, child, grandchild or sibling;</li> <li>• Close friend;</li> <li>• Business partner.</li> </ul>



**Appendix 3: Declaration of conflict of interests for bidders/contractors**

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

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

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

Signed:

On behalf of:

Date: