

Title:	Conflicts of Interest Policy Including Standards of Business Conduct and Gifts and Hospitality
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Equality & Diversity Statement	In applying this policy, the Organisation will have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity, and provide for good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the Equality Act (2010); age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation, in addition to offending background, trade union membership, or any other personal

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1. Introduction to the Conflicts of Interest Policy

“If conflicts of interest are not managed effectively by CCGs, confidence in the probity of commissioning decisions and the integrity of clinicians involved could be seriously undermined. However, with good planning and governance, CCGs should be able to avoid these risks.”

Royal College of General Practitioners' (RCGP) and NHS Confederation's briefing paper on managing conflicts of interest, September 2011

1.1 A conflict of interest occurs where an individual's ability to exercise judgment, or act in a role, is or could be impaired or otherwise influenced by his or her involvement in another role or relationship.

1.2. The Clinical Commissioning Group (CCG) manages conflicts of interest as part of its day-to-day activities. Effective handling of conflicts of interest is crucial to give confidence to patients, tax payers, providers and Parliament that CCG commissioning decisions are robust, fair and transparent and offer value for money. Failure to manage conflicts of interest severely undermines public trust in the NHS and can lead to legal challenge and even criminal action in the event of fraud, bribery and corruption.

1.3 Section 14O of the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012) (“the Act”) sets out the minimum requirements of what both NHS England and CCGs must do in terms of managing conflicts of interest.

1.4. NHS England Managing Conflicts of Interest in the NHS, Revised Statutory Guidance for CCGs 2017 published 16th June 2017. This guidance aims to support CCGs to identify and manage conflicts of interest. A number of minor amendments have been made to ensure it is fully aligned with "Managing Conflicts of Interest in the NHS", which was published in February 2017. This guidance is a practical toolkit, which includes templates and case studies to support CCGs with conflicts of interest management.

1.5 This Policy and Procedure aims to:

- ✓ Safeguard clinically led commissioning, whilst ensuring objective investment decisions;
- ✓ Enable commissioners to demonstrate that they are acting fairly and transparently and in the best interests of Rotherham patients and the local populations;
- ✓ Uphold confidence and trust in the NHS;
- ✓ Support commissioners to understand when conflicts (whether actual or potential) may arise and how to manage them if they do;
- ✓ Be a practical resource to help NHS Rotherham Commissioners to identify conflicts of interest and appropriately manage them; and
- ✓ Ensure that the CCG operates within the legal framework.

2. Introduction to the Standards of Business Conduct Policy

2.1 The Standards of Business Conduct Policy seeks to describe the public service values, which underpin the work of the NHS and to reflect current guidance and best practice to which all individuals within the Rotherham CCG must have regard in their work for the CCG.

2.2 The RCGG aspires to the highest standards of corporate behaviour and responsibility. All RCGG staff and representatives of the Group are required to comply with this policy.

2.3 [The Code of Conduct and Code of Accountability in the NHS](#) (second revision July 2004) sets out the following three public service values which are central to the work of RCGG:

- **Accountability** – everything done by those who work in the NHS must be able to stand the test of parliamentary scrutiny, public judgment on propriety and professional codes of conduct
- **Probity** – there should be an absolute standard of honesty in dealing with the assets of the NHS: integrity should be the hallmark of all personal conduct in decisions affecting patients, officers and members and suppliers, and in the use of information acquired in the course of NHS duties
- **Openness** – there should be sufficient transparency about NHS activities to promote confidence between the RCGG and its staff, patients and the public.

2.4 In addition, all individuals within the RCCG must abide by the Seven Principles of Public Life as set out by the Committee on Standards in Public Life and set out in the Constitution.

2.5 This Policy applies to:

- RCCG GPs who are on the payroll
- Executive Officers
- Lay members
- Governing Body members
- Employees (whether their remit is clinical or corporate)
- Students and trainees (including apprentices)
- Agency staff engaged by the RCCG and
- Secondees.

(Referred to collectively in this policy as RCCG staff).

3. Definition of an Interest

A conflict of interest occurs where an individual's ability to exercise judgment, 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.

An 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.

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

Interests can be captured in four different categories:

3.1 Financial Interests:

This is where an individual may get direct financial benefits from the consequences of a commissioning decision. This could include being:

- A director, including a non-executive director, or senior employee in a private company or public limited company or other organisation which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations;
- A shareholder (or similar ownership interests), a partner or owner of a private or not-for-profit company, business, partnership or consultancy which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations.
- A Management consultant for a provider;

This could also include an individual being:

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

3.2 Non-Financial Professional Interests:

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

- An advocate for a particular group of patients;
- A GP with special interests e.g., in dermatology, acupuncture etc.
- A member of a particular specialist professional body (although routine GP membership of the RCGP, British Medical Association (BMA) or a medical defence organisation would not usually by itself amount to an interest which needed to be declared);
- An advisor for the Care Quality Commission (CQC) or the National Institute for Health and Care Excellence (NICE);
- A medical researcher.

GPs and practice managers sitting on the governing body or committees of the CCG should declare details of their roles and responsibilities held within member practices of the CCG.

3.3 Non-Financial Personal Interests:

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

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

3.4 Indirect Interests:

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

This should include:

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

Whether an interest held by another person gives rise to a conflict of interests will depend upon the nature of the relationship between that person and the individual, and the role of the individual within the CCG. Annex A, sets out a non-exhaustive list of examples illustrating possible conflicts for these categories.

The above categories and examples are not exhaustive and the CCG will exercise discretion on a case by case basis, having regard to the principles set out in the next section of this policy, in deciding whether any other role, relationship or interest which the public could perceive would impair or otherwise influence the individual's judgment or actions in their role within the CCG should be declared and appropriately managed.

4. Principles

4.1 These principles are for those who are elected to CCG governing bodies, serve on CCG committees or take decisions where they are acting on behalf the public or spending public money.

The CCG will observe the principles of good governance in the way it does business. These include:

- The Nolan Principles

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

4.2 All those with a position in public life should adhere to the Nolan principles which are:

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

4.3 In addition, to support the management of conflicts of interest, the CCG will:

- **Do business appropriately:** Conflicts of interest become much easier to identify, avoid and/or manage when the processes for needs assessments, consultation mechanisms, commissioning strategies and procurement procedures are right from the outset, because the rationale for all decision-making will be clear and transparent and should withstand scrutiny;
- **Be proactive, not reactive:** Commissioners should seek to identify and minimise the risk of conflicts of interest at the earliest possible opportunity;
- **Be balanced and proportionate:** Rules should be clear and robust but not overly prescriptive or restrictive. They should ensure that decision-making is transparent and fair whilst not being overly constraining, complex or cumbersome.
- **Be transparent:** Document clearly the approach and decisions taken at every stage in the commissioning cycle so that a clear audit trail is evident.
- Create an **environment and culture** where individuals feel supported and confident in declaring relevant information and raising any concerns.

4.4 In addition to the above, the CCG will bear in mind:

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

5. Declaring Conflicts of Interest

5.1 Statutory Requirements

CCGs must make arrangements to ensure individuals declare any conflict or potential conflict in relation to a decision to be made by the group as soon as they become aware of it, and in any event within 28 days. CCGs must record the interest in the registers as soon as they become aware of it.

The CCG will ensure that, as a matter of course, declarations of interest are made and regularly confirmed or updated. This includes the following circumstances:

- **On appointment:** Applicants for any appointment to the CCG or its governing body will be asked to declare any relevant interests. When an appointment is made, a formal declaration of interests will again be made and recorded.
- **At meetings:** All attendees will 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 will be declared in meetings where matters relating to that interest are discussed. Declarations of interest will be recorded in minutes of meetings.
- **Annually:** The CCG will have systems in place to satisfy ourselves on an annual basis that our register of interests is accurate and up-to-date. Declarations of interest will be obtained from all relevant individuals annually and where there are no interests or changes to declare, a “nil return” should be recorded.
- **On changing role, responsibility or circumstances:** Whenever an individual’s role, responsibility or circumstances change in a way that affects the individual’s interests (e.g., where an individual takes on a new role outside the CCG or enters into a new business or relationship), a further declaration should be made to reflect the change in circumstances as soon as possible, and in any event within 28 days. This could involve a conflict of interest ceasing to exist or a new one materialising. It should be made clear to all individuals who are required to make a declaration of interests that if their circumstances change, it is their responsibility to make a further declaration as soon as possible and in any event within 28 days, rather than waiting to be asked. It should also be clear who such individuals should formally notify, and how that team or person can be contacted.

5.2 Whenever interests are declared they should be promptly reported to the Assistant Chief Officer (see annex Q for contact details).

A declaration on interest’s template can be found at Annex A it also sets out a non-exhaustive list of examples illustrating possible conflicts for these categories on the back.

6. Registers of Conflicts of Interests

6.1 Statutory Requirements

‘CCGs must maintain one or more registers of interest of: the members of the group, members of its governing body, members of its committees or sub-committees of its governing body, and its employees. CCGs must publish, and make arrangements to ensure that members of the public have access to, these registers on request’

“Managing Conflicts of Interest: Revised Statutory Guidance for CCGs 2017”

6.2 Register(s) of interest will be maintained for:

- All full and part time staff;
- Any staff on sessional or short term contracts;
- Any students and trainees (including apprentices);
- Agency staff; and
- Seconded staff
- In addition, any self-employed consultants or other individuals working for the CCG under a contract for services should make a declaration of interest in accordance with this guidance, as if they were CCG employees.

Members of the governing body: All members of the CCG's committees, sub-committees/sub-groups, including:

- Co-opted members;
- Appointed deputies; and
- Any members of committees/groups from other organisations.

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

All members of the CCG (i.e., each practice)

This includes each provider of primary medical services which is a member of the CCG under Section 140 (1) of the 2006 Act.

Declarations should be made by the following groups:

- GP partners (or where the practice is a company, each director);
- Any individual directly involved with the business or decision-making of the CCG.

6.3 All interests declared will be promptly transferred to the relevant CCG register(s); an interest will remain on the public register for a minimum of 6 months after the interest has expired. In addition, the CCG will retain a private record of historic interests for a minimum of 6 years after the date on which it expired.

6.4 The CCG will publish the registers on the CCGs Website for decision making staff only. The CCG's published register of interests will state that historic interests are retained by the CCG for the specified timeframe, with details of whom to contact to submit a request for this information.

6.5 Individuals will declare any conflict or potential conflict in relation to a decision to be made by the group as soon as they become aware of it, and in any event within 28 days. The CCG will record the interest in the registers as soon as the CCG becomes aware of it.

A register of interest(s) template can be found at Annex B.

7. Declarations of Gifts & Hospitality

7.1 The CCG will maintain one register of gifts and hospitality. The CCG will ensure that robust processes are in place to ensure that all CCG employees, Governing Body or Committee members and CCG members do not accept gifts or hospitality or other benefits, which might reasonably be seen to compromise their professional judgment or integrity.

7.2 All individuals need to consider the risks associated with accepting offers of gifts, hospitality and entertainment when undertaking activities for or on behalf of the CCG or their GP practice. This is especially important during procurement exercises, as the acceptance of gifts could give rise to real or perceived conflicts of interests, or accusations of unfair influence, collusion or canvassing.

7.3 Gifts

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

All gifts of any nature offered to CCG staff, governing body and committee members and individuals within GP member practices by suppliers or contractors linked (currently or prospectively) to the CCG's business should be declined, whatever their value.

The person to whom the gifts were offered should also declare the offer so the offer which has been declined can be recorded on the register.

Gifts offered from other sources should also be declined if accepting them might give rise to perceptions of

bias or favoritism, and a common sense approach should be adopted as to whether or not this is the case. The only exceptions to the presumption to decline gifts relates to items of little financial value (i.e., less than £6) such as diaries, calendars, stationery and other gifts acquired from meetings, events or conferences, and items such as flowers and small tokens of appreciation from members of the public to staff for work well done. Gifts of this nature do not need to be declared nor recorded on the register.

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

As a general principle, permission from the CCG will need to be gained if there is any financial gain resulting from external work where use of RCGG time or title is involved (e.g. speaking at training events/conferences, writing articles etc.) and/or which is connected with RCGG business. Permission needs to be granted by your appropriate Executive Officer (Chief Officer, Deputy Chief Officer or Chief Finance Officer).

The CCG will publish the registers on the CCGs Website.

8. Hospitality

A blanket ban on accepting or providing hospitality is neither practical nor desirable from a business point of view. However, individuals should be able to demonstrate that the acceptance or provision of hospitality would benefit the NHS or CCG.

Modest hospitality provided in normal and reasonable circumstances may be acceptable, although it should be on a similar scale to that which the CCG might offer in similar circumstances (e.g., tea, coffee, light refreshments at meetings). A common sense approach should be adopted as to whether hospitality offered is modest or not. Hospitality of this nature does not need to be declared nor recorded on the register, unless it is offered by suppliers or contractors linked (currently or prospectively) to the CCG's business in which case all such offers (whether or not accepted) should be declared and recorded.

There is a presumption that offers of hospitality which go beyond modest or of a type that the CCG itself might offer, should be politely refused. A non-exhaustive list of examples includes:

- Hospitality of a value of above £25; and
- Offers of foreign travel and accommodation.

There may be some limited and exceptional circumstances where accepting the types of hospitality referred to in this paragraph may be contemplated. Express prior approval should be sought from a senior member of the CCG (e.g. the CCG governance lead or equivalent) before accepting such offers, and the reasons for acceptance should be recorded in the CCGs register of gifts and hospitality.

Hospitality of this nature should be declared and recorded on the register, whether accepted or not. In addition, particular caution should be exercised where hospitality is offered by suppliers or contractors linked (currently or prospectively) to the CCG's business. Offers of this nature can be accepted if they are modest and reasonable but advice should always be sought from a senior member of the CCG as there may be particular sensitivities, for example if a contract re-tender is imminent. All offers of hospitality from actual or prospective suppliers or contractors (whether or not accepted) should be declared and recorded.

9. Commercial Sponsorship

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

All such offers (whether accepted or declined) must be declared so that they can be included on the CCG's register of interest, and the Assistant Chief Officer can provide advice on whether or not it would be appropriate to accept any such offers. If such offers are reasonably justifiable and otherwise in accordance

with this statutory guidance then they may be accepted.

Notwithstanding the above, acceptance of commercial sponsorship should not in any way compromise commissioning decisions of the CCG or be dependent on the purchase or supply of goods or services. Sponsors should not have any influence over the content of an event, meeting, seminar, publication or training event. The CCG will not endorse individual companies or their products. It will be made clear that the fact of sponsorship does not mean that the CCG endorses a company's products or services. During dealings with sponsors there must be no breach of patient or individual confidentiality or data protection legislation. Furthermore, no information should be supplied to a company for their commercial gain unless there is a clear benefit to the NHS. As a general rule, information which is not in the public domain should not normally be supplied.

A template for declaration of Gifts and Hospitality can be found at Annex C.

10. Publication of Registers

The CCG will publish the register(s) of interest and register(s) of Gifts and Hospitality, referred to above, and the Register of procurement decisions described below, in a prominent place on the CCG's website.

The Register of Procurement Decisions will be updated by the Assistant Chief Officer.

In exceptional circumstances, where the public disclosure of information could give rise to a real risk of harm or is prohibited by law, an individual's name and/or other information may be redacted from the publicly available register(s). Where an individual believes that substantial damage or distress may be caused, to him/herself or somebody else by the publication of information about them, they are entitled to request that the information is not published.

Such requests must be made in writing. Decisions not to publish information must be made by the Conflicts of Interest Guardian for the CCG, who should seek appropriate legal advice where required, and the CCG should retain a confidential un-redacted version of the register(s).

All persons who are required to make a declaration of interest(s) or a declaration of gifts or hospitality should be made aware that the register(s) will be published in advance of publication. This will be done by the provision of a fair processing notice that details the identity of the data controller, the purposes for which the registers are held and published, and contact details for the data protection officer. This information should additionally be provided to individuals identified in the registers because they are in a relationship with the person making the declaration.

The register(s) of interests (including the register of gifts and hospitality) will be published as part of the CCG's Annual Report and Annual Governance Statement.

A web link to the CCG's registers is acceptable.

11. Maintaining a Register of Gifts and Hospitality (cross Reference Standards of Business Conduct)

All hospitality or gifts accepted regardless of value will be recorded in the Gifts & Hospitality register as soon as is reasonably practicable held by the Assistant Chief Officer, see annex Q for contact details.

A Template for a register of Gifts and Hospitality can be found at Annex D

12. Appointments and Roles and Responsibilities in the CCG

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

13. Secondary Paid Employment

CCG employees are contractually required to declare any other current employment and inform their manager before entering into additional employment. In addition, employees must formally declare any conflict of interest annually and/or when they occur and they are reminded of this requirement each month.

Procurement processes themselves require a declaration of interests when an employee commences on that activity.

The purpose of this is to ensure that the CCG is aware of any potential conflict of interest. Examples of work which might conflict with the business of the CCG, including part-time, temporary and fixed term contract work, include:

- Employment with another NHS body;
- Employment with another organisation which might be in a position to supply goods/services to the CCG;
- Directorship of a GP federation; and
- Self-employment, including private practice, in a capacity which might conflict with the work of the CCG or which might be in a position to supply goods/services to the CCG.

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.

In particular, it is unacceptable for pharmacy advisers or other advisers, employees or consultants to the CCG on matters of procurement to themselves be in receipt of payments from the pharmaceutical or devices sector.

14. Appointing Governing Body or Committee Members and Senior Employees

On appointing governing body, committee or sub-committee members and senior staff, The CCG will need to consider whether conflicts of interest should exclude individuals from being appointed to the relevant role. This will need to be considered on a case-by-case basis.

The CCG will assess the materiality of the interest, in particular whether the individual (or any person with whom they have a close association) 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.

The CCG will 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 should not be appointed to the role.

Any individual who has a material interest in an organisation which provides, or is likely to provide, substantial services to the 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.

The CCG has set out in their constitution a statement of the conduct expected of individuals involved in the CCG, e.g. members of the governing body, members of committees, and employees, which reflect the safeguards in this guidance. This reflects the expectations set out in the Standards for Members of NHS Boards and Clinical Commissioning Groups.

15. CCG Lay Members

Lay members play a critical role in CCGs, providing scrutiny, challenge and an independent voice in support of robust and transparent decision-making and management of conflicts of interest. They chair a number of

CCG committees, including the Audit Committees and Primary Care Committees.

By statute, CCGs must have at least two lay members (one of whom must have qualifications, expertise or experience such as to enable the person to express informed views about financial management and audit matters and serve as the chair of the audit committee; and the other, knowledge of the geographical area covered in the CCG's constitution such as to enable the person to express informed views about the discharge of the CCG's functions.

Rotherham CCG has got delegated authority to commission Primary Care services and therefore will have a third Lay member with a responsibility for Primary Care.

All 3 Lay Members will sit on the Primary Care Committee. Quorate will be 2 Lay members

16. Conflicts of Interest Guardian

The CCG has a Conflicts of Interest Guardian; this role is undertaken by the Lay Member for Governance/ Chair of Audit, Quality and Assurance Sub Committee (AQuA) (See annex Q for contact details).

The Chair will be supported by the Assistant Chief Officer, who has responsibility for the day-to-day management of conflicts of interest matters and queries. The Assistant Chief Officer will keep the Conflicts of Interest Guardian well briefed on conflicts of interest matters and issues arising.

The Conflicts of Interest Guardian should, in collaboration with the Assistant Chief Officer:

- 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.

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.

17. Primary Care Committee Chair

The primary care committee has a lay chair and lay vice chair, to ensure appropriate oversight and assurance, and to ensure the CCG audit chair's position as Conflicts of Interest Guardian is not compromised, the audit chair should not hold the position of chair of the primary care 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.

CCG audit chairs can however serve on the primary care commissioning committee provided appropriate safeguards are put in place to avoid compromising their role as Conflicts of Interest Guardian.

Ideally the CCG audit chair would also not serve as vice chair of the primary care commissioning committee. However, if this is required due to specific local circumstances (for example where there is a lack of other suitable lay candidates for the role), this will need to be clearly recorded and appropriate further safeguards may need to be put in place to maintain the integrity of their role as Conflicts of Interest Guardian in circumstances where they chair all or part of any meetings in the absence of the primary care commissioning committee chair.

18. Managing Conflicts of Interest at Meetings

18.1 Statutory Requirements

CCGs have made arrangements for managing conflicts of interest, and potential conflicts of interest, in such a way as to ensure that they do not, and do not appear to, affect the integrity of the group's decision making.

The CCG will review their governance structures and policies for managing conflicts of interest on a regular basis to ensure that they reflect the guidance and are appropriate. This will include consideration of the following:

- The make-up of the governing body and committee structures and processes for decision-making;
- Whether there are sufficient management and internal controls to detect breaches of the CCG's conflicts of interest policy, including appropriate external oversight and adequate provision for raising concerns under this policy;
- How non-compliance with policies and procedures relating to conflicts of interest will be managed (including how this will be addressed when it relates to contracts already entered into); and
- Identifying and implementing training or other programmes to assist with compliance.

18.2 Chairing Arrangements and Decision-Making Processes

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.

In the event that the chair of a meeting has a conflict of interest, the vice chair is responsible for deciding the appropriate course of action in order to manage the conflict of interest. If the vice chair is also conflicted then the remaining non-conflicted voting members of the meeting should agree between themselves how to manage the conflict(s).

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

It is good practice for the chair, with support from the Assistant Chief Officer 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.

To support chairs in their role, they will have access to the declaration of interest register prior to meetings, which should include details of any declarations of conflicts which have already been made by members of the group.

The chair should ask at the beginning of each meeting if anyone has any conflicts of interest to declare in relation to the business to be transacted at the meeting. Each member of the group should declare any interests which are relevant 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.

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.

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.

When a member of the meeting (including the chair or vice chair) has a conflict of interest in relation to one or

more items of business to be transacted at the meeting, the chair (or vice chair or remaining non-conflicted members where relevant) must decide how to manage the conflict. The appropriate course of action will depend on the particular circumstances, but could include one or more of the following:

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

18.3 Primary Care Committee

Rotherham CCG has delegated responsibility for commissioning general practice services.

The CCG must establish a primary care commissioning committee for the discharge of their primary medical services functions. This committee should be separate from the CCG governing body. The interests of all primary care commissioning committee members must be recorded on the CCG's register(s) of interests.

The primary care committee should be a committee established by the CCG.

As a general rule, meetings of the primary care committee, including the decision-making and deliberations leading up to the decision, should be held in public unless the CCG has concluded it is appropriate to exclude the public where it would be prejudicial to the public interest to hold that part of the meeting in public.

Examples of where it may be appropriate to exclude the public include:

- Information about individual patients or other individuals which includes sensitive personal data is to be discussed
- Commercially confidential information is to be discussed, for example the detailed contents of a provider's tender submission;
- Information 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.

18.4 Membership of Primary Care Committees (for joint and delegated arrangements)

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

- The primary care committee must be constituted to have a lay and executive majority, where lay refers to non-clinical. This ensures that the meeting will be quorate if all GPs had to withdraw from the decision-making process due to conflicts of interest.
- The primary care committee should have a lay chair and lay vice chair.
- GPs can, be members of the primary care committee to ensure sufficient clinical input, but must not be in

the majority. CCGs may wish to consider appointing retired GPs or out-of-area GPs to the committee to ensure clinical input whilst minimising the risk of conflicts of interest.

- A standing invitation must be made to Health Watch representative and the local authority representative from the Health and Wellbeing Board to join the primary care committee as non-voting attendees, including, where appropriate, for items where the public is excluded for reasons of confidentiality.
- Other individuals could be invited to attend the primary care committee on an ad-hoc basis to provide expertise to support with the decision-making process.

The CCG could also consider reciprocal arrangements with other CCGs, for example exchanging GP representatives from their respective GP member practices, or sharing lay or executive members, in order to ensure a majority of lay and executive members and to support effective clinical representation within the primary care commissioning committee.

18.5 Primary Care Commissioning Committee Decision-Making Processes and Voting Arrangements

The primary care committee is a decision-making committee, which should be established to exercise the discharge of the primary medical services functions.

The quorum requirements for primary care commissioning committee meetings must include a majority of lay and executive members in attendance with eligibility to vote.

In the interest of minimising the risks of conflicts of interest, it is recommended that GPs do not have voting rights on the primary care 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.

Whilst sub-committees or sub-groups of the primary care committee can be established e.g., to develop business cases and options appraisals, ultimate decision-making responsibility for the primary medical services functions must rest with the primary care committee. For example, whilst a sub-group could develop an options appraisal, it should take the options to the primary care committee for their review and decision-making. CCGs should carefully consider the membership of sub-groups. The CCG should also consider appointing a lay member as the chair of the group.

It is important that conflicts of interests are managed appropriately within sub-committees and sub-groups. As an additional safeguard, it is recommended that sub-groups submit their minutes to the primary care committee, detailing any conflicts and how they have been managed. The primary care committee should be satisfied that conflicts of interest have been managed appropriately in its sub-committees and take action where there are concerns.

18.6 Minute-Taking

It is imperative that the CCG ensure 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).

19. Managing Conflicts of Interest through the Commissioning Cycle

Conflicts of interest need to be managed appropriately throughout the whole commissioning cycle. At the outset of a commissioning process, the relevant interests of all individuals involved 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.

19.1 Designing Service Requirements

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. CCGs have legal duties under the Act to properly involve patients and the public in their respective commissioning processes and decisions.

19.2 Provider Engagement

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

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.

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).

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.

19.3 Specifications

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.

Specifications should be clear and transparent, reflecting the depth of engagement, and set out the basis on which any contract will be awarded.

19.4 Procurement and Awarding Grants

The CCG will need to be able to recognise and manage any conflicts or potential conflicts of interest that may arise in relation to the procurement of any services or the administration of grants. "Procurement" relates to any purchase of goods, services or works and the term "procurement decision" should be understood in a wide sense to ensure transparency of decision making on spending public funds. The decision to use a single tender action, for instance, is a procurement decision and if it results in the commissioner entering into a new contract, extending an existing contract, or materially altering the terms of an existing contract, then it is a decision that should be recorded.

The CCG must comply with two different regimes of procurement law and regulation when commissioning healthcare services: the NHS procurement regime, and the European procurement regime:

- The NHS procurement regime – the NHS (Procurement, Patient Choice and Competition (No.2)) Regulations 2013: made under S75 of the 2012 Act; apply only to NHS England and CCGs; enforced by NHS Improvement; and
- The European procurement regime – Public Contracts Regulations 2015 (PCR 2105): incorporate the European Public Contracts Directive into national law; apply to all public contracts over the threshold value (€750,000, currently £589,148); enforced through the Courts. The general principles arising under the Treaty on the Functioning of the European Union of equal treatment, transparency, mutual recognition, non-discrimination and proportionality may apply even to public contracts for healthcare services falling below the threshold value if there is likely to be interest from providers in other member states.
- Whilst the two regimes overlap in terms of some of their requirements, they are not the same – so compliance with one regime does not automatically mean compliance with the other.

The National Health Service (Procurement, Patient Choice and Competition) (No.2) Regulations 2013 state:

CCGs 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 CCGs must keep a record of how it managed any such conflict in relation to NHS commissioning contracts it has entered into.

The National Health Service (Procurement, Patient Choice and Competition) (No.2) Regulations 2013

Paragraph 24 of PCR 2015 states:

“Contracting authorities shall take appropriate measures to effectively prevent, identify and remedy conflicts of interest arising in the conduct of procurement procedures so as to avoid any distortion of competition and to ensure equal treatment of all economic operators”. Conflicts of interest are described as “any situation where relevant staff members have, directly or indirectly, a financial, economic or other personal interest which might be perceived to compromise their impartiality and independence in the context of the procurement procedure”.

The Procurement, Patient Choice and Competition Regulations (PPCCR) place requirements on commissioners to ensure that they adhere to good practice in relation to procurement, run a fair, transparent process that does not discriminate against any provider, do not engage in anti-competitive behaviour that is against the interest of patients, and protect the right of patients to make choices about Patient Choice and Competition Regulations (PPCCR) place requirements on commissioners to ensure that they adhere to good practice in relation to procurement, run a fair, transparent process that does not discriminate against any provider, do not engage in anti-competitive behaviour that is against the interest of patients, and protect the right of patients to make choices about their healthcare. Furthermore the PPCCR places requirements on commissioners to secure high quality, efficient NHS healthcare services that meet the needs of the people who use those services. The PCR 2015 is focused on ensuring a fair and open selection process for providers.

An obvious area in which conflicts could arise is where a CCG commissions (or continues to commission by contract extension) healthcare services, including GP services, in which a member of the CCG has a financial or other interest. This may most often arise in the context of co-commissioning of primary care, particularly with regard to delegated commissioning, where GPs are current or possible providers.

A procurement checklist, provided in Annex G, sets out factors that the CCG should address when drawing up plans to commission general practice services. NHS England expects the use of this or a similar template to help the CCG in providing evidence of their deliberations on conflicts of interest.

The CCG will be required to make the evidence of their management of conflicts publicly available, and the relevant information from the procurement template should be used to complete the register of procurement decisions. Complete transparency around procurement will provide:

- Evidence that the CCG is seeking and encouraging scrutiny of its decision-making process;
- A record of the public involvement throughout the commissioning of the service;

- A record of how the proposed service meets local needs and priorities for partners such as the Health and Wellbeing Board, Healthwatch and local communities;
- Evidence to Audit Quality and Assurance Sub-Committee and internal and external auditors that a robust process has been followed in deciding to commission the service, in selecting the appropriate procurement route, and in addressing potential conflicts.

A CCG cannot, however, lawfully delegate commissioning decisions to an external provider of commissioning support. Although CSSs are likely to play a key role in helping to develop specifications, preparing tender documentation, inviting expressions of interest and inviting tenders, the CCG itself will need to:

- Determine and sign off the specification and evaluation criteria;
- Decide and sign off decisions on which providers to invite to tender; and
- Make final decisions on the selection of the provider.

19.5 Register of Procurement Decisions

The CCG need to maintain a register of procurement decisions taken, either for the procurement of a new service or any extension or material variation of a current contract. This must include:

- The details of the decision;
- Who was involved in making the decision (including the name of the CCG clinical lead, the CCG contract manager, the name of the decision making committee and the name of any other individuals with decision-making responsibility);
- A summary of any conflicts of interest in relation to the decision and how this was managed
- The award decision taken.

The register of procurement decisions must be updated whenever a procurement decision is taken. A draft register is included at Annex H. The Procurement, Patient Choice and Competition Regulations 9(1) place a requirement on commissioners to maintain and publish on their website a record of each contract it awards. The register of procurement decisions should be made publicly available and easily accessible to patients and the public by:

- Ensuring that the register is available in a prominent place on the CCG's website; and
- Making the register available upon request for inspection at the CCG's headquarters.

Although it is not a requirement to keep a register of services that may be procured in the future, it is good practice to ensure planned service developments and possible procurements are transparent and available for the public to see.

19.6 Declarations of Interest for Bidders / Contractors

As part of a procurement process, it is good practice to ask bidders to declare any conflicts of interest. This allows commissioners to ensure that they comply with the principles of equal treatment and transparency. When a bidder declares a conflict, the commissioners must decide how best to deal with it to ensure that no bidder is treated differently to any other. Please see Annex I for a declaration of interests for bidders/ contractors template.

It will not usually be appropriate to declare such a conflict on the register of procurement decisions, as it may compromise the anonymity of bidders during the procurement process. However, commissioners should retain an internal audit trail of how the conflict or perceived conflict was dealt with to allow them to provide information at a later date if required. Commissioners are required under regulation 84 of the Public Contract Regulations 2015 to make and retain records of contract award decisions and key decisions that are made during the procurement process (there is no obligation to publish them). Such records must include "communications with economic operators and internal deliberations" which should include decisions made in relation to actual or perceived conflicts of interest declared by bidders. These records must be retained for a period of at least three years from the date of award of the contract.

19.7 Contract Monitoring

The management of conflicts of interest applies to all aspects of the commissioning cycle, including contract management.

Any contract monitoring meeting needs to consider conflicts of interest as part of the process i.e., the chair of a contract management meeting should invite declarations of interests; record any declared interests in the minutes of the meeting; and manage any conflicts appropriately and in line with this guidance. This equally applies where a contract is held jointly with another organisation such as the Local Authority or with other CCGs under lead commissioner arrangements.

The individuals involved in the monitoring of a contract should not have any direct or indirect financial, professional or personal interest in the incumbent provider or in any other provider that could prevent them, or be perceived to prevent them, from carrying out their role in an impartial, fair and transparent manner.

20. NHS Oversight Framework

NHS England introduced a new Oversight Framework. The management of conflicts of interest is a key indicator of the new framework. As part of the framework, CCGs are required on an annual basis to confirm via self-certification:

- That the CCG has a clear policy for the management of conflicts of interest in line with the statutory guidance and a robust process for the management of breaches;
- That the CCG has a minimum of three lay members. This includes confirmation of the number of CCG lay members and how many days they are employed per month.
- That the CCG's audit chair has taken on the role of the Conflicts of Interest Guardian, supported by a senior CCG manager(s).
- 100% of relevant CCG staff have been offered the mandatory training on managing conflicts of interest and 90% of relevant CCG staff have completed it by 31st January. The training is mandatory for:
 - CCG Governing Body Members
 - Executive members of formal CCG committees and sub-committees
 - Primary Care Commissioning Committee members
 - Clinicians involved in commissioning or procurement decisions
 - CCG governance leads
 - Anyone involved or likely to be involved in taking a procurement decision(s).

In addition, CCGs are required to report on a quarterly basis via self-certification confirming the CCG:

- Has processes in place to ensure individuals declare any interests which may give rise to a conflict or potential conflict of interest as soon as they become aware of it, and in any event within 28 days, ensuring accurate up to date registers are complete for:
 - conflicts of interest,
 - procurement decisions and
 - gifts and hospitality

Has made these registers available on its website and, upon request, at the CCG's HQ.

Is aware of any breaches of its policies and procedures in relation to the management of conflicts of interest and how many:

- To include details of how they were managed;
- Confirmation that anonymised details of the breach have been published on the CCG website;
- Confirmation that they have been communicated to NHS England.

Where it is decided not to comply with one or more of the requirements of this statutory guidance, in advance of the decision, a discussion with NHS England is required. This is also included within the self-certification statements giving the reasons for deciding not to do so, on a "comply or explain" basis.

21. Internal Audit

The CCG is required to undertake an audit of interest management as part of its internal audit on an annual basis. NHS England provided guidance to CCGs on the scope and remit of this audit and provided a template document to ensure consistency of reporting information for the audit.

The results from the audit are reflected in the CCG's annual governance statement.

21.1 Raising Concerns and Reporting Breaches

It is the duty of every CCG employee, governing body member, committee or sub-committee member and G P 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 point of contact for these matters.

The process for reporting breaches is attached at appendix 1.

This policy should be read in conjunction with the existing Fraud Policy and/or Whistleblowing Policy. All individuals subject to this policy and procedure are encouraged to raise concerns about any issue or suspicion of malpractice at the earliest possible stage. If you are unsure whether a particular act constitutes bribery or corruption, or if you have any other queries, these should be raised with the Chief Finance Officer or the Local Counter Fraud Specialist (LCFS). (See annex Q for contact details)

Suspicions of Bribery, Fraud or Corruption should be reported without delay to the Local Counter Fraud Specialist or as outlined in the Fraud Policy. Alternatively reports can be made confidentially to the NHS Fraud & Corruption Reporting Line (FCRL) on 0800 028 40 60 or online at www.reportnhsfraud.nhs.uk

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. In particular, the team or Assistant chief Officer to provide advice, support, and guidance on how conflicts of interest should be managed, should ensure that organisational policies are clear about the support available for individuals who wish to come forward to notify an actual or suspected breach of the rules, and of the sanctions and consequences for any failure to declare an interest or to notify an actual or suspected breach at the earliest possible opportunity.

Any breaches or suspected breaches will be reported to the designated Conflicts of Interest Guardian, on a strictly confidential basis at the earliest opportunity. This will be recorded using the CCG incident reporting system. Any breaches that currently exist or are found to exist for existing contracts will be reported to the Conflicts of Interest Guardian, via the Assistant Chief Officer for a decision on actions required.

The conflicts of interest's guardian for the CCG is the lay member for Governance, John Barber, (see annex Q for contact details).

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

Anyone who wishes to report a suspected or known breach of the policy, who is not an employee or worker of the CCG, should also ensure that they comply with their own organisation's whistleblowing policy, since most such policies should provide protection against detriment or dismissal.

The Conflicts of Interest Guardian is in a position to cross refer to and comply with other CCG policies on raising concerns, counter fraud, or similar as and when appropriate.

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

Furthermore, providers, patients and other third parties can make a complaint to NHS Improvement in relation to a commissioner's conduct under the Procurement Patient Choice and Competition Regulations. The regulations are designed as an accessible and effective alternative to challenging decisions in the courts.

Any suspicions or concerns of acts of fraud or bribery can be reported online via <https://www.reportnhsfraud.nhs.uk/> or via the NHS Fraud and Corruption Reporting Line on 0800 0284060. This provides an easily accessible and confidential route for the reporting of genuine suspicions of fraud within or affecting the NHS. All calls are dealt with by experienced trained staff and any caller who wishes to remain anonymous may do so.

22. Non-Compliance of Conflict of Interest Policy

22.1 Failure to comply with the CCG's policies on conflicts of interest management, pursuant to this statutory guidance, can have serious implications for the CCG and any individuals concerned.

One of our key principles is that we will assume that individuals will seek to act ethically and professionally, but may not always be sensitive to all conflicts of interest. This policy and procedure assumes that people will volunteer information about conflicts and other areas covered within this document, and, where necessary, exclude themselves from decision-making, but there will also be prompts and checks to reinforce this including:

- Declarations of interest as part of the appointment process to the CCG.
- Standing agenda items on Governing Body meetings and meetings of its Committees for Declarations of Interest
- Quarterly reviews of the Probit Register by the Assistant Chief Officer.
- Regular CCG reviews with NHS England's Area Team.

If conflicts of interest are not effectively managed, the CCG could face civil challenges to decisions we make. For instance, if breaches occur during a service re-design or procurement exercise, the CCG risks a legal challenge from providers that could potentially overturn the award of a contract, lead to damages claims against the CCG, and necessitate a repeat of the procurement process. This could delay the development of better services and care for patients, waste public money and damage the CCG's reputation. In extreme cases, staff and other individuals could face personal civil liability, for example a claim for misfeasance in public office.

The CCG will manage any possible staff noncompliance in relation to the CCG's conflicts of interest policy (including in relation to contracts already entered into) on an individual basis, The Rotherham Place Director will decide whether an investigation is required. The conflicts of interest guardian may be involved in noncompliance issues, where there are complex arguments following an investigation process. Management of noncompliance may include referral to other RCGG policies including whistleblowing and disciplinary policies.

Failure to manage conflicts of interest could lead to criminal proceedings including for offences such as fraud, bribery and corruption. This could have implications for CCGs and linked organisations, and the individuals who are engaged by them.

The Fraud Act 2006 created a criminal offence of fraud and defines three ways of committing it:

- Fraud by false representation;
- Fraud by failing to disclose information; and,
- Fraud by abuse of position.

An essential ingredient of the offences is that, the offender's conduct must be dishonest and their intention must be to make a gain, or cause a loss (or the risk of a loss) to another. Fraud carries a maximum sentence of 10 years imprisonment and /or a fine if convicted in the Crown Court or 6 months imprisonment and/or a fine in the Magistrates' Court. The offences can be committed by a body corporate.

Bribery is generally defined as giving or offering someone a financial or other advantage to encourage that person to perform their functions or activities. The Bribery Act 2010 reformed the criminal law of bribery,

making it easier to tackle this offence proactively in both the public and private sectors. It introduced a corporate offence which means that commercial organisations, including NHS bodies, will be exposed to criminal liability, punishable by an unlimited fine, for failing to prevent bribery. The offences of bribing another person, being bribed and bribery of foreign public officials can also be committed by a body corporate. The Act repealed the UK's previous anti-corruption legislation (the Public Bodies Corrupt Practices Act 1889, the Prevention of Corruption Acts of 1906 and 1916 and the common law offence of bribery) and provides an updated and extended framework of offences to cover bribery both in the UK and abroad. The offences of bribing another person, being bribed or bribery of foreign public officials in relation to an individual carries a maximum sentence of 10 years imprisonment and/or a fine if convicted in the Crown Court and 6 months imprisonment and/or a fine in the Magistrates' Court. In relation to a body corporate the penalty for these offences is a fine.

22.2 Disciplinary Implications

The CCG will ensure that individuals who fail to disclose any relevant interests or who otherwise breach the CCG's rules and policies relating to the management of conflicts of interest are subject to investigation and, where appropriate, to disciplinary action. CCG staff, governing body and committee members in particular should be aware that the outcomes of such action may, if appropriate, result in the termination of their employment or position with the CCG.

22.3 Professional Regulatory Implications

Statutorily regulated healthcare professionals who work for, or are engaged by, the CCG are under professional duties imposed by their relevant regulator to act appropriately with regard to conflicts of interest. CCGs should report statutorily regulated healthcare professionals to their regulator if they believe that they have acted improperly, so that these concerns can be investigated. Statutorily regulated healthcare professionals should be made aware that the consequences for inappropriate action could include fitness to practice proceedings being brought against them, and that they could, if appropriate, be struck off by their professional regulator as a result.

23. Conflicts of Interest Training

The CCG will ensure that training is offered to all employees, governing body members and members of CCG committees and sub-committees on the management of conflicts of interest. This is to ensure staff and others within the CCG understand what conflicts are and how to manage them effectively.

All such individuals will have training on the following:

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

NHS England developed an online training package for CCG staff, governing body and committee members. This is completed on a yearly basis to raise awareness of the risks of conflicts of interest and to support staff in managing conflicts of interest. The training is mandatory and will need to be completed by all staff by 31 January of each year. The CCGs completion rates are recorded within the conflicts of interest annual audit.

NHS England will also continue to provide face-to-face training on conflicts of interest to key individuals within CCGs and to share good practice across CCGs and NHS England.

24. Prevention of Corruption

24.1 The RCCG has a responsibility to ensure that all RCCG staff are made aware of their duties and responsibilities arising from the UK Bribery Act 2010. Under this Act there are four offences:

- Bribing, or offering to bribe, another person
- Requesting, agreeing to receive, or accepting a bribe
- Bribing, or offering to bribe, a foreign public official
- Failing to prevent bribery.

24.2 All RCCG staff are required to be aware of the UK Bribery Act 2010 and should refer to the [Fraud, Bribery and Corruption Policy](#).

25. Raising Concerns

25.1 It is the duty of every member of staff to speak up about genuine concerns in relation to criminal activity, breach of a legal obligation (including negligence, breach of contract or breach of administrative law), miscarriage of justice, danger to health and safety or the environment, and the cover up of any of these in the workplace. The RCCG has a [whistle-blowing policy](#) that sets out the arrangement for raising and handling staff concerns. The procedure for reporting specific concerns relating to fraud are described below.

26. Counter Fraud Measures

26.1 All RCCG staff are required not to use their position to gain financial advantage. The CCG is keen to prevent fraud, bribery or corruption and encourages staff with concerns or reasonably held suspicions about potentially fraudulent activity or practice, to report these. RCCG staff should inform the Group's NHS Local Counter Fraud Specialist in accordance with the Group's Fraud Bribery and Corruption Policy or the Chief Finance Officer immediately, unless the Chief Finance Officer or the Local Counter Fraud Specialist are implicated. If that is the case, they should report it to the Chair or Chief Officer, who will decide on the action to be taken.

26.2 RCCG staff can also call the NHS Fraud and Corruption Reporting Line on Freephone 0800 028 40 60 or website <https://www.reportnhsfraud.nhs.uk/> These provide easily accessible and confidential routes for the reporting of genuine suspicions of fraud within or affecting the NHS. All calls are dealt with by experienced trained staff and any caller who wishes to remain anonymous may do so.

26.3 Anonymous letters, telephone calls, etc. are occasionally received from individuals who wish to raise matters of concern, but not through official channels. While the suspicions may be erroneous or unsubstantiated, they may also reflect a genuine cause for concern and will always be taken seriously. The Group's NHS Local Counter Fraud Specialist will make sufficient enquiries to establish whether or not there is any foundation to the suspicion that has been raised.

26.4 RCCG staff should not ignore their suspicions, investigate themselves or tell colleagues or others about their suspicions.

27. Standing Orders (SOs), Standing Financial Instructions (SFIs) and Scheme of Delegation (SD)

27.1 All RCCG staff must carry out their duties in accordance with the RCCGs [SOs SFIs and SD](#). The SOs, SFIs and SD set out the statutory and governance framework in which the RCCG operates and there is considerable overlap between the contents of this policy and the provisions of the RCCG's SOs, SFIs and SD. RCCG staff must at all times refer to and act in accordance with the SOs, SFI and SD to ensure current RCCG process is followed. In the event of doubt, RCCG staff should seek advice from their line manager. In the event of any conflict arising between the details of this policy and the SOs, SFIs and SD, the provisions of the SOs, SFIs and SD shall prevail.

28. Declaration of Interests

28.1 The RCCG needs to have in place principles and procedures for minimising, managing and registering

potential conflicts of interests which could be deemed or assumed to affect the decisions made by those involved in the RCCG. These decisions could include awarding contracts, procurement, policy, employment and other decisions.

28.2 RCCG staff should not allow their judgment or integrity to be compromised. They should be, and be seen to be, honest and objective in the exercise of their duties and should understand fully their terms of appointment, duties and responsibilities.

28.3 This section describes the RCCGs procedures in relation to the identification and management of conflicts of interest for staff. Adherence to these provisions is mandatory in order to identify and manage current or potential conflicts which may arise between the interests of the RCCG and the personal interests, associations and relationships of its staff or representative family members.

28.4 Failure to adhere to these provisions relating to the declaration of interest may constitute criminal offences of fraud and/or bribery, as an individual could be gaining unfair advantages or financial rewards for themselves or a family member/friend or associate. Any suspicions that a relevant personal interest may not have been declared should be reported to the RCCG's Governing Body Secretary.

Any unwitting failure to declare a relevant and material interest or position of influence and/or to record a relevant or material interest or position of influence that has been declared will not necessarily render void any decision made by the Governing Body or its properly constituted committees or sub-committees. However, the CCG reserve the right to declare such a contract void and the individual affected will be required to declare any benefit he or she, their spouse, civil partner, cohabitee, child or parent received under the contract in the Register of Interests maintained by the Accountable Officer of the Clinical Commissioning Group.

28.5 All RCCG staff must declare any interest, either on appointment or when the interest is acquired, which may directly or indirectly give rise to an actual or potential conflict of interest or duty. Such interests, and potential conflicts of interest, include personal and indirect interests and may come about through:

- Financial interest (for example, where someone involved has significant shareholdings or voting rights in a company or partnership)
- Decisions affecting individuals who share the interest of organisation staff – for example, family members or members of societies, clubs or other organisations
- Acceptance of hospitality from current or prospective business contracts; and
- Acceptance of gifts.

28.6 A family member may include:

- A partner (someone who is married to, a civil partner or someone with whom the RCCG staff member lives in a similar capacity)
- A parent or parent in law
- A son or daughter in law
- A son or daughter or stepson or step daughter
- The child of a partner
- A brother or sister
- A brother or sister of the staff member's partner
- A grandparent and/or a grandchild
- An uncle or aunt
- A nephew or niece and
- The partners of the above.

28.7 Further examples of relevant interests for non-Governing Body members RCCG staff are set out in Annex B. If in doubt RCCG staff should take advice from the Governing Body Secretary.

28.8 The RCCG is required to maintain a register of interests to record formally declarations of interest of RCCG Governing Body members. The declaration form set out at Annex C should be completed by Governing Body members and sent to the Governing Body Secretary. Further guidance on the declaration of

interests by RCCG members is set out in the declaration of interest policy for Governing Body members, available from the Governing Body Secretary.

28.9 The RCCG will also maintain a register of interest declared by all other CCG staff. RCCG staff (excluding Governing Body members) should complete the form set out at Annex D to declare any relevant interests and send it to the Governing Body Secretary.

28.10 All Declarations of Interest made by RCCG staff will be reviewed by the Governing Body Secretary on a quarterly basis.

29. Personal Conduct

29.1 Lending or Borrowing

29.1.1 The lending or borrowing of money between staff should be avoided, whether informally or as a business, particularly where the amounts are significant.

29.1.2 It is a particularly serious breach of discipline for any member of staff to use their position to place pressure on someone in a lower pay band, a business contact, or a member of the public to loan them money.

29.2 Gambling

29.2.1 No member of staff may bet or gamble when on duty or on RCCG premises, with the exception of small lottery syndicates or sweepstakes related to national events such as the World Cup or Grand National among immediate colleagues.

29.3 Trading on Official Premises

29.3.1 Trading on official premises is prohibited, whether for personal gain or on behalf of others. Canvassing within the office by, or on behalf of, outside bodies or firms (including non-CCG interests of staff or their relatives) is also prohibited. Trading does not include small tea or refreshment arrangements solely for staff.

29.4 Collection of Money

29.4.1 Charitable collections must be authorised by Corporate Services. Other Flag Day appeals are not permitted, and collection tins or boxes must not be placed in offices. With line management agreement, collections may be made among immediate colleagues and friends to support small fundraising initiatives, such as raffle tickets and sponsored events. Permission is not required for informal collections amongst immediate colleagues on an occasion like retirement, marriage or a new job.

29.5 Bankrupt or Insolvent Staff

29.5.1 Any member of staff who becomes bankrupt or insolvent must inform their line management and Human Resources as soon as possible. Staff who are bankrupt or insolvent cannot be employed in posts that involve duties which might permit the misappropriation of public funds or involve the handling of money.

29.6 Criminal Investigation

29.6.1 If a member of staff becomes aware that they are subject to any criminal investigation, either by receiving a formal interview under caution appointment letter or by being placed under caution at a formal interview, or is arrested, convicted or cautioned for any offence they must inform their line management immediately. This responsibility also includes any welfare benefit or tax credit fraud investigations or sanctions.

30. Gifts and Hospitality

30.1 With the exception of items of little value (less than £25) such as diaries, calendars, flowers and small

tokens of appreciation (including seasonal gifts), which may be accepted, all offers of gifts should be declined. In cases of doubt, advice should be sought from your line manager. 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.

30.2 Any personal gift of cash or cash equivalents (e.g. tokens) must be declined whatever its value.

30.3 RCCG staff should:

- Report immediately all offers of unreasonably generous gifts to the Governing Body Secretary and
- Return promptly any unacceptable gifts, with a letter politely explaining the terms of this policy and stating that you are not allowed to accept them.

30.4 RCCG staff should exercise discretion in accepting offers of hospitality from contractors, other organisations or individuals concerned with the supply of goods or services. Modest hospitality provided in normal and reasonable circumstances, e.g. hospitality provided at meetings, events, seminars. In cases of doubt, advice should be sought from your line manager.

30.5 All hospitality or gifts accepted regardless of value should be recorded in the Hospitality register held by the Governing Body Secretary (example attached at Annex E) as soon as is reasonably practicable. It is not necessary to record refreshments such as tea, coffee etc. or for course participants to record meals provided during a training event or seminar.

30.6 RCCG staff 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.

30.7 Care should be taken when providing hospitality. 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 senior officer. Any hospitality provided should be modest.

31. Outside Employment and Private Practice

31.1 Employees and representatives of RCCG (depending on the details of their contract as regards outside employment and private practice) are required to inform the CCG if they are engaged in or wish to engage in outside employment in addition to their work with the CCG (using the form at Annex D). The purpose of this is to ensure that the RCCG is aware of any potential conflict of interest with the RCCG employment. Examples of work which might conflict with the business of the RCCG include:

- Employment with another NHS body
- Employment with another organisation which might be in a position to supply goods/services to the RCCG and
- Self-employment, including private practice, in a capacity which might conflict with the work of the RCCG or which might be in a position to supply goods/services to the RCCG.

31.2 The Governing Body Secretary will send an annual reminder to all RCCG staff about this arrangement.

31.3 All allegations of non-CCG work or running any business while on paid sick leave from the CCG will be passed to the Group’s NHS Local Counter Fraud Specialist for consideration of criminal investigation and prosecution, as per the Group’s Fraud Bribery and Corruption Policy.

32. Political Activities

32.1 Any political activity should not identify an individual as an employee of the RCCG. Conferences or functions run by a party political organisation should not be attended in an official capacity, except with prior written permission from a senior officer.

33. Commercial Sponsorship

33.1 RCCG staff may accept commercial sponsorship for courses, conferences, post/project funding, meetings and publications if they are reasonably justified and in accordance with the principles set out in this policy. In cases of doubt advice should be sought from your line manager. Permission (with details of the proposed sponsorship) must be obtained from the relevant senior officer in writing in advance and a copy of this permission must be sent to the Governing Body Secretary. (See Annex G "Application to seek permission to accept commercial sponsorship").

33.2 Acceptance of commercial sponsorship should not in any way compromise commissioning decisions of the RCCG or be dependent on the purchase or supply of goods or services.

33.3 Sponsors should not have any influence over the content of an event, meeting, seminar, publication or training event.

33.4 The RCCG should not endorse individual companies or their products. It should be made clear that the fact of sponsorship does not mean that the RCCG endorses a company's products or services.

33.5 During dealings with sponsors there must be no breach of patient or individual confidentiality or data protection legislation.

33.6 No information should be supplied to a company for their commercial gain unless there is a clear benefit to the NHS. As a general rule, information which is not in the public domain should not normally be supplied.

34. Suppliers and Contractors

34.1 All RCCG staff who are in contact with suppliers and contractors (including external consultants), and in particular those who are authorised to sign purchase orders or enter into contracts for goods and services are expected to adhere to professional standards in line with those set out in the Code of Ethics of the Chartered Institute of Purchasing and Supply (Annex F).

34.2 All RCCG staff must treat prospective contractors or suppliers of services to the RCCG equally and in a non-discriminatory way and act in a transparent manner.

34.3 RCCG staff involved in the awarding of contracts and tender process must take no part in a selection process if a personal interest or conflict of interest is known. Such an interest must be declared to the Governing Body Secretary using the form at Annex C or D as soon as it becomes apparent. RCCG staff should not at any time seek to give undue advantage to any private business or other interests in the course of their duties.

34.4 The RCCG has duties under European and UK procurement law and RCCG staff must comply with standing financial instructions [SFIs](#) in relation to all contract opportunities with the RCCG.

34.5 RCCG staff 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 the RCCG. This does not apply to officers' and members' benefits schemes offered by the NHS or trade unions.

34.6 RCCG 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 usual procedures laid down by the RCCG. Such expenses should not be claimed from other organisations to avoid compromising the purchasing decisions of the RCCG.

34.7 Every invitation to tender to a prospective bidder for RCGG 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 the RCGG, its employees or officers concerning the contract opportunity tendered.

34.8 Offers of pro bono work from prospective bidders for RCGG business should be politely refused.

35. Initiatives

35.1 As a general principle any financial gain resulting from external work where use of RCGG time or title is involved (e.g. speaking at training events/conferences, writing articles etc.) and/or which is connected with RCGG business will be forwarded to the Governing Body Secretary.

35.2 Any patents, designs, trademarks or copyright resulting from the work (e.g. research) of an employee of the RCGG carried out as part of their employment by RCGG shall be the [Intellectual Property](#) of the RCGG.

35.3 Approval from the appropriate line manager should be sought prior to entering into an obligation to undertake external work connected with the business of the RCGG e.g. writing articles for publication, speaking at conferences.

35.4 Where the undertaking of external work, gaining patent or copyright or the involvement in innovative work benefits or enhances the RCGG's reputation or results in financial gain for the RCGG, consideration will be given to rewarding employees subject to any relevant guidance for the management of [Intellectual Property](#) in the NHS issued by the Department of Health.

36. Confidentiality

36.1 Information concerning the RCGG which is not in the public domain must not at any time be divulged to any unauthorised person. Similarly, patient data or personal data concerning staff must not be divulged, in line with the Data Protection Act, 2018. This duty of confidence remains after termination of employment and applies to all individuals working within the RCGG.

36.2 Care should be taken that confidentiality is not breached inadvertently by, for instance discussing confidential matters in public places, such as whilst travelling by train, or by leaving [portable IT Equipment](#) containing confidential information where it might be stolen, such as on full view in a parked car. Data should only be distributed using mechanisms with an appropriate level of security,

36.3 RCGG staff must maintain confidentiality of information at all times, both commercial data and personal data, as defined by the Data Protection Act.

36.4 RCGG staff should guard against providing information on the operations of the RCGG which might provide a commercial advantage to any organisation (private or NHS) in a position to supply goods or services to the RCGG. For particularly sensitive procurements/contracts RCGG staff may be asked to sign a non-disclosure agreement, a copy of which can be found at Annex H.

37. Management Arrangements

37.1 RCGG staff and representatives should be aware that a breach of this policy could render them liable to prosecution as well as leading to the termination of their employment or position with the RCGG.

The Rotherham CCG will view instances where this policy is not followed as extremely serious and may not only take disciplinary action against individuals as a result, which may result in dismissal, but the CCG will automatically and immediately refer all cases of potential fraud, corruption and bribery to the CCG's NHS Local Counter Fraud Specialist for consideration of criminal investigation and prosecution as required by the Group's [Fraud, Bribery and Corruption Policy](#). Where necessary the Police will be involved. Referrals will also be made where appropriate, to the pertinent professional regulatory body such as the GMC and NMC. The CCG will always seek to use the most effective means to recover any taxpayer funding lost due to fraud, corruption or bribery. Be this via the criminal courts using the Proceeds of Crime Act or using the option of civil recovery.

37.2 Fraud

The Fraud Act 2006 came into force on the 15.01.2007 and introduced the general offence of fraud. This is broken down into a number of key areas in terms of criminal offences including;

- Fraud by false representation
- Fraud by failing to disclose information
- Fraud by abuse of position
- Possession or supplying articles for use in fraud
- Obtaining Services dishonestly

37.3 Corruption and Bribery

The UK Bribery Act 2010 has replaced previous Prevention of Corruption Acts and created two general offences of bribery:

- Offering or giving a bribe to induce someone to behave or to reward someone for behaving, improperly and;
- Requesting or accepting a bribe in exchange for acting improperly, or where the request or acceptance is itself improper
- A new corporate offence has also been introduced
- Negligent failing by a company or limited liability partnership to prevent bribery being given or offered by an employee or agent on behalf of that organisation
- All staff working for or representing the group are required to be aware of the UK Bribery Act 2010 and should also refer to the group's Fraud, Bribery and Corruption Policy for further details.

37.4 Reporting Suspicions

All cases of suspected fraud, corruption, or bribery must be investigated by an accredited NHS Local Counter Fraud Specialist appointed by the group. The CCG's appointed NHS Counter Fraud Specialist is Claire Croft, telephone 01709 428702. Email claire.croft1@nhs.net or reports can be made directly through the Chief Finance Officer. Alternatively, you can use the NHS Protect Fraud and Corruption reporting line 0800 028 4060 or via the website <https://www.reportnhsfraud.nhs.uk/>

37.5 RCGG staff and representatives who fail to disclose any relevant interest, outside employment or receipts of gifts, hospitality or sponsorship as required by this policy or the CCGs SOs and SFIs may be subject to disciplinary action which could, ultimately, result in the termination of their employment or position with the CCG, as well as criminal sanctions as described at section 16.1 of this policy document.

37.6 The Governing Body Secretary will be responsible for maintaining the register of interests, holding the hospitality register and reviewing the implementation of this policy.

38. Complaints

38.1 RCGG staff who wish to report suspected or known breaches of this policy should inform the Governing Body Secretary/ Assistant Chief Officer (see annex Q for contact details). All such notifications will be held in the strictest confidence and the person notifying the Governing Body Secretary can expect a full explanation of any decisions taken as a result of any investigation.

39. Further information

39.1 This policy is an interpretation of guidance and is based on examples of good practice. In addition to referring to the RCGGs standing orders, matters reserved to the Governing Body, standing financial instructions and financial scheme of delegation. RCGG staff should refer to the following documents by following the link:

- The National Health Service Act 2006 & The Health and Social Care Act 2008; <http://www.legislation.gov.uk/ukpga/2008/14/contents>
- The Code of Conduct for NHS Managers the Nolan Principles of Conduct in Public Life; see annex A
- the NHS Codes of Conduct and Accountability; (NHS Appointments Commission & Department of Health – amended July 2004): http://www.nhsbsa.nhs.uk/Documents/Sect_1_-_D_-_Codes_of_Conduct_Acc.pdf the Code of Practice on Openness in the NHS and any additional or successor guidance published by the Department of Health.

39.2 This policy will be reviewed on an annual basis, and in accordance with the following on an as and when required basis;

- legislative changes
- good practice guidance
- case law
- significant incidents reported
- new vulnerabilities and
- changes to organisational infrastructure.

Process for Reporting Breaches of Conflicts of Interest and escalation through the organisation

- **How the breach should be recorded**

Incidents should be reported via the Incident Report Form (IR1) which is available upon request via the Corporate Business Team

- **How it should be investigated**

Alleged breaches of Conflict of Interest should be investigated using the [Incident Management policy](#)

- **The governance arrangements and reporting mechanisms;** is via the Corporate Assurance Report (CAR) which is presented to AQuA and Governing Body on a quarterly basis.

- **How this policy links to whistleblowing and other HR policies;**

When an alleged breach occurs other policies may also be invoked these could include:

- [Whistleblowing policy](#)
- [Disciplinary Policy](#)
- [Incident Management Policy](#)
- [Complaints Policy](#)
- [Safeguarding Policy](#)

- **Who to notify at NHS England and when to do so;**

Breaches are reported to NHS England via the Conflict of Interest Self-Assessment Form which is submitted to NHS England on a quarterly /annual basis by the Corporate Business Team as they arise.

- **The process for publishing the breach on the CCG website;**

Breaches will be published on the CCGs website by the Corporate Business Team

- **What type of breaches should be recorded**

Please follow this link to view Conflict of Interest Case Studies: <https://www.england.nhs.uk/wp-content/uploads/2017/06/coi-case-studies-v3.pdf>

Conflicts of Interest Form (CCG members and employees)

Annex A

Name	Current position (s) held in the CCG i.e. Governing Body member; Committee member; Member practice; CCG employee or other	Declared Interest (Name of the organisation and nature of business)	Type of Interest			Is the interest direct or indirect?	Nature of Interest	Date of Interest		Action taken to mitigate Risk
			Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest			From	To	

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 2018. Information may be disclosed to third parties in accordance with the Freedom of Information Act 2000 and published in registers that the CCG holds.

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

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

Signed:

Date:

Signed:
(Line Manager)

Position:

Date:

Please return to Assistant Chief Officer of NHS Rotherham CCG

Types of conflicts of interest

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

Template: Declarations of gifts and hospitality

Recipient Name	Position	Date of Offer	Date of Receipt (if applicable)	Details of Gift / Hospitality	Estimated Value	Supplier / Offer or Name and Nature of Business	Details of Previous Offers or Acceptance	Details of the reviewing and approving the declaration made	Declined or Accepted ?	Reason for Accepting or Declining	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 2018. Information may be disclosed to third parties in accordance with the Freedom of Information Act 2000 and published in registers that the CCG holds.

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

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

Signed: _____ **Date:** _____
Signed: (Line Manager) _____ **Position:** _____ **Date:** _____

Please return to **Assistant chief Officer of NHS Rotherham CCG**

Declarations of interest checklist <the Chair's guide>

Under the Health and Social Care Act 2012, there is a legal obligation to manage conflicts of interest appropriately. It is essential that declarations of interest and actions arising from the declarations are recorded formally and consistently across all CCG governing body, committee and sub-committee meetings. This checklist has been developed with the intention of providing support in conflicts of interest management to the Chair of the meeting- prior to, during and following the meeting. It does not cover the requirements for declaring interests outside of the committee process.

Timing	Checklist for Chairs	Responsibility
<p>In advance of the meeting</p>	<p>1. The agenda to include a standing item on declaration of interests to enable individuals to raise any issues and/or make a declaration at the meeting;</p>	<p>Meeting Chair and secretariat.</p>
	<p>2. A definition of conflicts of interest should also be accompanied with each agenda to provide clarity for all recipients;</p>	<p>Meeting Chair and secretariat.</p>
	<p>3. Agenda to be circulated to enable attendees (including visitors) to identify any interests relating specifically to the agenda items being considered;</p>	<p>Meeting Chair and secretariat.</p>
	<p>4. Members should contact the Chair as soon as an actual or potential conflict is identified;</p>	<p>Meeting members</p>
	<p>5. Chair to review a summary report from preceding meetings i.e. sub-committee, working group, etc. detailing any conflicts of interest declared and how this was managed;</p> <p>A template for summary report to present discussions at preceding meetings is detailed below.</p>	<p>Meeting Chair</p>
	<p>6. A copy of the members' declared interests is checked to establish any actual or potential conflicts of interest that may occur during the meeting.</p>	<p>Meeting Chair</p>

<p>During the meeting</p>	<p>7. Check and declare the meeting is quorate and ensure that this is noted in the minutes of the meeting;</p> <p>8. Chair requests members to declare any interests in agenda items- which have not already been declared, including the nature of the conflict;</p> <p>9. Chair makes a decision as to how to manage each interest which has been declared, including whether / to what extent the individual member should continue to participate in the meeting, on a case by case basis, and this decision is recorded.</p> <p>10. As minimum requirement, the following should be recorded in the minutes of the meeting:</p> <ul style="list-style-type: none"> • Individual declaring the interest; • At what point the interest was declared; • The nature of the interest; • The Chair's decision and resulting action taken; • The point during the meeting at which any individuals retired from and returned to the meeting - even if an interest has not been declared; • Visitors in attendance who participate in the meeting must also follow the meeting protocol and declare any interests in a timely manner. <p>A template for recording any interests during meetings is detailed below.</p>	<p>Meeting Chair</p> <p>Meeting Chair</p> <p>Meeting Chair</p> <p>Secretari at Secretari at</p>
<p>Following the meeting</p>	<p>11. All new interests declared at the meeting should be promptly updated onto the declaration of interest form;</p> <p>12. All new completed declarations of interest should be transferred onto the register of interests.</p>	<p>Individual(s) declaring interest(s)</p> <p>Designated person</p>

Report from <insert details of sub-committee/ work group>	
Title of paper	<insert full title of the paper>
Meeting details	<insert date, time and location of the meeting>
Report author and job title	<insert full name and job title/ position of the person who has written this report>
Executive summary	<include summary of discussions held, options developed, commissioning rationale, etc.>
Recommendations	<include details of any recommendations made including full rationale> <include details of finance and resource implications>
Outcome of Impact Assessments completed (e.g. Quality IA or	<Provide details of the QIA/EIA. If this section is not relevant to the paper state 'not applicable'>
Outline public engagement – clinical, stakeholder and public/patient:	<Insert details of any patient, public or stakeholder engagement activity. If this section is not relevant to the paper state 'not applicable'>
Management of Conflicts of Interest	<Include details of any conflicts of interest declared> <Where declarations are made, include details of conflicted individual(s) name, position; the conflict(s) details, and how these have been managed in the meeting> <Confirm whether the interest is recorded on the register of interests- if not agreed course of action>
Assurance departments/ organisations who will be affected have been consulted:	<Insert details of the people you have worked with or consulted during the process : Finance (insert job title) Commissioning (insert job title) Contracting (insert job title) Medicines Optimisation (insert job title) Clinical leads (insert job title) Quality (insert job title) Safeguarding (insert job title) Other (insert job
Report previously	<Insert details (including the date) of any other meeting where this paper has been presented; or state 'not
Risk Assessments	<insert details of how this paper mitigates risks- including conflicts of interest>

Template for recording minutes of the meeting

NHS Rotherham Clinical Commissioning Group Primary Care Commissioning Committee Meeting

Date:

Time:

Location:

Attendees:

Name	Initials	Role

In attendance from <insert time>

Item	Agenda Item	Actions
1	Chairs welcome	
2	Apologies for absence <apologies to be noted>	
3	<p>Declarations of interest</p> <p>[Insert name] reminded committee members of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of Rotherham clinical commissioning group.</p> <p>Declarations declared by members of the Primary Care Commissioning Committee are listed in the CCG's Register of Interests. The Register is available either via the secretary to the governing body or the CCG website</p> <p>Declarations of interest from sub committees.</p>	

	<p>None declared</p> <p>Declarations of interest from today's meeting</p> <p>The following update was received at the meeting:</p> <ul style="list-style-type: none"> • With reference to business to be discussed at this meeting,?? [insert initials] declared that he/she is a shareholder in XXX • [insert who] declared that the meeting is quorate and that [insert initials] would not be included in any discussions on agenda item X due to a direct conflict of interest which could potentially lead to financial gain for [insert initials] <p>[who] and [who] discussed the conflict of interest, which is recorded on the register of interest, before the meeting and [who] agreed to remove him/herself from the table and not be involved in the discussion around agenda item X.</p>	
4	<p>Minutes of the last meeting <date to be inserted> and matters arising</p>	
5	<p>Agenda Item <Note the agenda item></p> <p>[who] removed himself from the meeting and sat in the public gallery, excluding him/herself from the discussion regarding xx.</p> <p><conclude decision has been made></p> <p><Note the agenda item xx></p> <p>[who] resumed his/her place at the PCCC meeting?</p>	
6	<p>Any other business</p>	
7	<p>Date and time of the next meeting</p>	

Template: Procurement checklist

Service:	
Question	Comment/ Evidence
1. How does the proposal deliver good or improved outcomes and value for money – what are the estimated costs and the estimated benefits? How does it reflect the CCG's proposed commissioning priorities? How does it comply with the CCG's commissioning obligations?	
2. How have you involved the public in the decision to commission this service?	
3. What range of health professionals have been involved in designing the proposed service?	
4. What range of potential providers have been involved in considering the proposals?	
5. How have you involved your Health and Wellbeing Board(s)? How does the proposal support the priorities in the relevant joint health and wellbeing strategy (or strategies)?	
6. What are the proposals for monitoring the quality of the service?	
7. What systems will there be to monitor and publish data on referral patterns?	
8. Have all conflicts and potential conflicts of interests been appropriately declared and entered in registers?	

<p>9. In respect of every conflict or potential conflict you must record how you have managed that conflict or potential conflict. Has the management of all conflicts been recorded with a brief explanation of how they have been managed?</p>	
<p>10. Why have you chosen this procurement route? (single action tender)</p>	
<p>11. What additional external involvement will there be in scrutinising the proposed decisions?</p>	
<p>12. How will the CCG make its final commissioning decision in ways that preserve the integrity of the decision- making process and award of any contract?</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>13. How have you determined a fair price for the service?</p>	
<p>Additional questions when qualifying a provider on a list or framework or pre selection for tender (including but not limited to any qualified provider) where GP practices are likely to be qualified providers</p>	
<p>14. 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>15. What steps have been taken to demonstrate that the services to which the contract relates are capable of being provided by only one provider?</p>	
<p>16. In what ways does the proposed service go above and beyond what GP practices should be expected to provide under the GP contract?</p>	
<p>17. What assurances will there be that a GP practice is providing high-quality services under the GP contract before it has the opportunity to provide any new services?</p>	

Ref No	Contract / Service title	Procurement description	Existing contract or new procurement (if existing include details)	Procurement type – CCG procurement, collaborative procurement with partner	CCG clinical lead (Name)	CCG contract manager (Name)	Decision making process and name of decision making committee	Summary of conflicts of interest noted	Actions to mitigate conflicts of interest	Justification for actions to mitigate conflicts of interest	Contract awarded (supplier name & registered address)	Contract value (£) (Total) and value to CCG	Comments to note

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:

Please return to **Assistant Chief Officer, NHS Rotherham CCG**

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

OFFICIAL

Name of Relevant Person		[complete for all Relevant Persons]
Details of interests held:		
Type of Interest	Details	Personal interest or that of a family member, close friend or other acquaintance?
Provision of services or other work for the CCG or NHS England		
Provision of services or other work for any other potential bidder in respect of this project or procurement process		
<p>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' judgments decisions or actions</p>		

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:

Template: Conflicts of interest policy checklist

In accordance with the Health and Social Care Act 2012, there is a legal requirement for Clinical Commissioning Groups (CCGs) to manage the process of conflicts of interest, both actual and perceived. The aim of the conflicts of interest policy checklist is to support CCGs to develop their conflict of interest policy. It is recommended that the CCG makes a commitment to reviewing their conflicts of interest policy (subject to changes) annually to ensure all material is up to date. CCGs should refer to ***Managing Conflicts of Interest: Revised Statutory Guidance for CCGs*** when developing the conflicts of interest policy.

Conflicts of interest policy-checklist	Key areas for consideration
Introduction to the policy	<ul style="list-style-type: none"> • Introduction; • Aims and objectives of the policy; • Consider the CCG's constitution and specified requirements in terms of conducting business appropriately; • Consider the legal requirements in terms of managing conflicts of interest; • Consider any other appropriate regulations; • Scope of the policy <whom the policy applies to> • Commitment to review <include frequency>
Definition of an interest	<ul style="list-style-type: none"> • Definition of an interest: • Types of an interest, including: <ul style="list-style-type: none"> ○ Financial interests; ○ Non-financial professional interests ○ Non-financial personal interests; or ○ Indirect interests 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
Principles	<ul style="list-style-type: none"> • Principles of good governance for consideration, include those set out in the following: <ul style="list-style-type: none"> ○ 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; <ul style="list-style-type: none"> ○ The Equality Act 2010.
Declaring conflicts of interest	<ul style="list-style-type: none"> • Consideration should be given to the statutory requirements;

	<ul style="list-style-type: none"> • Detail the types of interests to be declared - as outlined in the <i>definition of an interest</i> section; • Details of when a conflict of interest should be declared; • State the contact details of the nominated person to whom declarations of interest should be reported to; • Consider visual formats including a flowchart detailing the process of declaring conflicts of interest in various settings i.e. meetings; the transfer of information onto registers of interest, etc. <p>A declaration on interests template should be appended to the policy</p>
<p>Register(s) of conflicts of interest</p>	<ul style="list-style-type: none"> • Consideration should be given to the statutory requirements; • One or more registers of interest should be maintained for the following: <ul style="list-style-type: none"> ○ All CCG employees; ○ All members of the CCG; ○ Members of the governing body; ○ Members of the CCG's committees and sub- committees; ○ Any self-employed consultants or other individuals working for the CCG under a contract for services. • Stipulate the period of time within which registers of interest have to be updated- upon receiving a declaration of interest in line with the guidance; • Stipulate publication arrangements for registers of interests in line with the guidance. <p>A register of interests template should be appended</p>
<p>Declaration of gifts and hospitality</p>	<ul style="list-style-type: none"> • Consideration should be given to the statutory requirements; • Consideration of risks when accepting gifts and hospitality; • Define acceptable types of gifts and hospitality; • Define the process for reporting gifts and hospitality; • State the contact details of the nominated person to whom declarations of gifts and hospitality should be reported to; <p>A declaration of gifts and hospitality form template should be appended to the policy.</p>

Maintaining a register of gifts and hospitality

- Consideration should be given to the statutory requirements;
- Consideration should be given to the time period for updating the registers of gifts and hospitality upon receiving a declaration of gifts and hospitality in line with the guidance;
- Stipulate publication arrangements for registers of gifts and hospitality in line with the guidance.

A register of gifts and hospitality template should be appended to the policy

Roles and responsibilities

- **Key considerations** when appointing governing body or committee members including the following:
 - **Whether conflicts of interest should exclude** individuals from appointment;
 - **Assessing materiality** of interest;
 - **Determining the extent** of the interest.
- **The role of CCG lay members** in managing organizational conflicts of interest, including the following:
 - **Conflicts of interest guardian;**
 - **Primary Care Commissioning Committee Chair.**

Governance arrangements and decision making

- Consider the **CCG's policy of secondary employment** and procedure for declaring details- how will this impact on appointing governing board members;
- **Define the procedure** to be followed in governing body, committee and sub-committee meetings, including:
 - Declarations of interest checklist (**a template should be appended to the policy**);
 - **Register of interests declared** to be **available for the Chair** in advance of the meeting;
 - **Process for declaring interests** during the meeting;
 - **Recording minutes of the meeting** including interests declared
- **Procedures to be followed** for managing conflicts of interest which arise during a governing body, committee or sub-committee meeting, including, where appropriate:
- **Excluding the conflicted individual(s)** from any associated discussions and decisions;
 - **Actions to be taken** if the exclusion affects the quorum of the meeting- including postponing the agenda item until a quorum can be achieved without conflict;
 - **Clearly recording** the agenda item for which the interest has been declared.
- Consider **openness and transparency in decision making processes** through:
 - Effective record keeping in the form of clear minutes of the meeting.
 - All minutes should clearly record the context of discussions, any decisions and how any conflicts of interest were raised and managed.

A template for recording minutes of the meeting should be appended to the policy.

Managing conflicts of interest throughout the commissioning cycle

- Key areas for consideration include the following:
- **Service design**, this can either increase or reduce the level of perceived or actual conflicts of interest;
 - Consider **public and patient involvement** and **provider engagement** in service design;
 - Consider how you **involve PPI** in needs assessment, planning and prioritisation to service design, procurement and monitoring;
 - Consider how you will **engage relevant providers, especially clinicians**, in confirming the design of service specifications- ensuring an audit train/ evidence base is maintained;
 - Consider how you ensure provider engagement is in accordance with the three main principles of procurement law, namely **equal treatment, non-discrimination and transparency**
 - Are **specifications clear and transparent?**
- **Procurement**, is there clear processes to recognise and manage any conflicts or potential conflicts of interest that may arise in relation to procurement
 - Consideration should be given to **statutory regulations and guidance when procuring** and contracting clinical services;
 - Consideration should be given to how you ensure **transparency and scrutiny of decisions** i.e. keeping records of any conflicts and how these were managed;
 - Maintaining **register of procurement decisions** detailing decisions taken, either for the procurement of a new service or any extension or material variation of a current contract.

A procurement template and register of procurement decisions should be appended to the policy.

- Contract monitoring, consider conflicts of interest as part of the process i.e., the Chair of a contract management meeting should invite declarations of interests;
 - **Process for recording** any declared interests in the minutes of the meeting; and how these are managed;
 - Consider **commercial sensitivity of information** i.e. which information should be disseminated.

A template for recording minutes of the contract meeting should be appended to the policy.

<p>Raising concerns</p>	<ul style="list-style-type: none"> • Key areas for consideration: <ul style="list-style-type: none"> ○ When should a concern regarding conflicts of interest be reported; ○ What is the process for reporting concerns; ○ Who should concerns be raised with; ○ How will concerns be investigated; ○ Who is responsible for making the decision; ○ How do you ensure confidentiality; ○ Reporting requirements.
<p>Breach of conflicts of interest policy</p>	<ul style="list-style-type: none"> • Consider and agree a clear, defined process for managing breaches of the CCG's conflicts of interest policy, including: <ul style="list-style-type: none"> ○ How the breach is recorded; ○ How it is investigated; ○ The governance arrangements and reporting mechanisms; ○ Clear links to whistleblowing and HR policies; ○ Communications and management of any media interest; ○ When and who to notify NHS England; ○ Process for publishing the breach on the CCG website.

The seven principles of public life set out by the Committee on standards in public life (The Nolan principles)

Selflessness - Holders of public office should take decisions solely in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves, their family, or their friends.

Integrity - Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might influence them in the performance of their official duties.

Objectivity - In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for awards or benefits, holders of public office should make choices on merit.

Accountability – Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office

Openness - Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

Honesty - Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

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

Source: The first report of the Committee on Standards in Public Life (1995)

Examples of conflicts of interest for RCGG staff (excluding Governing Body members)¹

Scenario	Declaration of Interest required Yes/No	Is disqualification from involvement in the matter of interest appropriate?
RCGG staff member is a senior manager, shareholder, employee or partner of an entity which has an interest in bidding for a contract for services which is being put out to tender by the RCGG.	Yes	Yes, depending on circumstances this should be considered.
RGGC staff member is an existing senior manager or partner in one or more potential providers of services to the RCGG or NHS England whom the CCG will have sight of.	Yes On appointment	Yes
RCGG staff member holds a contract with or is a senior manager / shareholder / employee of a company or party to a partnership which holds a contract with the CCG or with NHS England over whom the CCG will have oversight.	Yes On appointment	Yes

¹ Governing Body members should refer to the Declaration of Interest Procedure for examples of potential conflicts of interest and further guidance

SPECIMEN ONLY

NOTES

Declaring interests helps to avoid public concern that external links and relationships might unduly influence the work of the NHS Rotherham CCG. It ensures that such interests are openly and publicly declared.

Declaring an interest would not necessarily preclude an individual from undertaking an external activity, whether personal or non-personal, but might mean that they would not be able to take part in certain parts of a process where there could be a conflict of interest. As a result, for example, an individual may be asked to leave the room during certain parts of a meeting.

Examples of particular interest that should be regarded as relevant are:

- Directorships, including non-executive directorships held in private or PLCs
- Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS
- Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS
- A position of authority in a charity or voluntary organisation in the field of health and social care or contracting for NHS services; and
- Research funding/grants that may be received by an individual or his/her department.

The chartered institute of purchasing and supply (CIPS) code of ethics

Use of the code

Members of CIPS are required to uphold this code and to seek commitment to it by all those with whom they engage in their professional practice. Members are expected to encourage their organisation to adopt an ethical purchasing policy based on the principles of this code and to raise any matter of concern relating to business ethics at an appropriate level. The Institute's Royal Charter sets out a disciplinary procedure which enables the CIPS Council to investigate complaints against any of our members and, it is found that they have breached the code, to take appropriate action. Advice on any aspect of the code is available from the CIPS.

This code was approved by the CIPS Council on 11 March 2009.

As a member of The Chartered Institute of Purchasing & Supply, I will:

- maintain the highest standard of integrity in all my business relationships
- reject any business practice which might reasonably be deemed improper
- never use my authority or position for my own personal gain
- enhance the proficiency and stature of the profession by acquiring and applying knowledge in the most appropriate way
- foster the highest standards of professional competence amongst those for whom I am responsible
- optimise the use of resources which I have influence over for the benefit of my organisation and
- comply with both the letter and the intent of:
 - the law of countries in which I practice
 - agreed contractual obligations and
 - CIPS guidance on professional practice.

SPECIMEN ONLY

Application to seek permission to accept commercial sponsorship

Please complete the form below and then pass to the relevant senior manager for approval. If approval is given, send a copy of the form, once signed by the senior manager to the Governing Body Secretary.

1 Detail of staff

Name

Title

Email

Tel no

2 Details of proposed sponsorship, including details of proposed sponsor

Approval by relevant Senior Manager

Name

Title

Signature

Date

Any comments

Please return this form to Governing Body Secretary/Assistant Chief Officer,
NHS Rotherham Clinical Commissioning Group (see annex Q for contact
details)

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Non-disclosure agreement

Express requirement for confidentiality

You have been requested to be involved in <insert details> (the "Project").

NHS Rotherham CCG or other parties participating in the Project may provide you with, as part of your role in respect of the Project, access to certain confidential information relating to the Project (whether before or after the date of this letter), in writing, by email, orally or by other means (including from or pursuant to discussions with any other party or which is obtained through attendance at meetings related to the Project, including in particular (by way of illustration only and without limitation) <examples> and including but not limited to, information that you may create, develop, receive or obtain in connection with your engagement on the Project, whether or not such information (if in anything other than oral form) is marked "confidential information".

Accordingly we draw to your attention that as part of your role for the NHS Rotherham CCG you are required to:

- 1 maintain the Confidential Information in the strictest confidence and not divulge any of the Confidential Information to any third party without the prior written permission of NHS Rotherham CCG.
- 2 not make use of, reproduce, copy, discuss, disclose or distribute the Confidential Information other than for use as part of your role in the Project.

The above obligations in respect of this Confidential Information are supplemented to any prior representation, understanding and commitment (whether oral or written) between us. The terms of this Letter can only be changed by a written document, agreed upon by both of us and signed by duly authorised persons. These provisions shall be governed and construed by English law.

Yours faithfully

For and on behalf of the
NHS Rotherham Clinical Commissioning Group

By signing this letter you agree to comply with these terms.

Signed:

Print name:

Date:

Annex Q

Assistant Chief Officer/Board Secretary Mrs Ruth Nutbrown

Telephone: 01709 302107

Email: ruth.nutbrown@nhs.net

Lay member for Governance, Chair of the Audit, Quality and Assurance Committee (AQuA),
Mr John Barber

E-mail: john.barber8@nhs.net

Anti-Crime Specialist, Claire Croft

Oak House

Moorhead Way

Bramley

Rotherham

S66 1YY

Telephone: 01709 428710

Mobile: 07920138354.

Equality Impact and Engagement Assessment Form					
Complete this section					
Please retain one copy, and pass one copy to both the Equalities and Engagement leads					
Section one – Project or plan details					
1.1	Project Title:				
	Conflicts of Interest Policy Including Standards of Business Conduct and Gifts and Hospitality				
1.2	Project Lead:		Contact Details:		
	Sue Hart		01709 302108		
1.3	This activity /project is:				
	Policy				
1.4	Describe the activity/project				
	The Standards of Business Conduct Policy including Standards of Business Conduct and Gifts and Hospitality seeks to describe the public service values, which underpin the work of the NHS and to reflect current guidance and best practice to which all individuals within the Rotherham CCG must have regard in their work for the CCG.				
1.5	Timescales				
	NA				
2	Equality Impact Assessment				
2.1	Gathering of Information: This is the core of the analysis; how might the project or work impact on protected groups, with consideration of the General Equality Duty. Please add any general information here.				
2.2	Screening				
	Please complete each area)	What key impact have you identified?		Information Source	
		Positive Impact - will actively promote or improve equality of opportunity.	Neutral Impact - where there are no notable consequences for any group.	Negative Impact negative or adverse impact causes disadvantage or exclusion. If such an impact is identified, the EIA should ensure, that as far as possible, it is either justified, eliminated, minimised or counter balanced by other measures.	What action, if any, is needed to address these issues and what difference will this make? For example: <i>At this point no action is required. Further EIA screenings will be developed in future once there are recommendations to assess.</i>
	Human Rights		Y		
	Age		Y		
	Carers		Y		
	Disability		Y		
	Sex		Y		
	Race		Y		
	Religion or belief		Y		
	Sexual Orientation		Y		
	Gender reassignment		Y		
	Pregnancy and maternity		Y		
	Marriage/civil partnership (only eliminating discrimination)		Y		

	Other relevant groups		Y		
3	Engagement Assessment				
3.1	<p>What is the level of service change? – see diagram 3 above</p> <p>If your project is classed as a ‘significant variation’ (level 3) or ‘major change’ (level 4) please contact england.yhclinicalstrategy@nhs.net for a preliminary discussion to support planning and agree whether the service change needs to follow the NHS England Service Change Assurance process.</p> <p>The assurance process generally looks at the ‘case for change’ The key players in the process include overview and scrutiny teams, and the clinical senates. You can also refer to the DH guidance: (please note that level 4 changes will require considerable long term planning and this DH guidance is mandatory for all level 4 changes) http://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/nhs_public_involvement_-_hempsons_stp.pdf DH 2013</p>				
	Circle or highlight the appropriate level of service change				
	Add additional information and rationale for this scoring below				
	NA				
3.2	<p>Who are your stakeholders? Consider using a mapping tool to identify stakeholders - who is the change going to affect and how? Complete below or attach or link to a mapping document</p>				
	NA				
3.3	<p>What do we already know? What do you already know about peoples’ access, experience, health inequalities and health outcomes? Use intelligence from existing local, regional or national research, data, deliberative events or engagements.</p>				
	NA				
	<p>Describe any existing arrangements to involve patients and the public which are relevant to this plan/activity and/or provide relevant sources of patient and public insight? How will the insight available to you help to inform your decision?</p>				
	NA				
	<p>Briefly describe how the existing or proposed engagement will be ‘fair and proportionate’, in relation to the activity?</p>				
	NA				
3.4	<p>Reaching out to overlooked communities Are additional arrangements for patient and public involvement required for this activity and in particular will you ensure that ‘seldom-heard’ groups, those with ‘protected characteristics’ under the Equality Act, those experiencing health inequalities are involved</p> <ul style="list-style-type: none"> • Seldom-heard groups Yes/No • Nine Protected Characteristics Yes/No • Health inequalities Yes/No <p>If yes, please provide a brief outline of your approach and objectives for any additional patient participation targeted at these groups</p>				
	NA				

	Do you need to make any of your resources accessible (i.e. for people with learning disabilities, sight impairments, or alternative languages?)				
	NA				
3.5	What resources do you need for this? Consider the sections above <ul style="list-style-type: none"> • The timescales • The need to reach overlooked communities • Accessible materials • Gaps in knowledge 				
	NA				
4	Feedback and Evaluation				
4.1	How will you use the feedback – who does it need to be shared with?				
4.2	Provide a brief outline of how the information collected through patient and public participation will be used to influence the plan/activity.				
	Patient Feedback will be used to inform future commissioning intentions				
4.3	How will the outcomes of participation be reported back to those involved?				
4.4	How will you assess the ongoing impact of the change on patients and the public after it has been completed?				
5	Engagement and Equality Impact Plan				
	Action	Approx. Timescale	Lead	Deadline	Comments/ progress
6	Form details				
	Completed by:	Alison Hague			
	Job title:	Corporate Services Manager			
	Date	20.10.20			
	Reported to				