

**STANDARDS OF BUSINESS CONDUCT  
AND  
MANAGING CONFLICT OF INTEREST  
POLICY**

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| <b>Subject and version number of document:</b> | Standards of Business Conduct and Managing Conflicts of Interest   |
| <b>Owner of the policy:</b>                    | Head of Governance   |
| <b>Operative date (first created):</b>         | 1 <sup>st</sup> April 2021   |
| <b>This document applies to:</b>               | All staff  |
| <b>Policy Implications:</b>                    | This policy sets out details of the expected conduct of all those who work within the Clinical Commissioning Group (CCG). All staff are required to declare any actual or potential interests which could lead to a conflict of interest in order to uphold the principles of impartiality and honesty in the conduct of their business. |
| <b>Equality Analysis Completed?</b>            | Yes  |
| <b>Consultation Process</b>                    | Review of predecessor CCG policies by the governance teams of of the Hampshire and Isle of Wight Partnership of CCGs (meeting in common), Southampton City CCG and West Hampshire CCG. All have been subject to mandatory internal audit.  |
| <b>Approved by:</b>                            | Audit Committees of the Hampshire and Isle of Wight Partnership of CCGs (meeting in common), Southampton City CCG and West Hampshire CCG   |
| <b>Date approved:</b>                          | 16 March 2021  |
| <b>Next review date:</b>                       | March 2022   |

**Review Log:**

Include details of when the document was last reviewed:

| Version Number | Review Date | Name of Reviewer | Ratification Process |  |
|----------------|-------------|------------------|----------------------|--|
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## **STANDARDS OF BUSINESS CONDUCT POLICY**

### **1. INTRODUCTION**

1.1 This policy underpins the NHS Hampshire, Southampton and Isle of Wight CCG's (hereafter referred to as 'group') constitution and sets out further details of the expected conduct of all those who work within it.

1.2 Aims:

- The aim of this policy is to protect both the group and the individuals involved from any appearance of impropriety
- To demonstrate that the CCG is acting fairly and transparently and in the best interest of the patients
- Ensuring the CCG operates within the legal framework
- Provide assurance that decisions have been made fairly

### **2. SCOPE OF POLICY**

2.1 This policy applies to:

- The Groups Member practices including GP partners and any individual directly involved with the business or decision making of the CCG
- Individuals of the groups Governing Body and its sub committees
- Employees of the group including bank and agency staff
- Third parties acting on behalf of the group (including commissioning support, employees of NHS England and shared services)
- Students and trainees

These are collectively referred to as 'individuals' hereafter.

### **3. PRINCIPLES**

3.1 Individuals should at all times:

- Comply with the requirements of the group's Constitution and be aware of the responsibilities outlined within it and the Standards for members of NHS Boards and CCG Governing Bodies in England
- Act in good faith and in the interests of the group and should follow the 'Seven Principles of Public Life, set out by the Committee on Standards in Public Life' (the Nolan principles)
- Conduct themselves in accordance with HSG(93)5 "Standards of Business Conduct for NHS Staff" and "Commercial Sponsorship – Ethical Standards for the NHS" (2000)
- Comply with the 7 key principles of the NHS Constitution
- Comply with the Good Governance Standards of Public Services (2004)
- Comply with the UK Corporate Governance Code
- Comply with the Equality Act 2010
- And adhere to the NHS Code of Conduct and Code of Accountability (2004) which requires the maintenance of strict ethical standards in the NHS.

## **4. PREVENTION OF CORRUPTION**

### **4.1 Bribery Act 2010**

4.1.1 The group has a responsibility to ensure that all individuals working with the group are made aware of their duties and responsibilities arising from the 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

4.1.2 All individuals working for the group are required to be aware of the Act and should also refer to section 8 of this policy.

### **4.2 Counter Fraud Measures**

4.2.1 All individuals are required to not use their position to gain advantage. The group is keen to prevent fraud and encourages individuals with concerns or reasonably held suspicions about potentially fraudulent activity or practice, to report these.

4.2.2 Individuals should inform the nominated Local Counter Fraud Specialist (LCFS) or Chief Finance Officer immediately regarding any concerns or reasonably held suspicions unless they are implicated. If that is the case they should inform the Chief Executive Officer or Chair of the group, who will decide on the action to be taken.

4.2.3 Individuals can also call the NHS Fraud and Corruption Reporting line on free phone 0800 028 40 60. This provides 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.

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

4.2.5 Individuals should not ignore their suspicions, investigate themselves or tell colleagues or others about their suspicions.

## **5. CONSTITUTION, STANDING ORDERS, SCHEME OF RESERVATION AND DELEGATION AND PRIME FINANCIAL POLICIES**

5.1 All individuals must carry out their duties in accordance with the group's Constitution, Standing Orders, Scheme of Reservation and Delegation and prime financial policies. These set out the statutory and governance framework in which the group operates and there is considerable overlap between the contents of this policy and provision made within these. Individuals must at all times refer to and act in accordance with the Constitution, Standing Orders, Scheme of Reservation and Delegation and prime financial policies to ensure group processes are followed.

5.2 In the event of doubt individuals should seek advice from their line manager. In the event of any conflict arising between the details of this policy and the Constitution, Standing Orders,

Scheme of Reservation and Delegation and prime financial policies then the provision of the Constitution, Standing Orders, Scheme of Reservation and Delegation and prime financial policies shall prevail.

## 6. CONFLICTS OF INTERESTS

### 6.1 Overview

6.1.1 The group requires clear and robust mechanisms for managing real and perceived conflicts of interest. If they are not managed effectively, confidence in the probity of commissioning decisions and the integrity of the clinicians involved could be seriously undermined, but with good planning and governance the group should be able to avoid or manage these risks.

6.1.2 This policy outlines the management of conflicts of interest including:

- The nature of a Conflict of Interest
- Arrangements for the declaration of a conflict of interest
- Maintaining a register of conflict of interests
- Keeping a record of the steps taken to manage a conflict
- Excluding individuals from decision making when a conflict arises
- Engagement with a range of potential providers on service design

### 6.2 Principles

6.2.1 Conflicts of interests are inevitable, but in most cases it is possible to handle them with integrity and probity by ensuring they are identified, declared and managed in an open and transparent way. Therefore, a general principle for individuals involved in the business of the group is 'if in doubt disclose' at the time of identifying a potential conflict.

6.2.2 The group has observed the principles set out above as well as the principles set out by the NHS Confederation and Royal College of General Practice for managing conflicts of interests:

- **Doing business properly** – ensuring the rationale for decision making is transparent and clear and will withstand scrutiny;
- **Being proactive not reactive** – set out in advance what is acceptable and what is not and upon induction be clear with members about their obligations to declare conflicts of interests and handling should they occur;
- **Assume that individuals will seek to act ethically and professionally, but may not always be sensitive to all conflicts of interest** - ensure there are prompts and checks to identify when conflicts occur and individuals exclude themselves appropriately from decision making;
- **Being balanced and proportionate** – identify and manage conflicts but do not expect to eliminate them or become a constraint to undertaking the business and making decisions.
- **Openness.** Ensuring early engagement with patients, the public, clinicians and other stakeholders, including local Healthwatch and Health and Wellbeing Boards, in relation to proposed commissioning plans;

- **Responsiveness and best practice.** Ensuring that commissioning intentions are based on local health needs and reflect evidence of best practice – securing ‘buy in’ from local stakeholders to the clinical case for change;
- **Transparency.** Documenting clearly the approach taken at every stage in the commissioning cycle so that a clear audit trail is evident;
- **Securing expert advice.** Ensuring that plans take into account advice from appropriate health and social care professionals, e.g. through clinical senates and networks, and draw on commissioning support, for instance around formal consultations and for procurement processes;
- **Engaging with providers.** Early engagement with both incumbent and potential new providers over potential changes to the services commissioned for a local population;
- **Creating clear and transparent commissioning specifications** that reflect the depth of engagement and set out the basis on which any contract will be awarded;
- **Following proper procurement processes and legal arrangements,** including even-handed approaches to providers;
- **Ensuring sound record-keeping, including up to date registers of interests;** and
- **A clear, recognised and easily enacted system for dispute resolution.**

### 6.3 Potential Conflicts of Interest

6.3.1 A conflict can occur when an individual’s ability to exercise judgement in one role is impaired or perceived to be impaired by their obligation in another by the existence of competing interests.

6.3.2 Where an individual has an interest or becomes aware of an interest which could lead to a conflict of interests in the event of the group considering an action or decision in relation to that interest that must be considered as a potential conflict.

6.3.3 A potential conflict of interest will include:

- a) **Financial interests:** This is where an individual may get a direct financial benefit from the consequences of a commissioning decision. This could include being:
- A director, a non-executive director or senior employee in a private company or public limited company or other organisation which is doing , likely to or possibly seeking to do business with health or social care organisations
  - A shareholder (or similar ownership interest), 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 a health or social care organisation
  - A management consultant for a provider

This could also include an individual being:

- In secondary employment
- In receipt of secondary income from a provider
- In receipt of a grant from a provider

- In receipt of any payments (for example honoraria, one off payments, day allowances or travel or subsistence) from a provider
  - In receipt of research funding, including grants that may be received by the individual or any organisation in which they have an interest or role and
  - Having a pension that is funded by a provider (where the value of this might be affected by the success or failure of the provider)
- b) **Non-financial professional interests:** This is where an individual may obtain a non-financial professional benefit from the consequences of a commissioning decision, such as increasing their professional reputation or status or promoting their professional career. This may, for example, include situations where the individual is:
- An advocate for a particular group of patients
  - A GP with special interest 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 be items that 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

GP's and practice managers who are members of the Governing Body or committees of the CCG should declare details of their roles and responsibilities held within their GP practices

- c) **a non-pecuniary interest:** This is where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit. This could include, for example, where the individual is:
- A voluntary sector champion for a provider
  - A volunteer for a provider
  - A member of a voluntary sector board or has any other position of authority in or connection with a voluntary sector organisation
  - Suffering for a particular condition requiring individually funded treatment
  - A member of a lobby or pressure group with an interest in health
- d) **Indirect interests:** This is where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest in a commissioning decision (as those categories are described above) for example:
- Spouse/Partner
  - Close relative e.g. parent, grandparent, child, grandchild or sibling
  - Close friend
  - Business Partner

A declaration of interest for a 'business partner' in a GP partnership should include all relevant collective interest of the partnership and all interests of their fellow GP partners (which could be done by cross referring to the separate declarations made by those GP partners, rather than by repeating the same information verbatim)

Whether an interest held by another person gives rise to a conflict of interest will depend upon the nature of the relationship between that person and the individual and the role of the individual within the CCG

6.3.4 If in doubt the individual concerned should assume that a potential conflict of interest exists.

6.3.5 Examples of potential conflicts of interest would include:

- Where an individual is a provider of services
- Where clinical leaders have a financial interest in a provider company
- Where GPs may refer their patients to a provider company in which they have a financial interest
- Where GPs make decisions regarding the care of their patients to influence the payments they receive from commissioners
- Where enhanced services are commissioned that could be provided by member practices

6.3.6 Conflicts of Interest can arise when decision making is influenced subjectively through association with colleagues or organisations out of loyalty to the relationships they have, rather than through an objective process. The scope of loyalty interests is potentially huge, so judgement is required for making declarations.

6.3.7 Loyalty Interests should be declared by staff involved in decision making where the:

- Hold a position of authority in another NHS organisation or commercial, charity, voluntary, professional, statutory or other body which could be seen to influence decisions they take in their NHS role
- Sit on advisory groups or other paid or unpaid decision making forums that can influence how the organisation spends taxpayers' money
- Are, or could be, involved in the recruitment or management of close family members or relatives, close friends and associates and business partners
- Are aware that the organisation does business with an organisation with whom close family members and relatives, close friends and associates and business partners have decision making responsibilities

6.3.8 Where holding loyalty interest gives rise to a conflict of interest then the general management actions outlines should be considered and applied to mitigate risks

## 6.4 **Management of Conflicts of Interest**

6.4.1 Ways in which the CCG will manage conflicts in decision making include:

- Maintaining a register of interest for all staff
- Managing membership of formal committees decision making bodies and working groups supporting the CCG
- Internal controls to detect breaches and adequate provision for raising concerns under this policy
- Non-compliance of this policy will be addressed
- Identify and implement training to assist with compliance for all staff and for those with a specialised role
- Have a standing conflicts of interest item on Board, a sub-committee and procurement/working group agendas

## 6.5 **Declaration of Interest**

6.5.1 It is a statutory requirement that individuals must declare any interest that they have, in relation to a decision to be made by the group, as soon as they are aware of it and in any event no later than 28 days after becoming aware. CCG's must record the interest in the

register as soon as they become aware of it. Staff will also be required to declare any conflicts of interest or a nil return every six months.

- 6.5.2 Where an individual is unable to provide a declaration in writing, for example, if a conflict becomes apparent during a meeting, they will make an oral declaration before witnesses which will be formally written in the meeting record.
- 6.5.3 Individuals contracted to work on behalf of the group, or otherwise providing services or facilities to the group, will be made aware of their obligations under this policy to declare conflicts or potential conflicts of interests. This requirement will be written into their contracts for services.
- 6.5.4 **Further opportunities to make declarations include:**
- **On appointment** – a formal declaration of interest should be made and recorded
  - **Annually** - to ensure the register of interest is accurate and up to date. If there are no interests or changes to declare a 'nil return' should be submitted
  - **At meetings** – A standing agenda item will be on the Governing Body, subcommittee and any working group agenda's. Even if an interest has been recorded in the register of interests, it should still be declared in meetings where matters relating to that interest are discussed
  - **On changing role or responsibility** – A further declaration should be made to reflect the change in circumstances or a conflict of interest ceasing to exist. It is the individual's responsibility to report the change as soon as possible or within 28 days of the change.
  - **During the procurement process** - anyone participating in the procurement, or otherwise engaging with the CCG, in relation to the provision of services or facilities, will be required to make a declaration of interest which will include nil returns. This includes those who will take part in any tender evaluation or decision making with regards to the award of a contract. Where any procurement functions are undertaken by the Commissioning Support Unit (CSU) or South of England Procurement Services (SoEPS), declarations from CSU / SoEPS employees involved in the process should also be obtained and made available to the CCG.

## 6.6 **Chairing of meetings and decision making process**

- 6.6.1 The Chair or Vice Chair if appropriate of a meeting, has ultimate responsibility for deciding whether there is a conflict of interest and for taking appropriate course of action in order to manage the conflict of interest. They will ensure that for every interest declared, either in writing or by oral declaration, arrangements are in place to manage the conflicts of interest or potential conflicts of interests, to ensure the integrity of the groups decision making processes. A conflicts of interest checklist will be available to all Chairs to support them in their role.
- 6.6.2 In the event that the chair of a meeting has a conflict of interest, the vice chair is responsible for deciding the appropriate course of action 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.
- 6.6.3 In making any such decision the Chair or non-conflicted members may wish to consult with the Conflicts of Interest Guardian
- 6.6.4 A The arrangements will confirm the following:
- a) when an individual should withdraw from a specified activity, on a temporary or permanent basis;

- b) monitoring of the specified activity undertaken by the individual, either by a line manager, colleague or other designated individual.
- c) 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
- d) The individual to leave the discussion when the relevant matter(s) are being discussed and when any decision are being taken in relation to that matter. The individual can however be allowed to participate in some or all of the discussion particularly if the individual has relevant knowledge and experience of the matter that would be of benefit for the meeting to hear depending on the nature and extent of the interest.
- e) 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 would need to be clearly documented in the minutes.

6.6.5 In any transaction undertaken in support of the clinical commissioning group's exercise of its commissioning functions (including conversations between two or more individuals, e-mails, correspondence and other communications), individuals must ensure, where they are aware of an interest, that they conform to the arrangements confirmed for the management of that interest.

6.6.6 The chair will take such steps as deemed appropriate, and request information deemed appropriate from individuals, to ensure that all conflicts of interest and potential conflicts of interest are declared

## 6.7 Register of Interests

6.7.1 The group will maintain a register of interests for all declared interests from :

### **All CCG employees including**

- All full and part time staff
- Any staff on sessional or short term contracts including consultancy staff
- Any students and trainees (including apprentices)
- Agency staff
- Seconded staff

### **Members of the Governing Body and its sub committees including:**

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

### **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 therefore 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

6.7.2 The register(s) will be publically available and will be refreshed quarterly. Individuals should identify changes to their record on their register as soon as they are aware of it and in any event no later than 28 days of the change. The register will be published on the group's website.

6.7.3 The CCG will retain a private record of historical interest for a minimum of 6 years after the date it expires. An interest should remain on the public register for a minimum of 6 months.

6.7.4 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). If an individual believes that substantial damage or distress may be caused to themselves 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 will seek legal advice where required, and the CCG will retain a confidential un-redacted version of the register(s).

**6.7.5 The Register of Interest will include:**

- Name of the person declaring the interest
- Position within or relationship with the CCG
- Type of interest, including for indirect interest details of the relationship with the person who has an interest
- The dates from which the interest relates
- The actions taken to mitigate the risk – these should be agreed with the individuals line manager or a senior manager within the CCG

**6.8 Management of Meetings**

**6.8.1 Committee chairs have a responsibility to ensure that declarations of interest are raised at the beginning of all meetings, this will be aided by having a standard agenda items.**

6.8.2 At the beginning of all meetings there will be an opportunity for individuals to identify potential conflicts of interests relating to specific items of business. Individuals should also raise such items at the beginning of each agenda item so the appropriate course of action can be taken.

**6.8.3 Minutes must reflect accurately any declarations of interest**

6.8.4 A prejudicial interest will be declared if the matter affects an individual's financial interest and a member of the public, knowing the relevant facts, would reasonably think that a personal interest is of such significant that it is likely to prejudice their judgment of the public interest.

6.8.5 Where an individual is aware of an interest which:

- a) has not been declared, either in the register or orally, they will declare this at the start of the meeting;
- b) has previously been declared, in relation to the scheduled or likely business of the meeting, the individual concerned will bring this to the attention of the chair of the meeting, together with details of arrangements which have been confirmed for the management of the conflict of interests or potential conflict of interests.

6.8.6 The chair of the meeting will then determine how this should be managed and inform the individual of their decision. Where no arrangements have been confirmed, the chair of the meeting may take the following actions:

- Withdrawal from the meeting for that part of the discussion if conflict is prejudicial
- Participation in the discussion but not part of the decision making process
- Full participation in discussion and the decision making process as the potential conflicts are not perceived by others of the group to be material or prejudicial.

All potential conflicts should be recorded in the minutes including:

- Who has the interest
- The nature of the interests and why it gives rise to a conflict
- The item/s on the agenda that the interest relates to
- How the conflict was agreed to be managed
- Evidence that the conflict was managed as intended

6.8.7 Where the chair of any meeting of the group has a personal interest, previously declared or otherwise, in relation to the scheduled or likely business of the meeting, they must make a declaration and the deputy chair (or other nominated individual if the deputy chair is also conflicted) will act as chair for the relevant part of the meeting.

6.8.8 Where arrangements have been confirmed for the management of the conflict of interests or potential conflicts of interests in relation to the chair, the meeting must ensure these are followed. Where no arrangements have been confirmed, the deputy chair may require the chair to withdraw from the meeting or part of it. Where there is no deputy chair, the members of the meeting will select one.

6.8.9 Should the situation arise that a significant number of individuals are deemed to be prevented from taking part in a meeting because of prejudicial interests; the chair (or deputy) will determine whether or not the discussion can proceed. In making this decision the chair will consider whether the meeting is quorate, in accordance with the number and balance of membership set out in the group's standing orders

6.8.10 Where a quorum cannot be convened from the membership of the meeting, owing to the arrangements for managing conflicts of interest or potential conflicts of interests, the chair of the meeting shall consult with the Chief Executive Officer or Chief Financial Officer on the action to be taken.

6.8.11 This may include:

- a) Require another of the group's committees which can be quorate to progress the item of business, or if this is not possible a recommendation on decision can still be taken by remaining members and referred to either the Governing Body or the Risk and Audit Committee for verifying proposed recommendations
- b) Inviting, on a temporary basis, one or more of the following to make up the quorum (where these are permitted members of the governing body or committee / sub-committee in question) so that the group can progress the item of business:
  - i) a member of the clinical commissioning group who is an individual;

- ii) an individual appointed by a member to act on its behalf in the dealings between it and the clinical commissioning group;
- iii) a member of the Health and Wellbeing Board;
- iv) a member of a governing body of another clinical commissioning group.

These arrangements must be recorded in the minutes.

## 6.9 Members of the Group

6.9.1 GPs, and their staff, by nature of their profession have an immediate conflict as providers of primary care services but this, of course, does not exclude them being involved in the running of the group. All provider interests must be declared and openly disclosed in the conduct of business to ensure it is handled appropriately.

6.9.2 Members should conform to the published guidelines of the GMC ('Good Medical practice' 2006 on financial institutions providing care or treatment, [GMC Conflicts of interest - guidance for doctors](#) which states:

*'5. If you have a financial interest in an institution and are working under an NHS or employers' policy you should satisfy yourself, or seek assurances from your employing or contracting body, that systems are in place to ensure transparency and to avoid, or minimise the effects of, conflicts of interest. You must follow the procedures governing the schemes.'*

6.9.3 Where GPs could possibly influence their own personal/practice payments through their actions such as a referral of a patient in which they have a financial interest, or to benefit a practice payment in some way then the GMS guidelines paragraph 74 and 75 apply:

*"74. You must act in your patients' best interests when making referrals and when providing or arranging treatment or care. You must not ask for or accept any inducement, gift or hospitality which may affect or be seen to affect the way you prescribe for, treat or refer patients. You must not offer such inducements to colleagues."*

*75. If you have financial or commercial interests in organisations providing healthcare or in pharmaceutical or other biomedical companies, these interests must not affect the way you prescribe for, treat or refer patients."*

6.9.4 Where the most appropriate service to which the patient is to be referred happens to be one in which the GP has a vested financial interest, then the GP must inform the patient of this fact. This is in line with paragraph 76 of the GMC guidelines:

*"76. If you have a financial or commercial interest in an organisation to which you plan to refer a patient for treatment or investigation, you must tell the patient about your interest. When treating NHS patients you must also tell the healthcare purchaser."*

6.9.5 In these circumstances the GP must note on the patient's record that the patient has been informed of the conflict of interest.

6.9.6 It is possible that the group will seek to expand the range of enhanced services provided by member practices as part of its work to redesign services and have an expanded primary care role.

6.9.7 Given that the group will be commissioning such services from their own member practices, it is vital that there is transparency and safeguards to ensure confidence that these decisions are based upon the best interests of patients and with no perceived conflicts of interest

6.9.8 There are a number of stages in this process that will ensure this occurs.

- a) The group will develop services in line with the agreed and published strategy of the group
- b) This Policy will be refreshed and developed with all key stakeholders, and reflect the needs of the local populations as agreed through the local health and well being board and be subject to public scrutiny.
- c) The group will engage with all providers to communicate the priorities and commissioning intentions.
- d) A range of expertise from a variety of providers will be used to develop detailed service specifications for new service models.
- e) Once a new specification has been developed the most appropriate provider of care will be considered through a sub committee of the group which will exclude anyone with a conflict of interest using the published criteria as set out within this guidance.

#### 6.10 **Contractors and people who provide services to the group**

6.10.1 Anyone seeking information in relation to a procurement, or participating in a procurement, or otherwise engaging with the clinical commissioning group in relation to the potential provision of services or facilities to the group, will be required to make a declaration of any relevant conflict / potential conflict of interest.

6.10.2 Anyone contracted to provide services or facilities directly to the clinical commissioning group will be subject to the same provisions of this constitution in relation to managing conflicts of interests. This requirement will be set out in the contract for their services.

### **7. TRANSPARENCY IN PROCUREMENT**

7.1 The group recognises the importance in making decisions about the services it procures in a way that does not call into question the motives behind the procurement decision that has been made. The group will procure services in a manner that is open, transparent, non-discriminatory and fair to all potential providers. Therefore at the outset of a commissioning process the relevant interest of all individuals involved should be identified and clear arrangements put in place to manage any conflicts of interest.

7.2 The group will have an NHS South of England Procurement: Overview of Procurement and Competition rules for Commissioners which will ensure that:

- all relevant clinicians (not just members of the group) and potential providers, together with local members of the public, are engaged in the decision-making processes used to procure services;
- service redesign and procurement processes are conducted in an open, transparent, non-discriminatory and fair way

“Specifically in relation to managing conflicts of interest in procuring services where GP practices are potential providers of CCG commissioned services, the CCG will have regard to the NHS England revised statutory guidance on managing conflicts of interest for CCG’s: Summary Guide for GP’s in Commissioning Roles

- As per The Regulations 2013 and Monitor Guidance, all conflicts of interest that appear or may appear to affect the decision whether to determine any part of the process or affect the final award decision shall be declared before and during the procurement.
- 
- Whether and how the interest was declared, including the stage of the process the declaration was made at.
- The extent of the involvement in the procurement process e.g. influence on the service design and/or specification, influence in the award criteria, the involvement in the award deliberation
- What steps have been taken to manage the conflict
- Where members of a meeting are required to withdraw from a meeting or part of it, owing to the arrangements agreed for the management of conflicts of interests or potential conflicts

As good practice the CCG should ensure that:

- Conflicts of Interest management is still needed where a third party organisation leads the bidding process
- Discussions around conflicts of interest should take place when procurement specification are produced, bids are scored, or in meetings where final procurement decisions are made
- Conflicts of Interest should be a standing agenda item for procurement and/or contract meetings

The CCG will also need to maintain a register of procurement decisions including:

- Details of decisions
- Who was involved in the decision
- A summary of any conflicts of interest in relation to the decision and how it was managed by the CCG
- Made publically available
- This will need to be updated whenever a procurement decision is taken

The register of procurement decisions will be available on the CCG’s website

Please refer to the CCG’s internal procurement process checklist when undertaking a procurement.

### 7.3 **Single Tender Waivers**

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

## 8. GIFTS AND HOSPITALITY

### 8.1 Hospitality

- 8.1.1 Hospitality should not be accepted unless individuals can demonstrate that the acceptance of hospitality would benefit the NHS/CCG. In exceptional circumstances, prior approval will need to be sought from the Local Governance Manager before accepting such offers and the reason for acceptance will be recorded in the CCG's Gifts and Hospitality Register whether accepted or not.
- 8.1.2 Modest hospitality is an accepted courtesy of a business relationship. However, the organisation or individual receiving the hospitality should never put themselves in a position where there could be any suspicion that their business decisions could have been influenced by accepting hospitality from others. A common sense approach should be adopted as to whether hospitality offered is modest or not.
- 8.1.3 Hospitality is defined as meals and or drinks, visits, entertainment, lecture courses organised etc. provided or offered by potential suppliers of a value of below £25. These may be accepted where they are moderate and in keeping with what is normal in public sector business relationships and where as far as it can reasonably be assessed by the potential receiver, will not be deemed by others (and in particular by members of the general public), to influence a business decision. Hospitality of this nature does not need to be recorded on the register.
- 8.1.4 Hospitality of a value between £25 and £75 may be accepted and must be declared
- 8.1.5 Hospitality over a value of £75 should be refused unless (in exceptional circumstances) senior approval is given). A clear reason should be recorded in the organisations Gifts and Hospitality register as to why it was permissible to accept.
- 8.1.6 Modest offers to pay some or all of the travel and accommodation costs related to attendance at events may be accepted and must be declared
- 8.1.7 Offers which go beyond this need approval by an Executive and should only be accepted in exceptional circumstances and must be declared. A clear reason should be recorded on the Gifts and Hospitality Register as to why it was permissible to accept travel and accommodation of this type (i.e. offers of business class or first class travel and accommodation, offers of foreign travel and accommodation)

### 8.2 Gifts

- 8.2.1 A 'gift' is defined as any item of cash or goods, or any service, which is provided for personal benefit, free of charge or at less than its commercial value.
- 8.2.2 All gifts of any nature offered to CCG staff, Governing Body, 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 to the Local Governance Manager so the offer which has been declined can be recorded on the register.
- 8.2.3 Gifts offered from other sources should also be declined if accepting them might give rise to perceptions of bias or favouritism, 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 relating 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 token of appreciation from members of the public to staff for work well done. Gifts of this nature do not need to be declared to the team or individual who has designated responsibility for maintaining the register of gifts and hospitality nor recorded on the register.

- 8.2.4 Any personal gift or cash or cash equivalents (e.g., vouchers, tokens, offers of remuneration to attend meetings whilst in a capacity working for or representing the CCG) **must always be declined**, whatever their value and whatever their source, and the offer which has been declined must be declared to the Local Governance Manager and recorded on the register.
- 8.2.5 Gifts valued at over £50 should be treated with caution and only be accepted on behalf of the organisation, not in a personal capacity. These should all be declared.
- 8.2.6 Modest gifts accepted under a value of £25 do not need to be declared
- 8.2.7 A common sense approach should be applied to the valuing of gifts (using an actual amount, if known or an estimate that a reasonable person would make as to its value)
- 8.2.8 Multiple gifts from the same source over a 12 month period should be treated in the same way as single gifts over £50 where the cumulative value exceeds £50
- 8.2.9 It is not appropriate to give gifts to individuals or organisations at public expense.

### 8.3 **Gifts and Hospitality Register**

8.3.1 The register will include the following information:

- Recipients name
- Current position(s) held by the individual within the CCG
- Date of offer and/or receipt
- Details of the gifts of hospitality
- The estimated value of the gifts or hospitality
- Details of the supplier/offer (e.g. their name and nature of their business)
- Details of previous gifts and hospitality offered or accepted by this supplier
- Details of the officer reviewing/approving the declaration made and date
- Whether the offer was accepted or not
- Reasons for accepting or declining the offer

8.3.2 The Register will be available to be presented to the Audit and Risk Committee of the group as and when required. The CCG will publish its Gifts and Hospitality Register in its website and will also be published as part of the CCG's Annual Report and Annual Governance Statement.

## **9. SECONDARY EMPLOYMENT AND PRIVATE PRACTICE**

- 9.1 Individuals working with the group (depending on the details of their contract as regards outside employment and private practice) are required to obtain prior permission to engage in secondary employment and the group reserve the right to refuse permission where it believes a conflict will arise which cannot be effectively managed. The purpose of this is to ensure that the group is aware of any potential conflicts of interest with their employment with the groups. Examples of work which might conflict with the business of the group include:
- a) Employment with another NHS body
  - b) Employment with another organisation which might be in a position to supply goods or services to the groups
  - c) Self employment, including private practice, in a capacity which might conflict with the work of the group or which might be in a position to supply goods or services to the group
  - d) Directorship of a GP Federation
- 9.2 All staff including Clinical staff will therefore be asked to declare any existing outside employment on appointment and any new outside employment when it arises. The CCG has legitimate reasons within employment law for knowing about outside employment, even if it doesn't give rise to a conflict and there is nothing that prevents such enquiries being made.
- 9.3 Clinical staff should declare all private practice on appointment or any new private practice when it arises including where they practice, their speciality and how many sessions.
- 9.4 Clinical staff should also (unless existing contractual provisions require otherwise or unless emergency treatment for private patients is needed
- Seek prior approval from the CCG before taking up private practice
  - Ensure that, where there would otherwise be a conflict or potential conflict of interest, NHS commitments take precedence over private work
  - Not accept direct or indirect financial incentives from private providers other than those allowed by Competition and Markets Authority Guidelines <https://assets.publishing.service.gov.uk>
  - Where clinical private practice gives rise to a conflict of interest then management action should be applied to mitigate any risks
- 9.5 The group will manage any issues arising from secondary employment. In particular it is unacceptable for pharmacy advisors or other advisors, employees or consultants to the CCG on matters of procurement to themselves be in receipt of payments from the pharmaceutical or devices sector.

## **10. SHAREHOLDING AND OTHER OWNERSHIP INTERESTS**

- 10.1 Holding shares or other ownership interests can be a common way for staff to invest their personal time and money to seek a return on an investment. However conflicts of interest can arise when staff personally benefit from this investment because of their role within an organisation such as being involved in procurement of services.
- 10.2 Staff should therefore declare all shareholdings and other ownership interests in any publicly listed, private or not for profit company, business, partnership or consultancy which is doing or might be expected to do business with the CCG

- 10.3 There is no need to declare shares or securities held in collective investment or pension funds or units of authorised unit trusts
- 10.4 Where shareholdings or other ownership interests are declared and give rise to a conflict of interest, actions should be agreed to mitigate the risks

## **11. COMMERCIAL SPONSORSHIP**

- 11.1 Sponsorship by commercial companies, including the pharmaceutical sector, is a common practice and reduces NHS expenditure. However, those arranging such sponsorship must comply with the guidance contained in Health Service Guidance HSG (93) 5 “Standards of Business Conduct for NHS Staff”, and the “Commercial Sponsorship – Ethical Standards for the NHS”, both published by the Department of Health.
- 11.2 It should be made clear to the sponsor that their sponsorship of an event or the availability of publicity material about the company or product will not constitute an endorsement by the group and that this will be made clear to the public and those attending the event.
- 11.3 Sponsorship includes financial support and hospitality for educational meetings, training, attendance at conferences, and publications etc. To comply with relevant ethical & business standards it is important to note that:
- sponsorship must not compromise commissioning or purchasing decisions
  - it must be clear that sponsorship does not imply endorsement of any product or company, and there should be no promotion of products apart from that agreed in writing in advance
  - where meetings are sponsored by external sources, that fact must be disclosed in the papers relating to the meeting and in any published proceedings
  - There will be no breach of patient or individual confidentiality
  - 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.
  - All sponsorship whether accepted or declined must be declared to the Local Governance Manager so they can be included on the CCG’s register of interest and for them to provide advice on whether it is appropriate to accept the offer. If such offers are reasonable and justifiable in accordance with statutory guidance they may be accepted.
- 11.4 A commercial partnership is one where material or support is supplied by a third party in addition to, and capable of being integrated with, services routinely provided in public sector health care. All commercial partnership and joint ventures arrangements must comply with relevant legislation, regulations, good practice and guidance, including for example:
- the NHS Code of Accountability and Code of Conduct
  - Standing Orders
  - Prime Financial Policies
  - relevant professional codes of practice e.g., NMC, GMC etc
- 11.5 When working with the pharmaceutical industry then the ABPI’s (Association of British Pharmaceutical Industries) code of conduct should be adhered to.

## **12. SPONSORED EVENTS**

- 12.1 Sponsorship of NHS events by external parties is valued. Offers to meet some or part costs of running an event secures their ability to take place benefiting NHS staff and patients. Without this funding there may be fewer opportunities for learning, development and partnership working. However there is a potential for conflicts of interest between the organiser and the sponsor particularly regarding the ability to market commercial products or services, as a result there should be proper safeguards in place to prevent conflicts occurring.
- 12.2 Sponsorship of events by appropriate external bodies should only be approved if a reasonable person would conclude that the event will result in clear benefit for the organisation and the NHS
- 12.3 During dealings with sponsors there must be no breach of patient or individual confidentiality or data protection rules and legislation
- 12.4 No information should be supplied to the sponsor from which they could gain a commercial advantage and information which is not in the public domain should not be normally supplied
- 12.5 At an organisations discretion, sponsors or their representatives may attend or take part in the event but they should not have a dominant influence over the content or the main purpose of the event
- 12.6 The involvement of a sponsor in an event should always be clearly identified in the interest of transparency
- 12.7 Organisations should make it clear that the sponsorship does not equate to endorsement of a company or its products and this should be made visibly clear on any promotional or other materials relating to the event
- 12.8 Staff should declare involvement with arranging sponsored events to their organisation so a clear record can be kept

## **13. SPONSORED RESEARCH**

- 13.1 Research is vital in helping the NHS transform services and improve outcomes however there is a potential for conflicts of interest to occur particularly when research funding by external bodies does or could lead to a real or perceived commercial advantage.
- 13.2 Funding sources for research purposes must be transparent
- 13.3 Any proposed research must go through the relevant health research authority or other approvals process
- 13.4 There must be a written protocol and written contract between staff, the CCG and/or institutes at which the study will take place and the sponsoring organisation which specify the nature of the services to be provided and the payment for those services
- 13.5 The Study must not constitute an inducement to prescribe, supply, administer, recommend, buy or sell any medicine, medical device, equipment or service
- 13.6 Staff should declare involvement with sponsored research to the CCG by supplying their name and role, description of the nature of their involvement in the sponsored research,

relevant dates and any other relevant information such as actions take to mitigate any conflicts, any benefits the sponsor derives from the sponsorship

#### **14. SPONSORED POSTS**

- 14.1 Sponsored posts are positions with an organisation that are funded, in whole or in part by organisations external to the NHS. Safeguards are therefore required to ensure that the deployment of sponsored posts does not cause a conflict of interest between the aims of the sponsor and the aims of the organisation, particularly in relation to procurement and competition
- 14.2 Staff who are establishing the external sponsorship of a post should seek formal prior approval from their Executive Director
- 14.3 Rolling sponsorship of posts should be avoided unless appropriate checkpoints are put in place to review and confirm the appropriateness of arrangement continuing
- 14.4 Sponsorship of a post should only happen where there is written confirmation that the arrangements will have no effect on purchasing decisions or prescribing and dispensing habits. For the duration of the sponsorship, auditing arrangements should be established to ensure this is the case. Written agreements should detail the circumstances under which the organisations have the ability to exit sponsorship arrangements if there are conflicts of interest which cannot be managed
- 14.5 Sponsored posts holders must not promote or favour the sponsor's specific products and information about alternative products and suppliers should be provided
- 14.6 Sponsors should not have any undue influence over the duties of the post or have any preferential access to services, materials or intellectual property relating to or developed in connection with the sponsored posts
- 14.7 The CCG will hold written records of sponsorships of posts
- 14.8 Staff should declare any other interest arising as a result of their association with the sponsor

#### **15. DONATIONS**

- 15.1 Acceptance of donations made by suppliers or bodies seeking to do business with an organisation should be treated with caution and not routinely accepted. In exceptional circumstances, a donation from a supplier may be accepted but should always be declared. A clear reason should be recorded as to why it was deemed acceptable alongside the actual or estimated value
- 15.2 Staff should not actively solicit charitable donations unless this is prescribed or expected as part of their duties for the CCG and should not be used for personal gain
- 15.3 Staff must obtain permission from their Executive Director if in their professional role they intend to undertake fundraising activities on behalf of a pre-approved charitable campaign
- 15.4 Donations, when received, should be made to a specific charitable fund (never to an individual) and a receipt should be issued

- 15.5 Staff wishing to make a donation to a charitable fund in lieu of a professional fee they receive may do so, subject to ensuring that they take personal responsibility for ensuring that any tax liabilities related to such donations are properly discharged and accounted for
- 15.6 The CCG will need to maintain records in line with their wider obligations under charity law

## **16. POLITICAL ACTIVITIES**

- 16.1 Any political activity should not identify an individual as an employee of Hampshire, Southampton and Isle of Wight Clinical Commissioning Group. Conferences or functions run by a party political organisation should not be attended in an official capacity, except with prior written permission from the Chief Executive Officer.

## **17. INITIATIVES**

- 17.1 As a general principle any financial gain resulting from external work where use of the CCG's time or title is involved (for example, speaking at events/conferences, writing articles) and/or which is connected with the CCGs business will be forwarded to the CCG's Chief Finance Officer.
- 17.2 Any patent, designs, trademarks or copyright resulting from the work (for example, research) of an individual in its contract for services/employment with the CCG shall be the intellectual property of the CCG.
- 17.3 Approval from the appropriate line manager should be sought prior to entering into any obligation to undertake external work connected with the business of the CCG.
- 17.4 Where the undertaking of external work gaining patent or copyright or the involvement in innovative work benefits or enhances the CCG's reputation or results in financial gain for the CCG, 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 and Social Care

## **18. CONFIDENTIALITY AND PRIVILEGED INFORMATION**

- 18.1 An individual must not use confidential information acquired in the pursuit of their role within the CCG to benefit them or another connected person, and information concerning the CCG 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 Data Protection Legislation. This duty of confidence remains after termination of employment and applies to all individuals working within the CCG.
- 18.2 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 easily be stolen, such as on full view in a parked car. Data should only be distributed using mechanisms with an appropriate level of security.
- 18.3 Individuals must maintain confidentiality of information at all times, both commercial data and personal data, as defined by GDPR and the Data Protection Act 2018.
- 18.4 Members of the CCG, staff and the CCG Board should take care not to provide any third party with a possible advantage by sharing privileged, personal or commercial information, or by providing information that may be commercially useful in advance of that information

being made available publicly (such as informing a potential supplier of an upcoming procurement in advance of other potential bidders), or any other information that is not otherwise available and in the public domain. For particularly sensitive procurement/contracts individuals may be asked to sign a non-disclosure agreement.

## **19. PERSONAL CONDUCT**

- 19.1 All individuals have a personal responsibility for their own behaviour and for ensuring they do not act in a way that damages the reputation of the CCG, or breaches legislation such as the General Data Protection Regulation (GDPR), Data Protection Act 2018, Hate Crime legislation or the Equality Act 2010.
- 19.2 Staff are also expected to conduct themselves in line with the agreed CCG values and associated behaviour.
- 19.3 Staff should be aware that the term “at work” includes any place where the occasion can be identified with either the requirements of the employer, or with social events linked to the same employment. It includes any place where NHS care is delivered.
- 19.4 Additionally staff should conduct themselves in line with the requirements below when attending training courses, external meetings, conferences and exhibitions, or anywhere where they are representing the CCG.
- 19.5 Staff found to be in breach of these requirements may be subject to disciplinary action.
- 19.6 Staff should ensure they:
  - Promote an inclusive environment by treating everyone with dignity and respect
  - Do not bring the organisation into disrepute by posting defamatory, incorrect or confidential information on internal or external message boards, web sites or social media sites
  - Do not discriminate against others on the grounds of age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation
  - Respect and respond politely and courteously to requests for information from colleagues, patients, service users, carers and others
  - Appropriately challenge and/or report behaviour that may be considered to be offensive when directed against themselves or others
  - Refrain from posting negative comments, malicious rumours or gossip about individuals or the organisation on bulletin boards, websites, social media or emails
- 19.7 Managers have additional responsibilities because of their duty of care to employees to:
  - Set a positive example by treating others with respect and setting standards of acceptable behaviour
  - Promote an inclusive working environment where unlawful discrimination is unacceptable and not tolerated
  - Tackle and address any incidents of unlawful discrimination.

### **Alcohol, drugs and smoking**

- 19.8 Staff are not permitted to consume alcohol or take drugs during working hours, during periods on call or on CCG business outside normal working hours. This includes smoking on CCG premises and at external venues. If staff are representing the CCG at social events, these guidelines should be adhered to and staff should be mindful of the stated standards of acceptable behaviour. It must be noted that any action outside of work which may bring the organisation into disrepute may result in disciplinary action.

### **Lending or borrowing of money**

- 19.9 The lending or borrowing of money between staff should be avoided, whether informally or as a business, particularly where the amounts are significant.
- 19.10 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.

### **Gambling**

- 19.11 No member of staff may bet or gamble when on duty or on CCG 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.

### **Trading on official premises**

- 19.12 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-Hampshire, Southampton and Isle of Wight interests of staff or their relatives) is also prohibited. Trading does not include small tea or refreshment arrangements solely for staff.

### **Collection of money**

- 19.13 Charitable collections must be authorised by the Chief Finance Officer.
- 19.14 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.

### **Bankrupt or insolvent staff**

- 19.15 Any member of staff who becomes bankrupt or insolvent must inform their line management and ConsultHR 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.

### **Arrest or conviction**

- 19.16 A member of staff who is arrested and refused bail or convicted of any criminal offence must inform their line management and ConsultHR, immediately.
- 19.17 Any staff found to be disregarding these conduct requirements may be subject to disciplinary action in line with the CCG HR policies.

## 20. PATENTS AND INTELLECTUAL RIGHTS

- 20.1 As a general principle any financial gain resulting from external work where use of the groups time or title is involved (e.g., speaking at events/conferences, writing articles) and/or which is connected with the groups business will be forwarded to the groups Chief Finance Officer.
- 20.2 Any patent, designs, trademarks or copyright resulting from the work (e.g., research) of an individual in its contract for services/employment with the group shall be the intellectual property of the group.
- 20.3 Approval from the appropriate line manager should be sought prior to entering into any obligation to undertake external work connected with the business of the group.
- 20.4 Where the holding of patents and other intellectual property rights give rise to a conflict of interest then actions should be agreed to mitigate any risks. Staff will need to declare their name and role, descriptions of the patent or other intellectual property rights and its ownership, relevant dates and any actions taken to mitigate a conflict of interest
- 20.5 Where the undertaking of external work benefits or enhances the group's reputation or results in financial gain for the group, 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 and social care
- 20.6 A register will be kept by the Local Governance Manager of all patents/intellectual property

## 21. COMMERCIAL CONFIDENTIALITY

- 21.1 All individuals should guard against providing information on the operations of the group which might provide a commercial advantage to any organisation (private or NHS) in a position to supply goods or services to the group. For particularly sensitive procurement/contracts individuals may be asked to sign a non-disclosure agreement.

## 22. JOINT WORKING

- 22.1 Individuals must ensure that joint working arrangements are clear and transparent. Joint working is where, for the benefit of patients, organisations pool skills / resources and experience to enable successful delivery of a project or work area, this may also include joint committees. Appropriate governance arrangements must be put in place that ensure that conflicts of interest are identified and managed appropriately, in accordance with statutory guidance, without compromising the CCG's ability to make robust commissioning decisions. The CCG currently works in collaboration with the Commissioning Support Unit, Local Authorities and other third party partners

## 23. ROLES & RESPONSIBILITIES

- 23.1 **Individuals** 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 within the group.
- 23.2 **Individuals** who fail to disclose relevant interests, outside employment or receipts of gifts or hospitality as required by this policy or the group's standing orders and financial policies may

be subject to disciplinary action which could ultimately result in the termination of their employment or position within the group.

All staff will be required to complete mandatory online conflicts of interest training

- 23.3 **Accountable Officer** has overall accountability for the CCG's management of Conflicts of Interest
- 23.4 The **Local Governance Manager** will be responsible for maintaining the day to day management of conflict of interest matters and queries, maintaining the Register of Interests, holding the Gifts and Hospitality Register, the Procurement Register and reviewing the implementation of this policy. The Local Governance Manager will keep the Conflict of Interest Guardian well briefed on conflicts of interest matters and issues arising as well as reminding staff of their responsibilities annually.
- 23.5 **CCG Chair** – The Chair of the CCG has ultimate accountability for the strategic and operational management of the organisation, including ensuring all policies are adhered to.
- 23.6 **CCG Governing Body** – will ratify the final version of this policy for use throughout the CCG.
- 23.7 **Conflicts of Interest Guardian** – This role will be undertaken by the Risk and Audit Chair and supported by the Governance Team who in collaboration will:
- Act as a conduit for GP practice staff, members of the public and healthcare professionals who have any concerns with regards to conflict of interest
  - Be a safe point of contact for employees or workers to 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 judgement 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
- 23.8 **Primary Medical Care Commissioning Chair/Vice Chair** – This should not be the Conflicts of Interest Guardian/Finance and Audit Chair to ensure they are not compromised. However should circumstances permit where this is lack of another suitable lay member, this then needs 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
- 23.9 **Executive Team** – have an ongoing 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
- 23.10 **Lay Members** will provide scrutiny challenge and an independent voice in the support of robust and transparent decision managing and management of Conflicts of Interest.

## 24. INTERNAL AUDIT

- 24.1 The group will undertake an annual audit on the management of conflicts of interest.
- 24.2 The results of this audit will be reflected in the CCG's annual governance statement

## **25. RISING CONCERNS AND BREACHES**

- 25.1 Individuals wishing to report suspected or known breaches of this policy should inform the Conflicts of Interest Guardian. All such notifications will be held in the strictest confidence and the person notifying the Conflicts of Interest Guardian can expect a full explanation of any decisions taken as a result of any investigation. Please see appendix 8 and 9 for the procedure on reporting Conflicts of Interest Breaches.
- 25.2 Failure to comply with this policy on conflicts of interest management pursuant to the statutory guidance will have serious implications for the CCG and individual. It could lead to criminal proceedings including for offences such as fraud, bribery and corruptions. Please see separate policy.
- 25.3 Anonymised details of breaches will be published on the CCG's website for the purpose of learning and development

## **26. TRAINING**

- 26.1 To raise awareness of statutory guidance, NHS England has published a series of summary guides for the following groups:
- GPs in commissioning roles
  - Conflicts of Interest Guardians
  - CCG Governance leads
  - CCG Lay Members
  - CCG administration teams
  - Healthwatch representatives on Primary Care Commissioning Committees.
- 26.2 Staff are made aware of this policy and guidance through the following:
- All new staff are informed of the policy and are required to complete a Declarations of Interest template as part of their induction
  - There is a standing item on agendas for the Board and its sub committees on the need to declare potential conflicts of interest
  - There is annual signposting of the policy, with staff required to update their declarations of interest, or make a nil return where there are no interest or changes to declare.
- 26.3 There is a requirement for all staff, including practice staff with involvement in CCG business to complete mandatory annual conflicts of interest training (NHS England online training package), which will need to be completed by 31 January of each year.

## **27. EQUALITY, DIVERSITY AND MENTAL CAPACITY ACT RELATING TO THIS POLICY**

- 27.1 An equality impact assessment has been undertaken and is attached for this policy. No gaps or challenges have been identified in relation to the Equality, Diversity and Mental Capacity Act. Please see Appendix 10 for the full Equality Impact Assessment undertaken for this policy.

## **28. SUCCESS CRITERIA / MONITORING THE EFFECTIVENESS OF THIS POLICY**

- 28.1 To ensure compliance with this policy there will be an annual review of the groups registers of interests and of the committees including the Governing Body by the Governance Managers.
- 28.2 Audit and Risk Committee will also seek assurance that robust processes have been followed in deciding to commission a service, in selecting a procurement route and addressing potential conflicts of interest.
- 28.3 Should there be non-compliance of this policy, the Audit and Risk Committee will conduct an incident review and lessons learned
- 28.4 Relevant governance training to be attended to assist with compliance of this policy
- 28.5 An annual audit of conflicts of interest management will be undertaken and findings reported in the annual end of year governance statement

## **29. REFERENCES AND FURTHER INFORMATION**

- 29.1 This policy should be read in conjunction with the groups constitution, standing orders, reservation and scheme of delegation and financial policies.
- 29.2 This policy is an interpretation of guidance and is based on examples of good practice including:
  - The National Health Service Act 2006 & the Health and Social Care Act 2008
  - The Code of Conduct for NHS Managers
  - The Nolan Principles on Conduct in Public Life
  - The NHS Codes of Conduct and Accountability; (NHS Appointments Commission & Department of Health – amended July 2004)
  - The code of practice on openness in the NHS
  - Guidance published by the Department of Health and Social Care or NHS England.
  - Managing Conflicts of Interest: Revised Statutory Guidance – NHS England

**APPENDIX 1**

**Declaration of interests for CCG members and employees**

| <b>Name:</b>   |   |  |  |  |
|--|---|--|--|--|
| <b>Position within, or relationship with, the CCG (or NHS England in the event of joint committees):</b> |   |  |  |  |
| <b>Detail of interests held (complete all that are applicable):</b>                                      |   |  |  |  |
| <b>Type of Interest*</b><br><small>*See reverse of form for details</small>                              | <b>Description of Interest (including for indirect interests, details of the relationship with the person who has the interest)</b> | <b>Date interest relates From &amp; To</b> |  | <b>Actions to be taken to mitigate risk (to be agreed with line manager or a senior CCG manager)</b> |
|  |   |  |  |  |

*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, in the case of ‘decision making staff’ (as defined in the statutory guidance on managing conflicts of interest for CCGs) may be published in registers that the CCG holds.*

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.

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

**I have discussed the implications of my declarations with my manager**

**Signed:**

**Date:**

**I have discussed the implications of the declarations of interest for my staff member**

**Manager Sign Off:**

**Position:**

**Date:**

**For Local Authority staff, you will need to comply with both organisations policies regarding Conflicts of Interest and contracting rules**

| Type of Interest                            | Description   |
|---|---|
| <b>Financial Interests</b>                  | <p>This is where an individual may get direct financial benefits from the consequences of a commissioning decision. This could, for example, include being:</p> <ul style="list-style-type: none"> <li>• A director, including a non-executive director, or senior employee in a private company or public limited company or other organisation which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations. This includes involvement with a potential provider of a new care model;</li> <li>• 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;</li> <li>• A management consultant for a provider; or</li> <li>• A provider of clinical private practice.</li> </ul> <p>This could also include an individual being:</p> <ul style="list-style-type: none"> <li>• In employment outside of the CCG (see paragraph 79-81);</li> <li>• In receipt of secondary income;</li> <li>• In receipt of a grant from a provider;</li> <li>• In receipt of any payments (for example honoraria, one-off payments, day allowances or travel or subsistence) from a provider;</li> <li>• In receipt of research funding, including grants that may be received by the individual or any organisation in which they have an interest or role; and</li> <li>• Having a pension that is funded by a provider (where the value of this might be affected by the success or failure of the provider).</li> </ul> |
| <b>Non-Financial Professional Interests</b> | <p>This is where an individual may obtain a non-financial professional benefit from the consequences of a commissioning decision, such as increasing their professional reputation or status or promoting their professional career. This may, for example, include situations where the individual is:</p> <ul style="list-style-type: none"> <li>• An advocate for a particular group of patients;</li> <li>• A GP with special interests e.g., in dermatology, acupuncture etc.:</li> <li>• An active member of a particular specialist professional body (although routine GP membership of the Royal College of General Practitioners (RCGP), British Medical Association (BMA) or a medical defence organisation would not usually by itself amount to an interest which needed to be declared);</li> <li>• An advisor for the Care Quality Commission (CQC) or the National Institute for Health and Care Excellence (NICE);</li> <li>• Engaged in a research role;</li> <li>• The development and holding of patents and other intellectual property rights which allow staff to protect something that they create, preventing unauthorised use of products or the copying of protected ideas; or</li> <li>• GPs and practice managers, who are members of the governing body or committees of the CCG, should declare details of their roles and responsibilities held within their GP practices.</li> </ul>  |
| <b>Non-Financial Personal Interests</b>     | <p>This is where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit. This could include, for example, where the individual is:</p> <ul style="list-style-type: none"> <li>• A voluntary sector champion for a provider;</li> <li>• A volunteer for a provider;</li> <li>• A member of a voluntary sector board or has any other position of authority in or connection with a voluntary sector organisation;</li> <li>• Suffering from a particular condition requiring individually funded treatment;</li> <li>• A member of a lobby or pressure group with an interest in health and care.</li> </ul>   |
| <b>Indirect Interests</b>                   | <p>This is where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest in a commissioning decision (as those categories are described above) for example, a:</p> <ul style="list-style-type: none"> <li>• Spouse / partner;</li> <li>• Close family member or relative e.g., parent, grandparent, child, grandchild or sibling;</li> <li>• Close friend or associate; or</li> <li>• Business partner.</li> </ul>  |

## APPENDIX 2

### Declarations of interest checklist

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><b>In advance of the meeting</b></p> | <ol style="list-style-type: none"> <li><b>1. The agenda</b> to include a standing item on declaration of interests to enable individuals to raise any issues and/or make a declaration at the meeting.</li> <li><b>2. A definition of conflicts of interest</b> should also be accompanied with each agenda to provide clarity for all recipients.</li> <li><b>3. Agenda</b> to be circulated to enable attendees (including visitors) to identify any interests relating specifically to the agenda items being considered.</li> <li><b>4. Members should contact the Chair</b> as soon as an actual or potential conflict is identified.</li> <li><b>5. Chair to review a summary report from preceding meetings</b> i.e., sub-committee, working group, etc., detailing any conflicts of interest declared and how this was managed.</li> </ol> <p><b>A template for a summary report</b> to present discussions at preceding meetings is detailed below.</p> <ol style="list-style-type: none"> <li><b>6. A copy of the members' declared interests</b> is checked to establish any actual or potential conflicts of interest that may occur during the meeting.</li> </ol> | <p>Meeting Chair and secretariat</p> <p>Meeting Chair and secretariat</p> <p>Meeting Chair and secretariat</p> <p>Meeting members</p> <p>Meeting Chair</p> <p>Meeting Chair</p> |

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

## **APPENDIX 3**

### **Example for recording minutes**

#### **Declarations of interest**

SK reminded committee members of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of XXX clinical commissioning group.

Declarations 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 at the following link: <http://xxxccg.nhs.uk/about-xxx-ccg/who-we-are/our-governing-body/>

#### **Declarations of interest from sub committees.**

None declared

#### **Declarations of interest from today's meeting**

The following update was received at the meeting:

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

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

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

## APPENDIX 4

### 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?  |                   |
| 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?                              |                   |
| 10. Why have you chosen this procurement route e.g., single action tender? <sup>25</sup>  |                   |

<sup>25</sup>Taking into account all relevant regulations (e.g. the NHS (Procurement, patient choice and competition) (No 2) Regulations 2013 and guidance (e.g. that of Monitor).

|  |  |
|--|--|
| <p><b>11. What additional external involvement will there be in scrutinising the proposed decisions?</b></p>   |  |
| <p><b>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?</b></p>   |  |
| <p><b>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)</b></p> |  |
| <p><b>13. How have you determined a fair price for the service?</b></p>  |  |
| <p><b>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</b></p>           |  |
| <p><b>14. How will you ensure that patients are aware of the full range of qualified providers from whom they can choose?</b></p>  |  |
| <p><b>Additional questions for proposed direct awards to GP providers</b></p>  |  |
| <p><b>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?</b></p>  |  |
| <p><b>16. In what ways does the proposed service go above and beyond what GP practices should be expected to provide under the GP contract?</b></p>  |  |
| <p><b>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?</b></p>   |  |

## APPENDIX 5

### Template Declaration of conflict of interests for bidders/contractors

|   |                |
|---|----------------|
| <b>Name of Organisation:</b>  |                |
| <b>Details of interests held:</b>   |                |
| <b>Type of Interest</b>   | <b>Details</b> |
| 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' judgements, decisions or actions |                |

OFFICIAL

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

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

Signed:

On behalf of:

Date:

## APPENDIX 6

### Procurement decisions and contracts awarded

| Ref No | Contract/ Service title | Procurement description | Existing contract or new procurement (if existing include details) | Procurement type – CCG procurement, collaborative procurement with partners | CCG clinical lead (Name) | CCG contract manger (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 <insert name/contact details for team or individual in CCG nominated for procurement management and administrative processes>

**APPENDIX 4**

**Appendix 7  
Declaration of Gifts**



and Hospitality

**Hampshire, Southampton and Isle of Wight  
Clinical Commissioning Group**

| Recipient Name | Position | Date of Offer | Date of Receipt (if applicable) | Details of Gift / Hospitality | Estimated Value | Supplier / Offeror Name and Nature of Business | Details of Previous Offers or Acceptance by this Offeror/ Supplier | Details of the officer reviewing and approving the declaration made and date | Declined or Accepted ? | Reason for 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 be published on registers that the CCG holds. If consent is NOT given please give reasons:

**Signed (employee):**

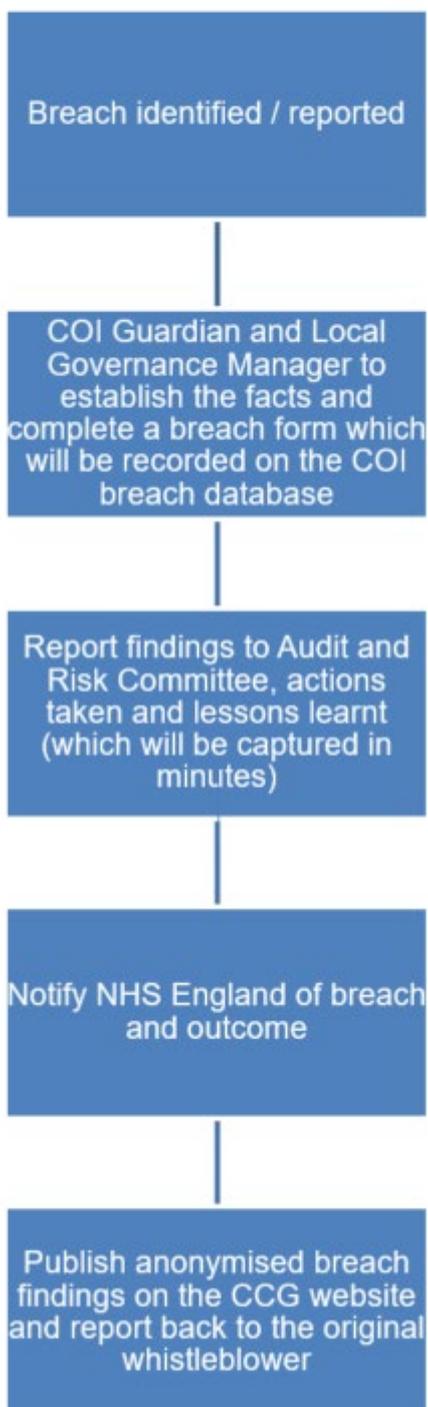
**Date:**

**Signed (senior manager):**

**Position:**

**Date:**

Flow chart for reporting Conflicts of Interest breaches **Vight**  
| Group





**PART 2 to be completed by Local Governance Manager / COI Guardian**

| <b>OUTCOME OF INCIDENT / NEXT STEPS</b>   |                             |    |
|---|-----------------------------|----|
| <b>Date of discussion:</b>  |                             |    |
| <i>Please detail the outcome of the discussion between the COI Guardian / Local Governance Manager including next steps, actions and lessons learnt</i> |                             |    |
|   |                             |    |
| <b>Please circle:</b>   |                             |    |
| <b>Confidential spreadsheet updated and unique identifier been provided (if appropriate)</b>  | Yes                         | No |
| <b>Does an appropriate person need to investigate?</b>  | Yes                         | No |
| <b>Please provide details on reasons why Yes/No</b>   |                             |    |
| <b>Does it need to be scored under the SIRI criteria?</b>   | Yes (and if so the outcome) | No |
| <b>Does it link to any Whistleblowing / HR Policies?</b>  | Yes                         | No |
| <b>Please provide details on reasons why Yes/No</b>   |                             |    |
| <b>Date that the breach report will be taken to Audit and Risk Committee</b>  |                             |    |
| <b>Do Communications need to be notified?</b>   | Yes                         | No |
| <b>Comments</b>   |                             |    |
| <b>Please provide date that NHS England were / will be notified</b>   |                             |    |
| <b>Please provide date the anonymised details have been / will be published on the CCGs website</b>   |                             |    |
| <b>Please provide the date the original whistleblower has / will be informed of the outcome</b>   |                             |    |

## APPENDIX 10

### EQUALITY IMPACT ASSESSMENT

#### Introduction

An Equality Impact Assessment (or EIA) is a tool to help you demonstrate that you have considered the needs of people and communities when devising a policy, planning a project or making a commissioning decision. The process also involves making sure that implementing the policy, project or proposal will not lead to discrimination and addresses health inequalities, both of which the CCG has a legal duty to do.

The idea is not to prove that there is no impact, but to identify where there are impacts and recommend ways of mitigating or reducing the impact on the affected groups. It is also an opportunity to demonstrate any positive impacts that your proposal may have.

#### Checklist

Before you complete the EIA you will need the following information:

- General details - title of project, responsible Director
- Purpose of the policy, project, proposal or decision
- The findings from any staff and/ or patient and public involvement undertaken as part of the project
- **Evidence about how people and communities will be affected by this policy, project or proposal. This information will help you consider both adverse and positive impacts on the following groups (known as protected characteristics):**

- ❖ Age
- ❖ Disability
- ❖ Gender reassignment
- ❖ Marriage and civil partnership
- ❖ Pregnancy and maternity
- ❖ Race
- ❖ Religion or belief
- ❖ Sex
- ❖ Sexual orientation

You may also need to consider the impact of other factors like poverty, whether people affected live in rural areas, and so on.

To complete the EIA and summarise your findings as an Equality Statement, you will work through the following questions:

- What are you proposing to do?
- Why are you doing it?
- Who is intended to benefit from this proposal?
- What evidence is available about the needs of the relevant equality groups?
- What equality issues or impacts have you identified?
- What do you propose to do to manage the impacts?
- What potential mitigating actions can you take?

## Equality Impact Assessment

|  |
|--|
| <b>Title of policy, project or proposal:</b> |
|--|

|  |
|--|
| Standards of Business Conduct & Managing Conflict of Interest Policy |
|--|

|   |
|---|
| <b>Name of lead manager: Head of Governance</b> |
|---|

|  |
|--|
| <b>Directorate:</b> Corporate/Governance |
|--|

|  |
|--|
| <b>What are the intended outcomes of this policy, project or proposal?</b> |
|--|

|  |
|--|
| The aim of this policy is to protect both the group and the individuals involved from any appearance of impropriety. |
|--|

|                 |
|-----------------|
| <b>Evidence</b> |
|-----------------|

|   |
|---|
| <b>Who will be affected by the policy, project or proposal?</b> |
|---|

|   |
|---|
| CCG staff (including Bank staff), patients and the public |
|---|

|            |
|------------|
| <b>Age</b> |
|------------|

|   |
|---|
| <i>Consider and detail (including the source of any evidence) the impact on people across the age ranges.</i> |
|---|

|   |
|---|
| The impact of this policy is equal for all individuals regardless of their age. |
|---|

|                   |
|-------------------|
| <b>Disability</b> |
|-------------------|

|  |
|--|
| <i>Consider and detail (including the source of any evidence) the impact on people with different kinds of disability (this might include attitudinal, physical and social barriers). Certain medical conditions are automatically classed as being a disability – for example, cancer, HIV infection, multiple sclerosis.</i> |
|--|

|  |
|--|
| The impact of this policy is equal for all individuals regardless of whether they have a disability or not. For more information on the impact please refer to the sections 'Positive impacts' and 'Negative impacts' below. |
|--|

|                 |
|-----------------|
| <b>Dementia</b> |
|-----------------|

|   |
|---|
| <i>Given the CCGs commitment to commissioning 'Dementia Friendly' services, consider and detail any impact on people with dementia.</i> |
|---|

|   |
|---|
| There will be no impact on people depending on whether they suffer from dementia or not. The impact of this policy is equal for all individuals. For more information on the impact please refer to the sections 'Positive impacts' and 'Negative impacts' below. |
|---|

|  |
|--|
| <b>Gender reassignment (including transgender)</b> |
|--|

|   |
|---|
| <i>Consider and detail (including the source of any evidence) the impact on transgender people. Issues to consider may include same sex/ mixed sex accommodation, ensuring privacy of personal information, attitude of staff and other patients.</i> |
|---|

There will be no impact on people depending on gender reassignment. The impact of this policy is equal for all individuals.

### **Marriage and civil partnership**

*Note: This protected characteristic is only relevant to the need to eliminate discrimination within employment. Where relevant, consider and detail (including the source of any evidence) the impact on people who are married or in a civil partnership (for example, working arrangements, part-time working, infant caring responsibilities).*

There will be no impact on individuals depending on marriage and civil partnership status.

### **Pregnancy and maternity**

*Consider and detail (including the source of any evidence) the impact on women during pregnancy and for up to 26 weeks after giving birth, including as a result of breastfeeding.*

There will be no impact on individuals depending on whether they are pregnant and on maternity. The impact of this policy is equal for all individuals.

### **Race**

*Consider and detail (including the source of any evidence) the impact on groups of people defined by their colour, nationality (including citizenship), ethnic or national origins. Given the demography of west Hampshire this will include Roma gypsies, travellers, people from Eastern Europe, Nepalese and other South East Asian communities. Impact may relate to language barriers, different cultural practices and individual's experience of health systems in other countries.*

There will be no impact on individuals depending on their race. The impact of this policy is equal for all individuals.

### **Religion or belief**

*Consider and detail (including the source of any evidence) the impact on people with different religions, beliefs or no belief. May be particularly relevant when service involves intimate physical examination, belief prohibited medical procedures, dietary requirements and fasting, and practices around birth and death.*

There will be no impact on individuals depending on their religion or beliefs. The impact of this policy is equal for all individuals.

### **Sex (gender)**

*Consider and detail (including the source of any evidence) the impact on men and women (this may include different patterns of disease for each gender, different access rates).*

There will be no impact on individuals depending on their gender. The impact of this policy is equal for all individuals.

### **Sexual orientation**

*Consider and detail (including the source of any evidence) the impact on people who are attracted towards their own sex, the opposite sex or to both sexes (lesbian, gay, heterosexual and bisexual people).*

There will be no impact on individuals depending on their sexual orientation. The impact of this policy is equal for all individuals.

### **Carers**

*Consider and detail (including the source of any evidence) the impact on people with caring responsibilities. This must include people who care for disabled relatives or friends (as they are protected by discrimination by association law), but you should also consider parent/ guardian(s) of children under 18 years. Carers are more likely to have health problems related to stress and muscular-skeletal issues, they may have to work part-time or certain shift-patterns, or face barriers to accessing services.*

The impact of this policy is equal for all individuals regardless of whether they are a carers or not. For more information on the impact please refer to the sections 'Positive impacts' and 'Negative impacts' below.

### **Serving Armed Forces personnel, their families and veterans**

*The needs of these groups should be considered specifically. The CCG has a responsibility to commission all secondary and community services required by Armed Forces' families where registered with NHS GP Practices, and services for veterans and reservists when not mobilised (this includes bespoke services for veterans, such as mental health services).*

The impact of this policy is equal for all individuals. For more information on the impact please refer to the sections 'Positive impacts' and 'Negative impacts' below.

### **Other identified groups**

*Consider and detail (including the source of any evidence) the impact on any other identified groups. E.g.*

- Poverty
- Resident status (migrants and asylum seekers).
- Low income
- Areas of deprivation

The impact of this policy is equal for all individuals. For more information on the impact please refer to the sections 'Positive impacts' and 'Negative impacts' below.

### **Involvement and consultation**

*For each engagement activity, briefly outline who was involved, how and when they were engaged, and the key outputs*

**How have you involved stakeholders with an interest in protected characteristics in gathering evidence or testing the evidence available?**

N/A

**How have you involved/ will you involve stakeholders in testing the policy, project or proposals?**

N/A

**Equality statement**

*Considering the evidence and engagement activity you listed above, please summarise the findings of the impact of your policy, project or proposal. Consider whether the evidence shows potential for differential impact, if so state whether adverse or positive and for which groups.*

The policy will have an equal impact on all individuals.

**Positive impacts**

*Where there is evidence, provide a summary of the positive impact the policy, project or proposal will have for each protected characteristic, and any other relevant group or policy consideration. This should include outlining how equal opportunities will be advanced and good relations fostered between different groups.*

Adhering to this policy can only result in a positive impact to stakeholders. This is because the aim of the policy is to establish clear procedures in the event of impropriety, which will protect all parties involved.

**Negative impacts**

*Where there is evidence, provide a summary for each protected characteristic and any other relevant group or policy consideration. If the evidence shows that the policy, project or proposal will or may result in discrimination, harassment or victimisation this **must be** outlined.*

This policy will have no negative impact on any individual depending on their background.

**Health inequalities**

*Please outline any health inequalities highlighted by the evidence (for example, differential access to services or worse health outcomes for particular groups or localities).*

There are no health inequalities associated with this policy.

**APPENDIX 4**



**Hampshire, Southampton and Isle of Wight**  
**Clinical Commissioning Group**

**Action planning for improvement, and to address health inequalities and discrimination**  
 Please give an outline of the key actions based on any gaps, challenges and opportunities you have identified. Include here any general action to address specific equality issues and data gaps that need to be addressed through consultation or further research.

| Action | Person responsible | By date | Progress/ review<br>(Add new actions if required) |
|--------|--------------------|---------|---|
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| <p><b>For your records</b></p> <p><b>Name(s) of person who carried out this assessment:</b></p> |
| <p><b>Date assessment completed:</b></p>  |
| <p><b>Date to review actions:</b></p>   |
| <p><b>Name of responsible Director:</b></p>   |
| <p><b>Date assessment was approved:</b></p>   |