

Standards of Business Conduct and Conflicts of Interest Policy

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1 Statement of Intent

Compliance with the national Code of Conduct and Code of Accountability in the NHS (revised 2004) is integral to the work of NHS Great Yarmouth and Waveney Clinical Commissioning Group (CCG). These Codes form the core framework for the conduct of business in our organisation and apply to all Members of the Council, the Governing Body, its committees and employees of the CCG (for the avoidance of doubt 'Members' of the CCG includes each provider of primary medical services which is a member of the CCG under Section 14O (1) of the 2006 Act).

In response to NHS England recommendations, the adoption of these Codes by Practice Representatives of the Council of Members, members of the Governing Body, its committees and employees will be affirmed formally on an annual basis on behalf of the CCG by the Governing Body.

That there are 4 main codes of conduct and good governance that apply to NHS organisations. These documents are:

1. Code of conduct and accountability (revised 2004)
2. [Standards for members of NHS boards and CCG Governing Bodies in England \(2013\)](#)
3. [Code of conduct for NHS managers \(2002\)](#)
4. [Standards of business conduct for NHS staff \(1993\) \(Amended, in part, by the Bribery Act 2010\)](#)

And any future iterations of the above codes

This policy should be considered alongside these other organisational policies and National Guidance:

- [The Nolan Principles](#)
- [Freedom to Speak up \(Whistleblowing\) Policy](#)
- Anti-Fraud, Bribery and Corruption Policy;
- Complaints and Concerns Management Policy;
- HR Policy Manual

2 Code of Conduct

Public service values must be at the heart of the National Health Service and high standards of corporate and personal conduct, based upon the recognition that patients come first, have been a requirement throughout the NHS since its inception.

There are three crucial public service values that underpin the work of the health service:

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

2.1 General Principles

Public service values matter in the NHS and those who work in it have a duty to conduct NHS business with probity. They have a responsibility to respond to staff, patients and suppliers impartially, to achieve value for money from the public funds with which they are entrusted and to demonstrate high ethical standards of personal conduct.

The success of the Code depends on vigorous and visible example from Council and Governing Body members, and the consequent influence on the behaviour of all those who work within the organisation. Council and Governing Body members have a clear

responsibility for corporate standards of conduct, and acceptance of the Code informs and governs decisions and conduct.

2.2 Openness and Public Responsibilities

NHS Great Yarmouth and Waveney CCG understands the requirement to consult upon major changes before decisions are reached and will be open with the public, patients and staff. Information supporting decisions will be made available in a way that is understandable and responses to requests for information in accordance with the Freedom of Information Act 2000 will be provided in this spirit.

Our business will be conducted in a way that is socially responsible, forging an open and positive relationship with the local community and in consideration of the impact of the organisation's activities on the environment.

The confidentiality of personal and individual patient information must be respected at all times.

3 Code of Accountability

This code of practice is the basis upon which NHS organisations seek to fulfil the duties and responsibilities conferred upon them by the Secretary of State for Health.

NHS Great Yarmouth and Waveney CCG will co-operate fully with the Department of Health, the Audit Commission and the Care Quality Commission when required to account for the use it has made of public funds, the delivery of patient care and compliance with the statutes, directions, guidance and policies of the Secretary of State. The Public Accounts and Public Administration Select Committees scrutinise the work of the health service.

In addition the CCG will be accountable to NHS England (NHSE) for how we fulfil our statutory duties. The CCG will also account to our local community for how we commission high quality care, the Norfolk and Suffolk Health and Well-being Board for how we deliver the

joint health and well-being strategy and Norfolk and Suffolk County Councils in their overview and scrutiny role for the services we commission.

3.1 NHS Great Yarmouth and Waveney CCG

The role of the CCG, through the Council of Members, is to:

- be collectively responsible for adding value to the organisation; for promoting the success of the organisation by directing the organisation's affairs;
- provide active leadership of the organisation within a framework of prudent and effective controls which enable risk to be assessed and managed;
- set the organisation's strategic aims, ensuring that the necessary financial and human resources are in place for the organisation to meet its objectives, and review management performance; and to
- Set the organisation's values and standards, ensuring that its obligations to patients, the local community and the Secretary of State are understood and met.

3.2 The Governing Body

NHS Great Yarmouth and Waveney CCG's Governing Body comprises:

- elected members derived from the Council of Members;
- elected practice managers;
- a registered nurse;
- a secondary care specialist doctor;
- medical director from an Acute Hospital
- chair local patient group
- Accountable Officer and Chief Financial Officer; and
- Lay members.

Members of the Governing Body share corporate responsibility for all decisions made, with a clear division of responsibility between the Chair and the Accountable Officer.

The Accountable Officer is directly accountable to the Governing Body for meeting the CCG's objectives and to the Chief Executive of NHS England (NHSE) for the performance of the organisation. The Chair and lay members are responsible for monitoring the executive management of the organisation and are responsible to NHSE for the discharge of these responsibilities.

3.3 Reporting and Controls

The Code requires that a balanced and readily-understood assessment of the CCG's performance be presented to the NHSE, the Audit Commission and the local community by means of timely publication of the Annual Report and Annual Accounts. The detailed financial guidance issued by the NHSE in this regard, including the role of internal and external auditors, must be scrupulously observed.

3.4 Probity

The CCG considers integrity and honesty as key public service values. These are central to the operations of the CCG and those that work within it. It is recognised that the CCG should not only act with probity in all its processes but also be perceived to have acted in this way. Accordingly the CCG has adopted a stringent conflict of interest policy as set out in sections 8.1 to 8.6 in the CCG's Constitution.

3.5 Openness

The CCG will promote transparency at all times by:

- Ensuring early engagement on proposed commissioning plans with patients and the public, Norfolk and Suffolk Health and Well-being Board, current and potential providers and clinical networks;
- Setting out clearly in the Constitution the way in which decisions will be made;
- Holding Governing Body meetings in public (except where this would not be in the public interest) and also holding a public meeting to present the Annual Report and considering whether they wish to hold any other meetings in public;
- Publishing details of contracts held;

- Publishing information about remuneration for senior staff;
- Have a Register of Interests for Governing Body members, employees, committee members and Members of the CCG and any individual directly involved with the business or decision making of the CCG;
- Having systems to declare interests.

This will enable patients to see what services are being commissioned and how the quality of these services is being constantly improved as well as how public money is being spent. The CCG also has a communications and engagement strategy which further sets out how it will communicate with Members of the CCG, providers, and patients, the public and other stakeholders.

In addition the CCG understands the requirement to consult upon major changes before decisions are reached and will be open with the public, patients and staff. Information supporting decisions will be made available in a way that is understandable and responses to requests for information in accordance with the Freedom of Information Act 2000 will be provided in this spirit.

Our business will be conducted in a way that is socially responsible, forging an open and positive relationship with the local community and in consideration of the impact of the organisation's activities on the environment.

4 Code of Conduct for NHS Managers

This Code, in addition to those already described, forms a key part of the contract held by Very Senior Managers – those executive members of the Governing Body. Very Senior Managers undertake to:

- 'make the care and safety of patients my first concern and act to protect them from risk;
- respect the public, patients, relatives, carers, NHS staff, and partners in other agencies;

- be honest and act with integrity;
- accept responsibility for my own work and the proper performance of the people I manage;
- show my commitment to working as a team member by working with all my colleagues in the NHS and the wider community; and
- Take responsibility for my own learning and development’.

5 Standards of Business Conduct for NHS Staff, HSG (93) 5- Amended, in part, by the Bribery Act 2010

All NHS Staff are expected to:

- ensure that the interests of patients remain paramount at all times;
- be impartial and honest in the conduct of their official business;
- Use the public funds entrusted to them to the best advantage of the service, always ensuring value for money.

It is the responsibility of staff to ensure that they do not:

- abuse their official position for personal gain or to benefit their family or friends (including but not limited recruitment of family or friends);
- Seek advantage or further private business or other interests, in the course of their official duties.

5.1. Registration of Interests

It is the responsibility of all staff to ensure that they register their interests and declare all nil, real or perceived conflicts of interests as a matter of course and on an ongoing basis. Staff should ensure that the register of interests is updated as soon as an interest or conflict is known to them. Failing to disclose full, accurate and timely declarations then civil, criminal, or internal disciplinary action may result.

In addition, an annual audit of a

- That they do not seek advantage of a non-pecuniary personal benefit where an individual may enjoy a qualitative benefit from the consequence of a

commissioning decision which cannot be given a monetary value (e.g. a reconfiguration of hospital services which might result in the closure of a busy clinic next to an individual's house).

- An interest should remain on the public register for a minimum of 6 months.

6 The Nolan Principles

The Code of Conduct and Code of Accountability in the NHS reflect the Committee for Standards in Public Life's Seven Principles of Public Life – also known as the Nolan Principles¹ (set out below). The Nolan Principles of business conduct have been adopted by NHS Great Yarmouth and Waveney CCG and apply to all personnel.

Selflessness

Holders of public office should act solely in terms of the public interest.

Integrity

Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.

Objectivity

Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.

Accountability

Holders of public office are accountable to the public for their decisions and actions and must admit themselves to the scrutiny necessary to ensure this.

Openness

Holders of public office should act and take decisions in an open and transparent manner.

¹ The Nolan Principles: <https://www.gov.uk/government/publications/the-7-principles-of-public-life/the-7-principles-of-public-life--2>

Information should not be withheld from the public unless there are clear and lawful reasons for so doing.

Honesty

Holders of public office should be truthful.

Leadership

Holders of public office should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs.

7 Standards for NHS Boards and Clinical Commissioning Group Governing Body Members

All members of NHS boards and CCG Governing Bodies must understand and be committed to the practice of good governance and to the legal and regulatory frameworks in which they operate. As individuals they must understand both the extent and limitations of their personal responsibilities.

Members must commit to promoting:

- the values of the NHS Constitution;
- equality; and
- human rights

In the treatment of patients and service users, their families and carers, the community, colleagues and staff, and in the design and delivery of services for which they are responsible.

They must seek:

- excellence in clinical care, patient safety, patient experience, and the accessibility of services;
- to make sound decisions individually and collectively;
- long-term financial stability and the best value for the benefit of patients, service users and the community;

- to ensure their organisation is fit to serve its patients and service users, and the community;
- to be fair, transparent, measured, and thorough in decision-making and in the management of public money; and
- To be ready to be held publicly to account for their organisation's decisions and for its use of public money.

8 Managing Conflicts of Interest: General

To ensure the integrity and probity of decision-making, members of the CCG's Council, Governing Body, associated committees and sub-committees, and all staff will act impartially and will not be influenced by social or business relationships; no-one will use their public position to further their private interests. Where there is potential for private interests to be material and relevant to NHS business, these will be declared, recorded in the relevant minutes, and entered into the Register of Interests. The Register of Interests is published on the CCG's website and available for public inspection from the Chief Finance Officer

Members of the CCG's Council, Governing Body, associated committees and sub-committees, and all staff will declare, and keep up to date, details of any personal or business interests, which may influence, or may be *perceived* to influence, their judgement. This will include, as a minimum, personal direct and indirect financial interests and will also include such interests of close family members and/or associates.

Members of the CCG, members of the Governing Body and its committees and staff will declare, and keep up to date, details of any personal or business interests, which may influence, or may be *perceived* to influence, their judgement. As a minimum the Register of Interests will be reviewed on an annual basis.

A 'conflict of interest' is:

- "A set of circumstances by which a reasonable person would consider that an individual's ability to apply judgement or act, in the context of delivering,

commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold.”

A conflict of interest may be:

- Actual – there is a material conflict between one or more interests
- Potential – there is the possibility of a material conflict between one or more interests in the future

8.1 Interests can be captured in four different categories:

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

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

This could also include an individual being:

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

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

- An advocate for a particular group of patients;
- A GP with special interests e.g., in dermatology, acupuncture etc.
- 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);
- An advisor for the Care Quality Commission (CQC) or the National Institute for Health and Care Excellence (NICE);
- Engaged in a research role;
- 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
- 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.

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

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

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, a:

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

A declaration of interest for a “business partner” in a GP partnership should include all relevant collective interests 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 interests will depend upon the nature of the relationship between that person and the individual, and the role of the individual within the CCG.

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

8.2 Arrangements for Managing Conflicts

The Governing Body will ensure for every interest declared arrangements are in place to manage the conflict. The Governing Body can take advice on this role from the Chief Finance Officer. Where a conflict of interest is seen to exist there are a number of ways in which the conflict may be managed depending on the magnitude of its impact. These actions include but are not limited to the Governing Body confirming to the individual in writing:

- permission to participate and contribute to a discussion but not allowed to count towards the quorum for any decision or vote;

- permission to observe the discussion, but prohibited from participating in the discussion and not allowed to count towards the quorum for any decision or vote;
- Permission to receive relevant meeting papers, but be excluded from the meeting for the relevant item. The individual(s) may be called back to the meeting following conclusion of all discussion in relation to that item. However should the same item be raised in later discussions they should be excluded again;
- Prohibiting access to papers relating to the relevant item and exclusion from the meeting for the relevant item, in accordance with 10.1.3 above.

Where no arrangements have been confirmed the Chair of the meeting may require the individual to withdraw from the meeting or part of it. The individual will comply with these arrangements which must be recorded in the minutes of the meeting.

8.3 Managing Meetings

Before attending any meeting, members of the CCG's Council, Governing Body, associated committees and sub-committees, and all staff will consider whether they have a conflict of interest pertaining to the meeting's agenda; they will declare such interests as soon as they are recognised and have an on-going duty to consider whether a conflict of interest exists. Declarations, including 'nil' responses, will be recorded in the minutes of meetings.

If the conflict has been declared previously and a plan for management has been put in place by the Governing Body in accordance with section 8.2 above, this should be followed. If this is a new conflict of interest, this must be discussed with the Chair of the meeting who will determine if it represents a material conflict.

Where a conflict is of such magnitude or will persist for such a significant period of time that in the view of the Chair in consultation with the Accountable Officer that it will materially impact on the ability of the affected member to carry out his duties effectively, then the affected member can be asked to either stand down from the Governing Body or other committee or to make arrangements to end the conflict of interest for example by resigning from another post.

8.4 Failure to comply with Conflicts of Interest requirements

If an individual fails to comply with this policy and as set out in section 8 of the CCG Constitution, the individual will be subject to the CCG Disciplinary Policy. The matter, if considered appropriate, may also be referred to the Counter Fraud Specialist, for investigation, and may lead to criminal proceedings being commenced.

8.5 Appointment of the Governing Body

As set out in Section 2 of Standing Orders to the CCG's Constitution and in accordance with government guidance on the issue, the CCG has agreed the principle that no individual member of the Governing Body should serve in an executive capacity in any provider organisation that provides or may wish to provide health related services within the scope of clinical commissioning. This does not include GMS or PMS organisations which are commissioned by the NHSE. This is to avoid potential substantial conflicts on the Governing Body which could risk making it unworkable.

8.6 Failure to Disclose / Declare

NHS Great Yarmouth and Waveney CCG is committed to the national Code of Conduct and Code of Accountability in the NHS (revised 2004) and as such takes the failure to disclose such information as required by this policy seriously. It is an offence under the Fraud Act 2006, for personnel to fail to disclose information to NHS Great Yarmouth and Waveney CCG in order to make a gain for themselves or another or to cause a loss or expose the organisation to a loss. Therefore, where personnel have failed to disclose relevant and material information, the policy on fraud, financial irregularities and corruption should be consulted and an appropriate referral made.

The CCG has commissioned a counter fraud service to be provided by an accredited Counter Fraud Specialist (CFS) who has been trained to conduct their work in a professional, confidential and ethical manner.

The CCG's CFS is Lisa George

Telephone: 0845 300 3333, Mobile: 07825 827024

lisa.george@tiaa.co.uk or lisa.george4@nhs.net

All allegations or suspicions of financial irregularity should immediately be brought to the attention of the CFS identified above or the Chief Finance Officer:

Chris Armitt

Telephone: 01502 719 585, Mobile 07855 508 951

chris.armitt@nhs.net

8.7 Managing Conflicts of Interest: Commissioning Services from GP Practices

It is an essential feature of reforms that CCGs should be able to commission a range of community-based services, including primary care services, to improve quality and outcomes for patients. Where the provider for these services might be a GP practice, NHS Great Yarmouth and Waveney CCG will demonstrate that those services:

- clearly meet local health needs and have been planned appropriately;
- go beyond the scope of the GP contract; and that
- The appropriate procurement approach is used.

NHS Great Yarmouth and Waveney CCG has adopted the specific, additional safeguards set out in the NHS Commissioning Board Authority's Code of Conduct in this regard, updated December 2014, which are designed to:

- maintain confidence and trust between patients and GPs;
- enable CCGs and member practices to demonstrate that they are acting fairly and transparently - that members will always put their duty to patients before any personal financial interest; and
- Ensure CCGs operate within the legal framework and do not engage in anti-competitive behaviour.

8.8 Providing Assurance: Transparent Commissioning

The template attached at Appendix 1 sets out the factors that will provide assurance that services have been commissioned in a consistent and transparent way; that they meet local needs and priorities; and that a robust process has been followed.

NHS Great Yarmouth and Waveney CCG will use the template routinely as part of the planning process and will make completed templates publicly available. A Register of Procurement Decisions will be published on the CCG's website and be available for public inspection from the Chief Finance Officer. It will comprise information concerning:

- the details of all contracts, once agreed, including their value;
- who was involved in making the decision (Governing Body or Committee members and others with decision-making responsibility); and
- A summary of any conflicts of interest in relation to the decision and how these were managed by the CCG.

Where services are commissioned through AQP, information will also be made publicly available about those providers who qualify to provide such services.

9. Procurement and Register of procurement decisions

Any CCG staff involved in procurement, their family, or someone known to them stands to benefit personally from awarding the contract, they should declare this immediately. This will include all new staff within the recruitment process to ensure they declare any interests in the Initial terms and conditions letter.

All staff must declare and record on the Register of Staff Interests any monetary interest (or other relevant personal or professional material benefit) which may influence, (or may be construed by others) to influence their impartiality in the procurement decision making process. Relevant and material interests are defined by the Policy as;

- Directorships, including non-executive directorships held in private companies or PLC's (with the exception of those of dormant companies);
- Ownership, part-ownership or directorship of private companies, businesses or consultancies likely or possible seeking to do business with the NHS;
- Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS;
- A position of authority in a charity or voluntary organisation in the field of health and social care;
- Any connection with a voluntary or other organisation for NHS services or commissioning NHS services;
- To the extent not covered above, any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the CCG, including but not limited to lenders or banks.

If staff have any doubt about the relevance or materiality of an interest, this should be discussed with the Chief Finance Officer. In any instance where staff wilfully chooses not to inform the Chief Finance Officer and is later found to have benefitted personally from the award of a contract the Chief Finance Officer will seek to follow the CCG disciplinary procedure and the matter may also be referred to the Counter Fraud Specialist for investigation.

The CCG will maintain a register of procurement decisions taken, including the details of the decision; who was involved in making the decision (e.g. governing body or committee members and others with decision-making responsibility); and a summary of any conflicts of interest in relation to the decision and how this was managed by the CCG. The register will form part of the CCG's annual accounts and will be signed off by external auditors.

The CCG recognises the importance of managing any conflicts or potential conflicts of Interest that may arise in relation to procurement. The Procurement, Patient Choice and Competition Regulations 2013 place requirements on commissioners to ensure that they adhere to good practice in relation to procurement, do not engage in anti-competitive

behaviour that is against the interest of patients, and protect the right of patients to make choices about their healthcare. The regulations set out that commissioners' must manage conflicts and potential conflicts of interests when awarding a contract by prohibiting the award of a contract where the integrity of the award has been, or appears to have been, affected by a conflict; and keep appropriate records of how they have managed any conflicts in individual cases.

10 Bribery Act 2010

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

It is an offence under the Bribery Act 2010 for a member of staff to accept corruptly any gift or consideration as an inducement or reward for doing, or refraining from doing, anything in an official capacity or showing favour or disfavour to any person to gain a personal, commercial, regulatory or contractual advantage.

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

The CCG has a responsibility to ensure that all staff, Council of Members, Governing Body and any committee members are made aware of their duties and responsibilities under the Bribery Act 2010. Under this act there are four offences:

- Bribing or offering to bribe another person (section1)
- Requesting, agreeing to receive, or accepting a bribe (section 2)

- Bribing, or offering to bribe a foreign public official (section 6)
- Failing to prevent bribery (section 7)

All the CCG's staff, Council of Members, Governing Body members and any committee members should be aware of the Bribery Act 2010 and should refer to the sections below on acceptance of gifts and hospitality for further guidance.

11 Gifts and Hospitality

11.1 Acceptance of Gifts

Under the Bribery Act 2010, it is an offence for personnel corruptly to accept any gifts or consideration as an inducement or reward for:

- doing, or refraining from doing, anything in their official capacity; or
- Showing favour or disfavour to any person in their official capacity.

Under the Bribery Act 2010, any money, gift, or consideration received by a person engaged in public service from a person or organisation holding or seeking to obtain a contract will be deemed by the courts to have been received corruptly unless the employee proves the contrary.

In cases of doubt personnel should decline the gift or hospitality or consult with Chief Finance Officer prior to accepting.

11.2 Overarching principles

- Gifts should not be accepted that may affect, or be seen to affect, their professional judgement. This overarching principle should apply in all circumstances;
- Any personal gift of cash or cash equivalents (e.g. vouchers, tokens, offers of remuneration to attend meetings whilst in a capacity working for or representing

the CCG) must always be declined, whatever their value and whatever their source, and the offer which has been declined must be declared to the Chief Finance Officer and recorded on the register within 28 days.

11.3 Gifts from suppliers or contractors

- Gifts from suppliers or contractors doing business (or likely to do business) with the CCG should be declined, whatever their value (subject to this, low cost branded promotional aids may be accepted and not declared where they are under the value of a common industry standard of £6²).
- The person to whom the gifts were offered should also declare the offer to the Chief Finance Officer so the offer which has been declined can be recorded on the register within 28 days.

11.4 Gifts from other sources (e.g. patients, families, service users)

- CCG staff, Governing Body and committee members and individuals within GP member practices should not ask for any gifts.
- Modest gifts under a value of £50 may be accepted and do not need to be declared.
- Gifts valued at over £50 should be treated with caution and only be accepted by the Chief Finance Officer on behalf of the CCG and not in any personal capacity. These should be declared.
- A common sense approach should be applied to valuing of gifts (using an actual amount, if known, or an estimate that a reasonable person would make as to its value). If unsure a second opinion should be obtained at all times.
- 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.

² The ABPI Code of Practice for the Pharmaceutical Industry.
<http://www.pmcpa.org.uk/thecode/Pages/default.aspx>.

12. Acceptance of Hospitality

Delivery of services across the NHS relies on working with a wide range of partners (including industry and academia) in different places and, sometimes, outside of 'traditional' working hours. As a result, CCG staff will sometimes appropriately receive hospitality. Staff receiving hospitality should always be prepared to justify why it has been accepted, and be mindful that even hospitality of a small value may give rise to perceptions of impropriety and might influence behaviour.

Hospitality means offers of meals, refreshments, travel, accommodation, and other expenses in relation to attendance at meetings, conferences, education and training events etc.

12.1 Overarching principles

- CCG staff, Governing Body or committee members, and Members of the CCG should not ask for or accept hospitality that may affect, or be seen to affect, their professional judgement.
- Hospitality must only be accepted when there is a legitimate business reason and it is proportionate to the nature and purpose of the event.
- Particular caution should be exercised when hospitality is offered by actual or potential suppliers or contractors, these can be accepted if modest and reasonable, but individuals should always obtain senior approval and declare these.

12.2 Meals and Refreshments

- Under a value of £25 may be accepted and need not be declared.
- Of a value between £25 and £75³ may be accepted and must be declared.
- Over a value of £75 should be refused unless (in exceptional circumstances) senior approval is given in writing by the Chief Finance Officer. A clear reason

³ The ABPI Code of Practice for the Pharmaceutical Industry:
<http://www.pmcpa.org.uk/thecode/Pages/default.aspx>

should be recorded on an organisation's register(s) of interest as to why it was permissible to accept.

- A common sense approach should be applied to the valuing of meals and refreshments (using an actual amount, if known, or an estimate that a reasonable person would make as to its value).

12.3 Travel and Accommodation

- Modest offers to pay some or all of the travel and accommodation costs related to attendance at events may be accepted and must be declared.
- Offers which go beyond modest, or are of a type that the CCG itself might not usually offer, need approval by the Chief Finance Officer in writing and, should only be accepted in exceptional circumstances, and must be declared. A clear reason should be recorded the register(s) of interest as to why it was permissible to accept travel and accommodation of this type.
- A non-exhaustive list of examples includes:
 - Offers of business class or first class travel and accommodation (including domestic travel); and
 - Offers of foreign travel and accommodation.

12.4 Failure to Disclose

Failure to disclose gifts or hospitality in line with the procedures set out above could lead to criminal, civil or disciplinary sanctions being applied as described in paragraph 7. Such failure to disclose could be passed to our Counter Fraud Specialist to investigate.

13 Commercial Sponsorship

Sponsorship of NHS events by external parties is valued. Offers to meet some or part of the 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 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.

When sponsorships are offered, the following principles must be adhered to:

- Sponsorship of CCG 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 CCG and the NHS.
- During dealings with sponsors there must be no breach of patient or individual confidentiality or data protection rules and legislation.
- No information should be supplied to the sponsor from which they could gain a commercial advantage, and information which is not in the public domain should not normally be supplied.
- At the CCG's discretion, sponsors or their representatives may attend or take part in the event but they should not have a dominant influence over the content or the main purpose of the event.
- The involvement of a sponsor in an event should always be clearly identified in the interest of transparency.
- The CCG should make it clear that sponsorship does not equate to endorsement of a company or its products and this should be made visibly clear on any promotional or other materials relating to the event.
- Staff should declare involvement with arranging sponsored events to their CCG.

Offers of sponsorship may be accepted only if:

- They are reasonably justifiable and in accordance with the principles set out in this policy.
- Permission must be obtained from the Chief Finance Officer in writing, in advance using the form attached at Appendix 2 and will be recorded in the Gifts & Hospitality Register. The Chief Finance Officer should obtain permission from the Chief Officer.

Acceptance of corporate sponsorship should not in any way compromise commissioning or procurement decisions of the CCG, or be dependent upon the purchase or supply of goods or services.

All offers of commercial sponsorship whether accepted or declined must be declared and included in the CCG's Register of Interests.

For the avoidance of doubt the CCG will adhere to the principles set out in the Managing Public Money document issued by HM Treasury dated July 2013 or any future iterations of the document.

13 .1 Other forms of sponsorship

Organisations external to the CCG or NHS may also sponsor posts or research. However, there is 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, or if sponsored posts cause a conflict of interest between the aims of the sponsor and the aims of the organisation, particularly in relation to procurement and competition. There needs to be transparency and any conflicts of interest should be well managed. For further information see Managing Conflicts of Interest in the NHS: Guidance for staff and organisations.

14 Suppliers and Contractors

All CCG staff who are in contact with suppliers and contractors (including external consultants), and in particular those who are authorised to sign purchase orders or enter into contracts for goods and services are expected to adhere to professional standards in line with those set out in the Code of Ethics of the Chartered Institute of Purchasing and Supply⁴.

⁴ Code of Ethics of the Chartered Institute of Purchase and Supply available at <https://www.cips.org/CIPS-for-Business/supply-assurance/Corporate-Ethical-Procurement-and-Supply/Corporate-Code-of-Ethics/>

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

The CCG staff involved in the awarding of contracts and tender processes must take no part in the selection process if a personal interest or conflict of interest is known. Should such an interest become apparent, it must be declared using the Declaration of Interest Format Appendix 4, as soon as possible. CCG staff should not at any time give undue advantage to any private businesses or other interests in the course of their duties.

The CCG has legal duties under the both European and UK procurement law and CCG staff must comply with the CCG's Procurement Strategy, Prime Financial Policies, and any relevant detailed financial policy in all contract opportunities.

CCG staff must not seek, or accept, preferential rates or benefits in kind for private transactions carried out with companies they have official dealings with on behalf of the CCG. This does not apply to member benefit scheme schemes offered by the NHS or Trade Unions.

Every invitation to tender to a prospective bidder for CCG business must require each bidder to give a written undertaking, not to engage in collusive tendering or other restrictive practice and not to engage in canvassing the CCG, its employees or officers concerning the contract opportunity tendered.

15 Reporting

The CCG staff who wish to report suspected or known breaches of this policy should inform the “Designated Whistleblowing Officer” who can act impartially and act in the strictest confidence. Please refer to the CCG Whistleblowing Policy for further information.

16 Secondary Employment

Employees, committee members, contractors and others engaged under contract with the CCG are required to obtain prior permission to engage in any employment or consultancy work in addition to their work with the CCG.

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

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

The CCG reserves the right to refuse permission where it believes a conflict will arise and cannot be effectively managed.

17 Gambling

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 colleagues.

18 References

Other relevant policy and reference material that should be read in conjunction with this policy include:

- Managing Conflicts of Interest: Revised Statutory Guidance for CCGs (2017)
- The CCG's Constitution
- Counter Fraud and Corruption Policy
- Conflicts of Interest in Primary Care: CAT A and B
- Code of Conduct: Managing Conflicts of Interest where GP practices are potential providers of CCG-commissioned services
- Code of Conduct and Code of Accountability in the NHS (2013)
- Standards for NHS Boards and Clinical Commissioning Group Governing Body Members
- Code of Conduct for NHS Managers
- Standards of Business Conduct for NHS Staff
- Standards for members of NHS boards and CCG Governing Bodies in England (2012)
- Managing Public Money issued by HM Treasury dated July 2013

Appendix 1 –Managing Conflicts of Interest

Commissioning Services from GP Practices / Organisations in which GPs have a Financial Interest

Service:	
Question	Comment/Evidence
Questions for all three procurement routes	
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 have you involved the public in the decision to commission this service?	
What range of health professionals have been involved in designing the proposed service?	
What range of potential providers have been involved in considering the proposals?	

How have you involved your Health and Wellbeing Board(s)? How does the proposal support the priorities in the relevant joint health and wellbeing strategy (or strategies)?	
What are the proposals for monitoring the quality of the service?	
What systems will there be to monitor and publish data on referral patterns?	
Have all conflicts and potential conflicts of interests been appropriately declared and entered in registers which are publicly available?	
Why have you chosen this procurement route? ⁵	
What additional external involvement will there be in scrutinising the proposed decisions?	
How will the CCG make its final commissioning decision in ways that preserve the integrity of the decision-making process?	

Additional question for AQP or single tender (for services where national tariffs do not apply)	
How have you determined a fair price for the service?	

⁵ Taking into account S75 regulations and NHS Commissioning Board guidance, Monitor guidance, and existing procurement rules.

Additional questions for AQP only (where GP practices are likely to be qualified providers)

How will you ensure that patients are aware of the full range of qualified providers from whom they can choose?

Additional questions for single tenders from GP providers

What steps have been taken to demonstrate that there are no other providers that could deliver this service?

In what ways does the proposed service go above and beyond what GP practices should be expected to provide under the GP contract?

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?

Appendix 2 - Request to use Commercial Sponsorship Form

Name:	Address/Practice/Work base
CCG Role (e.g. Member of the CCG, Governing Body member, Committee Member)	
Contact Details (Email & Telephone)	
Details of proposed sponsorship, including details of proposed sponsor	
Any other relevant information	
Applicant Signature:	Date:
Please circle	
CFO Signature:	Date:

Appendix 3 - Declaration of Interest Form

Annex A: Template Declaration of interests for CCG members and employees

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

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

I confirm that the information provided above is complete and correct. I acknowledge that any changes in these declarations must be notified to the CCG as soon as practicable and no later than 28 days after the interest arises.

I am aware that if I do not make full, accurate and timely declarations then civil, criminal, or internal disciplinary action may result.

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

Signed:

Date:

Signed:

Position:

Date:

(Line Manager or Senior CCG Manager)

Please return to Governance inbox address: GYWCCG.governance@nhs.net, contacting the Governance Manager tel 01502 719500 if you have any queries on completing this form.

Types of interest

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

Type of Interest	Description
	<ul style="list-style-type: none"> • Suffering from a particular condition requiring individually funded treatment; • A member of a lobby or pressure groups with an interest in health.
Indirect Interests	<p>This is where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest in a commissioning decision (as those categories are described above). For example, this should include:</p> <ul style="list-style-type: none"> • Spouse / partner; • Close relative e.g., parent, grandparent, child, grandchild or sibling; • Close friend; • Business partner.