

NHS Oxfordshire Clinical Commissioning Group

Policy	Managing Conflicts of Interest
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Document Control

Reviewers and Approvals

This document requires the following reviews and approvals:

Name	Version Approved	Date Approved
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Revision History

Version	Revision Date	Details of Changes	Author
2	August 2015	Review of Document in light of NHS England Guidance issued December 2014	Catherine Mountford
3	August 2016	Review of Document in light of NHS England Guidance issued June 2016	
4	June 2018	Review of Document in light of the 16 June 2017 NHS England's revised statutory guidance on managing conflicts of interest for CCGs.	Catherine Mountford Manizah Imam
4.2	January 2020	Document reviewed following Counter Fraud and Bribery Audit	Lesley Corfield

Links or Overlaps with Other Key Documents and Policies

Document Title	Version and Issue Date	Link

Acknowledgement of External Sources

Title / Author	Institution	Link
Managing Conflicts of Interest: Statutory Guidance for CCGs	NHS England	https://www.england.nhs.uk/commisioning/pc-co-comms/coi/
The Bribery Act 2010	HM Government	http://www.legislation.gov.uk/ukpga/2010/23/contents
Health and Social Care Act 2012	HM Government	http://www.legislation.gov.uk/ukpga/2012/7/contents
Equality Act 2010	HM Government	http://www.legislation.gov.uk/ukpga/2010/15/contents
NHS Constitution	NHS England	https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/480482/NHS_Constitution_WEB.pdf
UK Corporate Governance Code	Financial Reporting Council	https://www.frc.org.uk/Our-Work/Publications/Corporate-Governance/UK-Corporate-Governance-Code-April-2016.pdf
Good Governance Standards for Public Services (2004)	OPM CIPFA	https://www.cipfa.org/policy-and-guidance/reports/good-governance-standard-for-public-services
Managing conflicts of interest in the NHS: Guidance for staff and organisations	NHS England	https://www.england.nhs.uk/ourwork/coi/

Freedom of Information

If requested, this document may be made available to the public and persons outside the healthcare community as part of OCCG's commitment to transparency and compliance with the Freedom of Information Act.

Equality Analysis

OCCG aims to design and implement services, policies and measures that are fair and equitable. As part of the development of this policy its impact on staff, patients and the public have been reviewed in line with OCCG's legal equity duties.

POLICY: MANAGING CONFLICTS OF INTEREST

Throughout this policy, the term “Member” means any General Practitioner Practice which is a member of NHS Oxfordshire Clinical Commissioning Group (“OCCG”) (“GP Practice”) or individuals who are members of the Board, OCCG’s committees and/or sub- committees, Board committees and/or sub-committees, or General Practitioners from a GP Practice, or any other employee of NHS Oxfordshire Clinical Commissioning Group.

Board Statement

The CCG aims to provide excellent public service and needs to ensure propriety and accountability in all matters.

The CCG is determined to protect itself and the public from fraud and corruption and is committed to implementing and maintaining robust policies for the prevention and detection of fraud, bribery and corruption.

The CCG has a zero tolerance attitude towards fraud, bribery and corruption. The CCG will investigate any suspected acts of fraud, bribery, corruption, misappropriation or irregularity and take full and appropriate action against any wrongdoing.

1. Purpose

- 1.1** This policy sets out how OCCG will manage conflicts of interest arising from the operation of the group. OCCG’s Members and agents must abide by the provisions of this policy. In the event that a Member or agent of OCCG is uncertain how to deal with an actual or potential conflict of interest, they must seek the advice of OCCG’s Accountable Officer.

Application of the Bribery Act 2010

This policy supports OCCG’s compliance with the Bribery Act 2010 (“Bribery Act”), which came into force in July 2011. The Bribery Act sets out the offences of: bribing another person; being bribed; bribing a foreign public official; and failing to prevent bribery.

Any breach of the Bribery Act will be reported to, and investigated by, the Local Counter Fraud Specialist and may result in criminal proceedings being commenced. Further information on the Bribery Act can be obtained by contacting OCCG’s Business Manager.

- 1.2** OCCG’s responsibility includes stewardship of significant public resources and the commissioning of certain NHS-funded services on behalf of the population of Oxfordshire. The Board is determined to ensure that the organisation inspires

confidence and trust amongst patients, the public, its members, partners, funders, and suppliers by demonstrating integrity and seeking to avoid actual or perceived situations of undue bias or influence in decision-making.

1.3 The following drivers underpin this policy:

- the statutory requirements, set out in the Health and Social Care Act 2012, which require Clinical Commissioning Groups (“CCGs”) to make arrangements for managing conflicts of interest and potential conflicts of interest, to ensure they do not affect, or appear to affect, the integrity of a CCG’s decision making;
- the Nolan Principles that encapsulate the standards of behaviour for probity in public life (as set out at Appendix 1);
- the fundamental ethic of always acting in the patients’ best interests, as specified in the General Medical Council’s document, “Good Medical Practice 2006”;
- the Equality Act 2010;
- the seven key principles of the NHS Constitution¹;
- the Good Governance Standards for Public Services (2004) published by the Office for Public Management (OPM) and the Chartered Institute of Public Finance and Accountancy (CIPFA)²;
- the UK Corporate Governance Code³;
- the standards for members of NHS boards and CCG governing bodies in England⁴; and
- the Bribery Act 2010, which requires organisations to have in place adequate policies and procedures for preventing bribery, to ensure compliance with the requirements of the Bribery Act.
<https://www.legislation.gov.uk/ukpga/2010/23/contents>

1.4 OCCG will seek to ensure that the procedures for health needs assessments, consultation mechanisms, commissioning strategies and procurement are robust, fair, transparent, and enable conflicts of interest, both real and perceived, to be identified and mitigated. Members are expected to act in accordance with the Nolan Principles which are set out at Appendix 1. OCCG recognises that any perceptions of wrong doing, impaired judgement or undue influence can be as detrimental to patient and public confidence as any of them actually occurring, and for a conflict of interest to exist, financial gain is not necessary. Where in doubt, OCCG will assume the existence of a conflict of interest and manage it appropriately.

¹ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/480482/NHS_Constitution_WEB.pdf

² <https://www.cipfa.org/policy-and-guidance/standards/international-framework-good-governance-in-the-public-sector>

³ <https://www.frc.org.uk/Our-Work/Publications/Corporate-Governance/UK-Corporate-Governance-Code-April-2016.pdf>

⁴ <http://www.professionalstandards.org.uk/publications/detail/standards-for-Members-of-nhs-boards-and-clinical-commissioning-group-governing-bodies-in-england>

1.5 Conflicts of interest may arise where an individual's personal interests or loyalties or those of a connected person (such as a spouse, civil partner, cohabitee, relative or close friend) could influence his or her professional behaviour. Such conflicts may influence an individual's judgement or actions (or could be perceived to do so). In practice, this could inhibit free discussion, resulting in OCCG taking decisions or actions that are not in the best interests of patients or in the wider interests of OCCG and tax payers, and which risk giving the impression that OCCG has acted improperly, damaging patient and public trust. One of the main concerns for OCCG is that individuals who commission healthcare services for OCCG may have an interest in providing those services and therefore seek to profit in some way from being appointed as a provider.

1.6 The aim of this policy is to protect both OCCG and the individuals involved from impropriety or any appearance of impropriety in decision making.

2. Scope

2.1 This policy applies to all Members, whether employees, appointed individuals who are working for OCCG, or persons serving on committees and other decision-making groups (including representatives and members of third-party organisations) established by OCCG. It also applies to any relevant non-members of OCCG, that is, any individual who sits on OCCG committees or acts in an advisory capacity to OCCG.

2.2 It is the responsibility of all OCCG Members to familiarise themselves with this policy and comply with its provisions.

2.3 This policy should be read in conjunction with the following documents, which also set out generic guidelines and responsibilities for NHS organisations and general practitioners in relation to conflicts of interests:

- OCCG Constitution, in particular section 22 relating to conflicts of interest, as well as OCCG's Standing Orders, Scheme of Reservation and Delegation of Powers and Prime Financial Policies;
- Code of Conduct for NHS Managers;
- General Medical Council: Good Medical Practice 2013;
- Nursing and Midwifery Council: Code of Professional Conduct;
- Bribery Act 2010.

2.4 Members should also refer to their respective professional codes of conduct relating to the declaration of conflicts of interest.

- All conflict of interests should be declared as part of the OCCG Conflict of Interest register.
- Any trading for side-businesses (financial or non-financial) should only happen outside the normal CCG working hours and outside the CCG premises. The CCG email cannot be used for such trading purposes.
- Staff may hold interests for which they cannot see potential conflict. However, caution is always advisable because others may see it differently. It will be important to exercise judgement and to declare such interests where there is otherwise a risk of improper conduct.
- The CCG will support staff to understand that having interests is not in itself

negative, but NOT declaring and managing them is.

- 2.5** OCCG will ensure that all those who are involved in commissioning decisions for OCCG are provided with a copy of this policy. In addition, OCCG will raise awareness of this policy by providing:
- a copy of the policy is on the OCCG's website
<http://www.oxfordshireccg.nhs.uk/about-us/register-of-interests.htm>
 - The Declaration of Interest form is on the Staff Zone section of the website
<http://www.oxfordshireccg.nhs.uk/staff-zone/supporting-you-at-work.htm>
 - an introduction to the policy and declaration of interest during local induction for new Members;
 - access to mandatory online conflicts of interest training provided by NHS England;
 - an annual reminder of the existence and importance of this policy via internal communication methods such as Staff Briefing sessions and Staff Partnership Forum meetings; and
 - an annual reminder to update declaration forms which shall be sent to all OCCG Members.

3. Policy Statement

- 3.1** This policy supports a culture of openness and transparency in business transactions. All Members are required to:
- ensure that the best interests of patients remain paramount at all times;
 - be impartial and honest in the conduct of their official business;
 - use public funds entrusted to them to the best advantage of the service, always seeking to ensure value for money;
 - ensure that they do not abuse their official position for personal gain or to the benefit of their family or friends; and
 - ensure that they do not seek to advantage or further, private or other interests, in the course of their official duties.
- 3.2** The obligations listed in paragraph 3.1 above also apply to any individuals who, while they are not Members, are involved with the business of OCCG by virtue of acting as a member of or an adviser to an OCCG committee (including the Board and sub-committees).
- 3.3** An investigation will be undertaken where this policy is not followed. If the investigation concludes there has been a serious breach of conduct the organisation may take disciplinary or other relevant action against individuals, which may result in dismissal.
- 3.4** In the event of an unwitting failure to declare a potential conflict of interest (real or perceived), OCCG's Lay Vice Chair and Accountable Officer will determine whether the relevant decision made should be declared void and what further action should be taken.

4. Responsibilities

4.1 Oversight of the management of conflicts of interest, including providing advice, training and support for staff on how conflicts of interests should be managed will be provided by the Accountable Officer. In the event that the Accountable Officer needs to declare an interest in accordance with this paragraph 4, he or she shall declare it to the Director of Governance.

- The Chair of the Audit Committee will undertake the role of Conflicts of Interest Guardian. In collaboration with the Director of Governance, the Conflicts of Interest Guardian will:
- Act as a conduit for GP practice staff, members of the public and healthcare professionals who have any concerns with regards to conflicts of interest;
- Be a safe point of contact for employees or workers of OCCG to raise any concerns in relation to this policy;
- Support the rigorous application of this policy;
- Provide independent advice and judgment where there is any doubt about how to apply this policy in an individual situation; and
- Provide advice on minimising the risks of conflicts of interest.

4.2 The Accountable Officer and Director of Governance will keep the Conflicts of Interest Guardian well briefed on conflicts of interest matters and issues arising.

- Some staff are more likely than others to have a decision making influence ('material influence') on the use of taxpayers' money, because of the requirements of their role. The NHS England guidance refers such staff as 'decision making staff'. The CCG shall ensure that conflicts of interest of 'decision making' staff is recorded and regularly updated in meetings and the conflict of interest register.
- The NHS England guidance's non-exhaustive list describes who these individuals are likely to be:
 - Executive and non-executive directors (or equivalent roles) who have decision making roles which involve the spending of taxpayers' money;
 - Members of advisory groups which contribute to direct or delegated decision making on the commissioning or provision of taxpayer funded services;
 - Those at Agenda for Change band 8d and above;
 - Administrative and clinical staff who have the power to enter into contracts on behalf of their organisation;
 - Administrative and clinical staff involved in decision making concerning the commissioning of services, purchasing of good, medicines, medical devices or equipment, and formulary decisions.

4.3 It is the responsibility of all Members to endeavour to ensure that they are not placed in a position which creates a conflict, real or perceived, between their private interests and their OCCG duties. Where such a conflict does arise, the Member must declare it to the Accountable Officer as soon as they become aware of it and in any event within 28 days.

4.4 In particular, it is the responsibility of all Members to inform the Accountable Officer if they are employed or engaged in, or wish to be employed or engaged in, any employment or consultancy work in addition to their work with OCCG, in order to enable OCCG to be aware of any potential conflict of interest. Members are required

to obtain prior permission from OCCG to engage in such secondary employment and OCCG reserves the right to refuse permission where it believes a conflict will arise which cannot be effectively managed.

4.5 All Members (including patient representatives), and other decision-makers must declare all relevant interests on each of the following circumstances:

- on appointment (where there are no interests to declare, a nil return is required);
- When a person moves to a new role or their responsibilities change significantly
- At the beginning of a new project/piece of work
- As soon as circumstances change and new interests arise
- on an annual basis;
- at every meeting before the agenda is discussed (new and existing, relevant to items on that agenda);
- on becoming aware of any conflict of interest (whether real or perceived) and in any event within 28 days;
- on any other relevant change of circumstances; and
- on becoming aware that OCCG has entered into or proposes entering into a contract in which they or any person connected with them has any interest, either direct or indirect.

Declarations of interests shall be made to the Accountable Officer in writing using the proforma at Appendix 2, and recorded in the relevant register (as described in Section 5).

4.6 Where, during the course of a meeting, an individual believes that a conflict of interest may have arisen (whether real or perceived) the individual shall declare the conflict at the meeting in accordance with the procedure set out at paragraph 6 below. The individual shall make a written declaration of the interest to the Accountable Officer as soon as possible, and in any event within 28 days, for inclusion on the relevant register.

4.7 The Chair of any meeting shall ensure that declarations of interest and how they are managed are recorded clearly in the minutes of the meeting.

4.8 If the Chair is concerned about the declaration of interest and/or the decision made about on-going participation in an agenda item, the declaration will be referred to the Audit Committee for further scrutiny and determination on how to proceed.

4.9 Gifts and hospitality are considered one-off benefits and a different declaration is required (Appendix 3).

4.10 By way of example only, relevant interests which must be declared are included in

section 22 of the OCCG Constitution and include, but are not limited to:

- **Financial Interests e.g.:**
 - Positions of authority or any significant associations with any provider;
 - Directorships, including non-executive directorships held in private companies or public limited companies;
 - Ownership or part ownership of private or not-for-profit companies, businesses, partnerships or consultancies which is doing or may seek to do business with OCCG;
 - Material share holdings (generally deemed to be >5%, although interests of 1% could also be material) in organisations which may seek to do business with OCCG;
 - Receipt of research funding / grants from OCCG and/or a provider;
 - Receipt of secondary income or any payments (for example honoraria, one-off payments, day allowances or travel or subsistence) from a provider;
 - Secondary employment (see 4.7 above);
 - Providing management consultancy for OCCG and/or a provider;
 - Having a pension that is funded by a provider (where the value might be affected by the success or failure of that provider);
 - Interests in pooled funds that are under separate management (any relevant company included in this fund that has a potential relationship with OCCG must be declared);

- **Non-financial professional interests e.g.:**
 - Being an advocate for a particular group of patients, a GP with special interests or a medical researcher;
 - Membership of a particular specialist professional body (although routine GP membership of the RCGP, BMA or a medical defence organisation would not usually itself amount to an interest which needs to be declared);
 - Advising the Care Quality Commission or the National Institute for Health and Care Excellence;
 - Simultaneous office in both the CCG and as an executive officer of the Local Medical Committee;
 - Holding 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.

- **Non-financial personal interests e.g.:**
 - Membership of, or a position of authority in, a charity or voluntary organisation in the field of health and social care;
 - Connections with voluntary or other bodies contracting for NHS services;
 - Membership of a lobby or pressure group with an interest in health;
 - Formal interest with a position of influence in a political party or political organisation;

- **Other interests:**
 - Interests which, if the Member were registered with the General Medical Council (GMC), would be required to be declared in accordance with paragraph 55 of the GMC's publication "Management for Doctors" or any successor code including the referral of any patient by a Member to a

Provider or the Board or its sub-committees in which the Member has a conflict of interest;

- Interests which, if the Member were registered with the Nursing and Midwifery Council (NMC), would be required to be declared in accordance with paragraph 7 of the NMC's publication Code of Professional Conduct or any successor code including the referral of any patient by a Member to a Provider in which the Member has a conflict of interest; and
- A close association with an individual (e.g. a spouse/partner; a close friend; a close relative; or a business partner) who has a financial interest, non-financial professional interest or non-financial personal interest (as described above) that should be declared under The Health and Social Care Act 2012 and guidance issued by the Department of Health from time to time.

- 4.11** Where an individual is unsure whether an interest may give rise to a conflict (whether real or perceived), they should seek advice from the Conflict of Interests Guardian. If in doubt, the individual concerned should assume that a potential conflict of interest exists and act accordingly in accordance with this policy.
- 4.12** Managers of OCCG must ensure staff they manage are aware of this policy and the processes to be followed to manage conflicts of interest and encourage staff to undertake training if required.

5. Register of Declarations of Interest

- 5.1** OCCG has established registers for declaring interest, for which the Accountable Officer is responsible. The Accountable Officer shall record all declarations made (which should be made using the proforma set out in Appendix 2) in the relevant register as soon as he or she becomes aware of it.

OCCG shall maintain the following registers of interest:

- all GP Practices (divided by locality), including GP Partners (or, where the practice is a company, its directors) and any other individual directly involved with the business or decision making of the CCG ;
- all members of the Board, the Board's committees, sub- committees and Deputy Locality Clinical Directors; and
- all employees of OCCG, including agency staff and seconded staff.

- 5.2** Each of the registers of interest shall be published on OCCG's website (- <http://www.oxfordshireccg.nhs.uk/about-us/register-of-interests.htm>), and can be obtained in other formats or languages on request, or inspected at OCCG's headquarters at: Oxfordshire Clinical Commissioning Group, Jubilee House, 5510 John Smith Drive, Oxford Business Park South, OX4 2LH.
- 5.3** The registers of interest will be reviewed quarterly by the Accountable Officer, who may require input from Members in accordance with paragraph 4.3 above.
- 5.4** An interest declared will remain on the public register for a minimum of 6 months after it has expired. OCCG will retain a private record of historic interests for a minimum of 6 years after the date on which it expires.

6. Declaration of Interests

- 6.1** The agenda (both public and confidential agenda) for all meetings of OCCG and its various committees shall contain a standing item at the commencement of each meeting, requiring Members or advisors to declare any interests relating to the agenda items being considered. Such declarations may be made to the Chair in advance of the meeting, or at the beginning of the meeting.
- 6.2** If during the course of a meeting, an interest not previously declared is identified, this shall be declared to the Chair by the individual (or where the individual is the Chair, it shall be declared to the Deputy Chair, or where both the Chair and the Deputy Chair are conflicted, it shall be declared to the remaining non-conflicted voting members of the meeting) in accordance with paragraph 4.5.
- 6.3** Individuals must be specific and detailed when declaring interests. They should state to which agenda item the potential conflict of interest relates, and the nature of the conflict. The person(s) to whom the declaration is made in accordance with paragraph 6.2 shall determine how the conflict should be managed, including following any previously determined management arrangements. Alternatively, the relevant person(s) may require the individual to withdraw from the meeting or part of it.
- 6.4** Where such a declaration is made, the following information shall be recorded in the minutes of the meeting:
- who has the interest;
 - the nature of the interest and why it gives rise to a conflict;
 - the items on the agenda to which the interest relates;
 - how the conflict was agreed to be managed; and
 - evidence that the conflict was managed as intended.
- For a new interest that has not previously been declared the individual concerned shall complete a declaration of interests forms (as set out at Appendix 2) and send it to the Accountable Officer within 28 days. The Accountable Officer shall update the relevant register of interests accordingly.
- 6.5** It is the responsibility of the secretary in a given meeting to monitor quorum and advise the Chair accordingly to ensure it is maintained throughout the discussion and decision of the agenda item. Should the withdrawal of a conflicted individual result in the loss of quorum, then no decision relating to the agenda item shall be made at the meeting (save in the limited circumstances set out in paragraph 8.2).
- 6.6** If, after a meeting, a Member realises that they have contributed to a discussion in which they had an interest, they must notify the Chair of the meeting and the Accountable Officer in writing as soon as they become aware of it. The interest will be raised as a matter arising at the next meeting. The Chair and Accountable Officer shall determine what action to take on a case-by-case basis. This may include declaring any decision made at the meeting to be void and reconvening the meeting with the conflicted individual excluded. In extreme situations, the Accountable Officer may determine that the conflicted individual should be removed from office.
- 6.7** OCCG committees and decision making bodies will include in their Terms of Reference the procedure for dealing with Chairmanship of and voting at a meeting at

which one or more conflicts of interest have been declared.

7. Declaration of Interests in Relation to Procurement

- 7.1** Applicants who are bidding within a procurement process are required to declare any conflicts of interest at the time of placing a bid. Awarding decisions should not be made until the declarations have been reviewed. Where a potential conflict of interest exists, whether real or perceived, which may affect the integrity of a contract award, the extension or alteration of an existing contract, or the development of a specification for a contract, the conflicted individual shall:
- declare the interest as soon as they become aware of it and in any event within 28 days; and
 - provide the Accountable Officer with sufficient information to enable him or her to record the interest on the relevant register,
- and the individual may be required to:
- withdraw from all discussions on the specification or contract award; and
 - not vote in relation to the specification or contract award.
- 7.2** All Members shall declare any interest in any procurement process as soon as they become aware of it and in any event within 28 days.
- 7.3** OCCG shall manage conflicts and potential conflicts of interests when awarding contract. If necessary, OCCG shall prohibit the award of a contract where the integrity of the award has been, or appears to have been, affected by a conflict. If the contract has already been awarded, OCCG may, if necessary, seek to terminate the contract, or may remove the relevant individual from their post. Should any conflicts be identified post award these will be escalated to the Director of Governance / Conflicts of Interest Guardian. An appraisal will be undertaken to assess the risk and agree mitigating actions, seeking legal advice where relevant with notification to the Finance and Investment Committee.
- 7.4** If an individual has a conflict of interest that cannot be appropriately managed by withdrawing from all discussions and losing their right to vote, or if an individual does not comply with the requirements of this policy, OCCG will take action as necessary in line with policies.
- 7.5** Potential conflicts will vary to some degree depending on the way in which a service is being commissioned. For example:
- Where OCCG is commissioning a service through competitive tender (i.e. seeking to identify the best provider or set of providers for a service) a conflict of interest may arise where GP practices or other providers in which OCCG Members have an interest are amongst those bidding;
 - Where the OCCG is commissioning a service through Any Qualified Provider a conflict could arise where one or more GP practices (or other providers in which OCCG Members have an interest) are amongst the qualified providers from whom

patients can choose.

OCCG shall address the factors set out in the procurement template at Appendix 4 when drawing up its plans to commission services where potential conflicts of interest may arise.

7.6 OCCG shall maintain a register of procurement decisions taken for the procurement of new services and any extension or material variation of a current contract. This will include:

- details of the decision;
- who was involved in making the decision;
- a summary of any conflicts of interest in relation to the decision and how these were managed (although where the relevant conflict is a conflict declared by a bidder/contractor as part of the procurement process, this will not be published on the register; OCCG will retain an internal audit trail of how such a conflict is managed); and
- the award decision taken.

7.7 OCCG shall keep appropriate records of how they have managed any conflicts in individual cases. OCCG shall make this register publically available on its website and on request at its headquarters at: Oxfordshire Clinical Commissioning Group, Jubilee House, 5510 John Smith Drive, Oxford Business Park South, OX4 2LH.

8. Decisions Taken where a Board member has an Interest

8.1 In the event of the Board making a decision in which a Board member has declared a potential conflict of interest (real or perceived) in accordance with this policy, the conflicted individual may be excluded from all discussions and voting in relation to the matter in question. However, a quorum must still be present for the discussion and decision.

8.2 In the event that the provisions of paragraph 8.1 render the Board inquorate due to the number of excluded conflicted individuals, alternative quoracy and voting eligibility arrangements may be used, as per OCCG's Constitution (paragraph 14.8).

8.3 The management of conflicts of interest will be recorded by Board secretary and reported in the minutes of the meeting. The report will record:

- the nature and extent of the conflict;
- an outline of the discussion;
- the actions taken to manage the conflict; and
- the use of alternative quorum if necessary.

8.4 Where, having adhered to the requirements of this policy, a Member benefits from a decision through payment or benefits in kind, this will be reported in OCCG's annual report and accounts, as a matter of best practice. Staff are required to declare patents and other intellectual property rights they hold (either individually, or by virtue of their association with a commercial or other organisation), including where applications to protect

have started or are ongoing, which are, or might be reasonably expected to be, related to items to be procured or used by the organisation.

9. Declaration of Hospitality and Gifts

- 9.1** Under the Bribery Act 2010 it is a criminal offence to accept a bribe. A bribe is offering an incentive to someone to perform a relevant function or activity improperly (e.g. to improperly enable the briber to secure or retain a business contract or to gain an advantage over a competitor by obtaining confidential information).
- 9.2** All Members are required to report to the Business Manager any hospitality, gifts or personal benefits offered to them by suppliers, patients or others in the course of their work, whether or not they accept such hospitality, gifts or personal benefits.
- 9.3** Traditional low cost items, such as calendars, pens and diaries, or hospitality proportionate to the event, such as sandwiches served at a meeting which runs over lunchtime, need not be declared. However, invitations to events, gifts, evening meals, goods provided privately at a significant discount or free or discounted trips, and any other items received from a particular supplier should be declared. Gifts offered by suppliers or contractors linked, currently or prospectively, to OCCG (other than low value gifts as set out above), should be declined. Gifts offered from other sources should be declined if accepting them might give rise to perceptions of bias and/or favouritism. Personal gifts of cash or cash equivalents (e.g. vouchers, tokens) should never be accepted.
- 9.4** Low cost items are those under the value of a common industry standard of £6.00. Modest gifts under a value of £50 can generally be accepted. Gifts valued over £50 should be treated with caution and only accepted on behalf of an organisation, not in a personal capacity. Meals and refreshments under a value of £25 may be accepted and usually not declared. An example would be sandwiches for a meeting which runs over lunchtime. Meals and refreshments between £25 and £75 may be accepted but must be declared. Over a value of £75, meals and refreshments should be refused unless senior approval has been given eg attendance at an awards ceremony. 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 beyond modest need approval by senior staff (governance lead or equivalent), should only be accepted in exceptional circumstances, and must be declared with a clear reason recorded on the register.
- 9.5** All Members are required to complete, sign and date a declaration form each time they receive any hospitality or gift. The Declaration of Hospitality/Gifts Form with guidance is attached in Appendix 3.
- 9.6** A register of all hospitality and gifts is maintained by the Director of Governance, is subject to audit by OCCG's auditors and is published on OCCG's website. Where an individual believes that substantial damage or distress may be caused to him/herself or somebody else by the publication of information about them, they are entitled to make a written request that the information is not published. The Conflicts of Interest Guardian will make the decision whether or not such information should be published, who may seek independent legal advice if required. OCCG will always retain a confidential un-redacted version of the relevant register(s).

10. Breaches

- 10.1** There will be situations when interests will not be identified, declared or managed appropriately and effectively. This may happen innocently, accidentally, or because of the deliberate actions of staff or organisations. These situations are referred to as 'breaches'
- 10.2** Non-compliance with this policy may result in civil challenges to OCCG's decisions, criminal proceedings for offences such as fraud, bribery and corruption, professional regulatory proceedings and/or disciplinary action.
- 10.3** Where a Member has genuine concerns in relation to this policy and/or any breaches of this policy, he/she should not investigate his/her concerns but should report the matter to the Conflicts of Interest Guardian in accordance with the terms of this policy and OCCG's Whistleblowing Policy or, where the breach is reported by an employee or worker of another organisation, with the terms of the whistleblowing policy of the relevant employer organisation.
- 10.4** The Conflicts of Interest Guardian will record anonymised details of, and investigate, the alleged breach, with support from the Director of Governance and in accordance with all relevant law and OCCG's policies. The Conflicts of Interest Guardian will be responsible for managing all related communications and media interest and for notifying NHS England of any material breach as necessary.
- 10.5** OCCG will publish anonymised details of material breaches of this policy on its website for learning and development purposes.
- 10.6** Suspicions or concerns relating to acts of fraud or bribery can be reported online via: <https://cfa.nhs.uk/reportfraud> or via the NHS Fraud and Corruption Reporting Line on 0800 0284060. Concerns can also be made to the CCG's Local Counter Fraud Specialist. Please see the Fraud and Bribery policy.

11. Equality and Diversity Statement

- 11.1** OCCG is committed to ensuring that it treats all its Members fairly, equitably and reasonably and that it does not discriminate against individuals or groups on the basis of their ethnic origin, physical or mental abilities, gender, age, religious beliefs or sexual orientation. This is in accordance with the Equality Objectives identified in line with the Equality Delivery System. Accordingly an Equality Impact Assessment will be completed for this policy.
- 11.2** If you have any concerns or issues with the contents of this policy or have difficulty understanding how this policy relates to you or your role, please discuss them with the Director of Governance.

12. Monitoring Compliance and Effectiveness of the Policy

- 12.1** Auditing policy, process and procedures relating to this Guidance: OCCG's Audit Committee will review this policy annually and will conduct an annual audit of OCCG's management of conflicts of interest in accordance with guidance provided by NHS

England. Any updates shall be circulated to Members. Members will be asked to confirm that they have read this policy on a minimum of an annual basis and that they have completed the online Conflicts of Interest training provided by NHS England.

- 12.2** The Director of Governance and Conflicts of Interest Guardian on behalf of the Accountable Officer will review the registers of interests on a quarterly basis and take any action they deem necessary as highlighted by such review. Appendix 1

Appendix 1

Nolan Principles

The 'Nolan Principles' set out the ways in which holders of public office should behave in discharging their duties. The seven principles are:

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

Source: *The First Report of the Committee on Standards in Public Life (1995)*, available at <http://www.public-standards.gov.uk/>

Appendix 2



Declaration of Interest

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

The information submitted will be held by the CCG for personnel or other reasons specified on this form and to comply with the organisation’s policies. This information may be held in both manual and electronic form in accordance with the Data Protection Act 2018. Information may be disclosed to third parties in accordance with the Freedom of Information Act 2000 and published in registers that the CCG holds.

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

I give my consent for this information to be published on registers that the CCG holds.

Signed:

Date:

Please return to Governance Manager.

This form can be found in the Staff Zone section of the OCCG website
<http://www.oxfordshireccg.nhs.uk/staff-zone/supporting-you-at-work.htm>

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 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 health or social care organisations • A management consultant for a provider • In secondary employment • In receipt of secondary income 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 • 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 the Care Quality Commission (CQC) or National Institute for Health and Care Excellence (NICE)
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 or 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 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 data-bbox="352 336 1540 490" style="list-style-type: none">• Spouse / partner• Close relative e.g. parent, grandparent, child, grandchild or sibling• Close friend• Business partner
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Appendix 3

DECLARATION OF HOSPITALITY / GIFTS

OCCG is required to keep a register of hospitality and gifts, offered, given and received, and to make this register available for public inspection.

Please complete this form to declare hospitality and gifts offered and provided by and to suppliers. The information submitted will be held by OCCG for personnel or other reasons specified on this form and to comply with its 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 OCCG holds.

Register of Hospitality and Gifts

Suppliers, from time to time, provide personal benefits to individuals. Where that benefit is so significant that it can be seen as an inducement to contract with them it needs to be recorded. As a guideline the traditional low value calendars, pens, diaries do not fall into this category, but a gift, a day out, an evening meal do. Members are required to record such things as and when they take place. The general rule is that any expensive gift (i.e. those with an estimated value greater than £25) should be refused.

For these purposes, gifts or hospitality from a supplier must be recorded. In addition to meals, this would include days out being entertained, e.g. a day at the races, goods provided privately at a significant discount or free or discounted trips. In general, anything which can be received from a particular supplier needs to be recorded.

This also applies to any hospitality given by an individual on behalf of OCCG.

Recipient Name	Position	Date of Offer	Date of Receipt	Details of Gift / Hospitality	Estimated Value	Supplier/ Offeror Name and Nature of Business	Details of Previous Offers or Acceptance by the Offeror / Supplier	Details of the officer reviewing and approving the declaration made and date	Declined or accepted	Reason for accepting or declining	Other comments

I confirm that the information provided above is complete and correct. I acknowledge that any changes in these declarations must be notified to OCCG 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 as this might be constituted as fraud or bribery.

I give my consent for this information to be published on registers that the CCG holds.

Signed:

Date:

Signed:
(Line Manager or Senior CCG Manager)

Position:

Date:

Please return completed form to the Governance Manager

Appendix 4

Procurement Template

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

NHS Oxfordshire Clinical Commissioning Group

Service: [Insert Details]

Question	Comment/Evidence
How does the proposal deliver good or improved outcomes and value for money – What are the estimated costs and the estimated benefits? How does it reflect the CCG’s proposed commissioning priorities? How does it comply with the CCG’s commissioning obligations?	
How have you involved the public in the decision to commission this service?	
What range of health professionals have been involved in designing the proposed service?	
What range of potential providers have been involved in considering the proposals?	
How have you involved your Health and Wellbeing Board(s)? How does the proposal support the priorities in the relevant joint health and wellbeing strategy (or strategies)?	
What are the proposals for monitoring the quality of the service?	

What systems will there be to monitor and publish data on referral patterns?	
Have all conflicts and potential conflicts of interests been appropriately declared and entered in registers which are publicly available? Have you recorded how you have managed any conflict or potential conflict?	
Why have you chosen this procurement route? ⁷	
What additional external involvement will there be in scrutinising the proposed decisions?	
How will the CCG make its final commission decision in ways that preserve the integrity of the decision- making process and award of any contract?	

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)	
How have you determined a fair price for the service?	

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

⁷ 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).

How will you ensure that patients are aware of the full range of qualified providers from whom they can choose?	
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Additional questions for proposed direct awards to GP providers	
What steps have been taken to demonstrate that the services to which the contract relates are capable of being provided by only one provider?	
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?	