

STANDARDS OF BUSINESS CONDUCT and CONFLICTS OF INTEREST POLICY and PROCEDURE

Item 20c
(to support main agenda item 12 (paper H))

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Name of originator/author:	This policy is based on NHS Doncaster CCG's Policy and has been adapted for NHS Sheffield CCG by Sue Laing, Corporate Services Risk and Governance Manager and Jill Dentith, Management Consultant
Name of Sponsor:	Julia Newton, Director of Finance
Name of responsible committee	Governing Body
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Target audience:	All staff working within or on behalf of NHS Sheffield CCG

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<http://www.intranet.sheffieldccg.nhs.uk/policies-procedure-forms-templates.htm>



Policy Audit Tool

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

Please give status of Policy: REVISED		
1	Details of Policy	
1.1	Policy Number:	CO025/02/2020
1.2	Title of Policy:	Standards of Business Conduct and Conflicts of Interest Policy and Procedure
1.3	Sponsor	Julia Newton, Director of Finance
1.4	Author:	This policy is based on the NHS Doncaster CCG Policy and has been adapted for NHS Sheffield CCG by Sue Laing, Corporate Services Risk and Governance Manager Jill Dentith Management Consultant
1.5	Lead Committee	Governing Body
1.5	Reason for policy:	Statutory Requirement
1.6	Who does the policy affect?	All staff
1.7	Are the National Guidelines/Codes of Practices etc issued?	Yes
1.7	Has an Equality Impact Assessment been carried out?	Yes
2	Information Collation	
2.1	Where was Policy information obtained from?	Managing Conflicts of Interest: Revised Statutory Guidance for CCGs (June 2016) Managing Conflicts of Interest in the NHS: Guidance for staff and organisations (June 2017). Based on NHS Doncaster CCG's Policy
3	Policy Management	
3.1	Is there a requirement for a new or revised management structure for the implementation of the Policy?	No
3.2	If YES attach a copy to this form.	
3.3	If NO explain why.	Can be operated under existing structures
4	Consultation Process	
4.1	Was there external/internal consultation?	Yes
4.2	List groups/persons involved	Relevant service managers Governance Sub-committee Audit and Integrated Governance Committee JSCF (January 2017): Updated policy to GSc August 2017
4.3	Have external/internal comments been included?	Yes
4.4	If external/internal comments have not been included, state why.	

5.	Implementation	
5.1	How and to whom will the policy be distributed?	Staff will be made aware of all new policies via the Weekly Bulletin. Policies will be available on the intranet.
5.2	If there are implementation requirements such as training please detail.	<p>1 Mandatory training will be rolled out in Autumn 2017 for all staff via eLearning and face to face for those staff who are more involved in the process.</p> <p>2 Training for Business Managers will be undertaken with regard to the administrative functions associated with application of this policy.</p> <p>3 Additional training for Business Managers/PAs undertaken in house – no additional cost</p>
5.3	What is the cost of implementation and how will this be funded	2 Learning and Development Budget
6.	Monitoring	
6.2	How will this be monitored	Audit and Integrated Governance Committee
6.3	Frequency of Monitoring	Quarterly

Standards of Business Conduct and Conflicts of Interest Policy and Procedure

Document Control Information

Table of revisions

Date	Section Revision	Author
November 2016	Full refresh of previous CCG Protocol to align to new <i>NHS England statutory guidance (2016)</i> which replaces <i>Managing Conflicts of Interest Statutory Guidance (December 2014)</i>	This policy had been based on the NHS Doncaster CCG policy and has been adapted to meet the needs of NHS Sheffield CCG by: Sue Laing Corporate Services Risk and Governance Manager and Jill Dentith Management Consultant
August 2017	Updated to include key changes from the Managing Conflicts of Interest in the NHS: Guidance for staff and organisations 2017 Page 39 5.2.3 Updated Gifts from suppliers or contractors Page 39 5.2.6 Updated Accumulated worth £50 Page 40 5.3.6 Updated Hospitality Page 58 Appendix C – Declaration of Interest Form Page 94 Accountable Officers Statement on Bribery – change to title	Sue Laing Corporate Services Risk and Governance Manager

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DEFINITIONS

Term	Definition
Bribery	Inducement for an action which is illegal, unethical or a breach of trust. Inducements can take the form of gifts, loans, fees, rewards or other advantages, both given and received.
Commercial sponsorship	For the purpose of this Policy, commercial sponsorship is defined as "Funding by an external company of all or part of the costs of a member of staff [or governing body member], NHS research, staff training, pharmaceuticals, meeting rooms, costs associated with meetings, meals, gifts, hospitality, holidays, hotel and transport costs (including trips abroad), provision of free services, equipment, buildings, or premises." <i>Commercial Sponsorship – Ethical Standards for the NHS, November 2000.</i>
Conflict of interest	of A conflict of interest occurs where an individual's ability to exercise judgement, or act in a role, is or could be impaired or otherwise influenced by his or her involvement in another role or relationship.
Corruption	This can be broadly defined as the offering or acceptance of inducements, gifts, favours, payment or benefit-in-kind which may influence the action of any person. Corruption does not always result in a loss. The corrupt person may not benefit directly from their deeds; however, they may be unreasonably using their position to give some advantage to another.
Nolan Principles	The seven principles of public life or "Nolan Principles" were established in 1995 by the Committee for Standards in Public Life and set out the ways in which holders of public office should behave in discharging their duties.
Third Party	In this policy, "third party" means any individual or organisation you come into contact with during the course of your work for the CCG, and includes actual and potential clients, Trusts, suppliers, distributors, business contacts, agents, advisers, and government and public bodies, including their advisors, representatives and officials, politicians and political parties.
Probity Registers	This is the generic term used to describe the following: Declaration of Interest Register Declaration of Gifts and Hospitality Register Register of Procurement decisions and Contracts Awarded Breaches Register

Individuals

All CCG employees including:

- All full and part-time staff
- Any staff on sessional or short term contracts
- Any students and trainees (including apprentices)
- Agency staff
- Seconded staff
- Self-employed consultants or other individuals working for the CCG under a contract for services

SECTION A – POLICY

1. Policy Statement, Aims and Objectives

All members of NHS boards and Clinical Commissioning Group governing bodies should 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. NHS Sheffield CCG adopts a transparent approach to all our activities, which are undertaken in line with the Nolan Principles (Appendix A). All Governing Body members are required to abide by the Standards for members of NHS Boards and CCG governing bodies in England (*Professional Standards Authority – November 2012*) (Appendix B).

By virtue of section 14O of the 2006 NHS Act, as inserted by Section 25 of the Health and Social Care Act 2012, NHS Sheffield CCG is required to make arrangements to manage conflicts and potential conflicts of interest to ensure that decisions made by the CCG will be taken and seen to be taken without any possibility of the influence of external or private interest. Clinical Commissioning Groups (CCGs) manage conflicts of interest as part of their day-to-day activities. This commitment is captured in our Constitution. Effective handling of conflicts of interest is crucial for the maintenance of public trust in the commissioning system. NHS Sheffield CCG's effective handling of conflicts of interest will serve to give confidence to patients, providers, parliament and taxpayers that our commissioning decisions are robust, fair, transparent, and offer value for money.

NHS Sheffield CCG is also committed to collaborative working with partners and stakeholders to improve the health of residents within Sheffield. NHS Sheffield CCG recognises the benefits which multi-agency partnership working can deliver and must ensure that these partnerships are in accordance with the Nolan Principles.

This Policy sets out our Standards of Business Conduct, our approach to identifying, managing and recording conflicts of interest that may arise during the course of NHS Sheffield CCG fulfilling its duties, and our management of gifts, hospitality and sponsorship.

To ensure continuous improvement in the management of standards of business conduct and conflicts of interests and to monitor the effectiveness of this policy, NHS Sheffield CCG has the following key performance indicators (KPIs):

No	Key Performance Indicator	Method of Assessment
1.	Maintenance of Probity Registers.	Publication of Registers.
2.	Reporting of the Probity Registers to the Audit Committee (or its Sub Committees).	Audit Committee minutes.
3.	Self-certification to NHS England on quarterly and annual basis as required	CCG Improvement and Assessment Framework.
4.	Internal Audit of conflicts of interest.	Internal Audit report to Audit Committee.

2. Legislation and Guidance

The following legislation and guidance has been taken into consideration in the development of this policy and procedure:

- The Nolan Principles (Appendix A)
- The Good Governance Standards for Public Services (2004), Office for Public Management (OPM) and Chartered Institute of Public Finance and Accountancy (CIPFA)
- The seven key principles of the NHS Constitution
- Equality Act 2010
- The UK Corporate Governance Code
- Standards for members of NHS Boards and CCG governing bodies in England (Professional Standards Authority – November 2012)
- Bribery Act 2010
- Fraud Act 2006
- HSC 1998/106 which obliges NHS Trusts to put in place arrangements for the protection of intellectual property
- NHS Act 2006
- Health and Social Care Act 2012
- National Health Service (Procurement, Patient Choice and Competition) (No.2) Regulations 2013
- Substantive guidance on the Procurement, Patient Choice and Competition Regulations IRG 35/13 (Monitor, December 2013)
- Public Contracts Regulations 2015
- Code of Conduct: Managing conflicts of interest where GP practices are potential providers of CCG-commissioned services (NHS Commissioning Board, October 2012)
- Managing Conflicts of Interest: Revised Statutory guidance for CCGs (June 2016)
- Data Protection Act 1998
- Standing Orders, Scheme of Reservation and Delegation and Prime Financial Policies
- Our CCG Constitution

The Bribery Act 2010 came into force on 1 July 2011 and this legislation affects the NHS as a whole. It is now an offence under the Bribery Act 2010 to give, promise or offer a bribe, and to request, agree, receive or accept a bribe, either at home or abroad. It also includes bribing of foreign officials. It is also now an offence for an NHS body to fail to prevent bribery by the organisation. A breach of the Act renders offending staff liable to prosecution and imprisonment of up to 10 years and/or a fine. NHS organisations can face an unlimited fine.

It is an offence under the Fraud Act 2006 for an employee to fail to disclose information to the organisation to make a gain for themselves or another or to cause a loss or expose the organisation to the risk of loss. Additionally, the Act also provides that it is an offence for an employee who occupies a position in which they are expected to safeguard or not act against the financial interests of the organisation, to abuse that position to cause a loss or expose the organisation to the

risk of loss. Therefore, where a conflict of interest is not declared for the purposes above, this will be considered serious and should be referred appropriately in accordance with the Fraud, Bribery and Corruption Policy.

By virtue of HSC 1998/106, NHS Trusts are obliged to put in place arrangements for the protection of intellectual property. Intellectual property is a tangible output of any intellectual activity. It has an owner and it can be bought, sold or licensed and must be adequately protected. It can include inventions, industrial processes, software, data, written work and images, although this list is not exhaustive. The Department of Health published *The NHS as an innovative organisation: a Framework and Guidance on the Management of Intellectual Property in the NHS*. This Framework and Guidance became operational along with Section 5 of the Health and Social Care Act on 9 September 2002. The Guidance extends the powers of the previous 1998 policy on exploiting intellectual property generated through research and development to include intellectual property generated by all NHS employees in the delivery of health care. Any issues regarding Intellectual Property Rights must be managed in accordance with this framework, guidance and NHS Sheffield CCG's Intellectual Property Policy.

A number of procedural documents are related to this policy and should be read in conjunction as shown below:

- Disciplinary Policy
- Fraud, Bribery and Corruption Policy
- Information Governance Frameworks, Strategy, Policies and Procedures
- Intellectual Property Policy
- Whistleblowing Policy

3. Scope

This policy applies to those members of staff that are directly employed by NHS Sheffield CCG and for whom NHS Sheffield CCG has legal responsibility. For those staff covered by a letter of authority / honorary contract or work experience this policy is also applicable whilst undertaking duties on behalf of NHS Sheffield CCG or working on NHS Sheffield CCG premises and forms part of their arrangements with NHS Sheffield CCG. As part of good employment practice, agency workers are also required to abide by NHS Sheffield CCG policies and procedures, as appropriate, to ensure their health, safety and welfare whilst undertaking work for NHS Sheffield CCG.

Those persons subscribed to an NHS standard contract which states that they are regarded as a health service body for the purposes of Section 4 of the National Health Service and Community Care Act 1990 and who in the course of their business act for and on behalf of the NHS Sheffield CCG (e.g. those operating under a standard NHS business contract) are required to comply with this policy and the provisions of the Bribery Act.

This policy also applies to members of the Governing Body, Committee and Sub-committees and all Members involved in CCG business. All those referred to in this paragraph will hereafter be known as "individuals".

4. Accountabilities and Responsibilities

Overall accountability for standards of business conduct and conflicts of interest within NHS Sheffield CCG lies with the **Accountable Officer**. The responsibility for standards of business conduct and conflicts of interest is delegated to the following individuals:

<i>Director of Finance</i>	<p>Has delegated responsibility for:</p> <ul style="list-style-type: none">• Establishing the Standards of Business Conduct and Probity systems for the organisation including Declarations of Interest, Gifts and Hospitality, and Sponsorship.• Supporting the Conflict of Interest Guardian and keeping them briefed on conflicts of interest matters and issues arising.
<i>Director of Commissioning and Performance</i>	<ul style="list-style-type: none">• Ensuring this Policy is adhered to from a procurement perspective.• Ensuring adequate procurement records are kept for audit requirements.
<i>Corporate Services Risk and Governance Manager</i>	<p>Has delegated responsibility for:</p> <ul style="list-style-type: none">• Provision of advice and information relating to declarations and conflicts of interest, gifts, hospitality, sponsorship, and professional advice and services to employees, and how these should be managed.• Ensuring appropriate training is available to staff and associates of the organisation, commensurate with their role within the organisation.• Maintaining the Probity Register including logging Gifts and Hospitality Forms, Sponsorship Forms and Declaration of Interest Forms in the Register.• Reviewing the Register on a 6-monthly basis and providing reports to the Audit Committee and its Sub Groups as required.• Ensuring that appropriate administrative processes are put into place and promoting these within the organisation.

<p><i>Lay Member for Audit and Governance who is the Conflict of Interest Guardian</i></p>	<p>Is the organisation's nominated <i>Conflict of Interest Guardian</i>. The Conflicts of Interest Guardian will, supported by the CCG's Director of Finance:</p> <ul style="list-style-type: none"> • Act as a conduit for GP practice staff, members of the public and healthcare professionals who have any concerns with regards to conflicts of interest. • Be a safe point of contact for employees or workers of the CCG to raise any concerns in relation to this policy. • Support the rigorous application of conflict of interest principles and policies. • Provide independent advice and judgement where there is any doubt about how to apply conflicts of interest policies and principles in an individual situation. • Provide advice on minimising the risks of conflicts of interest.
<p><i>Lay Members</i></p>	<ul style="list-style-type: none"> • Lay members play a critical role in CCGs, providing scrutiny, challenge and an independent voice in support of robust and transparent decision-making and management of conflicts of interest. • By statute, CCGs must have at least two lay members. In light of lay members' expanding role in primary care co-commissioning, NHS Sheffield CCG has increased this requirement within our CCG Constitution to a minimum of three lay members on the governing body, one focussing on audit and governance, one focussing on public and patient engagement and one focussing on primary care commissioning.
<p><i>Head of Procurement</i></p>	<p>Has delegated responsibility for:</p> <ul style="list-style-type: none"> • Providing professional conflicts of interest guidance within NHS Sheffield CCG business case / procurement processes. • Maintaining the procurement and contracts register, and making arrangements to publish this on the CCG website.
<p><i>Staff and "Individuals"</i></p>	<p>Responsibilities of Staff and "individuals" are:</p> <ul style="list-style-type: none"> • Ensuring compliance with this policy. • Complying with any relevant professional Codes of Conduct.

Where there is any uncertainty regarding the contents of this Policy and Procedure, confirmation should be sought from Accountable Officer or Conflicts of Interest Guardian.

5. Dissemination, Training and Review

5.1. Dissemination

The effective implementation of this Policy and Procedure will support openness and transparency in decision making. NHS Sheffield CCG will:

- Ensure all staff and stakeholders have access to a copy of this Policy and Procedure via the organisation's website.
- Communicate to staff any relevant action to be taken in respect of standards of business conduct or conflicts of interest issues.
- Develop policies, procedures and guidelines based on the results of assessments to assist in the implementation of this policy and procedure.
- Ensure that relevant training programmes raise and sustain awareness of the importance of identifying and managing standards of business conduct and conflicts of interest.

This Policy and Procedure is located on the CCG's web page <http://www.intranet.sheffieldccg.nhs.uk/policies.htm>. Staff will be notified via Weekly Round-up/ email of new or updated procedural documents.

5.2. Training

All staff will be offered relevant training commensurate with their duties and responsibilities.

Specific training will be offered to all employees, governing body members and members of CCG committees and sub-committees on the management of conflicts of interest. This training will include:

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

NHS Sheffield CCG intends to provide this training via NHS England's online training package for CCG staff, governing body and committee members. This will be required to be completed on an annual basis to raise awareness of the risks of conflicts of interest and to support staff in managing conflicts of interest. Completion rates will be recorded as part of the annual conflicts of interest audit and monitoring

of mandatory and statutory training. This training will be supplemented with local training where deemed necessary and appropriate.

Fraud Awareness Training is mandatory training for all staff every 3 years and includes reference to the broad areas contained in this Policy and Procedure.

Our zero-tolerance approach to bribery and corruption will be communicated to all suppliers, contractors and other third parties with whom our CCG has dealings at the outset of a business relationship with them including a requirement for compliance in all contracts with Suppliers.

5.3. Review

As part of its development, this policy and its impact on staff, patients and the public has been reviewed in line with NHS Sheffield CCG's Equality Duties. The purpose of the assessment is to identify and if possible remove any disproportionate adverse impact on employees, patients and the public on the grounds of the protected characteristics under the Equality Act.

The Policy and Procedure will be reviewed every three years, and in accordance with the following on an as and when required basis:

- Legislatives changes
- Good practice guidelines
- Case Law
- Significant incidents reported
- New vulnerabilities identified
- Changes to organisational infrastructure
- Changes in practice

SECTION B – PROCEDURE

1. Standards of Business Conduct

- 1.1. All members of NHS boards and CCG governing bodies should 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.
- 1.2. All Governing Body members will abide by the standards for members of NHS boards and Clinical Commissioning Group governing bodies in England shown at Appendix B. This will be signed upon appointment to the Governing Body.
- 1.3. Employees, Members, Governing Body, Committee and Sub Committee members of the CCG / Governing Body are at all times required to comply with the CCG's Constitution and be aware of their responsibilities as outlined in it. The Constitution confirms that these individuals should act in good faith and in the interests of the CCG and should follow the Seven Principles of Public Life as set out by the Committee on Standards in Public Life (the Nolan Principles) shown at Appendix A.

2. Conflicts of Interest

2.1. Legislation

- 2.1.1. Section 14O of the 2006 NHS Act, as inserted by Section 25 of the Health and Social Care Act 2012, requires CCGs as a minimum to:
 - Maintain appropriate registers of interests.
 - Publish or make arrangements for the public to access those registers.
 - Make arrangements requiring the prompt declaration of interests by the persons specified (members and employees) and ensure that these interests are entered into the relevant register.
 - Make arrangements for managing conflicts and potential conflicts of interest (e.g. developing appropriate policies and procedures).
 - Have regard to guidance published by NHS England and NHS Improvement in relation to conflicts of interest.
- 2.1.2. Section 14O is supplemented by the procurement specific requirements set out in the National Health Service (Procurement, Patient Choice and Competition) (No.2) Regulations 2013). In particular, regulation 6 requires the following:
 - CCGs must not award a contract for the provision of NHS health care services where conflicts, or potential conflicts, between the interests involved in commissioning such services and the interests involved in providing them affect, or appear to affect, the integrity of the award of that contract; and

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

2.2. Conflict of Interest principles

- 2.2.1. Clinical Commissioning Groups (CCGs) manage conflicts of interest as part of their day-to-day activities. Effective handling of conflicts of interest is crucial to give confidence to patients, taxpayers, healthcare providers and Parliament that CCG commissioning decisions are robust, fair and transparent and offer value for money. It is essential in order to protect healthcare professionals and maintain public trust in the NHS. Failure to manage conflicts of interest could lead to legal challenge and even criminal action in the event of fraud, bribery and corruption.
- 2.2.2. Conflicts of interest can arise in many situations, environments and forms of commissioning, with an increased risk in primary care commissioning, out-of-hours commissioning and involvement with integrated care organisations, as clinical commissioners may here find themselves in a position of being at once commissioner and provider of services. Conflicts of interest can arise throughout the whole commissioning cycle from needs assessment, to procurement exercises, to contract monitoring.
- 2.2.3. Seeking to eliminate conflicts of interest completely is unlikely to be possible or desirable. It is important for an individual to have a strong interest in a subject or cause in order to understand, promote and take it seriously. This is, in fact, part of the basic rationale for clinically led commissioning. It is, however, important that conflicts of interest are declared and measures are taken to manage them in the right way to protect individuals and the organisation from accusations of conflicts of interest influencing decisions. Failure to acknowledge, identify and address conflicts of interest could result in poor decision making, legal challenge and reputational damage.
- 2.2.4. The general safeguards that are needed within NHS Sheffield CCG to manage conflicts of interest will vary to some extent, depending on at what stage in the commissioning cycle decisions are being made. The following principles will be integral to our commissioning of all services, including decisions on whether to continue to commission a service, such as by contract extension.

To support the management of conflicts of interest, the CCG will:

- ***Do business appropriately:*** If we get our needs assessments, consultation mechanisms, commissioning strategies and procurement procedures right from the outset, then conflicts of interest become much easier to identify, avoid and/or manage, because the rationale for all decision-making will be clear and transparent and should withstand scrutiny.
- ***Be proactive, not reactive:*** We will seek to identify and minimise the risk of conflicts of interest at the earliest possible opportunity.

- ***Be balanced and proportionate:*** This policy and procedure is intended to be clear and robust, but not overly prescriptive or restrictive. It aims to ensure that decision-making is transparent and fair, but does not constrain people by making it overly complex or cumbersome.
- ***Be transparent:*** Documenting clearly the approach taken at every stage in the commissioning cycle so that a clear audit trail is evident.
- ***Create an environment and culture*** where individuals feel supported and confident in declaring relevant information and raising any concerns.
- ***Assume that individuals will seek to act ethically and professionally, but may not always be sensitive to all conflicts of interest.*** A perception of wrongdoing, impaired judgement or undue influence can be as detrimental as any of them actually occurring. If in doubt, the CCG will assume the existence of a conflict of interest and manage it appropriately rather than ignore it. For a conflict of interest to exist, financial gain is not necessary.

2.2.5. The Director of Finance is responsible for overseeing the governance of the general system for managing conflicts of interest within the organisation.

2.2.6. NHS Sheffield CCG will publish the register(s) of interest and register(s) of Gifts and Hospitality, and the Register of Procurement Decisions on the CCG website. **In exceptional circumstances, where the public disclosure of information could give rise to a real risk of harm** or is prohibited by law, an individual's name and/or other information may be redacted from the publicly available register(s). Where an individual believes that substantial damage or distress may be caused, to him/herself or somebody else by the publication of information about them, they are entitled to request that the information is not published. Such requests must be made in writing. Decisions not to publish information will be made by the Conflicts of Interest Guardian for the CCG, who will seek appropriate legal advice where required, and the CCG will retain a confidential un-redacted version of the register(s).

2.2.7 All persons who are required to make a declaration of interest(s), a declaration of gifts, hospitality or sponsorship, or a breach declaration will be made aware that the register(s) will be published on the CCG internet site in advance of publication.

For each register the CCG Privacy Notice for Staff will detail the identity of the data controller, the purposes for which the register is held and published, and contact details for the data protection officer. The CCG Privacy Notice for Staff can be found at <http://www.intranet.sheffieldccg.nhs.uk/how-we-use-staff-information.htm>.

2.3. Definitions of conflicts of interest

2.3.1. A conflict of interest occurs where an individual's ability to exercise judgement, or act in a role, is or could be impaired or otherwise influenced by

his or her involvement in another role or relationship. In some circumstances, it could be reasonably considered that a conflict exists even when there is no actual conflict. In these cases it is important to still manage these perceived conflicts in order to maintain public trust. (*Managing Conflicts of Interest: Revised Statutory Guidance for CCGs (NHS England, June 2016)*).

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

2.3.3 Types of conflicts of interest can include but are not limited to:

- **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.
 - In secondary employment.
 - In receipt of secondary income from a provider.
 - In receipt of a grant from a provider.
 - In receipt of any payments (for example honoraria, one-off payments, day allowances or travel or subsistence) from a provider.
 - In receipt of research funding, including grants that may be received by the individual or any organisation in which they have an interest or role;
 - 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.
 - A 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).
- A medical researcher.

Additionally, 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 relative e.g., parent, grandparent, child, grandchild or sibling.
 - Close friend.
 - Business partner. A declaration of interest for a “business partner” in a GP partnership should include all relevant collective 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.

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

- 2.3.4 When determining whether an interest must be declared, pertinent issues to bear in mind include:

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

Individuals will also need to consider whether any previous or prospective roles or relationships may give rise to a conflict of interest. A conflict of interest may arise, for example, where a person has an expectation of future work or employment with a provider that is bidding for a contract.

2.4 Declaring and registering interests

Statutory Requirements

2.4.3 As confirmed in our Constitution, we will to maintain one or more registers of interest of:

- **All CCG employees**, including:
 - All full and part time staff
 - Any staff on sessional or short term contracts
 - Any students and trainees (including apprentices)
 - Agency staff
 - Seconded staff

In addition, any self-employed consultants or other individuals working for the CCG under a contract for services will be required to make a declaration of interest in accordance with this guidance, as if they were CCG employees.

- **Members of the governing body:** All members of the CCG's committees, sub-committees/sub-groups, including:
 - Co-opted members
 - Appointed deputies
 - Any members of committees/groups from other organisations

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

- **All members of the CCG (i.e. each Member Practice):** This includes each provider of primary medical services which is a member of the CCG under Section 14O (1) of the 2006 Act. Declarations should be made by the following groups:
 - GP partners (or where the practice is a company, each director);
 - Any individual directly involved with the business or decision-making of the CCG

- 2.4.4 The Corporate Services Risk and Governance Manager will be responsible for ensuring that a record of an interest is recorded in the register as soon as he/she becomes aware of it. We will publish, and make arrangements to ensure that members of the public have access to these registers on request. Interests will remain on the public register for a minimum of 6 months after the interest has expired. In addition, the CCG will retain a private record of historic interests for a minimum of 6 years after the date on which it expired. The CCG's published register of interests will state that historic interests are retained by the CCG for the specified timeframe, with details of whom to contact to submit a request for this information.

Declaring an Interest

- 2.4.5 Individuals are required to declare any interest that they have in writing to the Corporate Services Risk and Governance Manager, as soon as they are aware of it and in any event no later than 28 days after becoming aware. Where an individual is unable to provide a declaration in writing, for example, if a conflict becomes apparent in the course of a meeting, they are required to make an oral declaration before witnesses, and provide a written declaration as soon as possible thereafter.
- 2.4.6 Conflicts of interests should be declared in accordance with paragraph 2.3.4 and regularly confirmed and updated (including a nil declaration) in the following circumstances:
- ***On appointment in writing:*** Applicants for any appointment to the CCG or its governing body will be asked to declare any relevant interests at application stage. When an appointment is made, a formal declaration of interests will again be made by the successful applicant and recorded accordingly.
 - ***6-monthly:*** We have a system in place to review our register of interests on a six-monthly basis to ensure that the register of interests is accurate and up-to-date. Declarations of interest will be obtained from all relevant individuals every six months, and where there are no interests or changes to declare, a "nil return" will be requested and recorded.
 - ***At meetings:*** As a standing agenda item, all attendees will be asked to verbally declare any interest they have in any agenda item at every governing body, committee, sub-committee or working group meeting before it is discussed or as soon as it becomes apparent. Even if an interest is declared in the register of interests, it should be verbally declared in meetings where matters relating to that interest are discussed. Declarations of interest will be recorded in minutes of meetings.
 - ***On changing roles, responsibilities or circumstances:*** Where an individual changes role or responsibility within a CCG or its governing body, any change to the individual's interests should be declared in writing.

- ***Whenever an individual's role, responsibility or circumstances change*** in a way that affects the individual's interests (e.g. where an individual takes on a new role outside the CCG or enters into a new business or relationship), a further declaration should be made to reflect the change in circumstances as soon as possible, and in any event within 28 days. This could involve a conflict of interest ceasing to exist or a new one materialising. It is the responsibility of the individual to make a declaration of interests if their circumstances change as soon as possible, and in any event within 28 days, rather than waiting to be asked.
- ***At specific points during the procurement process:*** See procurement section (section 3) for further guidance.

2.4.7 Whenever interests are declared, they should be promptly reported (and in any event within 28 days) to the Corporate Services Risk and Governance Manager within the CCG who has designated responsibility for maintaining the register of interests. The Corporate Services Risk and Governance Manager will ensure that the register of interests is updated accordingly. All written declarations should be made using the "Declaration of Interest" form (Appendix C) and should be forwarded to the Corporate Services Risk and Governance Manager for registering. Declarations of no interests are required as well as declaring identified interests.

2.4.8 Where an individual, i.e. an employee, CCG Member, member of the Governing Body, or a member of a Committee or a Sub-Committee of the CCG or its Governing Body has an interest, or becomes aware of an interest which could lead to a conflict of interests in the event of the CCG considering an action or decision in relation to that interest, that must be considered as a potential conflict.

2.4.9 Based on the written Declaration of Interest Form, the Accountable Officer will put in writing to the relevant individual any arrangements required for managing any actual or potential conflict arising from the declared interests, taking into account both the materiality and extent of the interest. The arrangements may confirm the following areas:

- When an individual should withdraw from a specified activity or meeting, on a temporary or permanent basis.
- Monitoring of the specified activity undertaken by the individual, either by a line manager, colleague or other designated individual.

2.4.10 A template for the register of interests is shown at Appendix D.

2.4.11 On a 6-monthly basis the Corporate Services Risk and Governance Manager will review the registers of interests to ensure that they are accurate and up to date, undertaking any spot-check activity required.

2.5 Managing Conflicts of interests which arise during meetings

- 2.5.3 The CCG is under a statutory obligation to make arrangements for managing conflicts of interests, and potential conflicts of interest, in such a way as to ensure that they do not, and do not appear to, affect the integrity of the CCG's decision-making.
- 2.5.4 The chair of a meeting of the CCG's governing body or any of its committees, sub-committees or groups has ultimate responsibility for deciding whether there is a conflict of interest and for taking the appropriate course of action in order to manage the conflict of interest. In the event that the chair of a meeting has a conflict of interest, the vice chair is responsible for deciding the appropriate course of action in order to manage the conflict of interest. If the vice chair is also conflicted then the remaining non-conflicted voting members of the meeting should agree between themselves how to manage the conflict(s).
- 2.5.5 It is good practice for the chair, with support of the CCG's Director of Finance or equivalent and, if required, the Conflicts of Interest Guardian, to proactively consider ahead of meetings what conflicts are likely to arise and how they should be managed, including taking steps to ensure that supporting papers for particular agenda items of private sessions/meetings are not sent to conflicted individuals in advance of the meeting where relevant. To support chairs in their role, they will have access to a declaration of interest checklist (Appendix E) prior to meetings, which will include details of any declarations of conflicts which have already been made by members of the group.
- 2.5.6 The chair should ask at the beginning of each meeting if anyone has any conflicts of interest to declare in relation to the business to be transacted at the meeting. Each member of the committee/sub-committee or group should declare any interests which are relevant to the business of the meeting, whether or not those interests have previously been declared. Any new interests which are declared at a meeting must be included on the CCG's relevant register of interests to ensure it is up-to-date. Similarly, any new offers of gifts or hospitality (whether accepted or not) which are declared at a meeting must be included on the CCG's register of gifts and hospitality to ensure it is up-to-date.
- 2.5.7 It is the responsibility of each individual member of the meeting to declare any relevant interests which they may have. However, should the chair or any other member of the meeting be aware of facts or circumstances which may give rise to a conflict of interests but which have not been declared then they should bring this to the attention of the chair who will decide whether there is a conflict of interest and the appropriate course of action to take in order to manage the conflict of interest.
- 2.5.8 When a member of the meeting (including the chair or vice chair) has a conflict of interest in relation to one or more items of business to be transacted at the meeting, the chair (or vice chair or remaining non-conflicted members where relevant as described above) must decide how to manage

the conflict. The appropriate course of action will depend on the particular circumstances, but could include one or more of the following:

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

2.5.9 All decisions, and details of how any conflict of interest issue has been managed, should be recorded in the minutes of the meeting. It is the responsibility of the Chair to ensure that interests are formally recorded in the minutes.

The chair must ensure the following information is recorded in the minutes as a minimum (corporate templates are in place to facilitate this – Appendix E):

- who has the interest;
- the nature of the interest and why it gives rise to a conflict, including the magnitude of any interest;
- the items on the agenda to which the interest relates;
- how the conflict was agreed to be managed; and

- evidence that the conflict was managed as intended (for example recording the points during the meeting when particular individuals left or returned to the meeting).

2.5.10 If during the course of a meeting a conflict of interest is established which was not identified at the commencement of the meeting, the member concerned should notify the Chair of the meeting immediately. 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 at the earliest opportunity and, if there is time, the interest will be noted in the minutes. Otherwise it will be raised as a matter arising at the next meeting.

2.5.11 Where more than 50% of the members of a meeting are required to withdraw from a meeting or part of it, owing to the arrangements agreed for the management of conflicts of interests or potential conflicts of interests, the Chair (or Deputy) will determine whether or not the discussion can proceed. In making this decision the Chair will consider whether the meeting is quorate, in accordance with the number and balance of membership set out in the CCG's Standing Orders. Where the meeting is not quorate, owing to the absence of certain members, the discussion will be deferred until such time as a quorum can be convened. Where a quorum cannot be convened from the membership of the meeting, owing to the arrangements for managing conflicts of interest or potential conflicts of interests and which are not covered by the provisions set out in this policy, the Chair shall consult with the Accountable Officer on the action to be taken. These arrangements must be recorded in the minutes. The arrangements may include:

- Requiring another of the CCG's Committees or Sub-Committees, the Governing Body or the Governing Body's Committees or Sub-Committees (as appropriate) which can be quorate to progress the item of business, or if this is not possible,
- Inviting on a temporary basis one or more of the following to make up the quorum so that the meeting can progress the item of business.
 - a member of the CCG;
 - an individual appointed by a Member practice to act on its behalf in the dealings between it and the CCG;
 - a member of a relevant Health and Wellbeing Board;
 - a member of a relevant local Healthwatch;
 - a member of a Governing Body of another Clinical Commissioning Group.

3 Managing conflicts of interest throughout the commissioning cycle

3.1 Legislation

3.1.1 The NHS Act 2006, the Health and Social Care Act 2012 and associated regulations set out the statutory rules with which commissioners are required to comply when procuring and contracting for the provision of clinical services.

NHS Sheffield CCG will consider these alongside the Public Contract Regulations and, where appropriate, EU procurement rules. Monitor's *Substantive guidance on the Procurement, Patient Choice and Competition Regulations* advises that the requirements within these create a framework for decision making that will assist commissioners to comply with a range of other relevant legislative requirements. NHS Sheffield CCG will work in accordance with this framework.

- 3.1.2 The *National Health Service (Procurement, Patient Choice and Competition) (No. 2)) Regulations 2013* place requirements on commissioners to ensure that they adhere to good practice in relation to procurement, run a fair, transparent process that does not discriminate against any provider, do not engage in anti-competitive behaviour that is against the interest of patients, and protect the right of patients to make choices about their healthcare. Furthermore the PPCCR places requirements on commissioners to secure high quality, efficient NHS healthcare services that meet the needs of the people who use those services.
- 3.1.3 The European procurement regime – Public Contracts Regulations 2015 (PCR 2105) incorporate the European Public Contracts Directive into national law, apply to all public contracts over the threshold value, and are enforced through the Courts. Paragraph 24 of PCR 2015 states: “Contracting authorities shall take appropriate measures to effectively prevent, identify and remedy conflicts of interest arising in the conduct of procurement procedures so as to avoid any distortion of competition and to ensure equal treatment of all economic operators”. Conflicts of interest are described as “any situation where relevant staff members have, directly or indirectly, a financial, economic or other personal interest which might be perceived to compromise their impartiality and independence in the context of the procurement procedure”. The PCR 2015 are focussed on ensuring a fair and open selection process for providers. The regulations set out that:
- CCGs must not award a contract for the provision of NHS health care services where conflicts, or potential conflicts, between the interests involved in commissioning such services and the interests involved in providing them affect, or appear to affect, the integrity of the award of that contract; and
 - CCGs must keep a record of how it managed any such conflict in relation to NHS commissioning contracts it has entered into.
- 3.1.4 Monitor has a statutory duty under section 78 of the Health and Social Care Act 2012 to produce guidance on compliance with any requirements imposed by the regulations and how it intends to exercise the powers conferred on it by these regulations. Monitor's *Substantive guidance on the Procurement, Patient Choice and Competition Regulations* is the relevant statutory guidance.

3.2 Commissioning cycle conflict of interest principles

- 3.2.1 Conflicts of interest need to be managed appropriately throughout the whole commissioning cycle. At the outset of a commissioning process, the relevant interests of all individuals involved should be identified and clear arrangements put in place to manage any conflicts of interest. This includes consideration as to which stages of the process a conflicted individual should not participate in, and, in some circumstances, whether that individual should be involved in the process at all.
- 3.2.2 All staff who are in contact with suppliers and contractors (including external consultants), and in particular those who are authorised to sign Purchase Orders, or place contracts for goods, materials or services, are expected to adhere to relevant professional standards of the kind set out in the Ethical Code of the Chartered Institute of Purchasing and Supply (CIPS) available at <http://www.cips.org>
- 3.2.3 Staff should be particularly careful of using, or making public, internal information of a “commercial in-confidence” nature, particularly if its disclosure would prejudice the principle of a purchasing system based on fair competition. This principle applies whether private competitors or other NHS providers are concerned, and whether or not disclosure is prompted by the expectation of personal gain.
- 3.2.4 Fair and open competition between prospective contractors or suppliers for NHS contracts is a requirement of NHS Standing Orders, the National Health Service (Procurement, Patient Choice and Competition) (No. 2) Regulations 2013 and the European and UK Procurement Regulations for Works, Services and Supplies. This means that:
- No private, public or voluntary organisation or company which may bid for NHS business should be given any advantage over its competitors, such as advance notice of NHS requirements. This applies to all potential contractors, whether or not there is a relationship between them and the NHS employer, such as a long-running series of previous contracts.
 - Each new contract should be awarded solely on merit, taking into account the requirements of the NHS and the ability of the contractors to fulfil them.
- 3.2.5 NHS staff should ensure that no special favour is shown to current or former employees or their close relatives or associates in awarding contracts to private or other businesses run by them or employing them in a senior or relevant managerial capacity. Contracts may be awarded to such businesses where they are won in fair competition against other tenders, but scrupulous care must be taken to ensure that the selection process is conducted impartially, and that staff who are known to have a relevant interest play no part in the selection.
- 3.2.6 Anyone seeking information in relation to a procurement, or participating in a procurement, or otherwise engaging with the CCG in relation to the potential provision of services or facilities to the CCG, will be required to make a declaration of any relevant conflict / potential conflict of interest.

- 3.2.7 Anyone contracted to provide services or facilities directly to the CCG will be subject to the same provisions in relation to managing conflicts of interests. This requirement will be set out in the contract for their services.
- 3.2.8 To ensure a fair, transparent and competitive procurement process, NHS Sheffield CCG will actively work to identify and manage all conflict(s) of interest during the procurement process. Conflicts of interest within procurement arise when an individual or organisation is in a position to exploit a professional or official capacity, including acquiring information or being involved in processes connected with the procurements, for their personal or business benefit.
- 3.2.9 The existence of a conflict of interest does not, in itself, indicate that a person or organisation has acted in an unprofessional manner or done something wrong. In some situations conflicts of interest are unavoidable, for example with primary medical care service delivery there is a strong commissioner / provider link. NHS Sheffield CCG will work to ensure all procurement conflicts of interest are identified and managed appropriately. In the event that a potential conflict of interest cannot be managed, NHS Sheffield CCG will review any risks of negative stakeholder perception that a conflict of interest is not being managed and take this into consideration when determining management actions.

3.3 Register of procurement decisions

- 3.3.1 The Head of Procurement at NHS Sheffield CCG will maintain a register of procurement decisions which will be updated whenever a procurement decision is taken with information including:
- the details of the decision;
 - who was involved in making the decision (including the name of the CCG clinical lead, the CCG contract manager, the name of the decision making committee and the name of any other individuals with decision-making responsibility);
 - a summary of any conflicts of interest in relation to the decision and how this was managed by the CCG; and
 - the award decision taken.
- 3.3.2 In the interests of transparency, the register of interests and decisions will be publically available on the CCG website at www.sheffieldccg.nhs.uk and available upon request for inspection at our headquarters. Where required by NHS England, the register will form part of the CCG's annual accounts and will thus be signed off by external auditors. These records will be retained for a period of at least three years from the date of award of the contract.
- 3.3.3 NHS Sheffield CCG will use the business case / procurement template at Appendix F when drawing up plans to commission services.

3.4 Potential procurement conflict of interest scenarios

3.4.1 To assist with understanding procurement conflicts of interest, and for the purpose of this procedure, they have been categorised as follows and likely scenarios are detailed below:

- Conflicts of interest from an NHS Sheffield CCG perspective;
- Conflicts of interest from a bidder perspective;
- Conflicts of interest arising from horizontal and/or vertical integration.

<p>NHS Sheffield Clinical Commissioning Group perspective</p>	<p>From NHS Sheffield CCG's perspective any of the following scenarios could be considered to be a potential conflict of interest:</p> <ul style="list-style-type: none"> • An NHS Sheffield CCG commissioner including governing body and committee members involved in the procurement (e.g. project team or evaluator) has a financial interest (e.g. holding shares or options) in a bidder/bidder entity or any employee or officer thereof; • An NHS Sheffield CCG commissioner has a financial or any other personal interest in the outcome of the evaluation process; • An NHS Sheffield CCG commissioner is employed by or providing services to any bidder party; • An NHS Sheffield CCG commissioner is receiving any kind of monetary or non-monetary payment or incentive (including hospitality) from any bidder party or its representatives; • An NHS Sheffield CCG commissioner has any other close relationship (current or historical) with any Bidder Party; • Any party (NHS Sheffield CCG or Bidder) is canvassing, or negotiating with, any person with a view to entering into any of the arrangements outlined above; or • Any party (NHS Sheffield CCG or Bidder) has a close member of family (including unmarried partners) who falls into any of the categories outlined above. <p>For the purpose of this guidance, an NHS Sheffield CCG commissioner includes any member of staff directly employed by NHS Sheffield CCG, contracted in specifically for the procurement or on an advisory basis including NHS Sheffield CCG Members and Local Medical Committee members.</p> <p>The above list of examples is a non-exhaustive list, and it is NHS Sheffield CCG's responsibility to ensure that any and all potential conflicts – whether or not of the type listed above – are disclosed in writing and managed appropriately.</p>
<p>Bidder perspective</p>	<p>From a Bidder perspective any of the following scenarios could be considered to be a potential conflict of interest:</p> <ul style="list-style-type: none"> • A Relevant Organisation is carrying out, or has carried out, any work for NHS Sheffield CCG in the last 12 months (this would cause a concern, for example, if the Relevant Organisation has had access to commercially sensitive information which would give them an unfair advantage over other bidders);

	<ul style="list-style-type: none"> • A Relevant Organisation is potentially providing services for more than one prospective Bidder in respect of the Procurement process; or • A Relevant Organisation employs or engages, or has employed or engaged, any person currently or formerly employed or engaged by or otherwise connected with NHS Sheffield CCG. <p>For the purpose of this policy, a Relevant Organisation is considered to include any organisation(s) - including the Bidder, each Bidder Member and any Clinical Services Supplier - or person connected (including employees and advisers) with a response to a Pre-Qualification Questionnaire.</p> <p>The above list of examples is a non-exhaustive list, and it is NHS Sheffield CCG's responsibility to ensure that any and all potential conflicts – whether or not of the type listed above – are disclosed in writing and managed appropriately.</p>
Horizontal and vertical integration	<p>Conflicts of interest may also arise where horizontal and/or vertical integration occurs. Vertical integration is where a provider of the primary care service is a secondary care provider into which the service in question may make referrals. Horizontal is where the provider of primary care services has other primary care services in the locality into which the service in question may make referrals.</p> <p>If vertical integration could occur, NHS Sheffield CCG will work with the NHS Commissioning Board (NHS England) to ensure the necessary safeguards are in place and that appropriate approvals are sought.</p>

3.5 Governance of conflicts of interest in procurement

3.5.1 The Head of Procurement has overall responsibility and oversight for managing all conflicts of interest for the procurement process including those facilitated and managed by external agencies such as Commissioning Support services. As a core principle, all decisions made around managing conflicts of interest will be made independently of those associated or directly involved in the conflicts of interest itself.

3.5.2 All members of the evaluation panel and/or persons who have access to project information shall be asked to declare conflicts of interest and there is a review mechanism for NHS Sheffield CCG to monitor and manage them. The contact point for any clarification or declaration on procurement conflicts of interest will be the Project Lead. The table below details respective roles within the procurement project.

Role	Responsibility
Bidders	<ul style="list-style-type: none"> • Declare conflicts of interest as part of the tender process. <p><i>Potential Bidders will be made aware of their obligation to formally declare any conflicts of interest through the procurement documentation, namely the Memorandum of Information (MOI), Pre Qualification Questionnaire (PQQ) and Invitation to Tender (ITT). The first stage for bidders to formally declare any conflicts of interest will be at the Pre-Qualification Stage (PQQ). In addition, bidders will be placed under a continuous obligation to declare any conflicts of interest that arise during all stages of the procurement process.</i></p>
NHS Sheffield CCG	<ul style="list-style-type: none"> • Create and maintain a central conflicts of interest log to include all identified conflicts of interest and any minutes taken at meetings where conflicts of interest are discussed. Capturing all conflicts of interest in a central database will help ensure accountability and appropriate capture of information. <p><i>NHS Sheffield CCG will seek to establish that any and all potential conflicts, whether or not of the type listed earlier in this procedure, are disclosed and recorded. The Project Lead will ensure that all officers involved in the procurement process declare any conflicts of interest and agree to strict confidentiality agreements as early as possible in the procurement process. This will apply to all Project Team staff, advisors and evaluators.</i></p> <p><i>All new staff who become involved in the project subsequent to the initial set up will be required to declare all conflicts of interest before being given access to commercially sensitive information. In addition, NHS Sheffield CCG will document all conflicts of interest and mitigation actions e.g. recording minutes at meetings.</i></p> <p><i>All NHS Sheffield CCG commissioners will be made aware of the limitations to any future involvement in the procurement (e.g. as a bidder) because of their entry into the procurement process at the CCG.</i></p>
Project Team	<ul style="list-style-type: none"> • Identify conflicts of interest and make appropriate channels available for all stakeholders to declare conflicts of interest. • Review conflicts of interest, risks associated with them and the impact that they have on the procurement - seeking necessary expert advice (e.g. legal) and involving the NHS England (or equivalent) where required (e.g. Vertical Integration issues).
Project Lead	<ul style="list-style-type: none"> • Ensure all conflicts of interest are managed appropriately. • Make key decisions on any restrictions to be imposed. • Escalate decisions to a relevant Committee of the Governing Body or to the Governing Body where it is deemed appropriate.
NHS England	

Role	Responsibility
	<ul style="list-style-type: none"> Provide advice on specific conflicts of interest where required e.g. vertical integration.
All parties	<ul style="list-style-type: none"> Declare any conflicts of interest that they know may exist.

3.6 Conflicts of interest at the different procurement stages

3.6.1 Conflicts of interest can occur at any stage during the procurement process and are most likely to occur during the following three key phases:

- Service Design
- Evaluation of Bids (PQQ and ITT)
- Bidder selection and contract award

3.6.2 The type of conflicts of interest likely to arise during these phases and the risks associated with each of them are discussed further below. Commissioners must consider each of these areas as appropriate to their commissioning activity.

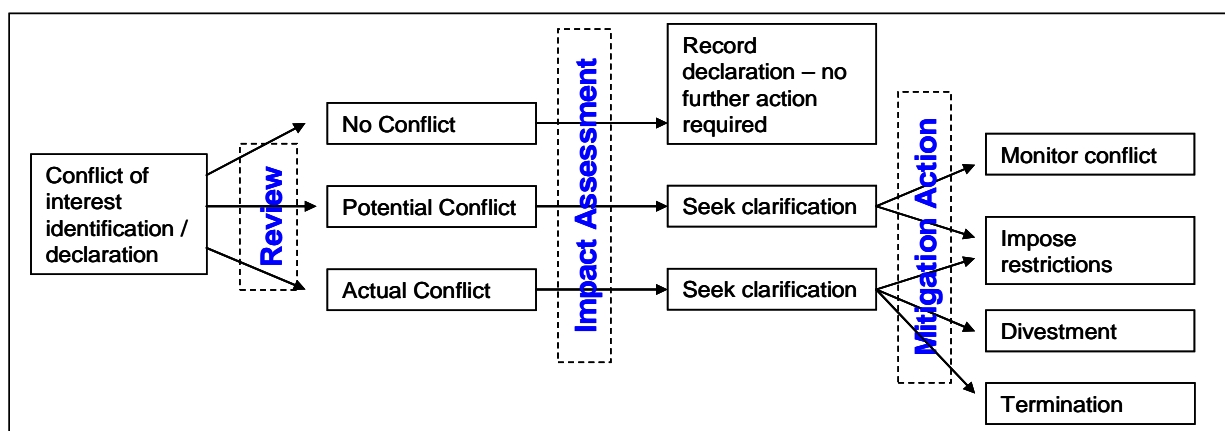
Service Design	<p>Two key areas of conflict of interest that can occur at this stage of the process are:</p> <ol style="list-style-type: none"> 1. The service design may be influenced by an individual in such a way that the resulting requirements favour the deliverability of any one provider in which the individual has a personal or financial interest; and 2. An individual or organisation gains access to affordability, financial costing or performance information which gives them a commercial advantage when bidding for services. <p>In both of the areas listed above, bidders could gain an unfair advantage over competitors and NHS Sheffield CCG will take these into consideration when deciding upon mitigating actions. If a conflict of interest, as described above, has occurred, then in order to ensure the integrity of the procurement NHS Sheffield CCG will seek to exclude such bidders from continuing in the procurement process. An assessment will be made on a case by case basis with consideration given to whether the conflicted parties made a declaration upfront.</p> <p>The way in which services are designed can either increase or decrease the extent of perceived or actual conflicts of interest. Public involvement supports transparent and credible commissioning decisions. It should happen at every stage of the commissioning cycle from needs assessment, planning and prioritisation to service design, procurement and monitoring. As a CCG, we have legal duties under the Health and Social Care Act 2012 to properly involve patients and the public in our commissioning processes and decisions. Our Engagement and Experience Committee oversees public engagement activity.</p> <p>It is good practice to engage relevant providers, especially clinicians, in</p>
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	<p>confirming that the design of service specifications will meet patient need. This may include providers from the acute, primary, community, and mental health sectors, and may include NHS, third sector and private sector providers. Such engagement, done transparently and fairly, is entirely legal. However, conflicts of interest, as well as challenges to the fairness of the procurement process, can occur if a commissioner engages selectively with only certain providers (be they incumbent or potential new providers) in developing a service specification for a contract for which they may later bid. Any engagement by the CCG will follow the three main principles of procurement law: equal treatment, non-discrimination and transparency. This includes ensuring that the same information is given to all at the same time, and that procedures are transparent. When engaging providers on service design, NHS Sheffield has ultimate responsibility for service design and will make the final decision on any model.</p> <p>As the service design develops, it is good practice to engage with a range of providers on an on-going basis to seek comments on the proposed design. Engagement should help to shape the requirement to meet patient need, but it is important not to gear the requirement in favour of any particular provider(s). If appropriate, the advice of an independent clinical adviser on the design of the service will be secured.</p> <p>NHS Sheffield CCG will seek, as far as possible, to specify the outcomes that we wish to see delivered through a new service, rather than the process by which these outcomes are to be achieved. As well as supporting innovation, this will help to prevent bias towards particular providers in the specification of services. Specifications will be clear and transparent, reflecting the depth of engagement, and set out the basis on which any contract will be awarded.</p>
<p>Evaluation of Bids (PQQ, Competitive Dialogue and ITT)</p>	<p>As part of a procurement process, it is good practice to ask bidders to declare any conflicts of interest. This allows us as commissioners to ensure that we comply with the principles of equal treatment and transparency. When a bidder declares a conflict (a standard form is in place to support this), the CCG will decide how best to deal with it to ensure that no bidder is treated differently to any other. It will not usually be appropriate to declare such a conflict on the register of procurement decisions, as it may compromise the anonymity of bidders during the procurement process. However, the CCG will retain an internal audit trail of how the conflict or perceived conflict was dealt with to allow the provision of information at a later date if required.</p> <p>NHS Sheffield CCG will ensure that the evaluation process is robust and that it is open, fair and transparent. In addition, the evaluation criteria will be designed to be non-discriminatory to any particular type of bidder. Evaluation processes will be clearly documented in the Pre Qualification Questionnaire (PQQ), Competitive Dialogue and Invitation to Tender (ITT) Evaluation Plans. NHS Sheffield CCG will ensure that all evaluators are free of any conflicts and all evaluators will complete a conflict of interest declaration prior to them receiving any bid material.</p>
<p>Bidder selection and contract</p>	<p>Selection of a successful bidder will follow a pre-documented process –</p>

award	any variation from the process will be carefully considered, justifiable and documented again as a variation. NHS Sheffield CCG will ensure that bidders are selected against pre-determined selection criteria and not other preferences. Although existing knowledge of a bidder may be seen to reduce the risk to service delivery when compared to an unknown bidder with little experience, NHS Sheffield CCG will not favour existing bidders over and beyond the defined evaluation criteria.
Contract management	<p>The management of conflicts of interest applies to all aspects of the commissioning cycle, including contract management.</p> <p>Any contract monitoring meeting needs to consider conflicts of interest as part of the process i.e. the chair of a contract management meeting should invite declarations of interests, record any declared interests in the minutes of the meeting, and manage any conflicts appropriately and in line with this guidance. This equally applies where a contract is held jointly with another organisation such as the Local Authority or with other CCGs under lead commissioner arrangements. Conflicts should be recorded in line with Section 2.5 and Appendix E of this policy.</p> <p>The individuals involved in the monitoring of a contract should not have any direct or indirect financial, professional or personal interest in the incumbent provider or in any other provider that could prevent them, or be perceived to prevent them, from carrying out their role in an impartial, fair and transparent manner.</p> <p>NHS Sheffield CCG team members are required to be mindful of any potential conflicts of interest when they disseminate any contract or performance information/reports on providers, and manage the risks appropriately.</p>

3.7 Declaring, reviewing and managing procurement conflicts of interest

3.7.1 A simple procurement conflict of interest framework is presented below:



The decision tree has the following steps:

- Identify the conflict of interest / receive a declaration (the Head of Procurement will disseminate the appropriate procurement declaration form at the appropriate stage of the procurement).
- Review the identified/declared conflict of interest and decide whether:
 - There is an actual conflict of interest (e.g. a bidder may declare that they are currently delivering services under an existing contract and will bid for new services, in which case this would not be seen as a conflict of interest for the procurement);
 - A conflict of interest may materialise in the future but it does not currently exist (e.g. a clinical advisor/GP is advising on the service specification and intends to be involved in a bid for the service); or
 - A conflict of interest does exist (e.g. a CCG bid evaluator is related to the bid lead in a bidding organisation).
- The impact of any conflict of interest on the procurement (with specific focus on fairness and transparency) needs to be considered to inform actions to be taken. In many cases, NHS Sheffield CCG will need to seek further clarification before making a decision on the line of action.
- Various actions can be taken to manage a conflict of interest and these will be particular to the specific conflict of interest and advice from the Head of Procurement and any legal advice as required. Potential actions are:
 - **Monitor the situation** – this may be most appropriate if there is the potential for a known conflict to materialise and it is currently premature to take any action or where it may be too late in the process to implement any corrective action;
 - **Restrictions** may need to be placed on, for example, certain individuals or specific bidders may be restricted from participating in the scheme – restrictions may be time limited;
 - **Divestment** of assets by the conflicted individual. If the conflict of interest is identified early, NHS Sheffield CCG commissioners may be given the option of either resigning from their CCG role or to divest their financial interest in a bidder organisation; and
 - **Termination** of the procurement may need to be considered where a material conflict of interest has occurred and has substantially increased the procurement risk – legal advice and Accountable Officer or NHS Sheffield CCG Governing Body approval (dependant on the procurement value in line with the CCG's scheme of delegation) must be sought if this option is to be pursued.

3.7.2 NHS Sheffield CCG will retain the right to exclude any bidder from the procurement where there is a material conflict of interest and there are no

other appropriate mitigating actions which could be adopted. NHS Sheffield CCG will ensure that it is clear that a chosen mitigation action will be effective. Where doubt exists over the effectiveness of a mitigation action, NHS Sheffield CCG will pursue a safer option of implementing restrictions and excluding bidders from the process where required.

- 3.7.3 The approach to managing conflicts during the procurement process will be to deal with each conflict on a case-by-case basis, within the parameters set by procurement law. The concerns around conflict of interest will need to be set against ensuring sufficient bidder participation. Each type of conflict of interest will be considered in a fair and transparent manner that can be documented and audited.
- 3.7.4 Where a Commissioning Support service or any other external agency is contracted to provide procurement services to NHS Sheffield CCG, the procurement lead will keep the Head of Procurement informed of all conflicts of interest as they arise and the conflicts of interest process contained in this document will apply.
- 3.7.5 A business case and procurement template (Appendix F) and a register of procurement decisions template (Appendix G) are appended to this policy.

4 Primary Care conflicts of interest, procurement and contracting

- 4.1 The most obvious area in which conflicts could arise is where NHS Sheffield CCG commissions (or continues to commission by contract extension) healthcare services, including GP services, in which a member of the CCG has a financial or other interest. This may most often arise in the context of commissioning of primary care, particularly with regard to any delegated or joint arrangements with NHS England, but must also be considered in respect of any commissioning issue where GPs are current or possible providers. NHS Sheffield CCG will use the business case / procurement template at Appendix F when drawing up plans to commission services where this is potentially the case.
- 4.2 As with any procurement, the register of interests and the register of decisions will be publically available on the CCG website at www.sheffieldccg.nhs.uk and available upon request for inspection at our headquarters.
- 4.3 Decisions relating to the commissioning of primary medical services shall be made by a committee of the CCG's Governing Body – the Primary Care Commissioning Committee (PCC). The Committee's Terms of Reference details its responsibilities.
- 4.4 In the interest of minimising the risks of conflicts of interest, it is recommended by NHS England that GPs do not have voting rights on the Primary Care Commissioning Committee. The arrangements do not preclude GP participation in strategic discussions on primary care issues, subject to appropriate management of conflicts of interest. They apply to decision-

making on procurement issues and the deliberations leading up to the decision.

- 4.5 Whilst sub-committees or sub-groups of the primary care commissioning committee can be established (e.g. to develop business cases and options appraisals), ultimate decision-making responsibility for the primary medical services functions rests with the Primary Care Commissioning Committee. Sub-groups must submit their minutes to the Primary Care Commissioning Committee, detailing any conflicts and how they have been managed. Standard templates for agendas, minutes and coversheets are appended as part of Appendix E.
- 4.6 We will regularly review our governance structures for managing primary care conflicts of interest to ensure that they reflect current guidance and are appropriate, particularly in relation to any co-commissioning roles which we propose to undertake. This may include consideration of our governance meeting structure, our internal controls and assurances, and our approach to identifying, declaring and managing conflicts of interest.

5 Gifts, Hospitality and Sponsorship

5.1 Overview

- 5.1.1 Courtesy gifts and hospitality must not be given or received in return for services provided or to obtain or retain business but shall be handled openly and unconditionally as a gesture of esteem and goodwill only. Gifts and hospitality shall always be of symbolic value, appropriate and proportionate in the circumstances, and consistent with local customs and practices. They shall not be made in cash.

5.2 Gifts

- 5.2.1 A “gift” is defined as any item of cash or goods, or any service, which is provided for personal benefit, free of charge or at less than its commercial value.
- 5.2.2 All gifts of any nature offered to CCG staff, governing body and committee members and individuals within GP member practices by suppliers or contractors linked (currently or prospectively) to the CCG’s business should be declined, whatever their value. The person to whom the gifts were offered should also declare the offer within 28 days using the Gifts, Hospitality and Sponsorship Form (Appendix H) and submit the form to the Corporate Services Risk and Governance Manager so the offer which has been declined can be recorded on the register. A template for the register of gifts, hospitality and sponsorship is shown at Appendix I.
- 5.2.3 Gifts offered from other sources should also be declined and recorded using the Gifts, Hospitality and Sponsorship Form (Appendix H) and submitted within 28 days to the Corporate Services Risk and Governance Manager if accepting them might give rise to perceptions of bias or favouritism, and a

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

When gifts are offered, the following principles and rules should be adhered to:

- Gifts valued at over £50 should be treated with caution and only be accepted on behalf of the CCG (i.e. information about how such gifts should be received, eg payment into any charitable fund in existence, not in a personal capacity). These should be declared by staff;
- Modest gifts under a value of £50 may be accepted and do not need to be declared;
- A common sense approach should be applied to the valuing of gifts (using an actual amount, if known, or an estimate that a reasonable person would make as to its value);

5.2.4 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 within 28 days using the Gifts, Hospitality and Sponsorship Form (Appendix H) and the form submitted to the Corporate Services Risk and Governance Manager for recording on the register.

5.2.5 There may very occasionally be exceptional circumstances where it would be inappropriate to decline gifts or hospitality, for example where diplomatic sensitivities or protocol would be offended, especially where it is customary among certain cultures to make gifts. In such cases, the register entry must fully explain such reasons for accepting the gift. The above clauses do not preclude members of the Governing Body from accepting gifts in excess of that described above if they are acting in an ambassadorial role as a representative of NHS Sheffield CCG but these must still be declared using the form (Appendix H).

5.2.6 A series of small gifts, received from the same or related source, over a 12 month period, with accumulated worth of greater than £50 should be declared and registered.

5.2.7 If a donor leaves a gift with a value of over £10 for an employee in their absence, then this should be declared by completing the Gifts, Hospitality and Sponsorship Form (Appendix H).

- 5.2.8 Where members of staff or individuals covered by the scope of this policy have any concern as to the potentially excessive value of a gift offered or the pressure to accept any gift is particularly high, they should seek advice from their line manager, the Corporate Services Risk and Governance Manager or the Director of Finance. Staff should at all times be aware that the Code of Conduct for NHS Managers seeks to ensure that the best interests of the public and patients/clients are upheld in decision-making and that decisions are not improperly influenced by gifts or inducements.
- 5.2.9 Staff and individuals covered by the scope of this policy should exercise their judgement when accepting gifts on the basis of a personal friendship if they have reason to believe that, under the circumstances, the gift was provided because of the official position of the member of staff and not because of the personal friendship.

5.3 Hospitality

- 5.3.5 A blanket ban on accepting or providing hospitality is neither practical nor desirable from a business point of view. However, individuals should be able to demonstrate that the acceptance or provision of hospitality would benefit the NHS or the CCG.
- 5.3.6 Modest hospitality provided in normal and reasonable circumstances may be acceptable, although it should be on a similar scale to that which the CCG might offer in similar circumstances (e.g. tea, coffee, light refreshments at meetings). A common sense approach should be adopted as to whether hospitality offered is modest or not. Hospitality of this nature does not need to be declared on the Gifts, Hospitality and Sponsorship Form (Appendix H), nor recorded on the register. Offers of hospitality which go beyond modest or of a type that the CCG itself might offer, should be politely refused. A non-exhaustive list of examples includes:
- Under a value of £25 - may be accepted and need not be declared.
 - Of a value between £25 and £75¹ - may be accepted and must be declared.
 - Over a value of £75 - should be refused unless (in exceptional circumstances) senior approval is given. A clear reason should be recorded on the CCG'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 a reasonable estimate).
 - In particular, offers of foreign travel and accommodation.

¹ The £75 value has been selected with reference to existing industry guidance issued by the ABPI
<http://www.pmcpa.org.uk/thecode/Pages/default.aspx>

- 5.3.7 Particular caution should be exercised where hospitality (other than tea/coffee at scheduled meetings) is offered by suppliers or contractors linked (currently or prospectively) to the CCG's business. Offers of this nature can be accepted if they are modest and reasonable but advice should always be sought from the Corporate Services Risk and Governance Manager or the Director of Finance as there may be particular sensitivities, for example if a contract re-tender is imminent. All offers of hospitality from actual or prospective suppliers or contractors (whether or not accepted) should be declared within 28 days on the Gifts, Hospitality and Sponsorship Form (Appendix H) and submitted to the Corporate Services Risk and Governance Manager to be recorded on the register. A template for the register of gifts, hospitality and sponsorship is shown at Appendix I.
- 5.3.8 There may be some limited and exceptional circumstances where accepting the types of hospitality referred to in this section may be contemplated. Express prior approval should be sought from the Corporate Services Risk and Governance Manager or the Director of Finance before accepting such offers, and the reasons for acceptance should be recorded in the CCGs register of gifts and hospitality. Hospitality of this nature should be declared within 28 days on the Gifts, Hospitality and Sponsorship Form (Appendix H) and submitted to the Corporate Services Risk and Governance Manager to be recorded on the register, whether accepted or not.
- 5.3.9 The over-riding principle is whether the hospitality offered / received was such that it could have, or could be perceived as having, an actual or potential influence on the conduct of the individual receiving the hospitality. In all cases of doubt, advice should be sought from the Corporate Services Risk and Governance Manager or Director of Finance.
- 5.3.10 If, having accepted corporate hospitality in good faith, employees feel uncomfortable with the lavishness of the event or the motives of the third party, the subject should be raised with the Corporate Services Risk and Governance Manager or the Director of Finance and a note made of their concern.
- 5.3.11 It is not appropriate for NHS Sheffield CCG or its employees or those contracted in a commissioning role to provide or accept alcohol within normal working hours as part of hospitality at any time.

5.4 Sponsorship

- 5.4.5 CCG staff, governing body and committee members, and GP member practices may be offered commercial sponsorship for courses, conferences, post/project funding, meetings and publications in connection with the activities which they carry out for or on behalf of the CCG or their GP practices. All such offers (whether accepted or declined) must be declared so that they can be included on the CCG's register of interests and advice can be given on whether or not it would be appropriate to accept any such offers. If such offers are reasonably justifiable and otherwise in accordance with this statutory guidance, then they may be accepted.

- 5.4.6 Offers of commercial sponsorship for courses, conferences and funding of posts must not compromise commissioning or contracting decisions in any way.
- 5.4.7 Anyone receiving an approach regarding any sponsorship (e.g. for events or meetings) should request that the details be put in writing. The Gifts, Hospitality and Sponsorship Form (Appendix H) should then be completed and the form submitted to the Corporate Services Risk and Governance Manager. For regular sponsorship i.e. not a one off event, a written Sponsorship Agreement will also be required. All sponsorship, hospitality and gifts received will be recorded into the register maintained for this purpose to ensure probity, openness and transparency.
- 5.4.8 All sponsorship arrangements will be subject to **prior written agreement** between authorised officers and prospective sponsors.
- 5.4.9 Sponsors should not have any influence over the content of an event, meeting, seminar, publication or training event. The CCG will not endorse individual companies or their products and the fact of sponsorship does not mean that the CCG endorses a company's products or services. All data protection legislation applies during dealings with sponsors. Sponsorship which involves the exchange of patient information must be approved by NHS Sheffield CCG's Caldicott Guardian. No information will be supplied to a company for their commercial gain unless there is a clear benefit to the NHS. As a general rule, information which is not in the public domain will not normally be supplied.
- 5.4.10 Sponsorship of meetings, management or educational events may be authorised by the appropriate Executive Director in consultation with the Director of Finance, provided that the content of the programme, speakers and attendees are independent of the sponsor(s). If separate from the purpose of the meeting, sponsor(s) may use the event for publicity. Sponsor(s) will be acknowledged for their support.
- 5.4.11 All pharmaceutical companies entering into sponsorship agreements must comply with the ABPI code of practice. All sponsorship agreements with pharmaceutical companies valued in excess of £500 will require the advice of the CCG's Chief Nurse and/or Head of Medicines Management to confirm that they conform to CCG agreed protocols.
- 5.4.12 Staff employed by the CCG and members of the CCG should only accept individual opportunities sponsored by pharmaceutical companies when approved by the Director/Chief of Service in the first instance or the Accountable Officer/ Director of Finance for sponsorship £500 - £4999. All sponsorship over £5000 is subject to prior approval by the Governing Body.
- 5.4.13 Formal meetings of NHS Sheffield CCG should not be the subject of sponsorship agreements. Sponsorship for local training may be acceptable subject to the necessary authorisations.

- 5.4.14 Projects which involve the use of clinical guidelines or protocols prepared by sponsors should only be agreed following advice from the CCGs professional advisors.
- 5.4.15 Projects which involve the exchange of patient information must have a legal basis; additionally approval must be sought from the CCG's Information Governance Group.
- 5.4.12 Sponsors should not advertise NHS Sheffield CCG participation in their project as an endorsement to their product, packages or company without specific written permission of the CCG. The CCG should agree the nature of any endorsement or linked publication.
- 5.4.13 All agreements must include a 'break' clause enabling the termination of the agreement at short notice, or immediately if necessary.
- 5.4.14 All pharmaceutical companies entering into sponsorship agreements must comply with the Association of the British Pharmaceutical Industry (ABPI) Code of Practice. Any sponsorship agreements with pharmaceutical companies will require the advice of NHS Sheffield's Prescribing Lead before authorisation by the Director of Finance. All collaborative partnerships between NHS Sheffield CCG and the pharmaceutical industry charitable sector or non NHS organisations will comply with the following regulations and guidance and as updated:
- The Human Medicines Regulations 2012
 - The Human Medicines (Amendment) Regulations 2013
 - The Human Medicines (Amendment) (No. 2) Regulations 2013
 - The Human Medicines (Amendment) Regulations 2014
 - The Human Medicines (Amendment No. 2) Regulations 2014
 - Council Directive 2001/83/EC - The Community Code relating to medicinal products for human use (external link) - Title VIII of this Directive relates to advertising
 - Council Directive 2004/27/EC – amending Directive 2001/83/EC (external link)
 - Council Directive 2004/24/EC - The Traditional Herbal Medicinal Products Directive (external link)
 - Council Directive 84/450/EEC – relating to the approximation of the laws, Regulations and administrative provisions of the Member States concerning Misleading Advertising
 - Best Practice Guidance on joint working between the NHS and pharmaceutical industry and other commercial organisations
 - Association of the British Pharmaceutical Industry guidance and best practice
- 5.4.15 NHS Sheffield CCG participation in a collaborative pharmaceutical partnership does not in any way infer NHS Sheffield CCG endorsement, or formulary status, for any product. Proposals which link sponsorship to the purchase, volume, or use of any particular product must be refused.

5.4.16 All staff must ensure that they are not placed in a position which risks, or appears to risk, conflict between their private interests and their duties to the organisation and the NHS. This principle is applicable to all professional codes of conduct, to all NHS staff groups and to all types of company supplying goods and services to the organisation. All staff and Governing Body members involved in the development of a sponsorship agreement must declare any prior interest in terms of previous sponsorship or relationship to any of the individual sponsors in question.

5.4.17 In relation to external education events promoted by the CCG's e-bulletin, NHS Sheffield CCG will work to guidelines which can be found at <M:\Communications and Engagement\useful info and general intelligence\Guidance on promotion of education events.doc> or discussed with the Medical Director.

5.4.18 Appendix J details the internal procedure to be followed for instances of Pharmaceutical Sponsorship of Protected Learning Initiatives (PLI) training. It should be read in conjunction with Section 5.4 of this procedure.

6 Approval/Authorisation

6.1 Sponsorship arrangements involving amounts less than £25 need not be declared or registered. The £25 limit will apply to each sponsorship arrangement i.e. if more than one member of staff attends a training event valued at £20 per person the event should be recorded as the total sponsorship arrangement if in excess of £25.

6.2 Projects under £500 value can be authorised by a Director / Executive Director of the CCG. Following authorisation, the completed proforma should be forwarded to the Corporate Services Risk and Governance Manager for entry in the Register.

6.3 All projects valued at £500 and above will be authorised by the Director of Finance, and will be subject to the advice of the Chief Nurse or Head of Medicines Management as set out in 5.4.14 above.

6.4 Projects valued in excess of £5,000 require prior approval by CCG Governing Body.

6.5 In making their decisions, the Accountable Officer and Directors will be confirming that proposals meet the requirements of this policy and that the appropriate professional advice has been sought.

6.6 If there is any ambiguity or concern about the interpretation of this policy and its associated procedures then the advice of the Corporate Services Risk and Governance Manager should be sought in all cases.

Approval/Authorisation

Sponsorship Value	CCG/Executive Members and Staff
Less than £25	<ul style="list-style-type: none">• No authorisation required• CCG staff report to their Director
£25 - £500	<ul style="list-style-type: none">• CCG staff submit proposal to Director• CCG and Executive members submit proposal to Director of Finance following authorisation by Head of Service.• Reported to Corporate Services Risk and Governance Manager and entered onto register
£500 - £4999	<ul style="list-style-type: none">• CCG staff submit proposal to Director• CCG and Executive members submit proposal to Director of Finance.• Authorised by the Accountable Officer or the Director of Finance and entered in the register
£5000 and over	<ul style="list-style-type: none">• Prior approval by CCG Governing Body required.

7. Earned Income and Outside Employment

7.1. NHS Sheffield CCG will take all reasonable steps to ensure that employees, committee members, contractors and others engaged under contract are aware of the requirement to inform the CCG if they are employed or engaged in, or wish to be employed or engage in, any employment or consultancy work in addition to their work with the CCG. The purpose of this is to ensure that the CCG is aware of any potential conflict of interest. Examples of work which might conflict with the business of the CCG, including part-time, temporary and fixed term contract work, include:

- Employment with another NHS body.
- Employment with another organisation which might be in a position to supply goods/services to the CCG.
- Directorship of a GP federation.
- 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.

- 7.2.** NHS Sheffield CCG employees may not, without the written approval of their relevant Executive Director, engage in any outside employment (paid or voluntary) whether connected to their NHS employment or not which prevents them from fulfilling their core role with NHS Sheffield CCG. Individuals are required to obtain prior permission to engage in secondary employment, and NHS Sheffield CCG reserves the right to refuse permission where it is believed that a conflict will arise which cannot be effectively managed.
- 7.3.** NHS Sheffield CCG will not unreasonably withhold consent for additional employment provided that:
- It is not undertaken at times when the employee's contract is considered to be in operation;
 - In the opinion of NHS Sheffield CCG, the additional employment does not have an adverse impact upon their NHS Sheffield CCG contractual duties;
 - Where the total hours of work exceed, or are likely to exceed, the European Working Time Directive Regulations, the employee signs the appropriate declaration to work additional hours available from the Human Resources department.
- 7.4.** Where NHS Sheffield CCG employment is on the basis of part-time or ad-hoc hours, the employee shall obtain a single authorisation from their relevant Executive Director covering the range of their external bank/part-time employment. This will prevent the need for separate authorisation for each period of employment. It will be the relevant NHS Sheffield Executive Director's responsibility that any other employment which may be undertaken by the employee is, and continues to be, in accordance with this policy. Executive Directors should ensure that copies of all letters of authorisation are placed on the staff file of the individual concerned. The employee concerned must also therefore keep their line manager directly informed of any material changes in outside working practices or working hours.
- 7.5.** Employees are reminded that if they work for a second employer while off sick or on a 'staged return' from their normal place of employment it should be by prior agreement with their line manager, Occupational Health, Human Resources and their GP as appropriate. This arrangement would normally be agreed if it was considered the work would be therapeutic to their recovery. Work undertaken without permission will be considered fraudulent behaviour and investigated in accordance with the Fraud Policy and Response Plan.
- 7.6.** On appointing governing body, committee or sub-committee members and senior staff, NHS Sheffield CCG will consider on a case-by-case basis whether conflicts of interest should exclude individuals from being appointed to the relevant role. In doing so, the CCG will assess the extent and materiality of the interest and the nature of the appointee's proposed role within the CCG, in particular whether the individual (or any person with whom they have a close association could benefit (whether financially or otherwise) from any decision the CCG might make. This will be particularly relevant for governing body, committee and sub-committee appointments, but will also be considered for all employees and especially those operating at senior level. If

the interest is related to an area of business significant enough that the individual would be unable to operate effectively and make a full and proper contribution in the proposed role, then that individual will not be appointed to the role.

8. Provision of Professional Advice and Services

- 8.1.** Professional advice and services can be provided across a wide spectrum, which not only includes clinical/medical services but also a number of the other services/professions found within the NHS such as fire prevention. Professional liability arises where advice or a service is supplied to a third party. A third party, in this context, should mean any organisation, company or individual outside of the local health and social care community or any private sector organisation. This could include the provision of lectures during conferences where a fee is charged.
- 8.2.** Where any employee is requested to support, contribute or assist any private or non-NHS organisation (other than within the local health and social care community) they should seek the approval of the Director of Finance before doing so.
- 8.3.** Any payment or honorarium offered for doing so within working hours should be accepted and paid directly to NHS Sheffield CCG and advised to the Director of Finance. It should be noted that not all advice and services are covered by NHS Sheffield CCG's schemes of insurance through the NHS Litigation Authority (NHS LA). Guidance can be found in the scheme rules on the NHS LA website www.nhs.uk or from the Corporate Services Risk and Governance Manager.
- 8.4.** Where services are being provided for a fee to a third party, then there must be clear terms and conditions for the supply of all services by the organisation, and this should be contained within standard terms and conditions. Information and guidance regarding terms and conditions for the supply of certain services to non-NHS bodies is available from the NHS Purchasing and Supply Agency. The Director of Finance must review all contract arrangements prior to completion.
- 8.5.** Healthcare organisations often loan equipment to other similar organisations or patients. It is important to be clear about where responsibility for liability lies, and that there are suitable systems in place for the tracking of loaned equipment. Any such involvement in the private time of the employee should be approved in accordance with 8.1 and 8.2 above.
- 8.6.** As part of their work for NHS Sheffield CCG, an employee may be required to provide clinical advice within a clinical setting such as undertaking audits of medical records or providing prescribing advice. Where the employee or a close associate of the employee is also receiving or has received care from within that clinical setting, then access to their own or a close associate's personal identifiable information would be considered a conflict of interest. To protect the employee's confidentiality regarding declaring that they have

received care from that clinical setting, this conflict of interest should not be formally declared using the conflict of interest form but should instead be discussed with the Line Manager to identify an alternative route for provision of that element of clinical advice or to access those records. The line manager will escalate any issues that cannot be managed within the team to the Accountable Officer for resolution.

9. Preferential Treatment in Private Transactions

- 9.1.** Individual staff must not seek or accept preferential rates or benefits in kind for private transactions carried out with companies with which they have had, or may have, official dealings on behalf of the organisation. (This does not apply to concessionary agreements negotiated with companies by NHS management, or by recognised staff interests, on behalf of all staff – for example, NHS staff benefits schemes).

10. Intellectual Property Rights

- 10.1.** Intellectual property covers patents, copyright, registered design rights, unregistered design rights, trade marks, know-how etc. The first three of these are probably the most important within the NHS, encompassing diverse 'products' like medical diagnostics, drugs, new procedures, books, manuals, training packages, videos, films, designs and specialist know-how. Products and inventions made by an employee shall be taken to belong to the employer (NHS Sheffield CCG) if they were "made" or "created" in the course of the normal duties of the employee.
- 10.2** NHS Sheffield will build appropriate specifications and provisions into contractual arrangements before the work is commissioned, or begins.
- 10.3** Refer to NHS Sheffield's Intellectual Property Policy for more detail. <http://www.intranet.sheffieldccg.nhs.uk/policies.htm>
- 10.4** Other rewards may be given voluntarily to employees who, within the course of their employment, have produced innovative work of outstanding benefit to the NHS, for example through the Health and Social Care Awards.

11. Facilitation Payments and Kickbacks

- 11.1.** A facilitation payment refers to the practice of paying a small sum of money to a public official (or other person) as a way of ensuring that they perform their duty either more promptly or at all.
- 11.2.** Facilitation payments are prohibited under the Bribery Act like any other form of bribe. They shall not be given by CCG staff in the UK or any other country.
- 11.3.** Kickbacks are typically payments made in return for a business favour or advantage. Everyone covered by this policy must avoid any activity that might lead to, or suggest, that a facilitation payment or kickback will be made or accepted.

12. Political and Charitable Contributions

- 12.1. The CCG does not make any contributions to politicians, political parties or election campaigns.
- 12.2. As a responsible member of society, the CCG may make charitable donations. However, these payments shall not be provided to any organisation upon suggestion of any person of the public or private sector in order to induce that person to perform improperly the function or activities which he or she is expected to perform in good faith, impartially or in a position of trust or to reward that person for the improper performance of such function or activities.
- 12.3. Any donations and contributions must be ethical and transparent. The recipient's identity and planned use of the donation must be clear, and the reason and purpose for the donation must be justifiable and documented. All charitable donations will be publically disclosed.
- 12.4. Donations to individuals and for-profit organisations and donations paid to private accounts are incompatible with our ethical standards and are prohibited.

13. Due Diligence

- 13.1. Due diligence is a key element of corporate good governance and involves making an assessment of new business partners prior to engaging them in business. Due diligence procedures are in themselves a form of bribery risk assessment and also a means of mitigating that risk. At the outset of any business dealings, all new business partners should be made aware in writing of the organisation's anti-corruption and bribery policies and code of conduct.
- 13.2. To ensure adequate anti-bribery prevention is integrated into tendering and contract arrangements, the standard NHS Contract clauses are utilised by NHS Sheffield CCG.

14. Raising concerns and breaches - Failure to comply with this policy and procedure

Raising and reporting breaches

- 14.1 It is the duty of every CCG employee, governing body member, committee or sub-committee member and GP practice member to speak up about genuine concerns in relation to the administration of the CCG's policy on conflicts of interest management, and to report these concerns. These individuals should not ignore their suspicions or investigate themselves.
 - Where the reporter is an employee or worker of the CCG, any non-compliance with this policy should be reported straight away to the Conflicts of Interest Guardian on a strictly confidential basis either in writing or by email.

- Anyone who is not an employee or worker of the CCG, and who wishes to report a suspected or known breach of the policy, should ensure that they comply with their own organisation's whistleblowing policy.
- Additionally, providers, patients and other third parties can make a complaint to NHS Improvement in relation to a commissioner's conduct under the Procurement Patient Choice and Competition Regulations.

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

Managing breaches

14.3 The process for investigating and managing breaches is:

- The breach will be recorded on the register. Breaches may occur at any stage of the commissioning cycle (e.g. needs assessment, strategic planning, service planning and design, procurement, contract management) or there could be a breach in the declaration of interests, or in declaring gifts, hospitality, sponsorship or outside employment. These are the categories within which breaches may be classified.
- The alleged breach will be jointly investigated by the Conflict of Interest Guardian and Director of Finance (providing the Director of Finance is not conflicted – if they are conflicted, then an alternative Executive Director will be identified to support the investigation). The Conflicts of Interest Guardian will have access to other CCG policies on raising concerns, counter fraud, or similar. The Conflict of Interest Guardian will make the final decision on whether a breach has occurred.
- The outcome of the investigation will be reported to the Audit and Integrated Governance Committee. Lessons learned from any identified breaches of this policy and procedure will be reviewed by the Audit and Integrated Governance Committee.
- Breaches of this policy and procedure may result in disciplinary action in accordance with the CCG's Disciplinary Policy. Serious breaches could potentially result in the termination of employment or position with the CCG.
- Statutorily regulated healthcare professionals who work for, or are engaged by the CCG are under professional duties imposed by their relevant regulator to act appropriately with regard to conflicts of interest. The CCG will consider reporting statutorily regulated healthcare professionals to their regulator if they are believed to have acted improperly, so that these concerns can be investigated. The consequences for inappropriate action could include fitness to practise

proceedings being brought, and if appropriate, being struck off by their professional regulator as a result.

- Where a breach is proved, the Director of the local NHS England Area Team will be informed by the Accountable Officer of the CCG.
- Anonymised details of breaches will be published on the CCG's website for the purpose of learning and development.
- The Head of Communication and Engagement (or equivalent) will support communication of the breach and any media interest.

Fraud or Bribery

- 14.4 It is an offence under the Fraud Act 2006 for an employee to fail to disclose information to the organisation to make a gain for themselves or another or to cause a loss or expose the organisation to the risk of loss. Additionally, the Act also provides that it is an offence for an employee who occupies a position in which they are expected to safeguard or not act against the financial interests of the organisation, to abuse that position to cause a loss or expose the organisation to the risk of loss. Therefore, where a conflict of interest or other activity as covered by this policy and procedure is not declared for the purposes above, this will be considered serious and should be referred appropriately in accordance with the Whistleblowing Policy, or the Fraud, Bribery and Corruption Policy.
- 14.5 This policy should be read in conjunction with the existing Fraud, Bribery and Corruption Policy and/or Whistleblowing Policy. All individuals subject to this policy and procedure are encouraged to raise concerns about any issue or suspicion of malpractice at the earliest possible stage. If you are unsure whether a particular act constitutes bribery or corruption, or if you have any other queries, these should be raised with the Director of Finance or the Local Counter Fraud Specialist (LCFS). Robert Purseglove, 01709 428702, robert.purseglove@nhs.net
- 14.6 Suspicions of Bribery, Fraud or Corruption should be reported without delay to the Local Counter Fraud Specialist or as outlined in the Fraud Policy and Response Plan. Alternatively reports can be made confidentially to the NHS Fraud and Corruption Reporting Line (FCRL) on 0800 028 40 60 or online at www.reportnhsfraud.nhs.uk
- 14.7 Potential risks of Bribery (Red Flags) are detailed in Appendix K.
- 14.8 The Accountable Officer's Statement on Bribery will be placed on the public website. The Statement is included as Appendix L.

Implications of breaches

- 14.9 Failure to comply with the CCG's policies on conflicts of interest management, pursuant to NHS England's statutory guidance, can have serious implications

for the CCG and any individuals concerned. If conflicts of interest are not effectively managed, the CCG could face civil challenges to decisions we make, legal challenge from providers that could potentially overturn the award of a contract, lead to damages claims against the CCG, and necessitate a repeat of the procurement process resulting in a delay in developing better services and care for patients, wasting public money, and damaging the CCG's reputation. In extreme cases, staff and other individuals could face personal civil liability, for example a claim for misfeasance in public office. Failure to manage conflicts of interest could also lead to criminal proceedings including for offences such as fraud, bribery and corruption. This could have implications for CCGs and linked organisations, and the individuals who are engaged by them.

THE NOLAN PRINCIPLES

THE SEVEN PRINCIPLES OF PUBLIC LIFE

1. Selflessness

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

2. Integrity

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

3. 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.

4. 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.

5. Openness

Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

6. 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.

7. Leadership

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

**STANDARDS FOR MEMBERS OF NHS BOARDS
AND CCG GOVERNING BODIES IN ENGLAND**
(Professional Standards Authority – November 2012)

All Members of NHS boards and CCG governing bodies should 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.

To justify the trust placed in me by patients, service users, and the public, I will abide by these Standards at all times when at the service of the NHS.

I understand that care, compassion and respect for others are central to quality in healthcare; and that the purpose of the NHS is to improve the health and well-being of patients and service users, supporting them to keep mentally and physically well, to get better when they are ill and, when they cannot fully recover, to stay as well as they can to the end of their lives.

I understand that I must act in the interests of patients, service users and the community I serve, and that I must uphold the law and be fair and honest in all my dealings.

Signature:

Print name:

Position:

Date:

Personal behaviour

1. As a Member² I commit to:

- The values of the NHS Constitution
- Promoting equality
- Promoting 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 I am responsible.

2. I will apply the following values in my work and relationships with others:

- **Responsibility:** I will be fully accountable for my work and the decisions that I make, for the work and decisions of the board³, including delegated responsibilities, and for the staff and services for which I am responsible.
- **Honesty:** I will act with honesty in all my actions, transactions, communications, behaviours and decision-making, and will resolve any conflicts arising from personal, professional or financial interests that could influence or be thought to influence my decisions as a board member.
- **Openness:** I will be open about the reasoning, reasons and processes underpinning my actions, transactions, communications, behaviours and decision-making and about any conflicts of interest.
- **Respect:** I will treat patients and service users, their families and carers, the community, colleagues and staff with dignity and respect at all times.
- **Professionalism:** I will take responsibility for ensuring that I have the relevant knowledge and skills to perform as a board member and that I reflect on and identify any gaps in my knowledge and skills, and will participate constructively in appraisal of myself and others. I will adhere to any professional or other codes by which I am bound.
- **Leadership:** I will lead by example in upholding and promoting these Standards, and use them to create a culture in which their values can be adopted by all.
- **Integrity:** I will act consistently and fairly by applying these values in all my actions, transactions, communications, behaviours and decision-making, and always raise concerns if I see harmful behaviour or misconduct by others.

² The term 'Member' is used throughout this document to refer to members of NHS boards and CCG governing bodies in England.

³ The term 'board' is used throughout this document to refer collectively to NHS boards and CCG governing bodies in England.

Technical competence

3. As a Member, for myself, my organisation, and the NHS, I will 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.**

4. I will do this by:

- Always putting the safety of patients and service users, the quality of care and patient experience first, and enabling colleagues to do the same.
- Demonstrating the skills, competencies, and judgement necessary to fulfil my role, and engaging in training, learning and continuing professional development.
- Having a clear understanding of the business and financial aspects of my organisation's work and of the business, financial and legal contexts in which it operates.
- Making the best use of my expertise and that of my colleagues while working within the limits of my competence and knowledge.
- Understanding my role and powers, the legal, regulatory, and accountability frameworks and guidance within which I operate, and the boundaries between the executive and the non-executive.
- Working collaboratively and constructively with others, contributing to discussions, challenging decisions, and raising concerns effectively.
- Publicly upholding all decisions taken by the board under due process for as long as I am a member of the board.
- Thinking strategically and developmentally.
- Seeking and using evidence as the basis for decisions and actions.
- Understanding the health needs of the population I serve.
- Reflecting on personal, board, and organisational performance, and on how my behaviour affects those around me; and supporting colleagues to do the same.
- Looking for the impact of decisions on the services we and others provide, on the people who use them, and on staff.
- Listening to patients and service users, their families and carers, the community, colleagues, and staff, and making sure people are involved in decisions that affect them.
- Communicating clearly, consistently and honestly with patients and service users, their families and carers, the community, colleagues, and staff, and ensuring that messages have been understood.
- Respecting patients' rights to consent, privacy and confidentiality, and access to information, as enshrined in data protection and freedom of information law and guidance.

Business practices

5. As a Member, for myself and my organisation, I will seek:

- To ensure my 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.
- To be ready to be held publicly to account for my organisation's decisions and for its use of public money.

6. I will do this by:

- Declaring any personal, professional or financial interests and ensuring that they do not interfere with my actions, transactions, communications, behaviours or decision-making, and removing myself from decision-making when they might be perceived to do so.
- Taking responsibility for ensuring that any harmful behaviour, misconduct, or systems weaknesses are addressed and learnt from, and taking action to raise any such concerns that I identify.
- Ensuring that effective complaints and whistleblowing procedures are in place and in use.
- Condemning any practices that could inhibit or prohibit the reporting of concerns by members of the public, staff, or board members about standards of care or conduct.
- Ensuring that patients and service users and their families have clear and accessible information about the choices available to them so that they can make their own decisions.
- Being open about the evidence, reasoning and reasons behind decisions about budget, resource, and contract allocation.
- Seeking assurance that my organisation's financial, operational, and risk management frameworks are sound, effective and properly used, and that the values in these Standards are put into action in the design and delivery of services.
- Ensuring that my organisation's contractual and commercial relationships are honest, legal, regularly monitored, and compliant with best practice in the management of public money.
- Working in partnership and co-operating with local and national bodies to support the delivery of safe, high quality care.
- Ensuring that my organisation's dealings are made public, unless there is a justifiable and properly documented reason for not doing so.

APPENDIX C
DECLARATION OF INTERESTS FORM FOR CCG MEMBERS AND EMPLOYEES

Name:				
Position within or relationship with NHS Sheffield CCG:				
Detail of interests held: (please complete all that are applicable, and enter "nil" if you have no interests)				
Type of interest*: * see reverse of form for details	Description of interest: If declaring a business or company where an interest lies, please provide the name and address of the business or company. For indirect interests, please provide details of the relationship with the person who has the interest.	Date interest relates to:		Actions to be taken to mitigate risk: (to be agreed with line manager or a 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 1998. Information may be disclosed to third parties in accordance with the Freedom of Information Act 2000 and, in the case of 'decision making staff' (as defined in the statutory guidance on managing conflicts of interest for CCGs) may be published in registers that the CCG holds.

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

The information provided in this form will be added to the CCG's registers which are held in hardcopy for inspection by the public and published on the CCG's website. Staff must make any third party whose personal data they are providing in this form aware that the personal data will be held in hardcopy for inspection by the public and published on the CCG's website and must inform the third party that the CCG's privacy policy is available on the CCG's website.

Signed:	Date:
Signed:	Date:
Position: (Line Manager or Senior CCG Manager)	

Please return to: **Sue Laing**, Corporate Services Risk and Governance Manager, 722 Prince of Wales Road Darnall, Sheffield, S9 4EU or by email to suelaing1@nhs.net

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; • 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.

APPENDIX D
TEMPLATE FOR REGISTER OF INTERESTS

Name	Current position(s) held i.e. Governing Body, Member practice, Employee or Other (specify)	Declared Interest (Name of the organisation and nature of business)	Type of Interest			Is the interest direct or indirect?	Nature of Interest	Date of Interest		Action taken to mitigate risk
			Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To	

APPENDIX E

DECLARATION OF INTEREST CHECKLIST FOR CHAIRS

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

Timing	Checklist for Chairs	Responsibility
In advance of the meeting	1. The agenda to include a standing item on declaration of interests to enable individuals to raise any issues and/or make a declaration at the meeting.	Meeting Chair and secretariat
	2. A definition of conflicts of interest should also be accompanied with each agenda to provide clarity for all recipients.	Meeting Chair and secretariat
	3. Agenda to be circulated to enable attendees (including visitors) to identify any interests relating specifically to the agenda items being considered.	Meeting Chair and secretariat
	4. Members should contact the Chair as soon as an actual or potential conflict is identified.	Meeting members
	5. Chair to review a summary report from preceding meetings i.e. sub-committee, working group, etc., detailing any conflicts of interest declared and how this was managed.	Meeting Chair
	A template for a summary report to present discussions at preceding meetings is detailed below – the standard organisational coversheet for all Governing Body and Committee papers.	
During the meeting	6. A copy of the members' declared interests is checked to establish any actual or potential conflicts of interest that may occur during the meeting.	Meeting Chair
	7. Check and declare the meeting is quorate and ensure that this is noted in the minutes of the meeting.	Meeting Chair
	8. Chair requests members to declare any interests in agenda items – which have not	Meeting Chair

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

Annexes to Appendix E:

- Declaration of Interest – Note for Minutes
- Template for secretariat to record interests during a meeting
- Conflicts of interest flowchart

DECLARATIONS OF INTEREST – NOTE FOR MINUTES

The Chair reminded committee members of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS Sheffield Clinical Commissioning Group (CCG).

Declarations declared by members of the committee are listed in the CCG's Register of Interests. The Register is available either via the secretary to the Governing Body or the CCG website at the following link:

<http://www.sheffieldccg.nhs.uk/about-us/declarations-of-interest.htm>

The meeting was noted as quorate.

Declarations of interest from today's meeting:

None declared.

or

The following declarations of interest were made:

Record in the minutes:

- who has the interest;
- the nature of the interest and why it gives rise to a conflict, including the magnitude of any interest;
- the items on the agenda to which the interest relates;
- how the conflict was agreed to be managed; and
- evidence that the conflict was managed as intended (for example recording the points during the meeting when particular individuals left or returned to the meeting)

For example:

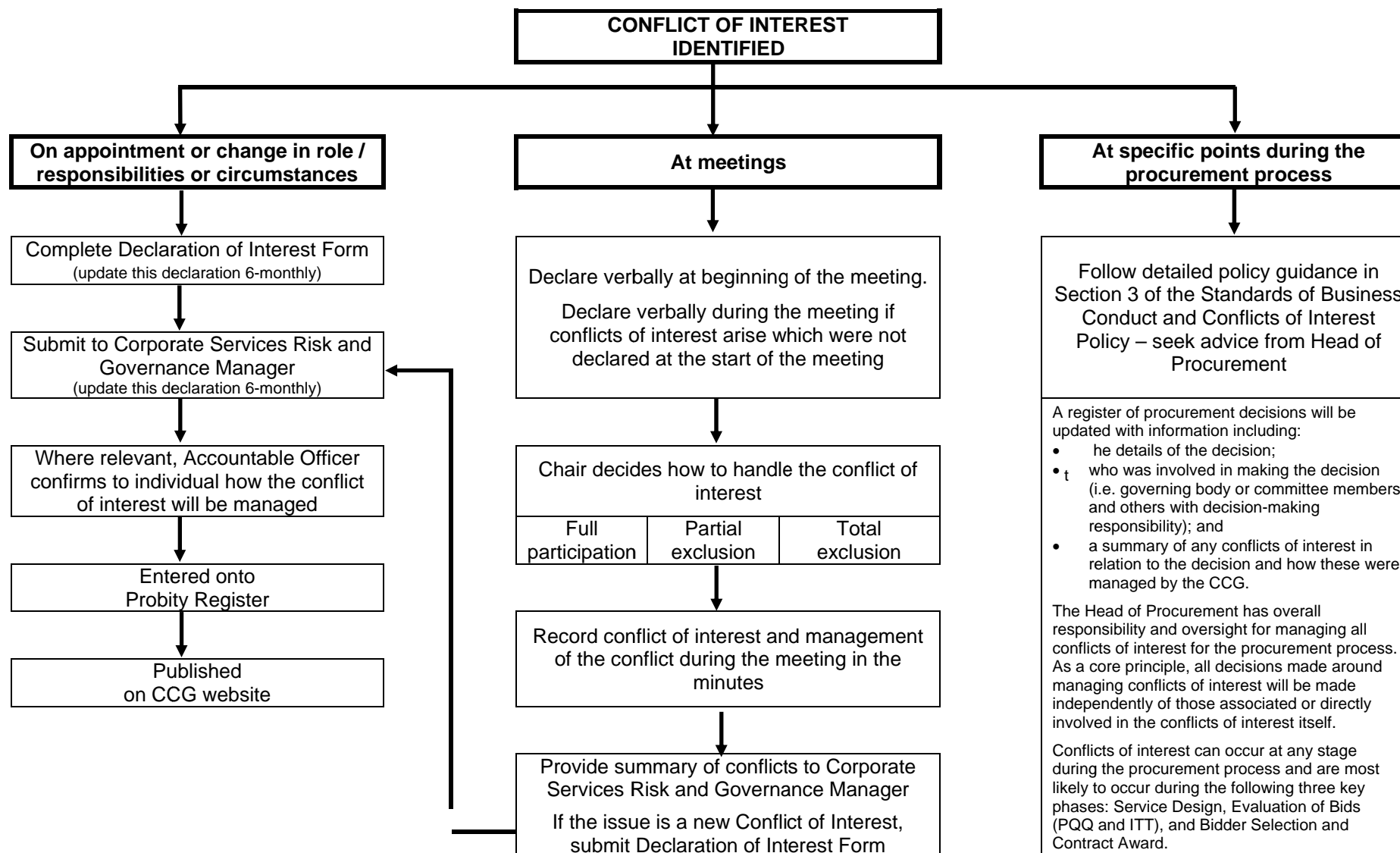
With reference to the business to be discussed under agenda item 7 at this meeting, Mr Smith declared that he is a shareholder at xxx Care Ltd. The Chair advised the Committee that Mr Smith would not be included in any discussions on agenda item 5 due to a financial conflict of interest which could potentially lead to financial gain for Mr Smith. The Chair advised that she had discussed the conflict of interest before the meeting and Mr Smith had agreed to remove himself from the room and not be involved in the discussion around agenda item

5. The Chair declared that the meeting would remain quorate.

TEMPLATE FOR SECRETARIAT TO RECORD INTERESTS DURING A MEETING

Meeting	Date of Meeting	Chairperson (name)	Secretariat (name)	Name of person declaring interest	Agenda Item	Details of interest declared	Action taken

CONFLICT OF INTEREST FLOWCHART



BUSINESS CASE / PROCUREMENT TEMPLATE

SECTION A		
Leads:		
1.	Lead Clinician(s):	
	Lead Manager(s):	
The problem:		
2.	Title of proposed service / development:	
3.	The problem you are trying to tackle:	

The solution:

4.	<p>Your proposal: Describe how the proposal delivers good or improved outcomes and value for money. What are the estimated costs and the estimated benefits? How does it reflect the CCG's commissioning priorities? How does it comply with the CCG's commissioning obligations?</p>
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5.	<p>How have you involved the public in the decision to commission this service? Please also estimate the minimum/maximum number of patients the proposal is likely to cover.</p>
6.	<p>What range of health professionals have been involved in designing the proposed service?</p>
7.	<p>What range of potential providers have been involved in considering the proposals?</p>

8.	<p>Does the proposal support the priorities in the Sheffield Health and Wellbeing Strategy? Have you needed to involve the Health and Wellbeing Board or other partners?</p>
9.	<p>What are the proposals for monitoring the quality and performance of the service? Please summarise the quality and performance indicators / measurements of the service and whether any of the monitoring data will be published.</p>
<p>Finance and Governance:</p>	
10.	<p>Estimated cost of service:</p> <p>See Appendix 1 - Financial assessment.</p>

11.	<p>What procurement route are you recommending and why?</p> <p>[Where procuring, please also complete Appendix 2 – procurement decisions and contracts awarded.]</p>
12.	<p>What scrutiny will there be of the proposed decisions? How will the CCG make its final commissioning decision in ways that preserve the integrity of the decision-making process and award of any contract?</p>
13.	<p>Would we need to give contractual notice?</p>

14.	Assessment of the risks of implementing this proposal			
	Risk descriptor	Controls	Consequence x Likelihood = Score	Mitigation
15.	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?			
16.	<i>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):</i>			
	How have you determined a fair price for the service?			

17.	<p><i>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):</i></p> <p>How will you ensure that patients are aware of the full range of qualified providers from whom they can choose?</p>
18.	<p><i>Additional questions for proposed direct awards to GP providers:</i></p> <p>a) What steps have been taken to demonstrate that the services to which the contract relates are capable of being provided by only one provider?</p> <p>b) In what ways does the proposed service go above and beyond what GP practices should be expected to provide under the GP contract?</p> <p>c) What assurances will there be that a GP practice is providing high-quality services under the GP contract before it has the opportunity to provide any new services?</p>

19.	<p>Timeline for new service to commence: <i>Insert just key actions and who is responsible – expand as needed. Allow time for Procurement to draw up a contract. 6 month and annual progress reports should be timetabled from service commencement rather than approval date.</i></p>
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SECTION B: Business Case Checklist

Domain	Checklist item	Y/N / N/A
<i>A strong clinical and professional focus which brings real added value</i>	Does the proposal fit our published CCG priorities?	
	Have a range of health professionals been involved in designing the proposal and support the proposal?	
	Have clinical and quality outcomes been articulated?	
	Does the proposal demonstrate evidence based clinical effectiveness?	
	Does the proposal aim to reduce health inequalities (or will it be run as a pilot)?	
<i>Meaningful engagement with patients and carers</i>	Have you involved the public in the decision to commission / decommission this service?	
	Have any linked decommissioning decisions been communicated to the public?	
	Is formal public consultation is required (major system/service change)?	
	Is consultation with Overview and Scrutiny required (major system/service change)?	
	Does the proposal deliver care closer to home?	
	Does the proposal deliver integrated / coordinated care?	
	Does the proposal promote choice, including shared decision making?	
<i>QIPP – within financial resources and in line with national outcome standards</i>	Does the project represent value for money? i.e. have non-financial and financial costs and benefits been considered together to give an overall view e.g. using a cost per benefit scoring if there is more than one option. Have benchmarked costs been used to determine a reasonable price range for services?	
	What is the impact on related services? Has the proposal considered and costed (where appropriate) how this proposal will affect other local and nationally commissioned services.	
	Does the proposal contain evidence of assessment of both financial and non-financial risks, and are they balanced?	
	Is the proposal affordable?	
	“Pay-back” for set up non-recurrent costs is no more than three years. In terms of affordability it is important that sensitivity analysis is undertaken showing the impact of changing key financial and activity assumptions.	
	Have the informatics implications been identified and resources agreed?	
	Does the specification include a minimum data set?	
	Have the targets relevant for this service been specified, including the information flows?	
	Is there evidence that resources can be released?	
	Are costs correctly identified as capital or revenue?	
	Are costs correctly identified as recurrent and non-recurrent?	
	Are part year effects and full year effects accounted for correctly?	
	What is the funding source and how has it been calculated? (If reduction to secondary care contract – state which one).	
	Has VAT been accounted for correctly?	
	Does the proposal consider clinical safety, quality and	

Domain	Checklist item	Y/N / N/A
Proper constitutional and governance arrangements	governance?	
	Have all conflicts and potential conflicts of interest been appropriately declared and entered into registers which are publically available?	
	Has equality analysis of the proposal been undertaken?	
	Has a Finance Officer prepared a finance schedule?	
	Has the Contracting Team advised on the Business Case?	
	Has the Performance Team has commented on the key performance measures?	
	Has the IT Team endorsed any additional IT requirements / interoperability requirements?	
	Has the Medicines Management Team endorsed any additional primary care prescribing costs?	
	Has a sourcing/procurement route been recommended with documented rationale?	
	Has documented market analysis been undertaken to support the sourcing/procurement route recommendation?	
Collaborative commissioning and partnerships	Does the proposal fit with the Health and Wellbeing Board strategy and priorities?	
	Can this service be jointly commissioned?	
	Have there been initial discussions with any existing providers and an assessment made regarding notice periods, unbundling of tariff arrangements etc and if so has this work started?	
	Are likely provider(s) accredited?	
Leadership which can make a real difference	Does the pathway have the support of and is signed off by a lead CCG Governing Body member?	
	Will performance monitoring be put in place to enable the CCG to assess the continuing success and affordability of the proposal?	
	Has an evaluation framework been developed?	

SECTION C: Approval

Title	Signature	Date
Director of Finance		
Chief Nurse		
Director of Commissioning and Performance		
Director of Strategy and Integration		
Director of Transformation and Delivery		

Appendix 1 - Financial assessment

		Price	Activity	De-commission	Re-commission	Variance
Current values						
1.						
2.						
3.						
4.						
	Total de-commission					
New proposal values						
1.						
2.						
3.						
4.						
	Total re-commission					

Cost Benefit Summary:

1. Resources that will change	2. Assumptions	3. Volume change in use	4. Value of change

Appendix 2 – Procurement decisions and contracts awarded

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

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

Signed:

On behalf of:

Date:

Please return to Rory Browne, Head of Procurement, NHS Sheffield CCG, 722 Prince of Wales Road, Sheffield S9 4EU
rorybrowne@nhs.net

**TEMPLATE FOR REGISTER OF PROCUREMENT DECISIONS
AND CONTRACTS AWARDED**

Ref No	Contract / Service title	Procurement description	Existing contract or new procurement (if existing include details)	Procurement type – CCG procurement, collaborative procurement with partners	CCG clinical lead	CCG contract manager	Decision making process and name of decision making committee	Summary of conflicts of interest declared and how these were managed	Contract Award (supplier name and registered address)	Contract value (£) (Total)	Contract value to CCG

GIFTS, HOSPITALITY AND SPONSORSHIP FORM

This form must be completed **in advance** of Sponsorship being accepted, and, wherever possible **in advance** of any acceptance of gifts (with a value in excess of £10) or hospitality.

1. Declaree	
Name of recipient:	
Role:	
2. Details of gift / hospitality / sponsorship (please tick relevant box and complete following sections in full)	
<input type="checkbox"/> Gift <input type="checkbox"/> Hospitality <input type="checkbox"/> Sponsorship	
Date of offer:	dd/mm/yyyy
Details of offer: <i>(please include the reason for the offer, if known)</i>	
Estimated value:	£
Supplier / Offerer name, nature of business and address: <i>(If hospitality is received, please also provide name and address of hospitality venue)</i>	
Details of previous offers or acceptances from this Supplier / Offerer:	
3. Action taken (please tick relevant box and complete following sections in full)	
<input type="checkbox"/> Declined <input type="checkbox"/> Accepted	
Reason for accepting or declining:	

Other comments:	
If accepting, please: <ul style="list-style-type: none"> • Confirm date of receipt of gift/hospitality/sponsorship. • Provide names of individuals who will benefit from acceptance of offer. • Describe what benefit NHS Sheffield CCG will receive. • Describe any commitment expected from NHS Sheffield CCG or its staff as a result of accepting the offer. 	
<ul style="list-style-type: none"> • <u>Pharmaceutical Sponsorship ONLY:</u> Confirm that any sponsorship agreements with pharmaceutical companies have been approved by the CCG Head of Medicines Management and Chief Nurse 	
<div style="display: flex; justify-content: space-between;"> <div>Signature (Head of Medicines Management/Chief Nurse)</div> <div>Dated:</div> </div>	
<p><i>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, to NHS Protect for the purpose of verification, prevention, detection and prosecution of fraud, and published in registers that the CCG holds.</i></p>	
4. Declaration	
<p>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.</p> <p>I do / do not <i>[delete as applicable]</i> give my consent for this information to be published on registers that the CCG holds. If consent is NOT given, please give reasons:</p> <div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 10px;"></div>	
<div style="display: flex; justify-content: space-between;"> <div>Signed:</div> <div>Date:</div> </div>	

5. For the Sponsor			
I have read the NHS Sheffield CCG Standards of Business Conduct and Conflicts of Interest Policy and Procedure (Section 5), have acted in accordance with it and will abide by it.			
Organisation			
Contact Name		Position / Designation	
Contact details		Email	
Signature			
6. Approval – line manager <div style="display: flex; justify-content: space-between;"> <div> Signed: Position: </div> <div> Date: </div> </div>			
7. Approval – details of officer reviewing and approving the declaration			
<div style="display: flex; justify-content: space-between;"> <div> Signed: Position: Director of Finance </div> <div> Date: Date: </div> </div>			
8. Date added to Register			

Please return to:

Sue Laing, Corporate Services Risk and Governance Manager
 NHS Sheffield CCG
 722 Prince of Wales Road, Darnall
 Sheffield S9 4EU

TEMPLATE FOR GIFTS, HOSPITALITY AND SPONSORSHIP REGISTER

Name	Position	Date of Offer	Declined or Accepted	Date of Receipt (if applicable)	Details of gift/ hospitality / sponsorship	Estimated Value	Supplier / Offerer Name and Nature of Business	Reason for Accepting or Declining

APPENDIX J

GOVERNANCE ARRANGEMENTS FOR COMMERCIAL SPONSORSHIP OF PROTECTED LEARNING INITIATIVE (PLI)

1. Introduction

- 1.1. This appendix details the governance arrangements and agreements needing to be in place for NHS Sheffield CCG's clinical education programme, PLI, to accept commercial sponsorship in relation to educational events it organises. They are an appendix to, and should be read in conjunction with, NHS Sheffield CCG's *Standards of Business Conduct and Conflicts of Interest Policy*.
- 1.2. These arrangements are in response to Best Practice Guidance on joint working between the NHS and Pharmaceutical Industry and other relevant commercial organisations (2008). They are appropriate for the sponsorship of PLI events alone.
- 1.3. *Commercial Sponsorship Ethical Standards* for the NHS requires that NHS bodies have formal arrangements, with clear policy statements, codes of practice in working with sponsors, and codes of conduct for the Boards, Professional Executive members and staff. These arrangements need to be in line with standing orders and Prime Financial Policies.

2. CCG staff

- 2.1 All sponsorship arrangements will be subject to prior written agreement between authorised officers and prospective sponsors in line with *Standards of Business Conduct and Conflicts of Interest Policy*. Any sponsorship agreements with pharmaceutical companies will require prior approval by NHS Sheffield's Prescribing Lead. All agreements must be authorised by the Director of Finance.
- 2.2. Where cumulative sponsorship agreements with a pharmaceutical company will exceed £5,000 in 12 months, confirmation from the Director of Finance and the Chief Nurse for NHS Sheffield CCG will be required to ensure that they comply with the protocols.
- 2.3 All members and officers of the CCG who are taking part in sponsored projects must comply with the CCG's and their own professional codes of conduct.
- 2.4 Training events which rely heavily on the use of sponsored materials should promote good practice agreed by the CCG. Service Level Agreements with training agencies must include a clause which requires the approval of the CCG for the use of commercially sponsored materials.
- 2.5 Ordinarily, projects which involve the use of clinical guidelines or protocols prepared by sponsors should not be used, only where these have been agreed

following advice from professional advisers at the CCG, or where they comply with locally agreed guidelines which are NICE compliant.

- 2.6 All staff or Governing Body members involved in the development of a sponsorship agreement must declare any prior interest in terms of previous sponsorship or relationship to any of the individual sponsors in question.
- 2.7 When arranging events that are being sponsored, NHS Sheffield CCG will inform parties involved that meetings/ events are supported by Commercial Sponsors.
- 2.8 Any proposed collaboration should be without prejudice to any of NHS Sheffield CCG's Prime Financial Policies and Standing Orders and within the spirit and letter of the Department of Health guidance and relevant codes of practice.
- 2.9 All agreements should be transparent, open to discussion and be a matter of public record. No agreements will be entered into with organisations whose business or functions could be deemed to be unethical by the CCG, its staff or the public.

3. Sponsors

- 3.1 All sponsorship arrangements will be subject to prior written agreement between authorised officers and prospective sponsors.
- 3.2 All pharmaceutical companies entering into sponsorship agreements must comply with the Association of the British Pharmaceutical Industry (ABPI) code of practice.
- 3.2 Sponsors should not advertise NHS Sheffield CCG participation as an endorsement to their product, packages or company without the specific written permission of NHS Sheffield CCG.
- 3.3 Sponsors should be informed that any sponsorship arrangement will have no effect on purchasing decisions with NHS Sheffield CCG.
- 3.4 Sponsors will NOT be allowed to represent products directly related to the educational content of the event.
- 3.6. Payment for sponsoring the session must be received a maximum of 14 days from the date of the invoice, failure to pay may result in cancellation of future dates.
- 3.6 Changes to allocated sessions must be completed with NHS Sheffield CCG approval at least a month prior to the session. Any unapproved alternate sponsor will be asked to leave the venue with no reimbursement to the original sponsor.

Abuse of swapping sessions will lead to a sponsor having future sessions revoked.

- 3.7 Sponsors will be able to use a standard display stand and have a maximum of 2 attending representatives at the venue (to include private reception areas surrounding the room). A breach of this will lead to the sponsor being asked to leave.
- 3.8 Sponsors' displays must be set up ahead of the educational session with sponsor representatives attending the display ahead of the education session and at coffee. Representatives must leave the room at all other times.
- 3.9 Display materials must comply with the Association of the British Pharmaceutical Industry (ABPI) code of practice.
- 3.10 Clinical and professional decisions must always be in the best interests of the patients and the service. No sponsorship agreements are acceptable that may compromise clinical or professional judgement.

4. Levels of Sponsorship

- 4.1 The cost of PLI sponsorship will be dependent on the nature of the meeting:
 - £400 per sponsor per GP PLI session
 - £300 per sponsor per PLI session for pharmacists and dentists
 - £250 per sponsor per PLI session for nurses
 - £150 per sponsor per PLI session for optometrists
- 4.2 The numbers of sponsors per session will be regulated, with maximum numbers of sponsors to be:
 - 4 sponsors per GP session for 12 sessions each year
 - 3 sponsors per nurse session for 12 sessions each year
 - 4 sponsors per pharmacy session for up to 4 sessions each year
 - 4 sponsors per dental session for up to 4 sessions each year
 - 4 sponsors per optometry session for up to 4 sessions each year

**GP EDUCATION (PLI)
Sponsorship Booking Form**

Preferred number of sessions (maximum 12 per year) at £400 per session	
--	--

Company	
Contact Name	
Address	<div></div> <div></div> <div></div>
Mobile	
Email	
Head Office details (Please supply the address and contact details including a telephone number)	<div></div> <div></div> <div></div>

**Please note all correspondence will need
to be on your company headed paper**

See attached agreement details on the following page.

By signing this agreement you agree:

- To make a contribution to Primary Care educational events as agreed with NHS Sheffield CCG. In return NHS Sheffield CCG will allow you to set up and attend a stand at the Meeting. A maximum of 2 representatives will be permitted per stand and no products which relate directly to the educational content may be displayed.
- That sessions can only be booked per quarter (3 months) in advance.
- Only 1 invoice will be generated per stand, any division of payment within your own or with another company will need to be dealt with by the representatives internally.
- Payment will be by BACS only.
- You will comply with all legal and ABPI code of practice requirements in relation to any activities you carry out at the Meeting.
- You represent that you have the authority and right to enter into this letter agreement.
- Neither NHS Sheffield CCG nor you will through the operation of this agreement seek improperly to influence prescribing behaviour, the outcome of clinical trials or any healthcare professional or other government official with the intent to obtain or retain business for any improper purpose.
- This letter may only be amended by a further written agreement which specifically refers to this letter and which is signed on behalf of both parties.
- Late cancellations (less than 14 days) will be charged the full amount.
- 14 days prior to the event a confirmatory e-mail will be sent, at this point an invoice will be raised.
- Any non-compliant Representatives/Sponsors will be excluded from attending further events.
- This form will need to be manually signed not by electronic signature.
- You note that any publicity in relation to this event will have the following wording on any advance publicity:

“This event has been support by the pharmaceutical companies XXX, through the purchase of a stand space. The above have had no involvement In the agenda or speaker selection.”

Name	
Signature	
Date	

THIS PAGE HAS BEEN LEFT BLANK INTENTIONALLY

POTENTIAL BRIBERY RISKS ("RED FLAGS")

The following is a list of possible scenarios which may raise concerns under the Bribery Act 2010 and associated legislation. The list is not intended to be exhaustive and is for illustrative purposes only.

If you encounter any of these issues while working for us, you must report them promptly to your Line Manager or using the procedure set out in our Whistleblowing Policy:

- you become aware or suspect that a colleague or third party engages in, or has been accused of engaging in, improper business practices;
- you learn or suspect that a colleague or third party has a reputation for paying bribes, or requiring that bribes are paid to them;
- a colleague or third party asks for a commission or fee payment before committing to sign up to a contract with us, or carrying out a government function or process for us;
- a colleague or third party requests payment in cash and/or refuses to sign a formal commission or fee agreement, or to provide an invoice or receipt for a payment made;
- a colleague or third party requests that payment is made to a country or geographic location different from where the colleague or third party resides or conducts business;
- a colleague or third party requests that payment or other benefit is provided to a person other than the expected recipient, or to a person other than the expected provider of goods and services (unless part of an open and transparent contractual arrangement such as subcontracting or factoring);
- a third party requests an unexpected additional fee or commission to "facilitate" a service;
- a third party requests lavish entertainment or gifts before commencing or continuing contractual negotiations or provision of services;
- a third party requests that a payment is made to "overlook" potential legal violations;
- a colleague or third party requests that you provide employment or some other advantage to a friend or relative;

- you receive an invoice from a colleague or third party that appears to be non-standard or customised;
- a colleague or third party insists on the use of side letters or refuses to put terms agreed in writing;
- you notice that we have been invoiced for a commission or fee payment that appears large given the service stated to have been provided;
- a colleague or third party requests or requires the use of an agent, intermediary, consultant, distributor or supplier that is not typically used by or known to us;
- you are offered an unusually generous gift or offered lavish hospitality by a third party;
- you are asked to conceal the receipt of provision of hospitality or any other form of benefit or payment;
- a colleague or third party exerts pressure for payments to be made urgently or ahead of schedule;
- colleague or third party conducts private meetings with public contractors or companies hoping to tender for contracts;
- a colleague or third party never takes time off even if ill, or holidays, or insists on dealing with specific contractors him/herself;
- a colleague or third party makes unexpected or illogical decisions accepting projects or contracts;
- a colleague or third party abuses or ignores normal decision processes or delegated powers in specific cases;
- a colleague or third party agrees contracts not favourable to the organisation either with terms or time period;
- a colleague or third party demonstrates an unexplained preference for certain contractors during a tendering period;
- a colleague or third party seeks to avoid independent checks on tendering or contracting processes;
- a colleague or third party requests that normal tendering/contracting procedure is bypassed;
- a colleague or third party reports missing documents or records regarding meetings or decisions.

Accountable Officer's Statement on Bribery

NHS Sheffield Clinical Commissioning Group is committed to applying the highest standards of ethical conduct and integrity in its business activities in the UK and overseas. Every employee and individual acting on the CCG's behalf is responsible for maintaining the organisation's reputation and for conducting CCG business honestly and professionally.

The CCG considers that bribery and corruption has a detrimental impact on CCG business by undermining good governance. We benefit from carrying out our functions in a transparent and ethical way and helping to ensure that there is honest, open and fair competition in the NHS. Where there is a level playing field, the CCG can lead by example and deliver excellent services to our patients.

Transparent, fair conduct helps to foster deeper relationships of trust between the CCG and our partners. It is vital for our reputation and future growth.

Sheffield Clinical Commissioning Group does not tolerate any form of bribery, whether direct or indirect, by, or of, its staff, agents or consultants or any persons or entities acting for it or on its behalf. The governing body and senior management are committed to implementing and enforcing effective systems throughout the CCG to prevent, monitor and eliminate bribery, in accordance with the Bribery Act 2010.

The CCG has issued revisions to key policies including, the Fraud Policy and Response Plan, Standards of Business Conduct and Conflicts of Interest Policy and Procedure, and Whistleblowing outlining our position on preventing and prohibiting bribery, details can also be found on the CCG's intranet. The provisions of these updated policies apply to all employees, as well as agency workers, consultants and contractors acting for on behalf of the CCG. All employees and other individuals acting for the CCG are required to familiarise themselves and comply with these amendments with immediate effect.

A bribe is a financial advantage or other reward that is offered to, given to, or received by an individual or company (whether directly or indirectly) to induce or influence that individual or company to perform public or corporate functions or duties improperly. Employees and others acting for or on behalf of the organisation are strictly prohibited from making, soliciting or receiving any bribes or unauthorised payments.

As part of its anti-bribery measures, the organisation is committed to transparent, proportionate, reasonable and bona fide hospitality and promotional expenditure. Such expenditure must be authorised in advance, in accordance with the procedures set out in the organisation's policies.

A breach of the organisation's Standards of Business Conduct and Conflicts of Interest Policy and Procedure by an employee will be treated as grounds for disciplinary action, which may result in a finding of gross misconduct, and immediate dismissal. Employees and other individuals acting for the organisation should note that bribery is a criminal offence that may result in up to 10 years' imprisonment and/or an unlimited fine for the individual and an unlimited fine for the organisation.

The CCG will not conduct business with service providers, agents or representatives that do not support the organisation's anti-bribery objectives. We reserve the right to terminate our contractual arrangements with any third parties acting for, or on behalf of, the organisation with immediate effect where there is evidence that they have committed acts of bribery.

The success of the CCG's anti-bribery measures depends on all employees, and those acting for the organisation, playing their part in helping to detect and eradicate bribery. Therefore, all employees and others acting for, or on behalf of, the organisation are encouraged to report any suspected bribery in accordance with the procedures set out in either Whistleblowing Policy and/or the Fraud Policy and Response Plan. Sheffield Clinical Commissioning Group will support any individuals who make such a report, provided that it is made in good faith.

A handwritten signature in black ink, reading 'Maddy Ruff'. The signature is written in a cursive, flowing style.

Maddy Ruff
Accountable Officer
NHS Sheffield Clinical Commissioning Group

APPENDIX M

BREACH DECLARATIONS REGISTER

Ref No	Date of Breach	Person who reported the breach (including details of the organisation they belong to)	Description of the breach	How the person became aware of the breach	Action taken

APPENDIX N

Breach Declaration Form

Date of Breach	
Person reporting the breach (including details of the organisation they are employed by)	
Description of the breach	
How the person became aware of the breach	
Action taken	

The information submitted will be held by the CCG for HR 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. If information is disclosed it will be anonymised.

I confirm that the information provided above is complete and correct. I am aware that if I do not make full, accurate and timely declarations then civil, criminal, professional regulatory or internal disciplinary action may result.

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

Signed:	Dated:
Signed:	Line manager:
Position:	Dated

Please return to Corporate Services Risk and Governance Manager, NHS Sheffield CCG, 722 Prince of Wales Road, Darnall, Sheffield S9 4EU

Equality Impact Assessment

Title of policy or service:	Standards of Business Conduct and Conflicts of Interest Policy and Procedure	
Name and role of officer/s completing the assessment:	Sue Laing Corporate Services Risk and Governance Manager	
Date of assessment:	January 2017	
Type of EIA completed:	Initial EIA 'Screening' <input checked="" type="checkbox"/> or 'Full' EIA process <input type="checkbox"/>	<i>(select one option - see page 4 for guidance)</i>

1. Outline

Give a brief summary of your policy or service

- Aims
- Objectives
- Links to other policies, including partners, national or regional

This policy sets out the CCGs Standards of Business Conduct, our approach to identifying managing and recording conflicts of interest that may arise during the course of NHS Sheffield fulfilling its duties and our management of gifts, hospitality and sponsorship.

Identifying impact:

- **Positive Impact:** will actively promote or improve equality of opportunity;
- **Neutral Impact:** where there are no notable consequences for any group;
- **Negative Impact:** negative or adverse impact causes disadvantage or exclusion. If such an impact is identified, the EIA should ensure, that as far as possible, it is either justified, eliminated, minimised or counter balanced by other measures. This may result in a 'full' EIA process.

2. Gathering of Information

This is the core of the analysis; what information do you have that might *impact on protected groups, with consideration of the General Equality Duty*.

(Please complete each area)	What key impact have you identified?			For impact identified (either positive and or negative) give details below:	
	Positive Impact	Neutral impact	Negative impact	How does this impact and what action, if any, do you need to take to address these issues?	What difference will this make?
Human rights	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Age	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Carers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Disability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Sex	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Race	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Religion or belief	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Sexual orientation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Gender reassignment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Pregnancy and maternity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Marriage and civil partnership (only eliminating discrimination)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Other relevant groups	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
HR Policies only: Part or Fixed term staff	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

IMPORTANT NOTE: If any of the above results in '**negative**' impact, a 'full' EIA which covers a more in depth analysis on areas/groups impacted must be considered and may need to be carried out.

Having detailed the actions you need to take please transfer them to onto the action plan below.

3. Action plan				
Issues/impact identified	Actions required	How will you measure impact/progress	Timescale	Officer responsible

4. Monitoring, Review and Publication				
When will the proposal be reviewed and by whom?	Lead / Reviewing Officer:		Date of next Review:	

Once completed, this form **must** be emailed to Elaine Barnes, Equality Manager for sign off: elaine.barnes3@nhs.net.

Elaine Barnes signature:	
---------------------------------	--