

HEALTHIER PEOPLE,  
BETTER FUTURE



Heywood, Middleton  
and Rochdale  
Clinical Commissioning Group

# Conflicts of Interest Policy (Corporate)

Corporate Policy Document



**Conflicts of Interest Policy (Corporate)**

**Document Title: Conflicts of Interest Policy (Corporate)**

**Summary**

|   |   |
|---|---|
| Publication Date  |   |
| Related Legislation / Applicable Section of Legislation |   |
| Related Policies, Strategies, Guideline Documents       | <ul style="list-style-type: none"> <li>• <i>Confidentiality Code of Conduct</i></li> <li>• <i>Commercial Sponsorship</i></li> <li>• <i>Flexible Working Policy and Procedure</i></li> <li>• <i>Flexi Time Scheme Policy and Procedure</i></li> <li>• <i>Code of Conduct and Accountability (includes Standards of Business Conduct)</i></li> <li>• <i>Induction Policy</i></li> <li>• <i>Local Anti-Fraud, Bribery and Corruption</i></li> <li>• <i>Probation Review Policy and Procedure</i></li> <li>• <i>Recruitment and Selection Code of Practice</i></li> <li>• <i>Concerns at Work (Whistleblowing) Policy</i></li> <li>• <i>RBC Employee Code of Conduct</i></li> </ul> <p>and</p> <ul style="list-style-type: none"> <li>• <i>NHS England - Best Practice Update on Conflicts of Interest Management: <a href="#">Call to Action for CCGs February 2019</a></i></li> </ul> |
| Replaces  | Previous HMR CCG Conflicts of Interest Policy   |
| Joint Policy (Yes/No)                                   | No  |
| Name of Partner(s) if joint                             |   |
| Policy Owner (Name/Position)                            | Mrs Karen Hurley, Director of Operations and Executive Nurse  |
| Policy Author (Name/Position)                           | Ms Helen Chapman, Corporate Affairs and Governance Manager  |
| Applies to  | All employees of HMR CCG, Contractor, Agency Workers and Volunteers   |

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## Conflicts of Interest Policy (Corporate)

### Review of Policy

|                      |                               |
|----------------------|-------------------------------|
| Last Review Date     | 01/10/2020                    |
| Review undertaken by | Helen Chapman / Sarah Kershaw |
| Next Review Date     | 01/10/2021                    |

### Policy control information

| Version | Date         | Reviewer Name(s) | Comments   |
|---------|--------------|------------------|--|
| V3.1    | October 2020 | Helen Chapman    | Annual Review – policy updated in line with national guidance and transferred to current HMR policy template |
| V4.0    | 5/11/2020    | Audit Committee  | Approved updates   |

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**Document Approvals**

This document requires the following approvals.

| Name   | Title | Date of Approval | Version Number |
|--|-------|------------------|----------------|
| HMR Policy and Development Task and Finish Group |       |                  | 3.1            |
| HMR Audit Committee                              |       | 5/11/2020        | 4.0            |
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OFFICIAL

Please note within this policy where the text is plain black (*not italic*) it has been taken directly from 'Managing Conflicts of Interest in the NHS: Model Policy V1.4'

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**Conflicts of Interest Policy (Corporate)**

**1. Policy Summary**

Adhering to this policy will help to ensure that we use NHS money wisely, providing best value for taxpayers and accountability to our patients for the decisions we take.

| As a member of staff you should...   | As an organisation we will...  |
|--|--|
| <ul style="list-style-type: none"> <li>• Familiarise yourself with this policy and follow it. Refer to the guidance for the rationale behind this policy<br/> <a href="https://www.england.nhs.uk/wp-content/uploads/2017/02/guidance-managing-conflicts-of-interest-nhs.pdf">https://www.england.nhs.uk/wp-content/uploads/2017/02/guidance-managing-conflicts-of-interest-nhs.pdf</a></li> <li>• Use your common sense and judgement to consider whether the interests you have could affect the way taxpayers' money is spent</li> <li>• Regularly consider what interests you have and declare these as they arise. If in doubt, declare.</li> <li>• <b>NOT</b> misuse your position to further your own interests or those close to you</li> <li>• <b>NOT</b> be influenced, or give the impression that you have been influenced by outside interests</li> <li>• <b>NOT</b> allow outside interests you have to inappropriately affect the decisions you make when using taxpayers' money</li> </ul> | <ul style="list-style-type: none"> <li>• Ensure that this policy and supporting processes are clear and help staff understand what they need to do.</li> <li>• Identify a team or individual with responsibility for: <ul style="list-style-type: none"> <li>○ Keeping this policy under review to ensure they are in line with the guidance.</li> <li>○ Providing advice, training and support for staff on how interests should be managed.</li> <li>○ Maintaining register(s) of interests.</li> <li>○ Auditing this policy and its associated processes and procedures at least once every three years.</li> </ul> </li> <li>• <b>NOT</b> avoid managing conflicts of interest.</li> <li>• <b>NOT</b> interpret this policy in a way which stifles collaboration and innovation with our partners</li> </ul> |

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## Conflicts of Interest Policy (Corporate)

### 2. Introduction

*NHS Heywood, Middleton and Rochdale Clinical Commissioning Group* (the 'organisation'), and the people who work with and for us, collaborate closely with other organisations, delivering high quality care for our patients.

These partnerships have many benefits and should help ensure that public money is spent efficiently and wisely. But there is a risk that conflicts of interest may arise.

Providing best value for taxpayers and ensuring that decisions are taken transparently and clearly, are both key principles in the NHS Constitution. We are committed to maximising our resources for the benefit of the whole community. As an organisation and as individuals, we have a duty to ensure that all our dealings are conducted to the highest standards of integrity and that NHS monies are used wisely so that we are using our finite resources in the best interests of patients.

### 3. Purpose

*The Governing Body have ultimate responsibility for all actions carried out by staff and committees throughout the CCG's activities. This responsibility includes the stewardship of significant public resources and the commissioning of healthcare to the community.*

*The Governing Body is therefore determined to ensure the organisation inspires confidence and trust amongst its patients, staff, partners, funders and suppliers by demonstrating integrity and avoiding any potential or real situations of undue bias or influence in the decision-making of the CCG.*

*This conflict of interest policy respects the seven principles of public life promulgated by the Nolan Committee – setting out the ways in which holders of public office should behave in discharging their duties, known as the Nolan Principles these are:*

**Selflessness** – holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends.

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

**Objectivity** – in carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

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

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

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

**Leadership** – holders of public office should promote and support these principles by leadership and example

The Governing Body have a legal obligation to act in the best interests of the CCG, and in accordance with the CCG's constitution avoid situations where there may be a potential conflict of interest.

Conflicts of interest may arise where an individuals' personal, or a connected persons interests and/or loyalties conflict with those of the CCG. Such conflicts may create problems such as inhibiting free discussion which could:

- result in decisions or actions that are not in the interests of the CCG and the public it was established to serve, and, or
- risk the impression that the CCG has acted improperly.

It is not possible, or desirable, to define all instances in which an interest may be a real or perceived conflict. It is for each individual to exercise their judgement in deciding whether to register any interests that may be construed as a conflict.

Individuals can seek guidance from the Corporate Affairs and Governance Manager, via email to [hmrccg.dois@nhs.net](mailto:hmrccg.dois@nhs.net) but should declare when in doubt.

The aim of this policy is to protect both the organisation and the individuals involved from any appearance of impropriety and demonstrate transparency to the public and other interested parties. To support this the conflicts of interest register will be published on the CCGs website, in addition to publication of anonymised breaches.

This policy will help our staff manage conflicts of interest risks effectively. It:

- Introduces consistent principles and rules
- Provides simple advice about what to do in common situations.
- Supports good judgement about how to approach and manage interests

This policy should be considered alongside these other organisational policies:

- *Confidentiality Code of Conduct*
- *Commercial Sponsorship*
- *Flexible Working Policy and Procedure*
- *Flexi Time Scheme Policy and Procedure*
- *Code of Conduct and Accountability (includes Standards of Business Conduct)*

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- *Induction Policy*
- *Local Anti-Fraud, Bribery and Corruption*
- *Probation Review Policy and Procedure*
- *Recruitment and Selection Code of Practice*
- *Concerns at Work (Whistleblowing) Policy*
- *RBC Employee Code of Conduct*

and

- *NHS England - Best Practice Update on Conflicts of Interest Management: [Call to Action for CCGs February 2019](#)*

*To support the CCG with implementation and compliance of Conflicts of Interest Policy, a Conflicts of Interest Guardian must be appointed. This role is undertaken by the CCG Audit Chair.*

*The Conflicts of Interest Guardian works with the CCG's governance lead to:*

- *Act as a conduit for anyone with concerns about conflicts of interest management in the CCG;*
- *Be a safe point of contact for staff;*
- *Provide independent advice and judgement*

*The Lay Member for Patient and Public Engagement is the Freedom to Speak Up Guardian (Whistleblowing Champion/FTSU Guardian) who also acts as an independent and impartial source of advice to staff.*

## 4. Key terms

A 'conflict of interest' is:

"A set of circumstances by which a reasonable person would consider that an individual's ability to apply judgement or act, in the context of delivering, commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold."

A conflict of interest may be:

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

Staff may hold interests for which they cannot see potential conflict. However, caution is always advisable because others may see it differently and perceived conflicts of interest

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can be damaging. All interests should be declared where there is a risk of perceived improper conduct.

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### Interests

Interests fall into the following categories:

- **Financial interests:**

Where an individual may get direct financial benefit<sup>\*1</sup> from the consequences of a decision they are involved in making.

- **Non-financial professional interests:**

Where an individual may obtain a non-financial professional benefit from the consequences of a decision they are involved in making, such as increasing their professional reputation or promoting their professional career.

- **Non-financial personal interests:**

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, because of decisions they are involved in making in their professional career.

- **Indirect interests:**

Where an individual has a close association<sup>\*2</sup> with another individual who has a financial interest, a non-financial professional interest or a non-financial personal interest and could stand to benefit from a decision they are involved in making.

## 5. Staff

*To further support CCGs to manage conflicts of interest, NHS England launched online training. The training package has been developed in collaboration with NHS Clinical Commissioners and aims to raise awareness of the risks of conflicts of interest and how to identify and manage them. This all reinforces the importance of:*

- *Ensuring utmost transparency in the publication of registers of interests, gifts and hospitality and procurement decisions;*
- *Considering public perception when accepting gifts and hospitality. CCG staff should not accept any gifts or hospitality that may affect, or be seen to affect, their professional judgement or give rise to a perception of impropriety;*
- *Ensuring that any sponsorship is clearly identified and declared.*

<sup>1</sup> This may be a financial gain, or avoidance of a loss

<sup>2</sup> A common sense approach should be applied to the term 'close association'. Such an association might arise, depending on the circumstances, through relationships with close family members and relatives, close friends and associates, and business partners.

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*The online training and adherence to the statutory guidance will help to mitigate conflicts of interest risks and support CCGs to make good judgements. It will also help to protect CCGs from criticism and adverse publicity.*

*The training package contains three modules:*

**Module 1** covers what conflicts of interest are; how to declare and manage conflicts of interest, including individuals' responsibilities; and how to report any concerns.

**Module 2** provides further information on managing conflicts of interest throughout the whole commissioning cycle and in recruitment processes.

**Module 3** provides advice on how chairs should manage conflicts of interest; an overview of the safeguards that should be applied in Primary Care Commissioning Committees; and how to identify and manage breaches of conflicts of interest rules, through a series of practical scenarios.

Module 1 of the training is mandatory for:

- All CCG Staff
- CCG Governing Body Members
- Executive members of formal CCG committees and sub-committees
- Primary Care Commissioning Committee members
- Clinicians involved in commissioning or procurement decisions
- CCG governance leads
- Anyone involved or likely to be involved in taking a procurement decision(s)

Modules 2 and 3 will be allocated as appropriate in line with the individuals roles and responsibilities.

**Module 2:** individuals in decision-making roles, including contract and performance managers, commissioning leads, primary care teams, strategy and planning teams, locality managers etc.

**Module 3:** senior CCG staff with high exposure to conflicts of interest, such as governing body members, the senior management team, GP clinical leads, governance leads, Conflicts of Interest Guardian and procurement leads

NHS England has published a range of summary guides detailing some frequently asked questions on the issues posed and how the guidance applies to them. These resources are available to all staff at <https://www.england.nhs.uk/publication/conflicts-of-interest-summary-guides/> further information is also available via the NHS England website [www.england.nhs.uk/ourwork/coi](http://www.england.nhs.uk/ourwork/coi)

At NHS Heywood, Middleton and Rochdale CCG we use the skills of many different people, all of whom are vital to our work. This includes people on differing employment terms, who for the purposes of this policy we refer to as 'staff' and are listed below:

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- All salaried employees
- All prospective employees – who are part-way through recruitment
- Contractors and sub-contractors
- Agency staff; and
- Committee, sub-committee and advisory group members (who may not be directly employed or engaged by the organisation)

## 6. Decision Making Staff

Some staff are more likely than others to have a decision-making influence on the use of taxpayers' money, because of the requirements of their role. For the purposes of this guidance these people are referred to as 'decision making staff.'

Decision making staff in this organisation are:

- *Executive directors and lay members (or equivalent roles) who have decision making roles which involve the spending of taxpayers' money*
- *Members of Committees or advisory groups which contribute to direct or delegated decision making on the commissioning or provision of taxpayer funded services*
- *Those at Agenda for Change band 8d and above*
- *Administrative and clinical staff who have the power to enter into contracts on behalf of their organisation*
- *Administrative and clinical staff involved in decision making concerning the commissioning of services, purchasing of goods, medicines, medical devices or equipment, and formulary decisions*

## 7. Identification, declaration and review of interests

### 7.1 Identification & declaration of interests (including gifts and hospitality)

All staff should identify and declare material interests at the earliest opportunity (and in any event within 28 days). If staff are in any doubt as to whether an interest is material then they should declare it, so that it can be considered. Declarations should be made:

- On appointment with the organisation.
- When staff move to a new role or their responsibilities change significantly.
- At the beginning of a new project/piece of work.
- As soon as circumstances change and new interests arise (for instance, in a meeting when interests staff hold are relevant to the matters in discussion).

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A declaration of interest(s) form is available at **Appendix 1** or from:

*NHS HMR CCG, Number One Riverside, 3<sup>rd</sup> Floor, Smith St, Rochdale, OL16 1XU, HMR CCG Intranet, or via email from [hmrccg.DOIs@nhs.net](mailto:hmrccg.DOIs@nhs.net)*

Declarations should be made to: - [hmrccg.DOIs@nhs.net](mailto:hmrccg.DOIs@nhs.net)

After expiry, an interest will remain on register(s) for a minimum of 6 months and a private record of historic interests will be retained for a minimum of 6 years.

### **New Care Models<sup>\*3</sup>,**

*In the case of new care models, it is perhaps likely that there will be individuals with roles in both the CCG and new care model provider/potential provider (Local Care Organisation (LCO), GP Federation, Primary Care Networks (PCNs)). These conflicts of interest should be identified as soon as possible, and appropriately managed. The position should also be reviewed whenever an individual's role, responsibility or circumstances change in a way that affects the individual's interests. For example where an individual takes on a new role outside the CCG, or enters into a new business or relationship, these new interests should be promptly declared and appropriately managed in accordance with the statutory guidance.*

*Where a member of CCG staff participating in a meeting has dual roles, for example a role with the CCG and a role with a new care model provider organisation, but it is not considered necessary to exclude them from the whole or any part of a CCG meeting, they should ensure that the capacity in which they continue to participate in the discussions is made clear and correctly recorded in the meeting minutes, but where it is appropriate for them to participate in decisions they must only do so if they are acting in their CCG role.*

## 7.2 Proactive review of interests

*We will prompt all staff every six months to review declarations they have made and, as appropriate, update them or make a nil return. An email reminder will be sent to all staff, committee members, agency staff and member practices. All registers will be reviewed by NHS HMR CCG Executive Management Team, Audit Committee and as part of any Audit review.*

## 8. Records and publication

### 8.1 Maintenance

The organisation will maintain Declaration of Interest Registers for:- *All Staff, All Members of Decision making committees, Locality Engagement Group Attendees and Member Practices (including GP and Practice Manager), Procurement Register, Conflicts of Interest Breach Register.*

<sup>3</sup>Where we refer to 'new care models' in this note, we are referring to any Multi-speciality Community Provider (MCP), Primary and Acute Care Systems (PACS) or other arrangements of a similar scale or scope that (directly or indirectly) includes primary medical services. Locally this would be Local Care Organisation (LCO) / GP Federation.

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All declared interests that are material will be promptly transferred to the register(s) by *the Corporate Affairs and Governance Manager*

### 8.2 Publication

We will:

- Publish the interests declared by *All CCG Staff, Members of Decision Making Committees, attendees of Locality Engagement Group meetings, Procurement Register, Conflicts of Interest Breach Register and Gifts and Hospitality Register.*
- Refresh this information *as a minimum six monthly.*
- Make this information available on *HMR CCG website [Declarations of Interest](#)*

If staff have substantial grounds for believing that publication of their interests should not take place then they should contact *Corporate Affairs and Governance Manager or Conflicts of Interest Guardian* to explain why. In exceptional circumstances, for instance where publication of information might put a member of staff at risk of harm, information may be withheld or redacted on public registers. However, this would be the exception and information will not be withheld or redacted merely because of a personal preference.

### 8.3 Wider transparency initiatives

*NHS Heywood, Middleton and Rochdale CCG* fully supports wider transparency initiatives in healthcare, and we encourage staff to engage actively with these.

Relevant staff are strongly encouraged to give their consent for payments they receive from the pharmaceutical industry to be disclosed as part of the Association of

British Pharmaceutical Industry (ABPI) Disclosure UK initiative. These “transfers of value” include payments relating to:

- Speaking at and chairing meetings
- Training services
- Advisory board meetings
- Fees and expenses paid to healthcare professionals
- Sponsorship of attendance at meetings, which includes registration fees and the costs of accommodation and travel, both inside and outside the UK
- Donations, grants and benefits in kind provided to healthcare organisations

Further information about the scheme can be found on the ABPI website:

<http://www.abpi.org.uk/our-work/disclosure/about/Pages/default.aspx>

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### 9. Management of interests – general

If an interest is declared but there is no risk of a conflict arising then no action is warranted. However, if a material interest is declared then the general management actions that could be applied include:

- restricting staff involvement in associated discussions and excluding them from decision making
- removing staff from the whole decision making process
- removing staff responsibility for an entire area of work
- removing staff from their role altogether if they are unable to operate effectively in it because the conflict is so significant

Each case will be different and context-specific, and *NHS Heywood, Middleton and Rochdale CCG* will always clarify the circumstances and issues with the individuals involved. Staff should maintain a written audit trail of information considered and actions taken.

Staff who declare material interests should make their line manager or the person(s) they are working to aware of their existence.

### 10. Management of interests – common situations

This section sets out the principles and rules to be adopted by staff in common situations, and what information should be declared.

#### 10.1 Gifts

Staff should not accept gifts that may affect, or be seen to affect, their professional judgement *and which could be perceived as seeking to exert influence to obtain preferential consideration. In cases of doubt staff should seek advice from their line manager or Corporate Affairs and Governance Manager.*

*The response to the COVID-19 emergency situation requires NHS organisation to operate in a different way to 'business as usual' practice. Whilst there are significantly increased offers of support being made to the NHS during the pandemic, which are appreciated, there is still a requirement to ensure that the reputation of the organisation is not damaged through the receipt (or provision) of inappropriate gifts and hospitality. Colleagues are advised to follow the Covid-19 Gifts and Hospitality checklist during the pandemic (Appendix 5: MIAA Covid-19 briefing: Gifts and Hospitality)*

Gifts from suppliers or contractors:

- Gifts from suppliers or contractors doing business (or likely to do business) with the organisation should be declined, whatever their value.
- Low cost branded promotional aids such as pens or post-it notes may, however,

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be accepted where they are under the value of £6<sup>4</sup> in total and need not be declared.

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

- Gifts of cash and vouchers to individuals should always be declined.
- Staff should not ask for any gifts.
- Gifts valued at over £50 should be treated with caution and only be accepted on behalf of *NHS Heywood, Middleton and Rochdale CCG upon completion and approval of Declaration of Gifts and Hospitality Form (Appendix 2)* not in a personal capacity. These should be declared by staff.
- Modest gifts accepted under a value of £50 *should 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).
- Multiple gifts from the same source over a 12 month period should be treated in the same way as single gifts over £50 where the cumulative value exceeds £50.

### 10.1.1 What should be declared

- Staff name and their role with the organisation.
- A description of the nature and value of the gift, including its source.
- Date of receipt.
- Any other relevant information (e.g. circumstances surrounding the gift, action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

*Breach of this policy, or the acceptance of gifts in circumstances whereby the member of staff has not acted with absolute impartiality, integrity and honesty, will be investigated and may result in civil, criminal, professional regulatory or disciplinary action. Staff may face criminal action under the Bribery Act 2010. Professional conduct rules and the counter fraud policy will also apply.*

## 10.2 Hospitality

- Staff should not ask for or accept hospitality that may affect, or be seen to affect, their professional judgement.
- Hospitality must only be accepted when there is a legitimate business reason and it is proportionate to the nature and purpose of the event.

<sup>4</sup> The £6 value has been selected with reference to existing industry guidance issued by the ABPI:  
<http://www.pmcpa.org.uk/thecode/Pages/default.aspx>

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- Particular caution should be exercised when hospitality is offered by actual or potential suppliers or contractors. This can be accepted, and must be declared, if modest and reasonable. Senior approval must be obtained.

### Meals and refreshments:

- Under a value of £25 - may be accepted and *should* be declared.
- Of a value between £25 and £75<sup>5</sup> - 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 organisation's register(s) of interest as to why it was permissible to accept.
- A common sense approach should be applied to the valuing of meals and refreshments (using an actual amount, if known, or a reasonable estimate).

### Travel and accommodation:

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

### 10.2.1 What should be declared

- Staff name and their role with the organisation.
- The nature and value of the hospitality including the circumstances.
- Date of receipt.
- Any other relevant information (e.g. action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

*In the event of staff accepting gifts, benefits, hospitality or sponsorship of any kind, this acceptance must be notified in advance by completion of the appropriate forms to the Executive Team.*

*The register of Gifts and Hospitality will be presented periodically to the Audit Committee. As such, the register is a document within the public domain and the details will be a*

<sup>5</sup> 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>

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*matter of public knowledge. There may be occasions that, on registering the gift, it is deemed that the gift should be returned.*

### 10.3 Outside Employment

- Staff should declare any existing outside employment on appointment and any new outside employment when it arises.
- Where a risk of conflict of interest arises, the general management actions outlined in this policy should be considered and applied to mitigate risks.
- Where contracts of employment or terms and conditions of engagement permit, staff may be required to seek prior approval from the organisation to engage in outside employment.

The organisation may also have legitimate reasons within employment law for knowing about outside employment of staff, even when this does not give rise to risk of a conflict. *Staff should refer to the following HMR CCG Policies:*

- *Confidentiality Code of Conduct*
- *Flexible Working Policy and Procedure*
- *Flexi Time Scheme Policy and Procedure*
- *Induction Policy*
- *Local Anti-Fraud, Bribery and Corruption*
- *Recruitment and Selection Code of Practice*

#### 10.3.1 What should be declared

- Staff name and their role with the organisation.
- The nature of the outside employment (e.g. who it is with, a description of duties, time commitment).
- Relevant dates.
- Other relevant information (e.g. action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

### 10.4 Shareholdings and other ownership issues

- Staff should declare, as a minimum, any shareholdings and other ownership interests in any publicly listed, private or not-for-profit company, business, partnership or consultancy which is doing, or might be reasonably expected to do, business with the organisation.
- Where shareholdings or other ownership interests are declared and give rise to risk of conflicts of interest then the general management actions outlined in this policy should be considered and applied to mitigate risks.
- There is no need to declare shares or securities held in collective investment or

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pension funds or units of authorised unit trusts.

### 10.4.1 What should be declared

- Staff name and their role with the organisation.
- Nature of the shareholdings/other ownership interest.
- Relevant dates.
- Other relevant information (e.g. action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

## 10.5 Patents

- Staff should declare patents and other intellectual property rights they hold (either individually, or by virtue of their association with a commercial or other organisation), including where applications to protect have started or are ongoing, which are, or might be reasonably expected to be, related to items to be procured or used by the organisation.
- Staff should seek prior permission from the organisation before entering into any agreement with bodies regarding product development, research, work on pathways etc, where this impacts on the organisation's own time, or uses its equipment, resources or intellectual property.
- Where holding of patents and other intellectual property rights give rise to a conflict of interest then the general management actions outlined in this policy should be considered and applied to mitigate risks.

### 10.5.1 What should be declared

- Staff name and their role with the organisation.
- A description of the patent.
- Relevant dates
- Other relevant information (e.g. action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy)

## 10.6 Loyalty interests

Loyalty interests should be declared by staff involved in decision making where they:

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

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- Are aware that their organisation does business with an organisation in which close family members and relatives, close friends and associates, and business partners have decision making responsibilities.

### 10.6.1 What should be declared

- Staff name and their role with the organisation.
- Nature of the loyalty interest.
- Relevant dates.
- Other relevant information (e.g. action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

## 10.7 Donations

- Donations made by suppliers or bodies seeking to do business with the organisation should be treated with caution and not routinely accepted. In exceptional circumstances they may be accepted but should always be declared. A clear reason should be recorded as to why it was deemed acceptable, alongside the actual or estimated value.
- Staff should not actively solicit charitable donations unless this is a prescribed or expected part of their duties for the organisation, or is being pursued on behalf of the organisation's own registered charity or other charitable body and is not for their own personal gain.
- Staff must obtain permission from the organisation if in their professional role they intend to undertake fundraising activities on behalf of a pre-approved charitable campaign for a charity other than the organisation's own.
- Donations, when received, should be made to a specific charitable fund (never to an individual) and a receipt should be issued.
- Staff wishing to make a donation to a charitable fund in lieu of receiving a professional fee may do so, subject to ensuring that they take personal responsibility for ensuring that any tax liabilities related to such donations are properly discharged and accounted for.
- *It is permissible for staff to accept cash donations on behalf of a charity for example (Wear it Pink, Children in Need, Macmillan) Any such donations will be banked through the appropriate charities banking procedure and a record of monies raised will be kept by the CCG.*

### 10.7.1 What should be declared

- The organisation will maintain records in line with the above principles and rules and relevant obligations under charity law.

## 10.8 Sponsorevents

- Sponsorship of events by appropriate external bodies will only be approved if a

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reasonable person would conclude that the event will result in clear benefit the organisations and the NHS.

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

### 10.8.1 What should be declared

- The organisation will maintain records regarding sponsored events in line with the above principles and rules.

## 10.9 Sponsored research

- Funding sources for research purposes must be transparent.
- Any proposed research must go through the relevant health research authority or other approvals process.
- There must be a written protocol and written contract between staff, the organisation, and/or institutes at which the study will take place and the sponsoring organisation, which specifies the nature of the services to be provided and the payment for those services.
- The study must not constitute an inducement to prescribe, supply, administer, recommend, buy or sell any medicine, medical device, equipment or service.
- Staff should declare involvement with sponsored research to the organisation.

### 10.9.1 What should be declared

- The organisation will retain written records of sponsorship of research, in line with the above principles and rules.
- Staff should declare:
  - their name and their role with the organisation.

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- their name and their role with the organisation.
- Nature of their involvement in the sponsored research.
- relevant dates.
- Other relevant information (e.g. what, if any, benefit the sponsor derives from the sponsorship, action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

### 10.10 Sponsored posts

- External sponsorship of a post requires prior approval from the organisation.
- Rolling sponsorship of posts should be avoided unless appropriate checkpoints are put in place to review and withdraw if appropriate.
- Sponsorship of a post should only happen where there is written confirmation that the arrangements will have no effect on purchasing decisions or prescribing and dispensing habits. This should be audited for the duration of the sponsorship. Written agreements should detail the circumstances under which organisations have the ability to exit sponsorship arrangements if conflicts of interest which cannot be managed arise.
- Sponsored post holders must not promote or favour the sponsor's products, and information about alternative products and suppliers should be provided.
- Sponsors should not have any undue influence over the duties of the post or have any preferential access to services, materials or intellectual property relating to or developed in connection with the sponsored posts.

#### 10.10.1 What should be declared

- The organisation will retain written records of sponsorship of posts, in line with the above principles and rules.
- Staff should declare any other interests arising as a result of their association with the sponsor, in line with the content in the rest of this policy.

### 10.11 Clinical privatepractice

Clinical staff should declare all private practice on appointment, and/or any new private practice when it arises<sup>6</sup> including:

- Where they practise (name of private facility).
- What they practise (specialty, major procedures).
- When they practise (identified sessions/time commitment).

<sup>6</sup> Hospital Consultants are already required to provide their employer with this information by virtue of Para.3 Sch. 9 of the Terms and Conditions – Consultants (England) 2003: [https://www.bma.org.uk/-/media/files/pdfs/practical\\_advice\\_at\\_work/contracts/consultanttermsandconditions.pdf](https://www.bma.org.uk/-/media/files/pdfs/practical_advice_at_work/contracts/consultanttermsandconditions.pdf)

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Clinical staff should (unless existing contractual provisions require otherwise or unless emergency treatment for private patients is needed):

- Seek prior approval of their organisation before taking up private practice.
- Ensure that, where there would otherwise be a conflict or potential conflict of interest, NHS commitments take precedence over private work.<sup>7</sup>
- Not accept direct or indirect financial incentives from private providers other than those allowed by Competition and Markets Authority guidelines:  
[https://assets.publishing.service.gov.uk/media/542c1543e5274a1314000c56/Non-Divestment\\_Order\\_amended.pdf](https://assets.publishing.service.gov.uk/media/542c1543e5274a1314000c56/Non-Divestment_Order_amended.pdf)

Hospital Consultants should not initiate discussions about providing their Private Professional Services for NHS patients, nor should they ask other staff to initiate such discussions on their behalf.

### 10.11.1 What should be declared

- Staff name and their role with the organisation.
- A description of the nature of the private practice (e.g. what, where and when staff practise, sessional activity, etc).
- Relevant dates.
- Any other relevant information (e.g. action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

### 10.12 The Bribery Act 2010

*Under the Bribery Act 2010 ('the Act') which came into effect on the 1st July 2011 it is a criminal offence for employees to give promise or offer a bribe, and to request, or receive any bribes, gifts, or consideration as an inducement or reward.*

*Failure to manage conflicts of interest could lead to legal challenge and even criminal action in the event of fraud, bribery and corruption. This could have implications for the CCG and linked organisations, and the individuals engaged by them.*

*The Fraud Act 2006 created a criminal offence of fraud and is mainly investigated under: Section 2 – Fraud by False Representation;*

*Section 3 – Fraud by failing to disclose information; and Section 4 – Fraud by abuse of position.*

<sup>7</sup> These provisions already apply to Hospital Consultants by virtue of Paras.5 and 20, Sch. 9 of the Terms and Conditions – Consultants (England) 2003: [https://www.bma.org.uk/-/media/files/pdfs/practical\\_advice\\_at\\_work/contracts/consultanttermsandconditions.pdf](https://www.bma.org.uk/-/media/files/pdfs/practical_advice_at_work/contracts/consultanttermsandconditions.pdf)

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*Fraud carries a maximum sentence of 10 years imprisonment and/or a fine and can be committed by a body corporate.*

*The Bribery Act 2010 makes it easier to tackle this offence in public and private sectors. The offence of bribing another person or being bribed carries a maximum prison sentence of 10 years and/or a fine.*

*Bribery is offering an incentive to someone to do something which they wouldn't normally do. For example, someone advertising a job might be offered tickets to an event by one of the candidates or someone linked to them in an attempt to influence a decision.*

*A bribe may take the form of payment, gifts, hospitality, promise of contracts or employment, or some other form of benefit or gain. The individuals engaged in the actual bribery activity do not have to be those who instigate the offence(s), or ultimately benefit from it. All parties involved are potentially subject to prosecution. The bribe may take place prior, to after, the corrupt act or improper function.*

*All staff have a personal responsibility to ensure they are not placed in a position which risks, or appears to risk, a conflict between their private interests and their NHS duty.*

*Any suspicions or concerns of acts of fraud or bribery can reported directly to the CCG Anti- Fraud Specialist (AFS), Lynne Doherty on 0161 743 2037 or 07551 137267. Email [lynne.doherty@miaa.nhs.uk](mailto:lynne.doherty@miaa.nhs.uk).*

*Alternatively concerns can be reported online to the NHS Counter Fraud Authority via <https://www.reportnhsfraud.nhs.uk/> or via the NHS Fraud and Corruption Reporting Line on 0800 0284060. This provides an easily accessible route for the reporting of genuine suspicions of fraud, bribery and corruption within the NHS, in strictest confidence. Callers can remain anonymous if they wish to do so.*

*This Conflicts of Interest Policy should be read in conjunction with the CCG's Anti-Fraud, Bribery and Corruption Policy which demonstrates the CCG's commitment to addressing the risks of such actions and provides an opportunity for staff to ventilate their concerns with a view to them being investigated.*

## 11. Management of interests – advice in specific contexts

### 11.1 Strategic decision making groups

In common with other NHS bodies *NHS Heywood, Middleton and Rochdale CCG* uses a variety of different groups to make key strategic decisions about things such as:

- Entering into (or renewing) large scale contracts.
- Awarding grants.
- Making procurement decisions.

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- Selection of medicines, equipment, and devices.

The interests of those who are involved in these groups should be well known so that they can be managed effectively. For this organisation these groups are:

- *Integrated Commissioning Board*
- *Primary Care Commissioning Committee*
- *Individual Tender Panels*
- *Urgent Care System Delivery Board*
- *One Rochdale Health & Care (Local Care Organisation) Partnership Board*
- *Strategic Place Board*
- *Mental Health Partnership Committee*
- *Learning Disabilities Partnership Committee*
- *ASD Partnership Committee*
- *Children's and Young People Partnership Committee*

These groups should adopt the following principles:

- Chairs should consider any known interests of members in advance, and begin each meeting by asking for declaration of relevant material interests.
- Members should take personal responsibility for declaring material interests at the beginning of each meeting and as they arise.
- Any new interests identified should be added to the organisation's register(s).
- The vice chair (or other non-conflicted member) should chair all or part of the meeting if the chair has an interest that may prejudice their judgement.

If a member has an actual or potential interest the chair should consider the following approaches and ensure that the reason for the chosen action is documented in minutes or records:

- Requiring the member to not attend the meeting.
- Excluding the member from receiving meeting papers relating to their interest.
- Excluding the member from all or part of the relevant discussion and decision.
- Noting the nature and extent of the interest, but judging it appropriate to allow the member to remain and participate.
- Removing the member from the group or process altogether.

The default response should not always be to exclude members with interests, as this may have a detrimental effect on the quality of the decision being made. Good judgement is required to ensure proportionate management of risk.

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### 11.2 Procurement

Procurement should be managed in an open and transparent manner, compliant with procurement and other relevant law, to ensure there is no discrimination against or in favour of any provider. Procurement processes should be conducted in a manner that does not constitute anti-competitive behaviour - which is against the interest of patients and the public.

Those involved in procurement exercises for and on behalf of the organisation should keep records that show a clear audit trail of how conflicts of interest have been identified and managed as part of procurement processes. At every stage of procurement steps should be taken to identify and manage conflicts of interest to ensure and to protect the integrity of the process.

*HMR CCG complies with their Procurement Handbook. HMR CCG receives technical support from STARS procurement with Rochdale Borough Council in the Procurement of Services. This support function adheres to the Procurement Guidance and ensure Conflicts of Interests are managed appropriately and Confidentiality Statement completed by all members of any procurement / tender process. In addition to completion of NHS England templates, Procurement Checklist (Appendix 3) and Declaration of Interest for Bidders / Contractors (Appendix 4).*

*The Procurement Register will be published on the CCG website and the Director of Strategic Commissioning is the Executive responsible for this.*

### 12. Dealing with breaches

There will be situations when interests will not be identified, declared or managed appropriately and effectively. This may happen innocently, accidentally, or because of the deliberate actions of staff or other organisations. For the purposes of this policy these situations are referred to as 'breaches'.

#### 13.1 Identifying and reporting breaches

Staff who are aware about actual breaches of this policy, or who are concerned that there has been, or may be, a breach, should report these concerns to *Anti-Fraud Specialist – Lynne Doherty Tel. 0161 743 2037 & 07551 137267, email [lynne.doherty@miaa.nhs.uk](mailto:lynne.doherty@miaa.nhs.uk); SIRO – Sam Evans – [sam.evans5@nhs.net](mailto:sam.evans5@nhs.net) or Director of Operations / Executive Nurse with Director responsibility for Governance – Karen Hurley – [karenhurley1@nhs.net](mailto:karenhurley1@nhs.net).*

To ensure that interests are effectively managed staff are encouraged to speak up about actual or suspected breaches. Every individual has a responsibility to do this. For further information about how concerns should be raised *staff should refer to the following policies:*

- *Confidentiality Code of Conduct*

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- *Code of Conduct and Accountability (includes Standards of Business Conduct)*
- *Local Anti-Fraud, Bribery and Corruption*
- *Concerns at Work (Whistleblowing) Policy*

The organisation will investigate each reported breach according to its own specific facts and merits, and give relevant parties the opportunity to explain and clarify any relevant circumstances.

Following investigation the organisation will:

- Decide if there has been or is potential for a breach and if so what the severity of the breach is.
- Assess whether further action is required in response – this is likely to involve any staff member involved and their line manager, as a minimum.
- Consider who else inside and outside the organisation should be made aware
- Take appropriate action as set out in the next section

### 13.2 Taking action in response to breaches

Action taken in response to breaches of this policy will be in accordance with the disciplinary procedures of the organisation and could involve organisational leads for staff support (e.g. Human Resources), fraud (e.g. Local Anti-Fraud Specialists), members of the management or executive teams and organisational auditors.

Breaches could require action in one or more of the following ways:

- Clarification or strengthening of existing policy, process and procedures.
- Consideration as to whether HR/employment law/contractual action should be taken against staff or others.
- Consideration being given to escalation to external parties. This might include referral of matters to external auditors, *NHS Counter Fraud Authority*, the Police, statutory health bodies (such as NHS England or the CQC), and/or health professional regulatory bodies.

Inappropriate or ineffective management of interests can have serious implications for the organisation and staff. There will be occasions where it is necessary to consider the imposition of sanctions for breaches.

Sanctions should not be considered until the circumstances surrounding breaches have been properly investigated. However, if such investigations establish wrong-doing or fault then the organisation can and will consider the range of possible sanctions that are available, in a manner which is proportionate to the breach. This includes:

- Employment law action against staff, which might include
  - Informal action (such as reprimand, or signposting to training and/or guidance).

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- Formal disciplinary action (such as formal warning, the requirement for additional training, re-arrangement of duties, re-deployment, demotion, or dismissal).
- Reporting incidents to the external parties described above for them to consider what further investigations or sanctions might be.
- Contractual action, such as exercise of remedies or sanctions against the body or staff which caused the breach.
- Legal action, such as investigation and prosecution under fraud, bribery and corruption legislation.

### 13.3 Learning and transparency concerning breaches

Reports on breaches, the impact of these, and action taken will be considered by *Audit Committee* at least *quarterly*.

To ensure that lessons are learnt and management of interests can continually improve, anonymised information on breaches, the impact of these, and action taken will be prepared and published on *HMR CCG Website* in the [Conflicts of Interest Breach Register](#) as appropriate, or made available for inspection by the public upon request.

## 14 Review

This policy will be reviewed annually unless an earlier review is required. This will be led by *Corporate Affairs and Governance Manager*.

## 15 Associated documentation

Freedom of Information Act 2000

ABPI: The Code of Practice for the Pharmaceutical Industry (2014) ABHI Code of Business Practice

NHS Code of Conduct and Accountability (July 2004)

*HMR CCG Policies:*

- *Commercial Sponsorship*
- *Confidentiality Code of Conduct*
- *Flexible Working Policy and Procedure*
- *Flexi Time Scheme Policy and Procedure*
- *Code of Conduct and Accountability (includes Standards of Business Conduct)*
- *Induction Policy*
- *Local Anti-Fraud, Bribery and Corruption*

|   |                                 |                     |
|---|---------------------------------|---------------------|
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**Conflicts of Interest Policy (Corporate)**

- *Probation Review Policy and Procedure*
- *Recruitment and Selection Code of Practice*
- *Concerns at Work (Whistleblowing) Policy*

**16 Appendices**

*Appendix 1 – Declaration of Interest Form*

*Appendix 2 – Gifts and Hospitality Declaration Form*

*Appendix 3 – Procurement Checklist*

*Appendix 4 – Declaration of Interest for Bidders / Contractors*

*Appendix 5 – Covid 19 – Gifts and Hospitality Checklist*

|   |                                 |                     |
|---|---------------------------------|---------------------|
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**Conflicts of Interest Policy (Corporate)**

**Appendix 1 – Declaration of Interest Guidance Notes and Form**

**NHS Heywood, Middleton & Rochdale Clinical Commissioning Group  
Employee’s and Members Declaration of Interests**

This form is required to be completed in accordance with the CCG’s constitution and section 140 of *The National Health Service Act 2006*, the NHS (Procurement, Patient Choice and Competition) regulations 2013 and the Substantive guidance on the Procurement, Patient Choice and Competition Regulations.

**Notes:**

- Each CCG is required to make arrangements to ensure all employees, Governing Body members, Committee or sub-committee members, GP Member Practices and contractors / temporary staff declare any interest which may lead to a conflict with the interests of the CCG and / or NHS England and the public for whom they commission services in relation to a decision to be made by the CCG and / or NHS England or which may affect or appear to affect the integrity of the award of any contract by the CCG and/or NHS England.
- A declaration must be made of any interest likely to lead to a conflict or potential/perceived conflict as soon as the individual becomes aware of it, and within 28 days.
- If any assistance is required in order to complete this form, then the individual should contact the Corporate Affairs and Governance Manager.
- The completed signed hard copy of the form should be sent to Corporate Affairs and Governance Manager, NHS HMR CCG, PO Box 100, Rochdale, OL16 9NP
- Any changes to interests declared must also be registered within 28 days by completing and submitting a new declaration form.
- The register will be published on HMR CCG website [www.hmr.nhs.uk](http://www.hmr.nhs.uk)
- Any individual – and in particular members and employees of the CCG and/or NHS England – must provide sufficient detail of the interest, and the potential for conflict with the interests of the CCG and/or NHS England and the public for whom they commission services, to enable a lay person to understand the implications and why the interest needs to be registered.
- If there is any doubt as to whether or not a conflict of interests could arise, a declaration of interest must be made
- Colleagues employed by partner organisations will be bound by the Codes of Conduct / Policies of their parent bodies. Colleagues employed by RBC should refer to RBC Employee Code of Conduct and colleagues employed by Northern Care Alliance should refer to the organisations Standards of Business Conduct Policy.

|   |                                 |                     |
|---|---------------------------------|---------------------|
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**Conflicts of Interest Policy (Corporate)**

Interests that must be declared (whether such interests are those of the individual themselves or spouse / partner; Close relative e.g., parent, grandparent, child, grandchild or sibling; close friend or Business partner include:

- Financial Interests
- Non-financial Professional Interests
- Non-Financial Personal Interests
- Indirect Interests

*Please refer to “Types of Interest” description at the end of this form.*

|   |                                 |                     |
|---|---------------------------------|---------------------|
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**Conflicts of Interest Policy (Corporate)**

**NHS Heywood, Middleton & Rochdale Clinical Commissioning Group  
Declaration of Interests Form**

|  |
|--|
| <b>Name:</b>   |
| <b>Position within or relationship with, the CCG or NHS England / NHS Improvement:</b> |

**Details of interest held (complete all that are applicable):**

| Type of Interest *See reverse of form for details | Description of Interest (including for indirect interest, details of relationship with the person who has the interest) | Date interest relates |    | 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 2018 and the General Data Protection Regulation. Information may be disclosed to third parties in accordance with the Freedom of Information Act 2000 and published in registers that the CCG holds.*

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

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

|   |  |              |  |
|---|--|--------------|--|
| <b>Signed:</b>  |  | <b>Date:</b> |  |
| <b>Position:</b>  |  |              |  |
| <b>Signed:</b><br><b>(Line Manager or Senior CCG Manager)</b> |  | <b>Date:</b> |  |
| <b>Position:</b>  |  |              |  |

**Please return to: Corporate Affairs and Governance Manager - NHS Heywood, Middleton & Rochdale Clinical Commissioning Group, PO Box 100, Rochdale OL16 9NP**

**Tel: 01706 664170 Email:** [hmrccg.DOIs@nhs.net](mailto:hmrccg.DOIs@nhs.net)

|  |                                 |                     |
|--|---------------------------------|---------------------|
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## Conflicts of Interest Policy (Corporate)

**Please note that any nil response must be made using this proforma**

### Types of Interest

If there is any doubt as to whether or not an interest is relevant, a declaration of the interest must be made

| Type of Interest                             | Description   |
|--|---|
| <b>Financial Interests</b>                   | <p>This is where an individual may get direct financial benefits from the consequences of a commissioning decision. This could, for example, include being:</p> <ul style="list-style-type: none"> <li>• A director, including a non-executive director, or senior employee in a private company or public limited company or other organisation which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations;</li> <li>• 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.</li> <li>• A management consultant for a provider;</li> <li>• In secondary employment (see paragraph 56 to 57);</li> <li>• In receipt of secondary income from a provider;</li> <li>• In receipt of a grant from a provider;</li> <li>• In receipt of any payments (for example honoraria, one off payments, day allowances or travel or subsistence) from a provider</li> <li>• In receipt of research funding, including grants that may be received by the individual or any organisation in which they have an interest or role; and</li> <li>• Having a pension that is funded by a provider (where the value of this might be affected by the success or failure of the provider).</li> </ul> |
| <b>Non- Financial Professional Interests</b> | <p>This is where an individual may obtain a non-financial professional benefit from the consequences of a commissioning decision, such as increasing their professional reputation or status or promoting their professional career. This may, for example, include situations where the individual is:</p> <ul style="list-style-type: none"> <li>• An advocate for a particular group of patients;</li> <li>• A GP with special interests e.g., in dermatology, acupuncture etc.</li> <li>• 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);</li> <li>• An advisor for Care Quality Commission (CQC) or National Institute for Health and Care Excellence (NICE);</li> <li>• A medical researcher.</li> </ul>   |

|  |                                 |                     |
|--|---------------------------------|---------------------|
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**Conflicts of Interest Policy (Corporate)**

|   |   |
|---|---|
| <p><b>Non- Financial<br/> Personal<br/> Interests</b></p> | <p>This is where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit. This could include, for example, where the individual is:</p> <ul style="list-style-type: none"> <li>• A voluntary sector champion for a provider;</li> <li>• A volunteer for a provider;</li> <li>• A member of a voluntary sector board or has any other position of authority in or connection with a voluntary sector organisation;</li> <li>• Suffering from a particular condition requiring individually funded treatment;</li> <li>• A member of a lobby or pressure groups with an interest in health.</li> </ul> |
| <p><b>Indirect<br/> Interests</b></p>                     | <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"> <li>• Spouse / partner;</li> <li>• Close relative e.g., parent, grandparent, child, grandchild or sibling;</li> <li>• Close friend;</li> <li>• Business partner.</li> </ul>  |

|  |  |                            |
|--|--|----------------------------|
| <p>Policy Reference: C121. CONFLICTS OF INTEREST POLICY<br/> UPDATES FROM AUDIT COMMITTEE 5.11.20 V4.0 (002)</p> | <p>Status: APPROVED</p>                | <p>Version number: 4.0</p> |
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**Conflicts of Interest Policy (Corporate)**

**Appendix 2 - Declarations of Gifts and Hospitality**

|  |  |  |  |
|--|--|--|--|
| <b>Name of Recipient:</b>  |  | <b>Position:</b>   |  |
| <b>Date of Offer:</b>  |  | <b>Date of Receipt (if applicable):</b>                  |  |
| <b>Details of Gift / Hospitality:</b>  |  |  |  |
| <b>Estimated Value:</b>  |  | <b>Supplier / Offeror (Name and Nature of Business):</b> |  |
| <b>Details of Previous Offers or Acceptance by this Offeror / Supplier:</b>          |  |  |  |
| <b>Declined or Accepted?</b>   |  | <b>Reason for Accepting or Declining:</b>                |  |
| <b>Details of the officer reviewing and approving the declaration made and date:</b> |  |  |  |
| <b>Other Comments</b>  |  |  |  |

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

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

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

|  |  |              |  |
|--|--|--------------|--|
| <b>Signed:</b>   |  | <b>Date:</b> |  |
| <b>Position:</b>   |  |              |  |
| <b>Signed:</b><br><b>(Executive Lead for Governance or SIRO)</b> |  | <b>Date:</b> |  |
| <b>Position:</b>   |  |              |  |

|  |                                 |                     |
|--|---------------------------------|---------------------|
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**Conflicts of Interest Policy (Corporate)**

Please return to Corporate Affairs and Governance Manager – [hmrccg.DOIs@nhs.net](mailto:hmrccg.DOIs@nhs.net)

|   |                                 |                     |
|---|---------------------------------|---------------------|
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### Appendix 3 - Procurement checklist

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

#### NHS Heywood, Middleton and Rochdale Clinical Commissioning Group

| Service:  |                   |
|---|-------------------|
| Question  | Comment/ Evidence |
| 1. How does the proposal deliver good or improved outcomes and value for money – what are the estimated costs and the estimated benefits? How does it reflect the CCG’s proposed commissioning priorities? How does it comply with the CCG’s commissioning obligations? |                   |
| 2. How have you involved the public in the decision to commission this service?   |                   |
| 3. What range of health professionals have been involved in designing the proposed service?   |                   |
| 4. What range of potential providers have been involved in considering the proposals?   |                   |
| 5. How have you involved your Health and Wellbeing Board(s)? How does the proposal support the priorities in the relevant joint health and wellbeing strategy (or strategies)?  |                   |
| 6. What are the proposals for monitoring the quality of the service?  |                   |
| 7. What systems will there be to monitor and publish data on referral patterns?   |                   |
| 8. Have all conflicts and potential conflicts of interests been appropriately declared and entered in registers?  |                   |
| 9. In respect of every conflict or potential conflict, you must record how you have managed that conflict or potential conflict. Has the management of all conflicts been recorded with a brief explanation of how they have been managed?                              |                   |

|   |  |
|---|--|
| <b>10. Why have you chosen this procurement route e.g., single action tender?<sup>8</sup></b>   |  |
| <b>11. What additional external involvement will there be in scrutinising the proposed decisions?</b>   |  |
| <b>12. How will the CCG make its final commissioning decision in ways that preserve the integrity of the decision-making process and award of any contract?</b>   |  |
| <b>Additional question when qualifying a provider on a list or framework or pre selection for tender (including but not limited to any qualified provider) or direct award (for services where national tariffs do not apply)</b> |  |
| <b>13. How have you determined a fair price for the service?</b>  |  |
| <b>Additional questions when qualifying a provider on a list or framework or pre selection for tender (including but not limited to any qualified provider) where GP practices are likely to be qualified providers</b>           |  |
| <b>14. How will you ensure that patients are aware of the full range of qualified providers from whom they can choose?</b>  |  |
| <b>Additional questions for proposed direct awards to GP providers</b>  |  |
| <b>15. What steps have been taken to demonstrate that the services to which the contract relates are capable of being provided by only one provider?</b>  |  |
| <b>16. In what ways does the proposed service go above and beyond what GP practices should be expected to provide under the GP contract?</b>  |  |
| <b>17. What assurances will there be that a GP practice is providing high-quality services under the GP contract before it has the opportunity to provide any new services?</b>   |  |

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<sup>8</sup> Taking into account all relevant regulations (e.g. the NHS (Procurement, patient choice and competition) (No 2) Regulations 2013 and guidance (e.g. that of Monitor).

## Appendix 4 - Declaration of conflict of interests for bidders/contractors template

NHS Heywood , Middleton and Rochdale Clinical Commissioning Group Bidders/potential contractors/service providers declaration form: financial and other interests

This form is required to be completed in accordance with the CCG's Constitution, and s140 of the NHS Act 2006 (as amended by the Health and Social Care Act 2012) and the NHS (Procurement, Patient Choice and Competition) (No2) Regulations 2013 and related guidance

### Notes:

- All potential bidders/contractors/service providers, including sub-contractors, members of a consortium, advisers or other associated parties (Relevant Organisation) are required to identify any potential conflicts of interest that could arise if the Relevant Organisation were to take part in any procurement process and/or provide services under, or otherwise enter into any contract with, the CCG, or with NHS England / NHS Improvement in circumstances where the CCG is jointly commissioning the service with, or acting under a delegation from, NHS England / NHS Improvement. If any assistance is required in order to complete this form, then the Relevant Organisation should contact [*specify*].
- The completed form should be sent to [*specify*].
- Any changes to interests declared either during the procurement process or during the term of any contract subsequently entered into by the Relevant Organisation and the CCG must notified to the CCG by completing a new declaration form and submitting it to [*specify*].
- Relevant Organisations completing this declaration form must provide sufficient detail of each interest so that the CCG, NHS England / NHS Improvement and also a member of the public would be able to understand clearly the sort of financial or other interest the person concerned has and the circumstances in which a conflict of interest with the business or running of the CCG or NHS England / NHS Improvement (including the award of a contract) might arise.
- If in doubt as to whether a conflict of interests could arise, a declaration of the interest should be made.

Interests that must be declared (whether such interests are those of the Relevant Person themselves or of a family member, close friend or other acquaintance of the Relevant Person), include the following:

- the Relevant Organisation or any person employed or engaged by or otherwise connected with a Relevant Organisation (Relevant Person) has provided or is providing services or other work for the CCG or NHS England / NHS Improvement;
- a Relevant Organisation or Relevant Person is providing services or other work for any other potential bidder in respect of this project or procurement process;
- the Relevant Organisation or any Relevant Person has any other connection with the CCG or NHS England / NHS Improvement, whether personal or professional, which the public could perceive may impair or otherwise influence the CCG's or any of its members' or employees' judgements, decisions or actions.

Appendix 4 - bidders/contractors template form

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

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

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

|                      |  |              |  |
|----------------------|--|--------------|--|
| <b>Signed:</b>       |  | <b>Date:</b> |  |
| <b>On behalf of:</b> |  |              |  |

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

# COVID-19 – Donations, Gifts, Hospitality and Fundraising



## Gifts and Hospitality Checklist

| Areas for NHS organisations to consider   | Organisation's Response |
|---|-------------------------|
| <p data-bbox="369 1220 734 1252"><b>Revisions to Policy/Practice</b></p> <p data-bbox="369 1292 1216 1396">Has the existing Gifts &amp; Hospitality (G&amp;H) policy been reviewed and amended as a result of public goodwill donations towards the NHS arising from the COVID-19 crisis?</p> |                         |

| Areas for NHS organisations to consider   | Organisation's Response  |  |
|---|--|--|
|  | <p>Have any amendments been reviewed in line with the latest <a href="#">HFMA guidance</a> (<i>Checklist for accepting gifts or donations - April 2020</i>) to ensure their compliance?</p>  |  |
|   | <p>Have the temporary arrangements been clearly documented?</p>  |  |
|   | <p>Does a revised policy (or, temporary arrangement) make clear</p> <ul style="list-style-type: none"> <li>• What is and isn't acceptable conduct (i.e. there should still be no solicitation of cash donations) under the temporary arrangements?</li> <li>• Any abridged mechanism to be followed for declaring acceptable gifts and hospitality – i.e. via the health body's charity (if one exists), or the Finance function – during the current period?</li> </ul> |  |
|   | <p>Communication of Changes</p>  |  |
|   | <p>Have the temporary arrangements been adequately communicated to staff, i.e. via email, line management, intranet update etc?</p>  |  |
|   | <p>Have any temporary arrangements around acceptable G&amp;H donations (i.e. official 'wish lists', routes for acceptable charitable giving, points of contact etc.) been adequately communicated to members of the public and local businesses, i.e. via the health body's main website and/or other official social media platforms?</p>   |  |
| <p>Associated Charities</p>   |  |  |
|   | <p>Does the organisation have an associated charity?</p>   |  |
|   | <p>Is the organisation pointing potential donors to the COVID-19 appeal being co-ordinated by 'NHS Charities Together'?</p>  |  |

| Areas for NHS organisations to consider   | Organisation's Response  |  |
|---|--|--|
|  | <p>(Appropriate guidance can be found on the Charity Commission for England and Wales website)</p> <p>Does the organisation's charity provide information on how to fundraise for them? Has this information been revised as a result of COVID-19? Does this include:</p> <ul style="list-style-type: none"> <li>• How funds raised for the charity should be paid over</li> <li>• Guidance on wording that should be used when fundraising so the donations can be properly used.</li> <li>• The reimbursement of personal expenses (fundraisers cannot assume that the charity will reimburse them for expenses incurred in order to raise funds).</li> </ul>  |  |
|  | <p><b>Donations to NHS Charities</b></p> <p>Does the organisation have procedures in place to collect and record cash donations?</p> <p>Have staff been reminded as to their obligations should they be offered a cash donation?</p> <p>Where organisations have arrangements in place to pick up donations have these been considered in the context of social distancing and travel guidance?</p> <p>If a decision has been taken not to accept cash, have donors been directed to on-line giving?</p> <p><b>Online Giving</b></p> <p>Has the organisation made use of Just Giving or similar fundraising web pages which people may be directed to if they wish to make a donation?</p> <p>Does the fundraising page state what the funds must be used for?</p> |  |

| Areas for NHS organisations to consider | Organisation's Response  |
|---|--|
|   | (Either fundraising for specific items or to support the NHS body and its staff during the COVID-19 pandemic and its aftermath?)   |
|   | What arrangements are in place to ensure funds raised are used for their intended purposes?  |
|   | Is there a statement to say something along the lines of 'following the pandemic, we will use the money for our wider charitable purpose of supporting the NHS'?   |
| <b>Donations of Equipment</b>           |  |
|   | Is the organisation accepting donations of items of equipment?   |
|   | <p>Are documented arrangements in place to ensure such donations meet the specified criteria for a gift and are fit for purpose?</p> <p>Other arrangement would also include:</p> <ul style="list-style-type: none"> <li>• Documentation associated with the donated items, such as warranties, instruction booklets, are provided.</li> <li>• The same procedures need to be applied to gifts as for other purchases of equipment e.g. PAT testing and adding the goods to the asset register.</li> </ul> <p>Donated assets that are valued at more than £5,000 and are expected to be used for more than a year must be appropriately recognised in the NHS body's asset register.</p> |
| <b>Gift for NHS Staff (Non-Cash)</b>    |  |
|   | Have staff been informed that gifts are allowable as long as they are completely free of obligation and do not create an expectation that the NHS body will undertake future business with that supplier after the pandemic?   |

| Areas for NHS organisations to consider   | Organisation's Response |
|---|-------------------------|
|  <p>Where a gift is for the NHS or NHS staff in general, has the decision as to whether these gifts should be registered as donations to the NHS charity or to the NHS body itself been documented?</p> <p>(This will depend on whether the gift is charitable or not and whether or not there is an appropriate NHS charity)</p>  |                         |
| <p>Have specific locations been identified for donations to be left rather than accepting them at all contact points?</p>   |                         |
| <p>Has a decision been taken by the organisation not to value gifts at the moment on the basis of practicality?</p> <p>The guidance on managing conflicts of interest says that gifts to <b>individuals</b> valued at less than £50 do not have to be declared – this threshold could be adopted for <b>all gifts</b> whether to individuals or to the NHS body.</p> <p>While gifts of around £50 may not be material to the NHS body, they may be to the person donating them so should be recorded.</p> |                         |
| <p>Gift for NHS Staff (Cash)</p>  |                         |
| <p>If cash donations are made specifically to be spent on staff benefits, is that purpose being logged along with the receipt?</p>  |                         |
| <p>Are vouchers donated for staff in general, used by the NHS body or NHS charity to raise funds for future use?</p> <p>Where, this is not possible because of the number of vouchers or the specific wishes of the donor is the method of distribution clear and transparent?</p>  |                         |
| <p>Wish Lists</p>   |                         |

| Areas for NHS organisations to consider | Organisation's Response   |  |
|---|---|--|
|   | Has the organisations created Amazon (or similar) wish lists for items to support their staff where people would like to donate?  |  |
|   | Is there a clear documented process to record the rationale for identifying items appearing on the wish list and their benefit to the NHS?  |  |
|   | If staff are creating the wish list and distributing items, are arrangements in place to ensure that they are not the recipients of the gifts and they are using clear criteria for distribution?   |  |
|   | <p>Are arrangement in place to ensure that if a staff member asks for, and receives, something from a wish list then this is documented in the G&amp;H register and the fact that it was received through a wish list should is noted?</p> <p><b>(This is an area that should be reviewed once the pandemic is over.)</b></p> |  |

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