

Policy for Managing Conflicts of Interest

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1. Introduction

- 1.1. Managing conflicts of interest and perceived conflicts is essential in protecting the integrity of the overall NHS commissioning system and to protect NHS England, Clinical Commissioning Groups (CCGs) and General Practice from any perceptions of wrongdoing.
- 1.2. The CCG recognises that a conflict of interest, or potential conflict of interest between the roles of commissioner and provider, is a key risk that requires careful management whether this is a direct or indirect conflict, financial or otherwise. These issues need to be addressed to ensure that the CCG is able to commission a range of health care services, including Primary Care services, to improve quality and outcomes for patients. It is recognised that the provider of these services may be a local GP practice.
- 1.3. This policy has been reviewed and revised in line with the Statutory Guidance issued by NHS England in June 2017. In addition to complying with this guidance, the CCG also adheres to the relevant guidance issued by professional bodies on conflicts of interest including: the British Medical Association (BMA), The Royal College of General Practitioners (RCGP) and the General Medical Council (GMC) and to procurement rules including The Public Contract Regulations 2015 and The National Health Service (Procurement, Patient Choice and Competition) (No. 2) regulations 2013 as well as the Bribery Act 2010.
- 1.4. The Policy for the Management of Conflicts of Interest should be read in conjunction with the Policy for Pharmaceutical and Industry Sponsorship and Joint Working and the Policy for Anti-Fraud and Bribery.

2. Purpose

- 2.1. This policy sets out the approach to identify, manage and record any conflicts of interest or perceived conflicts that may arise as part of the commissioning of health care for the residents of Luton or whilst providing services locally.
- 2.2. The policy aims to:
 - 2.2.1. Safeguard clinically-led commissioning whilst ensuring objective investment decisions;
 - 2.2.2. Enable commissioners to demonstrate that they are acting fairly and transparently and in the best interests of the local population;
 - 2.2.3. Uphold confidence and trust in the CCG and member practices;
 - 2.2.4. Support commissioners to understand when conflicts arise, whether actual or potential, and how to manage them;
 - 2.2.5. Ensure that the CCG operates within the legal framework.

3. Principles

3.1.NHS Luton Clinical Commissioning Group (the CCG) is committed to upholding the principles of openness, transparency, fairness and integrity in its role as a commissioner of health care, ensuring that high standards of corporate and personal conduct are displayed by all individuals involved in the CCG. The principles adopted include:

3.1.1.The Nolan Principles (See Appendix A);

3.1.2.The Good Governance Standard for Public Services (2004), Office for Public Management (OPM) and Chartered Institute of Public Finance and Accountancy (CIPFA);

3.1.3.The seven key principles of the NHS Constitution;

3.1.4.The Equality Act 2010;

3.1.5.The UK Corporate Governance Code;

3.1.6.Standards for members of NHS Boards and CCG governing bodies in England;

3.2.In addition to support the management of conflicts of interest, the CCG will:

3.2.1.Do business appropriately, ensuring that the processes for needs assessments, consultation mechanisms, commissioning strategies and procurement procedures are transparent and able to withstand scrutiny;

3.2.2.Be proactive in identifying and managing actual and perceived conflicts of interest;

3.2.3.Be balanced and proportionate in decision making ensuring that it is fair and transparent but not constraining, complex or cumbersome;

3.2.4.Be transparent in its decision making ensuring that all procurement decisions are recorded so that a clear audit trail is evident;

3.2.5.Create an environment and culture where individuals are supported and feel confident in declaring relevant information and raising concerns.

4. Scope

4.1.This policy translates the Nolan principles into a protocol to support all individuals involved in the CCG, embedding these into working practices so that the public and patients have confidence and trust in the organisation.

4.2.The Policy applies to:

- The Governing Body and its committees;

- Employees of the CCG, including seconded and sessional staff, and temporary staff such as agency staff and interims;
- Member practices and their employees undertaking duties on behalf of the CCG. This includes clinicians undertaking roles with the CCG, e.g. Clinical Directors, Cluster Chairs and Clinical Leads, and any other roles where a clinician from a member practice undertakes duties on behalf of the CCG;
- Any third parties acting on behalf of the CCG and services contracted by the CCG, e.g. Commissioning Support Services;

5. Definitions

5.1.Secondary Employment

Secondary employment is a term used to describe any employment additional to the work with the CCG. The CCG takes all reasonable steps to ensure that employees, committee members, contractors and others engaged under contract with them are aware of the requirement to inform the CCG if they are employed or engaged in, or wish to be employed or engaged in, any employment or consultancy work in addition to their work with the CCG. The purpose of this is to ensure that the CCG is aware of any potential conflict of interest. Examples of work which may conflict with the business of the CCG, including part-time, temporary and fixed term contract work, include:

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

5.2.Conflicts of Interest

A conflict of interest occurs where an individual's ability to exercise judgement, or act in a role is, or could be, or is seen to 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 of interest exists even where there is no actual conflict. These must be managed in order to maintain public trust.

Interests fall into four main categories:

5.2.1. 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 the CCG or one of its provider 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 the CCG or one of its provider organisations;

- A management consultant for a provider.

This could also arise if an individual is:

- In secondary employment;
- In receipt of secondary income from a provider;
- In receipt of a grant from a provider;
- In receipt of any payment (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).

5.2.2. 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, include situations where the individual is:

- An advocate for a particular group of patients;
- A GP with special interests, eg: dermatology, acupuncture;
- A member of a particular specialist professional body (although routine GP membership of the RCGP, BMA or a medical defence organisation would not normally by itself amount to an interest that 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.

5.2.3. 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 where an 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.

5.2.4. 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. This may include:

- Spouse or partner
- Close relative such as a 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. This may be done by cross referencing to the separate declarations of interest.

5.3.Gifts

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.

5.4.Hospitality

Hospitality refers to the receipt of any refreshment, subsistence, accommodation or entertainment received as a result of carrying out business relating to an individual's role within the CCG.

5.5.Procurement

Procurement relates to any purchase of goods, services or works.

6. Responsibilities

6.1.Duties within the Clinical Commissioning Group

6.1.1.The Chief Officer as Accountable Officer has overall accountability for the strategic and operational management of conflicts of interest within the CCG and will work with the Executive Team to ensure that the arrangements comply with all legal, statutory and good practice guidance requirements. The Chief Officer will review all declarations of interest on an annual basis and make recommendations to the Board, Committees, Directors and Staff on the management of any declarations to ensure the integrity of the CCG's decision-making processes.

6.1.2.The Associate Director of Strategy and Governance will support the Conflicts of Interest Guardian to enable them to carry out their role effectively. As governance lead he/she is responsible for the day to day management of conflicts of interest matters and queries and maintaining the CCG's registers of interest. The Associate Director of Strategy and Governance will provide advice, support and guidance on how conflicts of interest should be managed and ensure that the correct administrative processes are in place to publish the registers every year.

6.1.3. The Senior Leadership Executive Group (The Executive) are responsible for ensuring that all staff and committee members complete their declarations of interest on an annual basis and ensure that these are managed in accordance with the advice from the governance lead.

6.1.4. Line managers are responsible for ensuring that all staff whether permanent, interim or contractors understand and comply with the policy for managing conflicts of interest and that declarations are completed in a timely fashion.

6.1.5. All members of staff are responsible for co-operating with the implementation of the Policy for the Management of Conflicts of Interest as part of their normal duties and responsibilities. Compliance with CCG policies is mandatory for permanent, interim and bank staff. Staff failing to adhere to policies may be subject to disciplinary action.

6.2. Duties within Member Practices

6.2.1. On an annual basis, General Practitioners (GPs) within member practices and any individual directly involved with the business or decision making within the CCG, must declare any financial, professional or personal interests, whether direct or indirect that may conflict with the business of the CCG.

6.2.2. General Practitioners in member practices who have a responsibility for, or who are involved in commissioning services on behalf of the CCG must satisfy themselves that all decisions made are fair, transparent and comply with the law.

6.2.3. GPs must take all reasonable steps to manage any conflict between their duties as a doctor and their commissioning responsibilities. This may include self-exclusion from the decision-making process and any subsequent monitoring.

6.2.4. Additionally, they must keep up to date with and follow the guidance and codes of practice that govern the commissioning of services where they work.

6.3. The Governing Body (The Board) and Committee Members

6.3.1. The Governing Body (known as 'The Board'), is responsible for ensuring that the CCG has robust policies for the procurement of services and for the management of conflicts of interest. The responsibility of the board is to ensure that the arrangements for making a declaration, reporting and audit are robust and effective.

6.3.2. On an annual basis, all members of the Board and all committees are required to declare any financial, professional or personal interests, whether direct or indirect that may conflict with the business of the CCG.

6.3.3. Prior to appointment to the Board or committee, consideration will be given as to whether conflicts of interest should exclude an individual from being appointed to a relevant role. This will be considered on a case-by-case basis.

6.3.4. Sub-Committees of the Board are responsible for ensuring that all members operate within the Policy for the Management of Conflicts of Interest. The Chair and Secretary of each committee must familiarise themselves with the appropriate register of interests before distributing papers and ensure that where a conflict is in place then this is managed in accordance with the guidance provided by the governance lead.

6.3.5. The CCG will assess the materiality of any interest declared by any Board, committee member or senior member of staff where there may be a benefit from any decision that the CCG may make.

6.3.6. An individual who has a material interest in an organisation which provides, or is likely to provide, substantial services to the CCG should recognise the inherent conflict of interest risk that may arise. If the nature and extent of their interest and the nature of their proposed role within the CCG is such that they are likely to need to exclude themselves from decision making on a regular basis they should not be appointed to the Board or committee.

6.4. CCG Lay Members

6.4.1. Lay members play a critical role in providing scrutiny, challenge and an independent voice in support of robust and transparent decision making. As such, Luton CCG will ensure that it has three Lay member positions on the Board who will chair a number of committees including the Audit and Risk Management Committee and the Primary Care Joint Commissioning Committee.

6.5. Conflicts of Interest Guardian

The Conflicts of Interest Guardian (undertaken by the chair of the Audit and Risk Management Committee) will, in collaboration with the Associate Director for Strategy and Governance:

- Act as a conduit for GP practice staff, members of the public and health care professionals who have any concerns with regards to conflicts of interest;
- Be a safe point of contact for employees or workers to raise any concerns in relation to the Policy for Managing Conflicts of Interest;
- Support the rigorous application of the Conflict of Interest policies and procedures;
- Provide independent advice and judgment where there is any doubt as to how to apply the conflict of interest policies in an individual situation;
- Provide advice on minimising the risks of conflict of interest.

6.6. Primary Care Joint Commissioning Committee Chair

6.6.1. The Primary Care Joint Commissioning Committee must have a lay chair and vice lay chair. To ensure appropriate oversight and assurance, and to ensure that the Conflicts

of Interest Guardian is not compromised, this should not be the chair of the Audit and Risk Management Committee.

6.6.2. The CCG chair of the Audit and Risk Management committee may serve on the committee providing appropriate safeguards are recorded.

7. Identification and Management of Conflicts of Interest

7.1. Registers of Interest

7.1.1. The CCG is required, by Statute, to maintain registers of the interests of members of the CCG, members of the Board, members of its committees and its employees. This includes all full and part-time staff, any staff on short term contracts, students and trainees, agency staff and seconded staff.

7.1.2. Additionally, the CCG maintains a register of the interests of self-employed consultants or other individuals working for the CCG under a contract for services including individuals working for services shared with other CCGs, or those working for the Commissioning Support Unit.

7.2. Register of Gifts and Hospitality

7.2.1. The CCG maintains a register of declarations of gifts and hospitality for members of the CCG, members of the Board, members of its committees and its employees. This includes all full and part-time staff, any staff on short term contracts, students and trainees, agency staff and seconded staff.

7.3. Declaring a Conflict of Interest

7.3.1. All persons referred to in 7.1 must declare any interests. Declarations of interest should be made as soon as reasonable practicable and by law within 28 days after the interest arises.

7.3.2. The nature and type of interests to be declared are detailed on the Declaration of Interest Form at Appendix B. Where there is doubt as to whether to make a declaration, then advice should be sought from the Associate Director for Strategy and Governance as governance lead.

7.3.3. Declarations of interest should be made using the Declaration of Interest Form at Appendix B. This should be signed and forwarded to the governance lead as identified on the form.

7.3.4. Declarations of interest should be updated every twelve months.

7.3.5. Applicants to the Board or any committee of the CCG should be asked to declare any relevant interests. When an appointment is made, then the form at Appendix B should be completed.

7.3.6. On appointment, all employees should complete the Declaration of Interests form in Appendix B.

7.3.7. All attendees at Board and committee meetings are required to declare their interests as a standing agenda item before an item is discussed. Declarations of interest made at meetings should be recorded on the document at Appendix E – Template for recording interests at meetings, and forwarded to the governance lead.

7.3.8. The CCG requires that all individuals obtain prior permission to engage in secondary employment and reserves the right to refuse permission where it believes a conflict will arise which cannot be effectively managed. In particular it is unacceptable for pharmacy advisers or other advisers, employees or consultants to the CCG on matters of procurement, for themselves to be in receipt of payments from pharmaceutical or other industry suppliers.

7.4. Declaring Offers and Receipt of Gifts and Hospitality

7.4.1. All individuals associated with the CCG need to consider the risks associated with accepting offers of gifts, hospitality or entertainment when undertaking activities on behalf of the CCG or their GP Practice.

7.4.2. All gifts of any nature offered to CCG staff, Board or committee members and individuals within GP member practices by suppliers or contractors involved, or likely to be involved to the CCG's business should be declined, whatever their value. However, low cost, branded promotional aids may be accepted and not declared where they are under the value of a common industry standard (ie £6). The person to whom the gift was offered should declare the offer on the Declaration of Gifts and Hospitality form (Appendix C).

7.4.3. Gifts offered from other sources should be declined if accepting them could give the perception of bias or favouritism. Modest gifts under the value of £50 for a job well done, may be accepted and do not need to be declared. However, CCG staff must not request gifts in any circumstances.

7.4.4. Gifts offered over the value of £50 should be treated with caution and only accepted on behalf of the organisation and not in a personal capacity. These must be declared and recorded on the register.

7.4.5. The only exception to the presumption to decline gifts relates to items of little financial value (ie: 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 done well. Gifts of this nature do not need to be declared or recorded on the register.

7.4.6. Multiple gifts from the same source over a 12 month period should be treated in the same way as a single gifts over £50 where the cumulative value exceeds £50.

7.4.7. Any personal gift of cash or cash equivalents (eg: vouchers, tokens, offers of remuneration to attend meetings whilst in a capacity working for a representing the CCG) must always be declined, whatever their value and whatever the source. The offer which has been declined must be declared through the completion of the Declaration of Gifts and Hospitality form (Appendix C).

7.4.8. 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.

7.4.9. Modest hospitality provided in the normal and reasonable circumstances is acceptable although it should be on a similar scale to that which the CCG might offer in similar circumstances (eg: tea, coffee and light refreshments at meetings). A common sense approach should be adopted. Hospitality of this nature does not need to be declared or recorded on the register unless it is offered by suppliers or contractors involved, or likely to be involved in the CCG's business in which case all such offers should be declared and recorded.

- Hospitality under £25 can be accepted and does not need to be declared;
- Hospitality between £25 and £75 can be accepted, but must be declared;
- If the value of the hospitality is over £75 it must be declared and should be refused unless senior approval is given;
- Offers of foreign travel and accommodation must be refused and should be declared.

7.4.10. Offers of hospitality which go beyond modest or of a type that the CCG itself might offer, should be refused. Where there are limited and exceptional circumstances where accepting hospitality might be contemplated, express prior approval should be sought from a senior member of the CCG by contacting the governance lead in the first instance. Hospitality offered should be declared and recorded through the completion of the Declaration of Gifts and Hospitality form (Appendix C).

7.4.11. Particular caution should be exercised where hospitality is offered by suppliers or contractors involved, or likely to be involved in the CCG's business. Offers of this type may be accepted if they are modest, but advice should be sought from the governance lead. All offers of hospitality from actual or potential suppliers or contractors (whether accepted or not) should be declared on a Declaration of Gifts and Hospitality form (Appendix C).

7.5. Commercial Sponsorship

7.5.1. The CCG values commercial sponsorship as offers to meet some or part of the costs often secures the event, which has a benefit to both staff and patients. Without such sponsorship the opportunity for learning, development and partnership working is diminished. However, there is the potential for conflicts of interest between the CCG, attendees and sponsor, particularly regarding the ability to market commercial

products and services. As a result, proper safeguards must be in place to prevent conflicts happening.

7.5.2. When a sponsorship is offered, the following principles must be adhered to:

- Sponsorship of a CCG event should only be approved if a reasonable person would conclude that the event will result in a clear benefit for the CCG and the NHS;
- During dealings with sponsors, there must not be a breach of patient or individual confidentiality or data protection rules and legislation;
- No information should be supplied to the sponsor from which they could gain a commercial advantage and information which is not in the public domain should not normally be supplied;
- Sponsors or their representatives may attend or take part in the CCG event at the CCG's discretion, 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;
- The CCG makes it clear that sponsorship does not equate to the endorsement of a company or its products. This must be made clear on all materials relating to the event;
- Staff must declare involvement with arranging sponsored events to the CCG.

7.6. Other forms of sponsorship

7.6.1. Organisations external to the CCG may sponsor posts or research, however, there is the potential for conflicts of interest to occur, particularly when research funding does or could lead to a real or perceived commercial advantage, or if sponsored posts cause a conflict of interest between the sponsor and the aims of the organisation, particularly in relation to procurement and competition. There must always be transparency and any conflicts of interest declared and managed.

7.6.2. Commercial sponsorship is dealt with more thoroughly in the Policy for Pharmaceutical and Industry Sponsorship and Joint Working.

8. Managing Conflicts of Interest at Meetings

- 8.1. The Chair of a meeting of the Board or any of its committees 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.
- 8.2. In the event that the Chair of the meeting has a conflict of interest, the vice-chair is responsible for deciding the appropriate course of action in order to manage the conflict. If the vice chair is also conflicted then the remaining non-conflicted voting members of the meeting should mutually agree the action to be taken.
- 8.3. In making the decision on how to manage a conflict, the Chair may wish to consult with the Conflict of Interest Guardian or another Board member.
- 8.4. The Chair, with the support of the governance lead and if required, the Conflicts of Interest Guardian, should proactively consider any actual or potential conflicts and how they should be managed ahead of the meeting, including taking steps to ensure that any supporting papers for particular agenda items are not sent to conflicted individuals in advance of the meeting.
- 8.5. To support the Chair of the meeting, they will have access to the Declaration of Interest Checklist (Appendix D) prior to meetings which should include details of any conflicts of interest already recorded.
- 8.6. At the beginning of each meeting, the Chair will ask if anyone has any conflicts of interest to declare in relation to any agenda items. Each attendee must declare any interests relevant to the business of the meeting whether they have been previously declared or not. The Template for Recording Interests during a Meeting (Appendix E) should be completed and stored with the minutes of the meeting. The Associate Director for Strategy and Governance should be notified of any new declarations of interest not previously recorded.
- 8.7. Any new declarations of gifts and hospitality (whether accepted or not) which are declared at a meeting must be included on the CCG's register to ensure that this remains up to date.
- 8.8. When a member of a meeting declares a conflict of interest in relation to an agenda item, a decision must be made as to how to manage the conflict. The actions taken could include:
- Requiring the individual with the conflict to not attend the meeting;
 - Ensuring that the individual 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 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.

- 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 when any decisions are being taken in relation to those matter(s). This may be appropriate where the individual has important knowledge which could aid the discussion.
- Noting the interest and ensuring that all attendees are aware of the nature and extent of the interest, but allowing the individual to participate in both the discussion and in any decisions. This is only likely to be appropriate where it is decided that the interest is immaterial or not relevant to the matter(s) under discussion.

8.9. Robust record keeping is essential at meetings to ensure complete transparency in decision making. If any conflicts of interest are declared or otherwise arise in a meeting the chair must ensure that the following is recorded in the minutes:

- Who has the interest;
- The nature of the interest and why it gives rise to a conflict;
- The items on the agenda to which the conflict relates;
- How the conflict was agreed to be managed;
- Evidence that the conflict was managed as intended.

8.10. A template for recording the minutes of meetings can be found in Appendix F.

9. Managing Conflicts of Interest through the Commissioning Cycle

9.1. Designing Service Requirements

9.1.1. At the outset of the commissioning process, the relevant interests of all individuals involved should be identified through the completion of the Declaration of Interest Form (Appendix B). Advice should be sought from the governance lead as to what arrangements should be put in place to manage any conflict 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.

9.1.2. Public involvement can support transparent and credible commissioning decisions; therefore this should happen at every stage of the commissioning cycle from needs assessment, planning and prioritisation to service design, procurement and monitoring.

9.1.3. Relevant providers, especially clinicians, should be engaged in confirming that the design of service specifications will meet patient needs. This includes providers from acute, primary, community and mental health sectors and may include NHS, third

sector and private providers. Provider engagement must follow the three main principles of procurement law, namely equal treatment, non-discrimination and transparency. This mitigates the risk of legal challenge.

9.1.4. Specifications should be clear and transparent reflecting the depth of engagement and set out the basis on which any contract will be awarded.

9.2. Procurement and Awarding Grants

9.2.1. The CCG must comply with two different regimes of procurement law and regulation when commissioning healthcare services; the NHS procurement regime and the European procurement regime. Whilst the two regimes overlap in terms of some of their requirements, they are not the same so compliance with one regime does not automatically imply compliance with the other.

9.2.2. The CCG must not award a contract for the provision of NHS health care services where there is an actual or potential conflict between the interests involved in commissioning such services and the interests involved in providing them, affect, or appear to affect the integrity of the contract award.

9.2.3. A conflict could arise when the 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 arise more often due to the joint commissioning of primary care where GPs are current or possible providers.

9.2.4. The CCG is required to make public the evidence on the management of conflicts of interest when making procurement decisions. Appendix G sets out guidance for commissioning teams when drawing up plans to commission service, this ensures that there is complete transparency around procurement.

9.2.5. External services provided by the Commissioning Support Unit or other contracted service play an important role in helping the CCG to decide the most appropriate procurement route and in managing contracts, that minimise the risk of conflicts of interest, preserving the integrity of decision-making.

9.2.6. The CCG cannot lawfully delegate commissioning decisions to the Commissioning Support Unit. The CCG must retain responsibility for:

- Determining and signing off the specification and evaluation criteria;
- Deciding and signing off decisions on which providers are invited to tender; and
- Making the final decisions on the selection of the provider.

9.3. Register of Procurement Decisions

9.3.1. The CCG will maintain a register of procurement decisions taken, either for the procurement of a new service or any extension or variation of a current contract.

9.3.2. Commissioners must record the details of the decisions taken on the form at Appendix H: Procurement Decisions and Contracts Awarded. This must include:

- The details of the decision;
- Who was involved in making the decision;
- A summary of any conflicts of interest in relation to the decision and how this was managed.
- The award decision taken.

9.3.3. The register of procurement decisions must be updated by the lead commissioner whenever a procurement decision is taken. This will be published on the CCG website and made available to the public as required under the Procurement, Patient Choice and Competition Regulations 9(1).

9.4. Declarations of Interest for Bidders and Contractors

9.4.1. It is good practice to request that bidders declare any conflicts of interest. This allows commissioners to ensure that they comply with the principles of equal treatment and transparency. Appendix I should be completed by organisations bidding for any contract. When a bidder declares a conflict, the lead commissioner, in collaboration with the governance lead must decide how this will be managed.

9.5. Contract Monitoring

9.5.1. The management of conflicts of interest applies to all aspects of the commissioning cycle, including contract monitoring.

9.5.2. Any contract monitoring meeting needs to consider conflicts of interest as part of the process in accordance with this policy. This equally applies where a contract is held jointly with another organisation such as the Local Authority or other CCG under lead commissioner arrangements.

9.5.3. 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, or could be perceived to, prevent them from carrying out their role in an impartial, fair and transparent manner.

10. Raising Concerns and Breaches

Every employee, Board or committee member and GP practice member has a duty to raise any genuine concerns in relation to the administration of the CCG's Policy for Managing Conflict of Interest and to report these concerns. Individuals should not ignore their suspicions or attempt to investigate themselves, but should speak to either the Associate Director for Strategy and Governance or Conflict of Interest Guardian.

10.1.All such notifications will be treated with the appropriate confidentiality and the person making such a disclosure can expect an appropriate explanation of any decisions taken as a result of an investigation.

10.2.Anyone who is not an employee or worker of the CCG, who wishes to report a suspected or known breach of the policy should ensure that they comply with their own organisation's whistleblowing policy.

10.3.Any suspicions or concerns of acts of fraud and bribery can be reported online via <https://www.reportnhsfraud.nhs.uk/> or via the NHS Fraud and Corruption Reporting Line on 0800 0284060.

11.Monitoring and Compliance

11.1.The Associate Director of Strategy and Governance, as governance lead, is responsible for ensuring that all staff, board and committee members, GP members and any other individual involved in the CCG, complete their declaration of interests on an annual basis

11.2.The Conflict of Interest Guardian and Chief Officer will review the Registers of Interest and the Register of Gifts and Hospitality at annually, prior to its publication. Any declarations of interest made with a potential impact on the business of the CCG will be followed up with the individual concerned and appropriate management actions put in place.

11.3.Impact of Non-Compliance

Failure to comply with the Policy for Managing Conflicts of Interest can have serious implications for the CCG and any individuals concerned.

11.4.Civil Implications

If conflicts of interest are not managed effectively, the CCG may face civil challenges to the decisions made. For example, if breaches occur during the procurement process, the CCG risks a legal challenge from providers which could potentially overturn the award of a contract, lead to a claim for damages against the CCG and lead to a repeat of the procurement process. In extreme cases, staff and other individuals could face personal civil liability.

11.5.Criminal Implications

Failure to manage conflicts of interest could lead to criminal proceedings including offences such as fraud, bribery and corruption. This could have implications for the CCG and linked organisations as well as individuals who are engaged by them.

The Fraud Act 2006 created a criminal offence of fraud which may be committed by:

- Fraud by false representation;
- Fraud by failing to disclose information;
- Fraud by abuse of position.

Individuals should refer to the CCG's Anti-fraud and Bribery Policy for further details.

11.6.Disciplinary Implications

Failing to declare an actual or potential conflict of interest, or record an offer or receipt of a gift or hospitality, is in direct breach of the CCG's policy and may lead to further investigation and action under the disciplinary policy.

11.7.Professional Regulatory Implications

Statutorily regulated Healthcare professionals who work for, who are engaged by Luton CCG are under professional duties imposed by their relevant regulator to act appropriately with regard to conflicts of interest. If the CCG believes that an individual has acted improperly, a referral will be made to their regulator for further investigation.

Further action could include fitness to practise proceedings being brought against an individual and if appropriate, they may be struck off by their professional regulator.

Appendix A: The 7 Principles of Public Life (The Nolan Principles)

The Seven Principles of Public Life, known as the Nolan Principles, were defined by the [Committee for Standards in Public Life](#) . They 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.

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 it.

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

Appendix B: Declaration of Interests Form

Register of Interests

For notes to aid completion see pages 5 and 6.

Part 1

Name (Print):	
Position within, or relationship with the CCG or NHS England	
Address of main place of work:	

Please tick one box only		
This is my first declaration of interests form.	<input type="checkbox"/>	Please complete Parts 2 and 3
I have completed a declaration of interests form before.	<input type="checkbox"/>	Please proceed below.

I have reviewed my entry on the published Luton Clinical Commissioning Group Register of Interest at <https://www.lutonccg.nhs.uk/page/?id=3880> and I confirm that, to the best of my knowledge and belief:

Please tick one box only		
The information is full and accurate.	<input type="checkbox"/>	Proceed to declaration Part 3
There has been a change to the information provided.	<input type="checkbox"/>	Please complete Parts 2 and 3

OFFICIAL USE ONLY							
member	employee	board	committee	contractor	CSU	consultant	other

Part 2a

Type of Interest	Details	Personal Interest	Family Member	Close Friend	Acquaintance	Name
Roles and responsibilities held within member practices						
Directorships, including non-executive directorships held in private or public limited companies						
Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the CCG and/or NHS England						
Financial Interest (more than 1% equity) in a relevant provider organisation						
Shareholdings (more than 5%) of companies in the field of health and social care						

Part 2b

Type of Interest	Details	Personal Interest	Family Member	Close Friend	Acquaintance	Name
Positions of authority in an organisation (eg charity or voluntary organisation) in the field of health and social care						
Any connection with a voluntary organisation contracting for NHS services						
Research funding/grants that may be received by the individual or any organisation they have an interest or role in						
Any other specific interests						
Any other role or relationship which the public could perceive would impair or otherwise influence the individual's judgement or actions in their role within the CCG and/or NHS England						

Part 3 - Declaration

I confirm that the information provided 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/don't [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: _____

Date: _____

* The registers will be reviewed by the Associate Director for Strategy and Governance quarterly and by the Audit and Risk Management Committee biannually.

Declaration Form: financial and other 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.

The information submitted will be held by the CCG for personnel or other reasons specified on this form and to comply with the CCG's policies. This information will be held in both manual and electronic form in accordance with the Data Protection Act 1988. Information may be disclosed to third parties in accordance with the Freedom of Information Act 2000 and published in the registers that the CCG holds.

Notes:

- Each CCG must make arrangements to ensure that the persons mentioned above 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 may affect or appear to affect the integrity of the award of any contract by the CCG and/or NHS England.
- The completed form should be sent to:
Angela Duce
Associate Director for Strategy and Governance
Luton CCG, The Lodge, 4 George Street West, Luton, LU1 2BJ
Email: angela.duce@lutonccg.nhs.uk
Telephone: 01582 532043
- **Any changes to interests declared must also be registered within 28 days of the relevant event by completing and submitting a new declaration form.**
- The register will be published on the Clinical Commissioning Group website and may also be included in the Annual Report and Accounts. The register may also be viewed at NHS Luton CCG's offices, by prior appointment. In accordance with statutory guidance, the register may be redacted if the Chief Officer is satisfied that there are grounds for certain personal information to be registered but not published.
- 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 interest could arise, a declaration of the interest must be made.
- **Interests that must be declared (whether such interests are those of the individual themselves, or of a family member, close friend or other acquaintance of the individual) are detailed on the following page.**

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; • 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 C: Declaration of Gifts and Hospitality Form

Declaration of Gifts and Hospitality

Name (Print):	
Position within, or relationship with the CCG or NHS England:	
Address of main place of work:	

Date of Offer	Accepted/ Declined	Date of Receipt	Description of Gift or Hospitality	Value	Supplier Name and Nature of Business	Previous Offers Yes/No	Reason for Accepting or Declining

Declaration

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

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

Signed: _____

Date: _____

Please return this form to the governance lead:

Angela Duce
Associate Director for Strategy and Governance
Luton CCG, The Lodge, 4 George Street West, Luton, LU1 2BJ
Email: angela.duce@lutonccg.nhs.uk
Telephone: 01582 532043

* The registers will be reviewed by the Associate Director for Strategy and Governance quarterly and by the Audit and Risk Management Committee biannually.

Appendix D: Declaration of Interest Checklist for Meetings

Timing	Action	Responsibility	Check
In advance of the meeting	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 Secreteriat	
	A definition of conflicts of interest should also be accompanied with each agenda to provide clarity for all recipients.	Meeting Chair and Secreteriat	
	Agenda to be circulated to enable attendees (including visitors) to identify any interests relating specifically to the agenda items being considered.	Meeting Chair and Secreteriat	
	Members should contact the Chair as soon as an actual or potential conflict is identified.	Meeting members	
	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 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	
During the Meeting	Check and declare the meeting is quorate and ensure that this is noted in the minutes of the meeting.	Meeting Chair	
	Chair requests members to declare any interests in agenda items - which have not already been declared, including the nature of the conflict.	Meeting Chair	
	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.	Meeting Chair and Secreteriat	
	As minimum requirement, the following should be recorded in the minutes of the meeting: Individual declaring the interest ndividual declaring the interest; <ul style="list-style-type: none"> • 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; 	Secreteriat	
	Visitors in attendance who participate in the meeting must also follow the meeting protocol and declare any interests in a timely manner.		
Following the Meeting	All new interests declared at the meeting should be promptly updated onto the declaration of interest form;	individual(s) declaring interest(s)	
	All new completed declarations of interest should be transferred onto the register of interests.	Designated person responsible for registers of interest	

Appendix E: Template for Recording Conflicts of Interest during a Meeting

Report from: <insert details of committee or work group>	
Title of paper	<insert full title of the paper>
Meeting details	<insert date, time and location of the meeting>
Report author and job title	<insert full name and job title/ position of the person who has written this report>
Executive summary	<include summary of discussions held, options developed, commissioning rationale, etc.>
Recommendations	<include details of any recommendations made including full rationale> <include details of finance and resource implications>
Outcome of Impact Assessments completed (e.g. Quality IA or Equality IA)	<Provide details of the QIA/EIA. If this section is not relevant to the paper state 'not applicable'>
Outline engagement – clinical, stakeholder and public/patient:	<Insert details of any patient, public or stakeholder engagement activity. If this section is not relevant to the paper state 'not applicable'>
Management of Conflicts of Interest	<Include details of any conflicts of interest declared> <Where declarations are made, include details of conflicted individual(s) name, position; the conflict(s) details, and how these have been managed in the meeting> <Confirm whether the interest is recorded on the register of interests- if not agreed course of action>
Assurance departments/ organisations who will be affected have been consulted:	<Insert details of the people you have worked with or consulted during the process : Finance (insert job title) Commissioning (insert job title) Contracting (insert job title) Medicines Optimisation (insert job title) Clinical leads (insert job title) Quality (insert job title) Safeguarding (insert job title) Other (insert job title)>
Report previously presented at:	<Insert details (including the date) of any other meeting where this paper has been presented; or state 'not applicable'>
Risk Assessments	<insert details of how this paper mitigates risks- including conflicts of interest>

Appendix F: Template for Recording Minutes of Meetings

Meeting: <Name of Committee or Work Group>

Date:

Time:

Location:

Present:	
<Name>	<Role>
Apologies:	
<Name>	<Role>
In Attendance:	
<Name>	<Role>

Ref:	Agenda item number and title	Actions
X/YY	1. Welcome, Apologies and Introductions	
X/YY	2. Declarations of Interest & Hospitality in Relation to Agenda Items	
	<p><i>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 Luton Clinical Commissioning Group.</i></p> <p><i>Declarations declared by members of the Committee are listed in the CCG's Register of Interests. The Register is available either by contacting the Associate Director for Strategy and Governance or on the CCG's website by following the link: https://www.lutonccg.nhs.uk/page/?id=3880</i></p>	
X/YY	3. Other Declarations of Interest and Hospitality	
	<p>Declarations of interest from sub committees: <i>None declared</i></p> <p>Declarations of interest from today's meeting:</p> <p><i>The following update was received at the meeting:</i></p> <ul style="list-style-type: none"> <i>With reference to business to be discussed at this meeting, N declared that he is a shareholder in XXX Care Ltd.</i> <p><i>The Chair declared that the meeting is quorate and that N would not be included in any discussions on agenda item X due to a direct conflict of interest which could potentially lead to financial gain for N.</i></p> <p><i>The Chair and N discussed the conflict of interest, which is recorded on the register of interest, before the meeting and N agreed to remove himself from the table and not be involved in the discussion around agenda item X. N has not received the supporting papers for item X.</i></p>	

Appendix G: Procurement Checklist

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

¹Taking into account all relevant regulations (e.g. the NHS (Procurement, patient choice and competition) (No 2) Regulations 2013 and guidance (e.g. that of Monitor).

<p>11. What additional external involvement will there be in scrutinising the proposed decisions?</p>	
<p>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?</p>	
<p>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)</p>	
<p>13. How have you determined a fair price for the service?</p>	
<p>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</p>	
<p>14. How will you ensure that patients are aware of the full range of qualified providers from whom they can choose?</p>	
<p>Additional questions for proposed direct awards to GP providers</p>	
<p>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?</p>	
<p>16. 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>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?</p>	

Appendix H: Declaration of Decisions and Contracts Awarded

Contract/Service Reference Number and Title:	
Description of Procurement:	
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 Committee:	
Process and Decision Made:	
Summary of Conflicts of Interest noted:	
Actions taken to mitigate conflicts of interest:	

Justification for actions to mitigate conflicts of interest:	
Contract awarded to (Supplier name and registered address):	
Contract Value (£) (Total) and Value to CCG:	
Additional Comments	

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

Signed: _____

Date: _____

Please return this form to the governance lead:

Angela Duce
Associate Director for Strategy and Governance
Luton CCG, The Lodge, 4 George Street West, Luton, LU1 2BJ
Email: angela.duce@lutonccg.nhs.uk
Telephone: 01582 532043

Appendix I: Declarations of Conflicts of Interest for Bidders and Contractors

Name of Organisation:	
Registered Address:	
Contract/Service Reference Number and Title:	
Names of Relevant Persons:	

Type of Interest	Details	Personal Interest	Family Member	Close Friend	Acquaintance	Name
Provision of services or other work for the CCG or NHS England:						
Provision of services or other work for any other potential bidder in respect of this project or procurement process:						
Any other connection with the CCG or NHS England whether personal or professional which the public could perceive may impair or otherwise influence the CCG's or any of its members' or employees' judgements, decisions or actions:						

Declaration

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

Signed: _____

Position: _____

Date: _____

Please return this form to the governance lead:

Angela Duce
Associate Director for Strategy and Governance
Luton CCG, The Lodge, 4 George Street West, Luton, LU1 2BJ
Email: angela.duce@lutonccg.nhs.uk
Telephone: 01582 532043

Review and Amendment Log

Version No	Type of Change	Date	Description of change
V0.1		06/08/13	
V0.2	Minor Amendments	14/08/13	Reviewed by Rod While
V0.3	Minor Amendments	18/08/13	Reviewed by Nigel Armitt (CFO)
V1.0	Minor Amendments	21/08/13	Reviewed by David Parfitt, Chair of ARMC
V1.0	Approval	29/08/13	Approved by Executive Committee
V2.0	Review	30/08/13	Circulated to Conflict of Interest Committee
V2.1	Minor Amendments	09/09/13	Reviewed by COI Committee
V2.2	Approval	10/09/13	Approved by COI Committee (by email)
V2.3	Approval	07/11/13	Approved by COI Committee (by email)
	Approval	15/11/13	Approved by Board
V2.3.1	Minor Amendment	05/09/14	Amendment of review date following internal audit advice
V2.3.1	Approval	05/09/14	Retrospective approval by COI Committee
V2.4	Amendment	19/12/14	Minor amendments to reflect transition from CELCSU to in-house function and update to reflect auditors advice.
V3	Amendment	20/02/15	Amended to reflect updated guidance from NHSE.
V3	Approval	24/03/15	Conflicts of Interest Committee Approval, Members Forum and Board as part of updated constitution
V4	Rewrite	17/08/16	Rewrite to reflect changes in statutory guidance from NHSE June 2016.
V4	Approval	04/10/16	Board Ratified Policy
V4.1	Update		New guidance in June 2017 with minor changes to the policy