

Conflicts of Interest indicator: Part two (quarterly assessment)

Name of CCG: Aylesbury Vale and Chiltern Date: 01.04.18

Conflict of Interest Assessment Summary Report		
Requirements	Please complete	Additional comments <i>(If non-compliant in any areas, please outline the reasons why, the planned actions and any support needed from NHS England)</i>
<p>The CCG has processes in place to ensure individuals declare any conflict or potential conflict of interest in relation to a decision as soon as they become aware of it, and within 28 days, ensuring accurate, up-to-date registers are complete for:</p> <ul style="list-style-type: none"> • Conflicts of interest • Procurement decisions • Gifts and hospitality 	Y / N	
	Y / N	
	Y / N	
<p>Registers are published on the CCG website and are available upon request at the CCG HQ for:</p> <ul style="list-style-type: none"> • Conflicts of interest • Procurement decisions • Gifts and hospitality 	Y / N	
	Y / N	
	Y / N	
<p>Have there been any breaches of the CCG's policy on conflicts of interest management? If so:</p> <ul style="list-style-type: none"> • How many breaches? • Are the details of the breach(es) on the CCG's website? • Have the breach(es) been communicated to NHS England? 	Y / N	<p>Number of breaches indicated is based on interpretation of "breach". No evidence of any material breaches. The majority of breaches relate to temporary members of staff not having completed a formal declaration within 28 days; our process has been subsequently tightened to mitigate this as a future risk.</p> <p>A register of material breaches is published on the CCGs' websites.</p>
	21 (twenty one)	
	Y / N	
	Y / N	

The Accountable Officer confirms the information given above (including part 1 when applicable) is accurate and the CCG has effective processes in place to manage conflicts of interest in line with the <i>statutory guidance on managing conflicts of interest for CCGs</i> .	Y / N	
The CCG Audit Chair confirms the information above (including part 1 when applicable) is accurate and the CCG has effective processes in place to manage conflicts of interest in line with the <i>statutory guidance on managing conflicts of interest for CCGs</i> .	Y / N	

Signed by

Name of Accountable Officer: Lou Patten



Signature: _____

Date: 01/04/2018

Name of CCG Audit Chair: Tony Dixon (Chiltern CCG), Robert Parkes (Aylesbury Vale CCG)



Signature: _____

Date: 01/04/2018

Breakdown of “breaches” from 1 April 2017

Type	Number	Comments
Temp staff not completed declaration with 28 days of starting in post:	1	Subsequent nil return = immaterial based on breach only of 28 day declaration timescale.
Temporary external consultants who changed employing organisation status not changing declaration to reflect change in employing organisation within 28 days	4	All nil returns = immaterial based on breach only of 28 day declaration timescale.
Committee members asked to complete declarations but more than 28 days passed without reply to request	1	Likely immaterial breach but cannot know for certain until the declarations are returned.
Permanent staff/clinical leads not completed declaration with 28 days of starting in post or within 28 days or updated declaration to reflect additional employment or activities not declared	10	8/10 nil returns = no future CCG risk = immaterial. No commissioning decisions called into question as a result of updates from 2 clinical leads = immaterial breaches based on breach only of 28 day declaration timescale. One immaterial breach was a joint commissioner not employed through CCG recruitment process.
Potential breaches subject to investigation and breach panel review	5	Process completed with panel outcomes finding none were material = all immaterial breaches.

Supporting comments:

1. 16 breaches above which were nil returns or not deemed to have subsequent risk to CCG were not reviewed by the breach panel.
2. None of these are reported on the website as they are all immaterial. NHS England not otherwise informed (only through quarterly reporting cycle as indicated above) as they are all immaterial breaches.
3. Our policy quite clearly states that only material breaches, post investigation, are published on our websites. The guidance quite clearly states that local policies should state: *What type of breaches should be recorded (the conflicts of interest case studies include examples of material and immaterial breaches)* and therefore does not state that immaterial breaches must be reported.
4. We have a clear and specific definition as to what constitutes a breach of policy and therefore not completing a declaration within 28 days falls within that definition.