

Governing Body 12.09.19 item 13a
Executive Committee Terms of Reference – Final v2.2

<p>1. Introduction</p>	<p>The Executive Committee (the Committee) is established in accordance with NHS Buckinghamshire CCG's constitution as a committee of its Governing Body.</p>
<p>2. Purpose of the Executive Committee</p>	<p>The Executive Committee delivers the remit of the CCG. All functions of the CCG (with the exception of those delegated to the six other sub-committees) are delegated to the Executive Committee for management and delivery.</p> <p>The Executive Committee will make recommendations to the Governing Body on strategy and commissioning plans and take day to day decisions on performance management and risk management to provide robust assurance to the Governing Body.</p> <p>The Executive Committee has a role in contributing to the following objectives of the organisation:</p> <ul style="list-style-type: none"> • Support collaborative working and decision making that improves health and social care outcomes in Buckinghamshire • Secure sustainable, appropriately integrated health, social care • Have effective partnerships between health, local authority and wider partnership organisations in Buckinghamshire • Ensure consistency in implementation of relevant policies in an evidence-based, cost effective and safe manner, and support wider CCG commissioning intentions.
<p>3. Aim/objectives</p>	<p>Strategic objectives 2016-2021</p> <ul style="list-style-type: none"> • Better Health in Bucks – to commission high quality services that are safe, accessible to all and achieve good patient outcomes for all • Better Care for Bucks – to commission personalised, high value integrated care in the right place at the right time • Better Care for Bucks – to ensure local people and stakeholders have a greater influence on the services we commission • Sustainability within Bucks – to contribute to the delivery of a financially sustainable health and care economy that achieves value for money and encourages innovation • Leadership across Bucks – to promote equity as an employer and as clinical commissioners

	<p>Corporate objectives 2019-20</p> <ul style="list-style-type: none"> • Support delivery of the Long Term Plan, Five Year Forward Views for New Models of Care, Primary Care and Mental Health for improved outcomes for patients • Enable and support the component parts of the ICS and STP to deliver transformation of health and social care • Manage capacity, demand and clinical variation using a population health management approach so that patient flow is safely optimised, equitable across boundaries and the NHS constitutional standards are met in accordance with planning guidance • Deliver the system FRP in 19/20 and achieve financial recovery and a sustainable ICS <p>Executive Committee is to develop its annual objectives</p>
<p>4. Specific duties and responsibilities</p>	<p>The Executive Committee will ensure that programmes are in line with statutory functions and duties, and that the CCG’s strategy, operational plan and commissioning intentions are on target to deliver in order to provide robust assurance to the Governing Body.</p> <p>As a clinically led commissioning organisation, the CCG’s purpose is to spend the money allocated as wisely as possible whilst improving quality and experience of care and ensuring achievement of superior health outcomes for all members of its communities.</p> <p>This will be achieved by being responsive, productive and caring at the same time as creating a financially stable and sustainable organisation. It is the responsibility of the Executive Committee to deliver on this for patients and member practices.</p>
<p>5. Accountability and reporting arrangements</p>	<p>The Executive Committee is formally accountable to the Governing Body as one of its six sub-committees. The Governing Body will approve and keep under review the terms of reference for the Executive Committee.</p> <p>The Committees/Boards/Groups/Panels accountable to the CCG Executive Committee are:</p> <ol style="list-style-type: none"> 1. Equality and Diversity Steering Group 2. Engagement Steering Group 3. Staff Partner Forum 4. Continuing Healthcare (CHC) Exceptions Panel
<p>6. Decision making and delegated authority</p>	<p>The Executive Committee has delegated authority to take decisions in accordance with the standing orders and schemes of delegation previously agreed by the Governing Body. Please see Appendix F1 of the CCG Constitution.</p> <p>Some functions, duties and responsibilities will also be delegated by the Executive Committee to these sub-committees in accordance</p>

	<p>with the scheme of reservation and delegation in Appendix F1 of the CCG Constitution.</p> <p>The Executive Committee has various Steering Groups as sub-committees described in Appendix D of the CCG Constitution.</p> <p>The Executive Committee will work on the basis that decisions will be made by consensus wherever possible. Where this is not possible, a vote will be taken with a simple majority carrying the motion with the Chair having a second, casting vote in the event of a tie. Only standing members will be eligible to vote and each member shall have one vote. If an individual has a conflict of interest for a particular agenda item, they must abstain from voting on that item.</p> <p>Medicines Management Formulary is subject to separate Formulary financial approval and therefore not included here – all formulary financial approval is delegated. This is stated in the CCG scheme of delegation.</p> <p>There may be case by case exceptions to these arrangements where the limits described may be flexed (most likely downwards) or require additional authorisation (e.g. vacancy control / discretionary spend) if financial position determined this i.e. financial recovery</p>
<p>7. Membership and Quorum</p>	<p>Members of the Executive Committee</p> <p>The membership of this committee will comprise of four managers and eight GPs/Clinical Directors.</p> <p>Role Title</p> <ol style="list-style-type: none"> 1) Accountable Officer (AO) 2) Chief Finance Officer 3) Deputy Accountable Officer (AO) 4) Director of Transformation (until 30 September 2019) 5) Clinical Director – Integrated Care 6) Clinical Director – Mental Health and Learning Disabilities 7) Clinical Director – Unplanned Acute Care 8) Clinical Director – Children’s 9) Clinical Director – End of Life 10) Clinical Director – (Dr Rodger Dickson) 11) Clinical Director – (Dr Peter Newman) 12) Clinical Director – (Dr Rashmi Sawhney) <p>The principle behind Clinical Director membership is that there will be a blend of proportionate representation by portfolio and by geography.</p> <p>The Committee retains a right to co-opt additional clinical representation, with suitable skills and experience, either voting membership or standing invitee, to provide objective input and ensure its delegated authority for decision making is effective. This</p>

will be recorded in minutes where enacted.

In attendance only (non-voting)

Role Title

PA to the Accountable Officer

Quorum

The Executive Committee will be quorate to make decisions as delegated if the following mix of members are all present:

- Accountable Officer or Deputy Accountable Officer or Chief Finance Officer
- One other Management Director (if only one of the above present, i.e. 2 out of 4 management directors)
- Four Clinical Directors

No decisions may be taken by a non-quorate meeting. Not all CCG Clinical Directors are current voting members. Therefore the Chair retains a right of discretion to co-opt one or more Clinical Directors to ensure a quorum where this is in doubt, for whatever reason.

Where quorum remains unachievable, due to availability or conflicts of interest, and if a decision does need to be made before the date of the next meeting, the matter should be escalated to the Governing Body.

The meeting can be quorate if held virtually, i.e. with members present between Amersham and Aylesbury locations. Whether it is so will be at the discretion of the Chair.

If a member is conflicted on a particular item of business they will not count towards the quorum for that item of business. If a member is conflicted on a particular item they may be excluded from discussion of the item, and may be asked to leave the room, both at the discretion of the chair. If this course of action causes the decision to be non-quorate, the matter may be escalated to the Governing Body. Papers for a particular item may be withheld from members who are conflicted for that item.

Deputies will not generally be allowed unless they are formally acting up for a member e.g. due to prolonged sickness etc. Permission can be sought from the Chair.

Any Executive Committee member may nominate any appropriate CCG employee to attend a meeting of the Executive Committee and vote by proxy provided that the Executive Committee member gives the other committee members at least three days' notice. The Executive Committee may call additional experts to attend meetings on case-by-case basis to inform discussions. Member Practices wishing to observe the meeting are welcome to do so.

<p>Chair/deputy of a meeting</p>	<p>The Chair of the Executive Committee will usually be the Accountable Officer, his/her deputy, or a Director on rotation.</p>
<p>Member conduct</p>	<p>Members of the Executive Committee have a collective responsibility for its operation. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability. They will endeavour to reach a collective view prior to making any decision where authority to do so is delegated.</p> <p><u>Conflicts of interest</u> There must be transparency and clear accountability of the Executive Committee. The Chair will ask at the beginning of each meeting, as a standing item, whether any member or other invitee has a conflict of interest to declare about any items being discussed at the meeting in accordance with the CCG's conflict of interest policy. If a member has a direct or indirect connection with an issue on the agenda which may impact on their ability to be objective they must declare an interest to the Chair. A decision will then be taken by the Chair as to whether it is appropriate or not for this member to remain involved. All declarations of interest and decisions on participation shall be reported in the minutes.</p> <p>A register of interests will be completed by all Executive Committee members and updated at least annually, and will be available on the CCG website for public scrutiny.</p> <p><u>Confidentiality</u> To allow this Executive Committee to operate effectively, members need to be able to openly discuss commercial and operational issues and requirements. Members accordingly agree to hold all information obtained in the course of meetings in the strictest of confidence and agree not to disclose any information discussed without first seeking authorisation to do so from the Chair.</p>
<p>Meeting arrangements</p>	<p>Each year, the Executive Committee will develop a forward plan of planned business aligned to the CCG's business cycle and share this with the Governing Body. The Executive Committee will normally meet every month for 3 hours on the afternoon of the fourth Thursday of the month. The administrative support to the meeting will be provided by the PA to the Accountable Officer.</p> <p><u>Before the meeting</u></p> <p>Agenda items will be accepted up to 2 weeks in advance of the meeting. Apologies should be sent in advance to determine quorum. The agenda and associated papers will be circulated five (5) working days ahead of the meeting. This is the responsibility of the Chair and PA to the Accountable Officer. Arrangements to dial-in to the meeting will be made where possible and practical, especially if required to ensure quorum.</p>

Standing items every meeting, other than declarations of interest, will be:

- Corporate business – reports from other committees of the Governing Body
- Review of new risks as is deemed required
- Minutes from Executive Committee’s sub-committees
- Escalations to the Governing Body

Standing items at frequencies as outlined in the supporting work plan are:

- Setting strategy, **ICP/ICS/STP** working, organisational development, adjusting programme frameworks as required
- Corporate Risk Register

After the meeting

Notes of the meeting, action points/log and detail of decisions taken will be recorded and produced and circulated within five (5) working days of the meeting to members only. This is the responsibility of the PA to the Accountable Officer.

Where appropriate, excerpts of papers/minutes only will be sent to others who have attended meetings according to the confidentiality of information.

Agreed minutes of the Executive Committee will be sent to the Governing Body for information, and topics for reporting to the Governing Body agreed at the meeting (prior to the issue of accepted minutes) will be released to the Governing Body as soon as possible after the meeting for urgent or significant matters.

Each year, the Executive Committee will undertake an evaluation of its performance and then develop the next forward plan.

Document control

These terms of reference will be reviewed annually.

The Governing Body approves and keeps under review the terms of reference for the Executive Committee, which includes information on the membership of the Executive Committee.

Version	Review date	Date of acceptance	Summary of changes
0.1	22.07.16	n/a	Early drafts
0.2	04.08.16	04.08.16	Draft received and agreed by Executive Committee
0.3	05.08.16	n/a	Amendments discussed by Executive 04.08.16
0.4	11.10.16	n/a	Amendment to proxy voting for consistency with Governing Body and compliance with new Col Policy.

	0.5	27.10.16	27.10.16	Further changes suggested at Executive Committee
	0.6	26.07.17 /19.09.17	September 2018	Changes to membership to reflect changes in management arrangements and new CCG logos
	0.7	October 2017 April 2018	26/04/18	Final circulated version Updated with new logo – no other changes to version remains the same
	0.8	April 2018	26/04/18	Update post committee approval “nursing” removed from Associate Director of Nursing and Quality Remaining references to “two CCGs” removed. Reporting lines added from Finance Committee to both Audit Committee and Executive Committee
	0.9	July 2018	n/a	Various amendments for Executive Committee review 26/07/18
	1.0	26 July 2018	26/07/18	Final version approved by Executive Committee post amendments: <ol style="list-style-type: none"> 1. Removed organogram and all references to appendices – wholly cross referenced to CCG Constitution. 2. Insertion of strategic objectives 2016-21 and corporate objectives 2018-19 3. Staff Partner Forum added to sub-committees/groups (Constitution organogram also updated) 4. Christine Campling replaced by Karen West (Clinical Director Integrated Care) in voting members 5. Clinical Director southern locality has “Frimley Lead” added. 6. Removed reference to the post/person to whom formulary is delegated. 7. Removed “or others” from description of those welcome to observe meetings.
	2.0	25 April 2019		Removal of Programme Boards from accountable committees/groups <ol style="list-style-type: none"> 1. Removal of reference to

			<p>Programme Boards as accountable to the Committee having been moved into ICS Governance (as of September 2018)</p> <p>2. Inclusion of statement: <i>The Committee retains a right to co-opt additional clinical representation, with suitable skills and experience, either voting membership or standing invitee, to provide objective input and ensure its delegated authority for decision making is effective. This will be recorded in minutes where enacted.</i></p> <p>3. Director of Performance, Assurance & Contracting removed from membership as this role no longer exists.</p>
	2.1	12 June 2019	Localities removed from accountability and various other amendments (slide set Executive 27.06.19)
	2.2	27 June 2019	<p>Committee agreed not to introduce at this stage a further attendance principle. Meanwhile a proposal was agreed whereby all remaining clinical directors would default to voting membership (i.e. 8 rather than 6 as indicated in slide pack). Give departure of Director of Commissioning and Delivery, interim quorum amended as:</p> <p><i>One other Management Director (if only one of the above present, i.e. 2 out of 4 management directors, rather than 3 out of 5 as was previous arrangement).</i></p>

Remuneration Committee Terms of Reference

<p>Purpose of the Committee</p>	<p>The Remuneration Committee (the committee), which is accountable to the CCG’s Governing Body, makes decisions on determinations about:</p> <ul style="list-style-type: none"> a) the remuneration, fees, terms and conditions of service and other allowances for Governing Body members and senior members of staff such as the senior management team. b) the remuneration, fees, terms and conditions and other allowances for employees and for people who provide services to the CCG <p>The Remuneration Committee is established in accordance with the CCG’s constitution, standing orders and scheme of delegation. These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the committee and shall have effect as if incorporated into each clinical commissioning groups’ constitution and standing orders. The Governing Body ratifies and keeps under review the terms of reference which are available upon request.</p> <p>The committee will apply best practice and uphold good governance in decision making processes. It will:</p> <ul style="list-style-type: none"> • comply with disclosure requirements for remuneration; • have full authority to seek independent advice about remuneration for individuals, to help it fulfil its obligations; and • Ensure remuneration decisions are based on clear and transparent criteria.
<p>Aim/objectives</p>	<p>The committee shall advise and recommend to the CCG Members (via the Governing Body) a framework for the remuneration, allowances and terms of service for employees of the CCG and people who provide services to the CCG which delegates authority as is described within committee terms of reference, including:</p> <ul style="list-style-type: none"> • all aspects of salary, including performance related elements or bonuses to ensure probity and value for money, and determination of National Recruitment and Retention Premia (“NRRP”); • provision of other benefits; • allowances under any pension schemes they may establish as an alternative to the NHS pension scheme; and • Arrangements for termination of employment, and variation of other contractual terms. <p>The committee is also responsible for ensuring effective review and oversight of the performance and annual salary awards of the CCG Chair, Accountable Officer, Chief Financial Officer and other senior roles (VSM), and the scrutiny of severance/redundancy payments.</p>

	<p>The work of the committee will take proper regard of the CCGs’ circumstances and the performance of any appropriate national arrangements in place. It will observe the highest standards of propriety involving impartiality, integrity and objectivity in relationship to the stewardship of public funds.</p>
<p>Specific duties and responsibilities</p>	<p>The duties of the committee are to:</p> <ul style="list-style-type: none"> • note measurable performance objectives for the CCG Chairs and Accountable Officer, which are compatible with the strategic objective of the CCG and are consistent with local and national priorities; • monitor the CCG Chairs’ and Accountable Officer’s assessments of performance of shared senior posts based on measures of individual and corporate targets; • ensure proper scrutiny of business cases and calculation of termination payments relating to staff employed substantively whose contract is being terminated on the grounds of redundancy or any other non-contractual arrangement; • periodically be advised by the Human Resources function on Human Resource matters; • ensure that remuneration packages and policy are such as to enable people of suitable calibre to be recruited, retained and motivated – within levels of affordability; • have proper regard to the CCGs’ circumstances and performance and to the provisions of any national arrangements where appropriate; • Keep adequate records of its deliberations and conclusions. <p>A key responsibility of the committee is to assure the Governing Body that matters pertaining to the remuneration, allowances and terms of service are in line with statutory requirements.</p>
<p>Accountability and reporting arrangements</p>	<p>This committee is formally accountable to the Governing Body as one of its committees.</p> <p>An agreed summary of the minutes of the committee and all recommendations and/or decisions will be presented to the Governing Body through its confidential agenda for their agreement and approval, redacting any sensitive or personal information as appropriate. Minutes of the Governing Body’s meetings should record these decisions.</p> <p>The Committee is authorised to create working groups as necessary to fulfil its responsibilities within these terms of reference. The Committee may not delegate executive powers (unless expressly authorised by the Governing Body) and remains accountable for the work of any such group.</p> <p>The Committee will operate at all times in accordance with the Governing Body’s Standing Orders and Prime Financial Policies. It will ensure that it conducts its business in accordance with the principles of good governance and the Nolan seven principles of public life.</p> <p>The Chair shall have the unrestricted right to address the Governing Body at any time on matters concerning the conduct, scope and business of the Committee.</p>

<p>Decision making and delegated authority</p>	<p>The committee has delegated authority to take decisions in accordance with standing orders and schemes of delegation (Appendix 1).</p> <p>The committee will work on the basis that decisions will be made by consensus wherever possible. Where this is not possible, a vote will be taken with a simple majority carrying the motion. Only standing members of the remuneration committee will be eligible to vote and each member shall have one vote. If an individual has a conflict of interest for a particular agenda item, they must abstain from voting on that item.</p>																						
<p>Membership and Quorum</p>	<p><u>Voting Members</u> Only members of the Governing Body may be members of the Remuneration Committee.</p> <table border="1" data-bbox="411 658 1270 806"> <thead> <tr> <th><i>Role Title</i></th> <th><i>Organisation</i></th> </tr> </thead> <tbody> <tr> <td>Lay Vice Chair (Chair)</td> <td>Buckinghamshire CCG</td> </tr> <tr> <td>Lay Member</td> <td>Buckinghamshire CCG</td> </tr> <tr> <td>Lay Member with lead for PPI</td> <td>Buckinghamshire CCG</td> </tr> </tbody> </table> <p><u>In attendance only (non-voting)</u></p> <table border="1" data-bbox="411 913 1270 1173"> <thead> <tr> <th><i>Role Title</i></th> <th><i>Organisation</i></th> </tr> </thead> <tbody> <tr> <td>Member GP</td> <td>Buckinghamshire CCG</td> </tr> <tr> <td>Clinical GP Chair</td> <td>Buckinghamshire CCG</td> </tr> <tr> <td>Accountable Officer</td> <td>Buckinghamshire CCG</td> </tr> <tr> <td>Chief Finance Officer</td> <td>Buckinghamshire CCG</td> </tr> <tr> <td>Human Resources representative</td> <td>SCWCSU</td> </tr> <tr> <td>Other independent advisors as necessary</td> <td>Various</td> </tr> </tbody> </table> <p>Relevant CCG employees should not be in attendance for discussions about their own remuneration and terms of service.</p> <p>Quorum The committee will be quorate to make decisions as delegated if the following mix of voting members are all present:</p> <ul style="list-style-type: none"> • Two Lay Members <p>In the event that a vote is tied, the Chair will be awarded a deciding vote.</p> <p>If quorum has not been reached, then the meeting may proceed if those attending agree, but any record of the meeting should be clearly marked as notes rather than formal Minutes, and no decisions may be taken by the non-quorate meeting. If a decision does need to be made before the date of the next meeting, the matter should be escalated to the Governing Body.</p> <p>If a member/attendee is conflicted on a particular item of business they will not count towards the quorum for that item of business. If an individual is conflicted on a particular item they may be excluded from discussion of the item and/or asked to leave the room, both at the discretion of the Chair of the meeting. If this course of action causes the decision to be non-quorate, the matter may be escalated to the Governing Body.</p>	<i>Role Title</i>	<i>Organisation</i>	Lay Vice Chair (Chair)	Buckinghamshire CCG	Lay Member	Buckinghamshire CCG	Lay Member with lead for PPI	Buckinghamshire CCG	<i>Role Title</i>	<i>Organisation</i>	Member GP	Buckinghamshire CCG	Clinical GP Chair	Buckinghamshire CCG	Accountable Officer	Buckinghamshire CCG	Chief Finance Officer	Buckinghamshire CCG	Human Resources representative	SCWCSU	Other independent advisors as necessary	Various
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	<p>No member shall be in attendance, or receive papers for; discussions about his/her own remuneration and terms of service. The Accountable Officer and/or Chief Financial Officer may be asked make written recommendations or appraise options around changes to their own remuneration package or terms and conditions, but will not be present for discussions about the changes.</p> <p>Deputies will not generally be allowed unless they are formally acting up for a member e.g. due to prolonged sickness etc. Permission can be sought from the Chair.</p> <p>The Committee is authorised by the Governing Body to undertake any activity within its terms of reference. The committee may call additional experts to attend meetings on case-by-case basis to inform discussions; including but not limited to Human Resources, Corporate Governance and Finance teams.</p> <p>It is authorised to seek any information it requires, from any member, officer or employee who is directed to co-operate with any request made by this Committee. The Remuneration Committee will seek to be kept informed by these teams of any relevant changes in law and NHSE guidance.</p>
Chair/deputy of a meeting	<p>The named Chair of the committee will be selected from amongst and by the voting members and shall preside. In the absence of the Chair, another Lay Member should take on the responsibilities of meeting chair.</p>
Member conduct	<p>Members of the committee have a collective responsibility for its operation. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability. They will endeavour to reach a collective view prior to making any decision where authority to do so is delegated.</p> <p>The Committee shall conduct its business in accordance with national guidance, relevant codes of practice including the CCGs Standards of Business Conduct and Managing Conflicts of Interests and the Nolan Principles. This will ensure that each individual is fairly rewarded for their individual contribution to the CCG, while having proper regard to the CCG’s circumstances and performance, affordability and the public interest.</p> <p><u>Conflicts of interest</u></p> <p>There must be transparency and clear accountability of the committee. As required by section 140 of the National Health Service Act 2006, as inserted by section 25 of the Health and Social Care Act 2012, and set out in the CCG’s Constitution, the Committee shall ensure that recommendations made will be taken and seen to be taken without any possibility of the influence of external or private interest.</p> <p>The Chair will ask at the beginning of each meeting, as a standing item, whether any member has conflict of interest to declare about any items being discussed at the meeting in accordance with the CCGs’ conflict of interest policy. If a member has a direct or indirect connection with an issue on the agenda which may impact on their ability to be objective they must declare an interest to the Chair. A decision will then be taken by the Chair as to whether it is appropriate or not for this member to remain involved. All declarations of interest and decisions on participation shall be reported in the minutes.</p>

	<p>A register of interests will be completed by all committee members and updated at least annually, and will be available on the CCGs' website for public scrutiny. For the avoidance of any doubt, members of the Governing Body will not participate in any discussion or decision that directly or indirectly effects their personal remuneration or terms of office.</p> <p><u>Confidentiality</u></p> <p>To allow this committee to operate effectively, members need to be able to openly discuss sensitive and personal issues and requirements. Members accordingly agree to hold all information obtained in the course of meetings in the strictest of confidence and agree not to disclose any information discussed without first seeking authorisation to do so from the Chair.</p>																				
<p>Meeting arrangements</p>	<p>The committee will meet at least annually and otherwise on an as required exceptional basis. The administrative support to the meeting will be provided by the PA to the Accountable Officer.</p> <p><u>Before the meeting</u></p> <p>Agenda items will be accepted up to 2 weeks in advance of the meeting. Apologies should be sent in advance to determine quorum. The agenda and associated papers will be circulated five (5) working days of ahead of the meeting. This is usually the responsibility of the Accountable Officer and the PA to the Accountable Officer. However, in some circumstances, to ensure confidentiality of proceedings it may be necessary for reports to only be made available on the day of the meeting. This will be at the determination of the Committee Chair. Arrangements to dial-in to the meeting will be made where possible and practical, especially if required to ensure quorum. The only standing item will be declarations of interest.</p> <p><u>After the meeting</u></p> <p>Notes of the meeting, action points/log and detail of decisions taken will be recorded and produced and circulated within five (5) working days of the meeting to members only. This is the responsibility of PA to the Accountable Officer. Where appropriate, excerpts of papers/minutes only will be sent to others who have attended meetings according to the confidentiality of information.</p> <p>It is good practice, at least annually, for the Committee to review its own effectiveness, performance, membership and terms of reference.</p>																				
<p>Document control</p>	<p>These terms of reference will be reviewed annually.</p> <table border="1" data-bbox="411 1621 1442 2033"> <thead> <tr> <th data-bbox="411 1621 663 1711">Version (author and date)</th> <th data-bbox="663 1621 890 1711">Review date (by group/committee)</th> <th data-bbox="890 1621 1214 1711">Date of acceptance, approval (and adoption)</th> <th data-bbox="1214 1621 1442 1711">Signature (chair) to confirm acceptance and adoption</th> </tr> </thead> <tbody> <tr> <td data-bbox="411 1711 663 1832">DRAFT v0.2 (Jenny Willis & Nicola Lester - 14 Oct 2016)</td> <td data-bbox="663 1711 890 1832">10th Nov 2016 (by Remuneration Committee)</td> <td data-bbox="890 1711 1214 1832">10th Nov 2016 (by Remuneration Committee) with minor changes to create v0.3</td> <td data-bbox="1214 1711 1442 1832"></td> </tr> <tr> <td data-bbox="411 1832 663 1921">Draft 0.3 April 2018 Russell Carpenter</td> <td data-bbox="663 1832 890 1921">Remuneration Committee 30.05.18</td> <td data-bbox="890 1832 1214 1921">Remuneration Committee 30.05.18</td> <td data-bbox="1214 1832 1442 1921"></td> </tr> <tr> <td data-bbox="411 1921 663 1980">Final 0.3 June 2018</td> <td data-bbox="663 1921 890 1980">Governing Body 14.06.18</td> <td data-bbox="890 1921 1214 1980">Governing Body 14.06.18</td> <td data-bbox="1214 1921 1442 1980"></td> </tr> <tr> <td data-bbox="411 1980 663 2033">0.4 March 2019</td> <td data-bbox="663 1980 890 2033">Remuneration Committee</td> <td data-bbox="890 1980 1214 2033">27.03.19</td> <td data-bbox="1214 1980 1442 2033"></td> </tr> </tbody> </table>	Version (author and date)	Review date (by group/committee)	Date of acceptance, approval (and adoption)	Signature (chair) to confirm acceptance and adoption	DRAFT v0.2 (Jenny Willis & Nicola Lester - 14 Oct 2016)	10 th Nov 2016 (by Remuneration Committee)	10 th Nov 2016 (by Remuneration Committee) with minor changes to create v0.3		Draft 0.3 April 2018 Russell Carpenter	Remuneration Committee 30.05.18	Remuneration Committee 30.05.18		Final 0.3 June 2018	Governing Body 14.06.18	Governing Body 14.06.18		0.4 March 2019	Remuneration Committee	27.03.19	
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		27.03.19	
	0.5 March 2019	n/a	13.06.19 – version to Governing Body for ratification
	0.6 August 2019	n/a	<p>Correction of agreed change to delegated authority in opening paragraph in relation to decisions.</p> <p>This had stated: <i>The Remuneration Committee (the committee), which is accountable to the CCG’s Governing Body, makes recommendations to the Governing Body on determinations about:</i></p> <p>This is amended to: <i>The Remuneration Committee (the committee), which is accountable to the CCG’s Governing Body, makes decisions on determinations about:</i></p> <p>This is following agreement at Remuneration Committee 27.03.19: <i>The terms of reference paper was presented by RC. The Committee specifically discussed the delegated authority of the remuneration committee and guidance on role of Governing Body and the view of the lay members was that the remuneration committee had delegated authority from the Governing Body to agree remuneration and is constituted by lay members of the GB. Decisions of the Remuneration Committee are reported to the Governing Body for assurance and oversight.</i></p>

Appendix 1 – Scheme of reservation and delegation UPDATED

No	Policy Area	Decision	Authority
R1	HUMAN RESOURCES	APPROVE the terms and conditions, remuneration and travelling or other allowances for Governing Body members, senior members of staff, other employees and people who provide services to the CCG not covered by national arrangements, including pensions and gratuities	Remuneration Committee
R2	HUMAN RESOURCES	APPROVE disciplinary arrangements for employees, including the Accountable Officer and for other persons working on behalf of the CCG.	Remuneration Committee
R3	HUMAN RESOURCES	APPROVE disciplinary arrangements where the Accountable Officer is an employee or member of another clinical commissioning group.	Remuneration Committee
R4	HUMAN RESOURCES	APPROVE arrangements for performance related elements or bonuses to ensure probity and value for money; and determination of National Recruitment and Retention Premia (“NRRP”)	Remuneration Committee
R5	HUMAN RESOURCES	APPROVE the severance/redundancy payments of the Accountable Officer and of other senior staff, seeking HM Treasury approval as appropriate in accordance with the guidance ‘Managing Public Money’ (available on the HM Treasury.gov.uk website).	Remuneration Committee
R6	HUMAN RESOURCES	APPROVE the terms and conditions of employment for all employees of the Group.	Remuneration Committee
R7	HUMAN RESOURCES	APPROVE any pay policy and payment framework for VSM employees and clinical commissioning roles of the CCG, and people who provide services to the CCG, notwithstanding provisions to mirror the implementation of national agreements	Remuneration Committee
R8	HUMAN RESOURCES	APPROVE any other potential alternative remuneration and conditions of service for CCG employees and other persons providing services to the CCG, outside of or in place of national Agenda for Change arrangements, and excluding those covered by standard contracting and procurement arrangements.	Remuneration Committee
R9	HUMAN RESOURCES	APPROVE arrangements for termination of employment for employees and variation of other contractual terms	Remuneration Committee
R10	HUMAN RESOURCES	Making relevant policy decisions within the functions of the Committee as set out in its Terms of Reference as ratified by the Governing Body	Remuneration Committee

NHS Buckinghamshire CCG: statutory and other appointments 2019-20

Delegation	Name and role
Statutory appointments - corporate governance	
Accountable Officer	Louise Patten, Accountable Officer
Chief Finance Officer	Gary Heneage, Chief Finance Officer
Clinical Chair of Governing Body	Dr Raj Bajwa, Clinical Chair
Accountable Emergency Officer (AEO)	Catherine Mountford, Director of Governance, Oxfordshire CCG
Conflict of Interest Guardian	Robert Parkes, Lay Vice Chair and Chair of Audit Committee
Controlled Drugs Accountable Officer (CDAO)	Jane Butterworth, Associate Director, Medicines Management
Executive Lead for Counter Fraud	Gary Heneage, Chief Finance Officer
Executive Lead for Health and Safety	Robert Majilton, Deputy Chief Officer
Fire Safety Competent Person	Outsourced to South Central and West Commissioning Support Unit - varies in line with personnel
Fire Safety Responsible Person	Outsourced to South Central and West Commissioning Support Unit - varies in line with personnel
Freedom to Speak Up Guardians	Robert Majilton, Deputy Chief Officer Dr Robin Woolfson, Secondary Care Doctor
Health & Safety Competent Person	Outsourced to South Central and West Commissioning Support Unit - varies in line with personnel
Local Counter Fraud Specialist (LCFS)	Outsourced to TIAA - Gareth Robins, Fraud Senior Manager – Midlands / North
Registered Nurse	Dr Crystal Oldman, Registered Nurse
Secondary Care Doctor	Dr Robin Woolfson, Secondary Care Doctor
Statutory appointments - information governance	
Caldicott Guardian	Dr Karen West, Clinical Director - Integrated Care
Data Protection Officer (DPO)	Russell Carpenter, Head of Governance/Board Secretary
Local Security Management Specialist (LSMS)	Russell Carpenter, Head of Governance/Board Secretary
Security Management Director	Gary Heneage, Chief Finance Officer
Senior Information Risk Owner (SIRO)	Robert Majilton, Deputy Accountable Officer
Statutory appointments - safeguarding	
Named GP for safeguarding adults	Dr Sarah Abbas, Named GP for safeguarding adults
Designated Nurse (Safeguarding Children)	Gillian Attree, Designated Nurse (Safeguarding Children)
Designated Doctor (Safeguarding Children)	Dr Lesley Ray, Designated Doctor (Safeguarding Children)
Named GP (Safeguarding Children)	Dr Rachel Morrell, Named GP (Safeguarding Children)
Professional Accountability for Safeguarding Children and Adults	David Williams, Associate Director of Quality and Safeguarding
Safeguarding Adults Lead	TBC
Other appointments	
Chief Information Officer (CIO)	Balvinder Heran, Joint Strategic Director of Information Assets and Digital Development for Buckinghamshire County Council (BCC), Buckinghamshire Healthcare NHS Trust (BHT) and NHS Buckinghamshire Clinical Commissioning Group (this is not a statutory appointment and so is a named shared role between health and social care partners)
Additional Lay Members	Tony Dixon, Chair of Finance Committee Graham Smith, Chair of Primary Care Commissioning Committee Colin Seaton, Lay Member for Patient and Public Involvement and Chair of Inequalities Advisory Group
OC1 – Organisation Contact (NHS Digital)	Robert Majilton, Deputy Accountable Officer Russell Carpenter, Head of Governance/Board Secretary



Buckinghamshire
Clinical Commissioning Group

CONFLICTS OF INTEREST POLICY

Author/s	Kate Holmes/Nicola Lester/Russell Carpenter
Date of Approval	September 2019
Review Date	September 2020
Policy Number	CHCCGPOL018

DOCUMENT CONTROL SUMMARY

Title	Conflicts of Interest Policy
Lead Officer	Robert Majilton, Deputy Chief Officer
Purpose of document	This policy sets out how the CCGs will manage conflicts of interest.
Status	Final
Version No.	2.9
Date	September 2017/September 2018/July 2019
Author(s)	Kate Holmes/Nicola Lester/Russell Carpenter
Date of approval by Audit Committee	27/09/17, 26/09/18, 24/07/19
Date of ratification by Governing Body	13/10/16 (2017 annual review amendments approved but not re-ratified by GB – to be done at two year expiry), 13/10/18, 13/09/19
Review Date	Annual

VERSION CONTROL SUMMARY

Date & Version	Author	Comment
Jan 2014 v1.0	Kate Holmes	Approved. For review Jan 2015
Dec 2014 v2.0	Nicola Lester	Draft. Revised in light of new statutory guidance. For review by Governing Body and Executive Committee on 8 th Jan 2015
Jan 2015 v2.2	Nicola Lester	Draft. Revisions made by Governing Body and Executive Committee on 8 th Jan 2015 included. Recommended for ratification by the Audit Committee on 28 th January 2015.
28 th Jan 2015 v2.2	Nicola Lester	Approved. For review Jan 2018
20 th July 2015 v2.3	Nicola Lester	Changes proposed to reflect Internal Audit recommendations. For Audit meeting on 29 th July.
27 th Sept 2016 v2.4	Russell Carpenter	Re-write and changes to reflect new NHS England Guidance
13th June 2017 v 2.5	Russell Carpenter	Amendments to breaches section post internal audit report findings and published of revised NHSE England guidance for CCGs June 2017. Director of Corporate Affairs changed to Deputy Accountable Officer. New CCG logos. Updated policy not subject to additional approval post ratification by Governing Bodies 13/10/2016. Updated requirement for "nil returns" at six monthly reviews.
21 June 2017 v 2.6	Russell Carpenter	Following updated NHS England guidance June 2017: Sections 4.2 and 6: Switch from six monthly to annual reviews Section 14: inclusion of breach definition. Only decision making staff now requires declarations to be published. CCG staff Band 8 and above published to capture those groups of staff that have a material influence on how taxpayers' money is spent. All other registers remain the same. Further update on "decision-making staff" whose declarations would be published on CCG websites and capture of CSU staff declarations. Secondary employments to be included in declarations, cross reference to hospitality, gifts and sponsorship policy in relation to receipt of consultancy fees. Updated links and page references for revised national statutory guidance published June 2017.
September 2017 v2.7	Russell Carpenter	Section 14: strengthened section on breach investigation including panel terms of reference. Approved and ratified by Audit Committee 27/09/2017
January 2018	Russell Carpenter	Updated to reflect merger; logo and CCG name
September 2018 V2.8	Russell Carpenter	Update to section 11: re line manager involvement in breach investigations. Addition of section 12 on Managing conflicts of interest within an Integrated Care System
July 2019 V2.9	Russell Carpenter	Update to section 12 to reflect introduction of Primary Care Networks, with title changed to reflect change in language to Integrated Care Partnership.

1. Introduction

1.1 Purpose and Scope

This policy applies to Buckinghamshire CCG and sets out how the CCG will manage conflicts of interest. It will not always be possible to avoid conflicts of interest. However, by recognising where and how they arise, and dealing with them appropriately, commissioners will be able to ensure proper governance and demonstrate that decision-making is appropriate.

This policy should be read in conjunction with the CCG's constitutions (specifically the relevant section on conflicts of interest), and the policies on standards of business conduct, whistleblowing, gifts and hospitality, counter fraud and bribery, and the disciplinary procedure.

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

1.2 Objectives

This policy outlines:

- How the CCG and member clinicians in commissioning roles work within legal frameworks (including the Bribery Act 2010) to demonstrate transparency, fairness and probity in decision making and to ensure that they do not seek advantage.
- How conflicts of interest – personal and business interests that are perceived or actual – must be declared by members of committees, member practices, employees and others such as contractors. This applies declarations at meetings and for inclusion on published registers.
- The processes in place to manage declarations and maintain published registers of interests on the CCG website.

1.3 Legal requirements

The consequences of failing to manage conflicts of interest properly could have significant implications both legal and reputational. All individuals impacted by this policy should act in good faith and in the interests of the CCG. Furthermore, they should reflect the expectations set out in the Standards for Members of NHS Boards and Clinical Commissioning Groups and act in accordance with the Nolan Principles and other internal documents as listed in section 1.1. Non-compliance with this policy will be investigated by the Audit Committee. Any individual failing to comply with the policy may face disciplinary action.

1.4 Review

This policy will be reviewed annually, or otherwise when new guidance is published which prompts it earlier. The Audit Committee will review this policy in tandem with annual internal audit of management of conflicts of interest in accordance with guidance provided by NHS England. The Audit Committee will also oversee

quarterly self-certification of compliance to NHS England and an annual assessment as part of the NHS England integrated assurance framework for CCG.

2. Definition of an interest

This is documented in statutory guidance published by NHS England (December 2014, updated June 2016, updated June 2017), **pages 10 to 13**, and in Question and Answer documents for both primary care and CCG employees.

<https://www.england.nhs.uk/wp-content/uploads/2017/06/revised-ccg-coi-guidance-jul-17.pdf>

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- Declarations of Interest – primary care FAQ
- Declarations of Interest – CCG employees FAQ

3. Principles

A number of principles for good governance to be considered when discharging this policy include:

- The Seven Principles of Public Life (commonly known as the Nolan Principles);
- The Good Governance Standards of Public Services;
- The Seven Key Principles of the NHS Constitution;
- The Equality Act 2010.

4. Declarations

4.1 Requirements

National statutory guidance also includes how interests should be identified and managed, and templates for declaration. NHS England's template declaration form also describes the types of interest to be declared:

<https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/06/coi-annx-a.docx>

GP member practices/GP Partners must also declare any interest that they would be required to declare in accordance with paragraphs 10-13 of the GMC's Financial and Commercial Arrangements and Conflicts of Interest (2013) or any successor guidance.

Any nursing staff must declare any interest that they would be required to declare in accordance with paragraph 21 (Uphold your position as a registered nurse or midwife) of the NMC's publication Code of Professional Conduct or any successor Code.

For CCG lay members of the Governing Body, there is additional criteria that disqualify people from being appointed as per Regulation 12(6) of the NHS Clinical Commissioning group) Regulations 2012.

4.2 At appointment and on annual review

All applicants for roles on the Governing Body and Executive Committee should be tested for conflicts of interest before appointment (see section 8 for further detail). All members of CCG committees and employees will also be required to complete a declaration on appointment. These declarations will be transferred to registers published on the CCG website, to be reviewed annually.

Where an individual changes role or responsibility within the CCG any change to the individual's interest should be declared as soon as they are aware, and in any event within 28 days. Otherwise a nil return is to be documented to confirm that there are no changes, which will be evidenced within the minutes for the meeting where the register has been formally circulated and reviewed. Where review relates to staff members who are not otherwise members of committees which review their register, email based nil returns stored centrally alongside original signed declarations are acceptable.

4.3 Changing circumstances

Wherever an individual's circumstances change in a way that affects the individual's interests (e.g. where an individual takes on a new role outside of the CCG or sets up a new business or relationship), a revised declaration should be made to the Head of Governance/Board Secretary to reflect the change in circumstances. This could involve a conflict of interest ceasing to exist or a new one materialising.

4.4 Secondary employment

In particular, it is the responsibility of all individuals to inform their line manager 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, in order to enable the CCG to be aware of any potential conflict of interest. Members are required to obtain prior permission to engage in such secondary employment and the CCG reserves the right to refuse permission where it believes a conflict will arise which cannot be effectively managed. Secondary employments should be included in declarations. For instructions in relation to receipt of consultancy fees, please refer to the hospitality, gifts and sponsorship policy. It is unacceptable for pharmacy advisers or other advisers, employees or consultants to the CCG on matters of procurement to themselves be in receipt of payments from the pharmaceutical or devices sector.

4.5 Reporting declarations

Declarations should be reported to Locality Business Support Managers for member practices in primary care and localities, and the Head of Governance/Board Secretary for employee declarations and those of committees other than localities. The Head of Governance/Board Secretary oversees maintenance of registers and publication of these on the CCG's website.

4.6 Additional information

Summary guides have also been published by NHS England for:

- GPs in commissioning roles
- Conflicts of Interest Guardians
- CCG Head of Governance/Board Secretary
- CCG Lay Members
- CCG Admin Teams
- Healthwatch Representatives on Primary Care Commissioning Committees

These can be found through the following link:

<https://www.england.nhs.uk/commissioning/pc-co-comms/coi/>

5. Governance arrangements and decision making

5.1 Standing item

All CCG committee and sub-committee meetings have declarations of interest as a standing agenda item, with interests to be declared by all members even if the interest has been declared on registers, for an agenda item of potential conflict. These must be recorded in the minutes, as well as the agenda item for which conflict has been declared. All relevant register entries will also be made available for the Chair in advance of the meeting.

Where such a declaration is made, the following information shall also be recorded in the minutes of the meeting.

- who has the interest;
- the nature of the interest and why it gives rise to a conflict;
- how the conflict was agreed to be managed; and
- evidence that the conflict was managed as intended.

5.2 Managing declared conflicts

In circumstances where a potential perceived or actual conflict is known to exist, the **chair** of the meeting has ultimate responsibility for agreeing how to manage any conflict of interest in the meeting. Possible actions may include (but are not limited to):

- Asking conflicted individuals to leave the meeting when the relevant matter(s) are being discussed;
- Allowing conflicted individuals to participate in some of the discussion, but asking them to leave the meeting at the point of decision-making;
- Restricting access to papers in advance of the meeting.

Were this to result in an absence of members to the extent that the meeting would no longer be quorate, then the meeting would be unable to make any formal decisions. The Chair reserves the right to adjourn and reconvene the meeting when appropriate membership can be ensured. This would need to be recorded in the minutes.

Should it never be possible to have a quorate decision through the need to exclude conflicted voting members for a certain item, such items/decisions will be escalated as described within the committee's terms of reference.

The above will apply not only in relation to formal CCG decision making meetings, but equally at contract monitoring meetings with providers, and also where a contract is held jointly with another organisation such as the Local Authority or with other CCG's under lead commissioner arrangements.

Other points in relation to managing conflicts at meetings:

- All papers to committees where commissioning decisions or recommendations are anticipated must use the standard cover sheet including conflicts of interest declarations and mitigating actions.
- No individual who is conflicted should author/present, irrespective of whether a subject matter expert.
- Minutes must also record where a meeting is or is not quorate to make the decision or recommendation requested of it, and action to be taken if quorum is not met for whatever reason.

Governing Body

In the event of the Governing Body needing to make a decision in which a Governing Body member has declared a potential conflict of interest (real or perceived) in accordance with this policy, the conflicted individual may be excluded from all discussions and voting in relation to the matter in question.

If a quorum is still present for the discussion and decision, the Governing Body may continue to make decisions.

In the event that exclusion renders the Governing Body inquorate due to the number of conflicted individuals, alternative quorum arrangements may be made, as per the Constitution. This may also require co-opting clinical expertise from outside the membership of the CCG or individuals from the Health and Wellbeing Board or escalating the decision to another committee. The management of conflicts of interest will be reported in the minutes of the meeting.

Where, having adhered to the requirements of this policy, a Member practice benefits from a decision through payment or benefits in kind, this will be reported in the CCG's annual report and accounts, as a matter of best practice.

See paragraphs 72 to 94 of the guidance (Managing conflicts of interest at meetings) for further details.

Advice on conflict management should be sought from the Conflict of Interest Guardian and Head of Governance/Board Secretary. The decision of the Chair of the governing body on questions of order, relevancy and regularity and their interpretation of the constitution, standing orders, scheme of reservation and delegation and prime financial policies at the meeting, shall be final.

A template for recording minutes has been published as follows:

<https://www.england.nhs.uk/publication/conflicts-of-interest-management-templates/>

6. Maintaining Registers of Interests

Details of which individuals need to declare interests is documented in statutory guidance published by NHS England (December 2014, updated June 2016, updated June 2017), **pages 22 to 24**, and in Question and Answer documents for both primary care and CCG employees. This also refers to review annually.

<https://www.england.nhs.uk/wp-content/uploads/2017/06/revised-ccg-coi-guidance-jul-17.pdf>

The CCG will maintain registers for the following:

- All GP Practices (divided by locality), including GP Partners (or, where the practice is a company, its directors) and any other individual directly involved with the business or decision making of the CCG;
- All members of the Governing Body, the Governing Body's committees, sub-committees; and
- All employees of the CCG, including agency staff and seconded staff.
- All employees of the Commissioning Support Unit involved in decision making on behalf of the CCG.

In terms of registers published on the website, updated NHS England guidance published June 2017 requires these to include only decision-making staff, including but not limited to:

- All governing body members;
- Members of advisory groups which contribute to direct or delegated decision making on the commissioning or provision of taxpayer funded services such as working groups involved in service redesign or stakeholder engagement that will affect future provision of services;
- Members of the Primary Care Commissioning Committee (PCCC);
- Members of other committees of the CCG e.g., audit committee, remuneration committee etc.;
- Members of new care models joint provider / commissioner groups / committees;
- Members of procurement (sub-)committees;
- Those at Agenda for Change band 8d and above;
- Management, administrative and clinical staff who have the power to enter into contracts on behalf of the CCG; and
- Management, administrative and clinical staff involved in decision making concerning the commissioning of services, purchasing of good, medicines, medical devices or equipment, and formulary decisions.

These groups will likely include employees, and therefore only those declarations for employees at Band 8a and above are published on the website in order to capture those groups of staff that have a material influence on how taxpayers' money is spent.

Where an individual believes that substantial damage or distress may be caused to him/herself or somebody else by the publication of information about them, they are entitled to make a written request that the information is not published. The Conflicts of Interest Guardian will make the decision whether or not such information should

be published, who may seek independent legal advice if required. The CCG will always retain a confidential un-redacted version of the relevant register(s).

7. Declarations of gifts and hospitality

This is covered by a separate CCG policy and also **pages 25 and 26** of the statutory guidance. Updating these declarations will fall within the same timescale as declarations of interest. A definition of a gift is given within statutory guidance. Gifts and hospitality are considered one-off benefits and a different declaration is required. Declarations should also include those offers of commercial sponsorship which could include grants (for which there is also a separate policy), even when such offers have been declined.

Under the Bribery Act 2010 it is a criminal offence to accept a bribe, which the offer of a gift or hospitality could be construed as if it is not managed appropriately. A bribe is offering an incentive to someone to perform a relevant function or activity improperly (e.g. to improperly enable the briber to secure or retain a business contract or to gain an advantage over a competitor by obtaining confidential information).

A template form for declarations of gifts and hospitality can be found here:
<https://www.england.nhs.uk/publication/conflicts-of-interest-management-templates/>

The above provisions for registers of interests shall apply in respect of gifts and hospitality for publication on the website (i.e. in relation to damage or distress from publication).

8. Roles and responsibilities

Oversight of the management of conflicts of interest will be provided by the Accountable Officer, supported by the Deputy Accountable Officer and Head of Governance/Board Secretary. A number of additional considerations are also required.

Appointment of Governing Body or Committee Members

When appointments are being made to the Governing Body or its committees, the CCG will consider on a case-by-case basis as to whether conflicts of interest should exclude individuals from being appointed.

The following will be taken into consideration:

- a. The materiality of the interest - in particular whether the individual (or a family member or business partner) could benefit from any decision the Governing Body might take. This will be particularly relevant for any profit sharing member of any organisation but will also be considered for all employees and especially those operating at senior or Governing Body level;
- b. The extent of the interest – if the interest is related to an area of business significant enough that the individual would be unable to make a full and proper contribution to the Governing Body, that individual will be excluded from becoming a member of the Governing Body.
- c. Any individual who has a material interest in an organisation which provides, or is likely to provide, substantial services to a CCG (whether as a provider of healthcare or commissioning support services, or otherwise) should recognise the inherent conflict of interest risk that may arise and should not be a member of the Governing Body or of a committee or sub-committee, in particular if the nature and extent of their interest and the nature of their proposed role is such that they are likely to need to exclude themselves from decision-making on so regular a basis that it significantly limits their ability to effectively perform that role.

The role of lay members

CCG lay members play a critical role in CCGs, providing scrutiny, challenge and an independent voice in support of robust and transparent decision-making and management of conflicts of interest. They also chair a number of CCG committees, including the Audit Committee and the Primary Care Commissioning Committee.

By statute, the CCG must have at least three lay members; one of whom must have qualifications, expertise or experience such as to enable the person to express informed views about financial management and audit matters and serve as the chair of the audit committee. Another should have knowledge of the geographical area covered in the CCG's constitution such as to enable the person to express informed views about the discharge of the CCG's functions.

National guidance also stipulates that the primary care commissioning committee must have a lay chair and lay vice chair (**page 29**).

<https://www.england.nhs.uk/wp-content/uploads/2017/06/revised-ccg-coi-guidance-jul-17.pdf>

To provide appropriate oversight and assurance, and to ensure the CCG audit chair's position as Conflicts of Interest Guardian is not compromised, the audit chair should not hold the position of chair of the primary care commissioning committee.

Conflicts of Interest Guardian

To further strengthen scrutiny and transparency of CCG decision-making processes, the audit chair is appointed Conflicts of Interest Guardian and will be supported in their role by the Head of Governance/Board Secretary.

The latter will have responsibility for the day-to-day management of conflicts of interest matters and queries, and to keep the Conflicts of Interest Guardians well briefed on conflicts of interest matters and issues arising.

The Guardian has the following responsibilities:

- Act as a conduit for GP practice staff, members of the public and healthcare professionals who have any concerns with regards to conflicts of interest;
- Be a safe point of contact for employees or workers of the CCG to raise any concerns in relation to this policy;
- Support the rigorous application of this policy;
- Provide independent advice and judgment where there is any doubt about how to apply this policy in an individual situation; and
- Provide advice on minimising the risks of conflicts of interest.

Page 30 of the national statutory guidance further describes the role of the conflict of interest guardian.

Responsibilities of CCG member practices

The most obvious area in which conflicts of interest could arise is where the CCG commissions (or continues to commission by contract extension) healthcare services, including GP services, in which a member of either CCG has a financial or other interest. This is inherent when commissioning services in primary care where GPs are current or possible providers.

It is the responsibility of all Members to familiarise themselves with this policy and comply with its provisions. Any updates shall be circulated to Members, who will be asked to confirm that they have read this policy and that they have completed online training provided by NHS England. CCGs have to report statutorily regulated healthcare professionals to their regulator if they believe that they have acted improperly, so that these concerns can be investigated.

Statutorily regulated healthcare professionals should be made aware that the consequences for inappropriate action could include fitness to practise proceedings being brought against them, and that they could, if appropriate, be struck off by their professional regulator as a result.

Responsibilities of CCG employees

Line managers must ensure their team members are aware of this policy and the processes to be followed to manage conflicts of interest. Furthermore, they must make sure that staff also complete the online training provided by NHS England.

9. Managing conflicts of interest throughout the commissioning cycle

Service design

Engagement with relevant providers, especially clinicians, in confirming the design of a service specification is entirely permissible, provided it is done fairly, transparently and in a non-discriminatory manner.

Conflicts of interest can occur if a commissioner engages selectively with only certain providers (be they incumbent or potential new providers) in developing a service specification for a contract for which they may later bid. Therefore steps should be taken to ensure that any potential providers are all subject to equal process and information.

The CCGs will, as far as possible, specify the outcomes that they wish to see delivered through a new service, rather than state the way in which these outcomes are to be achieved. As well as supporting innovation, this will help to prevent bias towards particular providers in the specification of services.

Procurement

The NHS Act and associated regulations set out the statutory rules with which commissioners are required to comply when procuring or contracting for the provision of clinical services. They need to be considered alongside Public Contract Regulations (revised 2015), and where appropriate, EU procurement rules. Other statutory guidance the CCG should abide by is Monitor's 'Substantive Guidance on the Procurement, Patients Choice and Competition regulations (2013)'.

The above requirements will apply not only to those participating in procurement, but also anyone seeking information in relation to procurement.

The CCGs must not award a contract for the provision of NHS health care services where conflicts, or potential conflicts, between the interests involved in commissioning such services and the interests involved in providing them affect, or appear to affect, the integrity of the award of that contract.

Where a relevant and material interest or position of influence exists in the context of the specification for, or award of, a contract, then the member will be expected to:

- Declare the interest;
- Ensure that the interest is recorded in the register;
- Withdraw from all discussion on the specification or award;
- Not have a vote in relation to the specification or award.

Members will be expected to declare any interest early in any procurement process if they are to be a potential bidder in that process. Failure to do this could result in the procurement process being declared invalid and possible suspension of the relevant member from the CCG (following due process with ConSultHR for CCG employees/appointees or NHS England for Member Practice representatives).

If necessary, the CCGs shall prohibit the award of a contract where the integrity of the award has been, or appears to have been, affected by a conflict. If the contract

has already been awarded, the CCGs may, if necessary, seek to terminate the contract, or may remove the relevant individual from their post.

Potential conflicts will vary to some degree depending on the way in which a service is being commissioned e.g.:

- Where a CCG is commissioning a service through Competitive Tender (i.e. seeking to identify the best provider or set of providers for a service) a conflict of interest may arise where GP practices or other providers in which CCG members have an interest are amongst those bidding.
- Where the CCG is commissioning a service through Any Qualified Provider a conflict could arise where one or more GP practices (or other providers in which CCG members have an interest) are amongst the qualified providers from whom patients can choose.

Statutory guidance published by NHS England (December 2014, updated June 2016, updated June 2017), **details a number of annexes to be used for procurement related declarations:**

- Annex G: Procurement checklist
- Annex H: Template Register of procurement decisions and contracts awarded
- Annex I: Template Declaration of interests for bidders/ contractors

Please refer to the following link for these documents:

<https://www.england.nhs.uk/commissioning/pc-co-comms/coi/>

Declarations of external conflicts of interest will be expected from bidders in advance of the PQQ (Pre-Qualification Questionnaire) stage to avoid spending time completing the PQQ in the event that the response would be excluded as a result of an irreconcilable conflict of interest.

Register of procurement decisions

The CCGs will maintain a register of procurement decisions which will include the details of the decision, who was involved in making the decision, and a summary of any conflicts of interest in relation to the decision and how this was managed by the CCGs. It will also detail the award decision taken.

The register will be updated whenever a procurement decision is taken and be made publically available both on the website and by having a copy available in the office for inspection. Once agreed, details of the contract and contract value (including any qualified provider contracts) will also be made available on the CCG website.

These records will be retained for a period of at least three years from the date of award of the contract. The register will form part of the CCGs' Annual Accounts and will thus be signed off by external auditors.

10. Raising concerns

Where a Member or employee has genuine concerns in relation to this policy and/or any breaches of this policy, they need not investigate their concerns but should report the matter to the Conflicts of Interest Guardian in accordance with the terms of this policy and the CCGs' whistleblowing policy. Suspicions or concerns relating to acts of fraud or bribery can be reported online via <https://www.reportnhsfraud.nhs.uk/> or via the NHS Fraud and Corruption Reporting Line on 0800 0284060.

11. Breach of conflicts of interest policy

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

Non-compliance with this policy may result in civil challenges to the CCGs' decisions, criminal proceedings for offences such as fraud, bribery and corruption, professional regulatory proceedings and/or disciplinary action. If the situation arises where a contract has been entered into and a breach of this policy has occurred, the CCGs will investigate and take action appropriate to circumstances.

The CCGs will view instances where this policy is not followed as serious and may take disciplinary or other relevant action against individuals, which may result in dismissal. Any unwitting failure to declare a relevant and material interest or position of influence and/or to record a relevant or material interest or position of influence that has been declared will not necessarily render void any decision made by the CCGs or their properly constituted committees or sub-committees, although the CCGs will reserve the right to declare such a contract void.

Where the breach is reported by an employee or worker of another organisation, it will be investigated with the terms of the whistleblowing policy of the relevant employer organisation.

The Conflicts of Interest Guardian will record anonymised details of, and investigate the alleged breach with support from the Accountable Officer or Deputy Accountable Officer and act in accordance with all relevant law and CCG policies (e.g. whistleblowing and Human Resources). Breaches will be reported to the Audit Committee as standing agenda item. Depending on the nature of the alleged breach of policy, with a judgement to be reached by the investigator/s, an employee or contractor's line manager, in respect of the role being performed for or on behalf of the CCG, may be involved in the investigation. As a matter of course, line manager/s will also be provided with a copy of the findings and recommendations after they are shared with the individual or individuals subject to investigation.

The CCG will publish anonymised details of material breaches of this policy on its website for learning and development purposes. This will be updated each time the register is updated. Breaches should also be reported to NHS England through its Local Area Team.

Breach investigation and review panel – terms of reference

This may be called at any time to ensure investigations of potential or actual breaches are completed appropriately. The following paragraphs are its terms of reference, to be reviewed at the time this policy is subject to review.

Accountability: It reports to and is accountable to the Audit Committee, reviewing draft investigation reports using an appropriate template. It reports findings and recommendations to Audit Committees and recommends investigation closure through a standing agenda item on conflicts of interest. It may request further information and review draft reports on more than one occasion before recommending closure to Audit Committees.

Membership: comprises a nominated conflict of interest guardian, Accountable Officer, Deputy Accountable Officer or alternative (e.g. Head of Governance/Board Secretary) and counter fraud. For quorum it will require a nominated conflicts of interest guardian and the Deputy Accountable Officer or alternative (e.g. Head of Governance/Board Secretary).

Confidentiality: Its principle to function is to be party to only anonymised information about the potential or actual breach being investigated and that confidentiality is paramount. However it will retain a right to request additional information about a breach that may not be anonymous in order to discharge its function. However any reporting to Audit Committee will retain an anonymous status.

Conflicts of interest: Appropriate mitigations will be taken in relation to any breach investigation where members own declarations of interest become relevant to the nature and scope of investigation.

Breach investigation timescales – led by Accountable Officer or Deputy Accountable Officer or alternative (e.g. CCG Head of Governance/Board Secretary)

Breach class	Timescale for investigation	Scope of investigation
Member of staff in decision making role who does not update (or complete) a declaration within 28 days of becoming aware of it – identified through register maintenance or other source – e.g. internal audit	Within eight weeks – to complete full investigation where determined as material or requires further investigation.	Completion of declaration form with routine line manager/senior CCG manager approval; reported to Audit Committees through breach register entry
Formal internal audit or other informal audit of evidence (e.g. meeting papers) identifies potential breach of policy that may not have otherwise been identified – innocent, accidental or deliberate	<p>Within twelve weeks – referred to breach investigation and review panel and reported to Audit Committees.</p> <p>Note: simple record keeping issue – i.e. incomplete declaration form within 28 days will not require panel review.</p>	<p>CCG conflicts of interest breach investigation template completed and reported to Audit Committees post breach investigation and review panel review (only if initial two week investigation determines material breach), breach register entry and reported to NHS England where concluded as material.</p> <p>Post investigation findings, or at any other point in the timescale, reported to Human Resources for action as may be necessary under other policies</p>
Contract already entered into where breach identified (likely as a consequence of legal challenge, following a procurement for example)	Timescale dependent on wider proceedings related to breach occurrence, i.e. determined by arbitration or judicial review associated with challenge to legality of contract entered into	<p>Breach investigation template and/or other template as may be required by legal process.</p> <p>Reported to Audit Committees post breach investigation and review, breach register entry and reported to NHS England where material</p>

12. Managing conflicts of interest within Integrated Care Partnerships and Primary Care Networks

Legislative implications

The Integrated Care Partnership for Buckinghamshire has no legislative basis. It consists of a number of groups/partnerships/forums to which functions, tasks and authorities for decisions (both process/transactional and commissioning) may be delegated on behalf of a number of statutory NHS organisations. Where this occurs, procedural documentation such as terms of reference, Constitutions and schemes of reservation and delegation will require appropriate amendment. Legislatively these boards are termed “groups”, “partnerships” or “forums”, but may not be explicitly named as such. It is also recognised that they cannot be referred to as “boards”, “joint”, “in common” or “committee” as these terms relate only to governance arrangements for statutory organisations, between clinical commissioning groups and, in some specific situations, Local Authorities.

Registers for newly formed ICP groups/partnerships/forums

As regards managing and mitigating conflicts of interest, the principles already described within this policy will apply. Where new groups/partnerships/forums are formed with functions, tasks and authorities for decisions delegated to them by statutory NHS organisations, the CCG’s existing registers will be reviewed and updated accordingly.

Registers for disbanded CCG Boards or Committees

Any previously published registers for Boards or Committees which are disbanded will be archived but remain within the existing CCG master register for declarations published on its website. As this in Microsoft Excel these archives are hidden tabs and therefore not included in published versions.

Materiality

As regards establishing materiality of an existing or newly declared conflict, Chairs and support staff for ICP groups/partnerships/forums should follow same principles as currently in place (including use of available CCG checklists and registers). This will also be dependent upon the content of terms of reference and descriptions of delegated authority (if any), whether to individual members or ICP groups/partnerships/forums as a whole. Terms of Reference and descriptions of delegated authority must clearly distinguish between process/transactional decisions and commissioning decisions in order for delegated authority and mitigation of conflicts of interest to function effectively. The role of a meeting may relate only to discussion, and or recommendation (rather than decision), with Conflicts to be managed accordingly.

Provider representation/membership on ICP groups/partnerships/forums

Where ICP groups/partnerships/forums are Chaired or Deputy Chaired by substantive staff from provider organisations, certain decisions (especially commissioning related) may or may not be executable. If authority is delegated, mitigations would include:

- (1) An alternative CCG Chair should be identified to transact a decision, subject to the board or committee remaining quorate to transact within its terms of reference

- (2) Escalate to the statutory organisation committee or board or to whom it is accountable, or if relating to a decision in which committee or board to which it is accountable is equally conflicted, escalate to a CCG committee or board which is not conflicted and has authority.

Exception to inclusion within CCG registers

These exceptions will be the statutory or other constituted (or equivalent) board/or committees which are unique to statutory organisations. CCG published registers will therefore include its constituted committees (i.e. Governing Body, Executive Committee, Quality and Performance Committee, Finance Committee, Audit Committee). But it will exclude all the equivalents of the statutory partners within the ICP; namely Buckinghamshire Healthcare NHS Trust, Oxford Health NHS Foundation Trust, South Central Ambulance Service NHS Trust, Buckinghamshire County Council and FedBucks (a GP Provider Company for Buckinghamshire, which acts in the ICP on behalf of the county's other GP Provider Company, Medicas).

Primary Care Networks

These have been introduced from July 2019 to build on the core of current primary care services and enable greater provision of proactive, personalised, coordinated and more integrated health and social care. The CCG has a number of position statements in relation to conflicts of interest and Primary Care Networks described below.

These are in addition to known but managed direct conflicts where Governing Body and other sub-committee voting members are practice partners, which are in turn members of both GP Federations and Primary Care Networks.

Routine mitigations include delegation of authority and/or amendments to meeting quorum in order to transact decisions where direct or indirect conflicts are deemed material. The additional statements below also form part of CCG policy on the basis that they will be subject to continual review as to ongoing monitoring and compliance.

As regards further assurances provided by all providers including Primary Care Networks as is referred to in section b below, this will include the Networks themselves having in place their own policies, procedures and assurances as is outlined in guidance supporting model PCN schedules, which in turn forms part of Direct Enhanced Service contracting arrangements.

a) CCG position statement on Primary Care Network Accountable Clinical Directors and conflicts of interest

CCGs will be responsible for overseeing ongoing assurance of Primary Care Networks delivery against the requirements of the Direct Enhanced Service.

This raises inherent conflicts for decision makers* of CCGs who are also Accountable Clinical Directors of Primary Care Networks.

Furthermore, it would also be a direct conflict of interest for an Accountable Clinical Director for a provider to participate in a CCG's discussions, assurances and

decisions on strategy and financial planning that the provider could be subject to or benefit from. On this basis, CCG Clinical Directors are unable to hold both roles.

b) CCG position statement on conflicts of interests for Primary Care Networks, providers and their sub-contracting arrangements

CCGs have always had a responsibility to seek assurances in identifying and managing conflicts of interest in relation to its commissioning and contracting arrangements. Providers also have a duty to comply with this for their staff and sub-contracting arrangements.

It is the view of the CCG that there is likely to be a direct and material conflict of interest for Accountable Clinical Directors of Primary Care Networks to also hold director roles in providers.

The CCG would, in commissioning and contracting with all providers, seek assurances that actual or potential conflicts have been appropriately identified and mitigated as normally required under standard terms of contract.

c) CCG position statement on support in kind to Primary Care Networks

CCGs might provide support in kind for their Primary Care Networks, e.g. through seconding and paying for staff to help with particular functions or purchasing systems on behalf of Primary Care Networks, e.g. risk stratification.

The CCG would use its existing conflicts of interest policy to determine any course of action for:

1. Particular decisions on procurement or contracting
2. The secondment or offer of support of CCG staff to a Primary Care Network
3. The involvement of CCG staff in design of an offer of support in kind

This may particularly affect CCG staff in decision maker roles.

*Where a decision maker for this purpose is defined as someone with any authority in the CCG scheme of reservation and delegation, and/or is a voting member or a standing invitee to a committee of the CCG.

13. Acknowledgement of external sources

Title / Author	Institution	Link
Managing Conflicts of Interest: Statutory Guidance for CCGs	NHS England	https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/06/revsd-
The Bribery Act 2010	HM Government	http://www.legislation.gov.uk/ukpga/2010/23/contents
Health and Social Care Act 2012	HM Government	http://www.legislation.gov.uk/ukpga/2012/7/contents
Nolan Principles	HM Government	https://www.gov.uk/government/publications/the-7-principles-of-public-life/the-7-principles-of-public-life--2
Equality Act 2010	HM Government	http://www.legislation.gov.uk/ukpga/2010/15/contents
NHS Constitution	NHS England	https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/480482/NHS_Constitution_WEB.pdf
UK Corporate Governance Code	Financial Reporting Council	https://www.frc.org.uk/Our-Work/Publications/Corporate-Governance/UK-Corporate-Governance-Code-April-2016.pdf
Good Governance Standards for Public Services (2004)	OPM CIPFA	http://www.cipfa.org/-/media/files/publications/reports/governance_standard.pdf
Procurement, patient choice and competition regulations: guidance (2013)	Monitor	https://www.gov.uk/government/publications/procurement-patient-choice-and-competition-regulations-guidance
Support to manage conflicts of interest for CCGs when commissioning primary care (2015)	NHS Clinical Commissioners, Royal College of GPs	http://www.nhscc.org/latest-news/conflicts-of-interest/
Commissioning; Ensuring transparency and probity. Guidance on conflicts of interest for GPs in their role as commissioners and providers (2014)	British Medical Association (BMA)	http://www.bma.org.uk/support-at-work/commissioning/ensuring-transparency-and-probity
Managing conflicts of interest in clinical commissioning groups (2011)	Royal College of General Practitioners Centre for Commissioning/NHS Confederation	http://www.rcgp.org.uk/~/_media/Files/CIRC/Managing_conflicts_of_interest.ashx
Financial and commercial arrangements and conflicts of interest (2013)	General Medical Council (GMC)	http://www.gmc-uk.org/guidance/ethical_guidance/21161.asp



Buckinghamshire
Clinical Commissioning Group

HOSPITALITY AND GIFTS POLICY **(incorporating sponsorship** **arrangements)**

Author/s	Russell Carpenter
Date of Approval	July 2017
Review Date	July 2019
Policy Number	CHCCGPOL050

DOCUMENT CONTROL SUMMARY

Title	Hospitality and Gifts Policy
Lead Officer	Robert Majilton, Deputy Chief Officer
Purpose of document	This document sets out the approach to the management of hospitality and gifts.
Status	Approved
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Date	April 2019
Author(s)	Russell Carpenter, Head of Governance/Board Secretary
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Date of ratification by Governing Body	13 September 2018 (next ratification at July 2019 annual review)
Review Date	Annual

VERSION CONTROL SUMMARY

Date & Version	Author	Comment
November 2016 1.0	Russell Carpenter	Re-write and changes to reflect federation organisational arrangements; supersedes previous Hospitality and Gifts policies.
March 2017 1.1	Russell Carpenter	Further amendments to reflect additional guidance published by NHS England (February 2017) which comes into force from 1 June 2017 on conflicts of interest and thresholds for declaration of hospitality and gifts. Revised draft also supersedes previous sponsorship policies.
19 May 2017 1.2	Russell Carpenter	Inserted section 9.1; 9.1 Managing Conflicts of Interest in the NHS: Guidance for staff and organisations (published February 2017, into force from 1 June 2017)
30 May 2017 1.3	Russell Carpenter	Amendment to sponsorship threshold – increased from £5k to £25k for consistency with scheme of reservation and delegation financial threshold delegated to programme boards. Any sponsorship arrangement above £15k will also be formally reported to the Executive Committee.
June 2017 1.4	Russell Carpenter	Update contents page. Section 9 amendment: Each agreement agreed using Appendix B will be reported at the next available meeting of the Audit Committees as and when they have been approved in line with section 11, and included on the hospitality, gifts and sponsorship register for reporting in line with section 12. Consultancy/conference fees covered hospitality and gifts form amended to include fees.
13 July 2017 1.5	Russell Carpenter	Final approved version post Governing Bodies in common ratification – no further amendments
1.6 July 2018	Russell Carpenter	Annual Review – additional inclusions re: benefit in kind, joint working, VAT implications for sponsorship and primary care rebate schemes (PCRS)
1.7 November 2018	Russell Carpenter	Amendments to sponsorship thresholds following disbanding of CCG programme boards (section 12)
1.8 January 2019	Russell Carpenter	Section 14 added – timescales; appendix A (declaration form) amended to include authorisation timescales
1.9 February 2019	Russell Carpenter	Published version of 1.8
1.10 April 2019	Russell Carpenter	Hospitality thresholds above £75 – tweaked to refer to register of hospitality, gifts and sponsorship rather than register(s) of interests

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1. Introduction

This policy sets out the procedure that staff of Aylesbury Vale and Chiltern Clinical Commissioning Groups must follow when receiving hospitality, gifts and sponsorship from external organisations. This policy applies to full time and part time employees including those on fixed-term contracts, associated persons such as secondees, agency staff, contractors, locums, and others employed under a contract of service. It also applies to non-executive directors/lay members and members of the Governing Bodies.

Aylesbury Vale and Chiltern Clinical Commissioning Groups are NHS bodies that are subject to public scrutiny and accountability for all of their actions. There is a duty to ensure that all dealings are conducted to the highest standards of integrity and probity and that all employees comply with the Standing Orders and Prime Financial Policies.

The Bribery Act 2010 came into force in July 2011. The Act creates a specific offence of directly or indirectly offering, promising or giving a bribe. To commit this offence a person must intend the bribe to influence the actions of the person in receipt. The Act also introduces a new corporate offence for organisations which fail to prevent bribery. An organisation could be guilty of this offence if someone associated with its business carries out an act of bribery. This could include an employee, agent or supplier.

This policy supports the compliance with the Act. Further information on the Bribery Act 2010 can be obtained by contacting the Chief Finance Officer (CFO).

Governing Bodies Statement:

The CCGs' aim to provide excellent public service and needs to ensure propriety and accountability in all matters.

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

The CCGs' have a zero tolerance attitude towards fraud, bribery and corruption. The CCG will investigate any suspected acts of fraud, bribery, corruption, misappropriation or irregularity and take full and appropriate action against any wrong doing.

Other Linked Policies: Code of Conduct, Whistleblowing Policy, Disciplinary Policy, Counter Fraud and Corruption Policy and Response Plan, Standards of Business Conduct, and Conflict of Interest Policy. Reference should also be made to the Act for more detailed information.

If Fraud or Corruption is suspected please report to the Local Counter Fraud Specialist or Chief Finance Officer or ring the National Fraud and Corruption reporting line on 0800 028 40 60

2. Aims and Objectives

This policy aims to provide clear guidance to staff who receive hospitality, gifts or personal benefits. It also provides guidance on the application of the Bribery Act 2010.

This policy applies to the following:

- All staff employed by the organisation
- Agency staff
- Independent contractors and/or other departments/staff providing services to the organisation via a contracted arrangement or Service Level Agreement.
- Staff on honorary contracts whose payroll costs are partially or fully funded by a third party under a formal arrangement
- Trainee professionals and students hosted by the organisation for the provision of work or vocational experience
- Members who are on CCG business.

Anyone having reasonable suspicions of fraud or corruption should report them. To this end, the Whistleblowing Policy encourages staff not to turn a blind eye or to remain silent but to accept their responsibilities and to voice genuinely held concerns about Fraud and Corruption. All instances of fraud and corruption will be dealt with in accordance with the Counter Theft, Fraud and Corruption Policy.

3 The Law

Under the Bribery Act 2010 (Act) it is an offence for employees to:

1. Pay bribes: to offer or give a financial or other advantage with the intention of inducing that person to perform a relevant function or activity improperly or to reward that person for doing so; and/or to
2. Receive bribes: to receive a financial or other advantage intending that a relevant function or activity should be performed improperly as a result.
3. Fail to prevent bribery: an organisation is guilty of an offence if an associated person, i.e. someone who performs services on behalf of the organisation, bribes another person intending to obtain or retain business or a business advantage.

“Relevant function or activity” includes any function of a public nature and any activity connected with a business. The employee performing the activity is required to perform it in good faith or impartially or be in a position of trust. Conviction under the Act is punishable by imprisonment for a maximum term of 10 years.

In certain circumstances, these offences could be committed as a result of a gift being accepted by a friend or relative as well as by a member of staff.

4. **Receipt of Gifts**

Casual Gifts.

A definition of 'Gifts' is: Items of any value offered or provided in the nature of the organisation's business by anyone other than the employer. It is given voluntarily without payment in return.

Gifts from suppliers or contractors doing business (or likely to do business) with an organisation of any value should be declined, declared and entered in the register.

Any gift or offer of a gift from sources such as patients; families and service users which is perceived to or does exceed **£50** must be declined, declared and entered in the register.

Gifts from sources such as patients, families and service users up to the value of £50 may be accepted and need not be declared.

The only exception in relation to suppliers or contractors is items of low intrinsic value such as diaries, calendars, stationery and other items of work related stationery and equipment. These may be accepted and need not be declared and entered in the register where they are under the value of **£6** in total.

It is also acceptable to receive other small value items, e.g. at Christmas time, if it is made clear to the person offering the gift or hospitality that it is accepted on behalf of the team or department (and indeed, is shared with colleagues). Casual gifts by contractors or others must not be in any way connected with the performance of duties.

In cases of doubt advice must be sought from your line manager. If a gift falls outside of identified "small value items" and arrives without warning, it must be handed over to the appropriate Director who will decide whether the gift should be returned (or passed on to a charity or good cause) and will ensure that the donor is informed of what has happened.

If an offer is made, staff should ensure completion of Appendix 1. Gifts should not be provided to internal or external parties under any circumstances.

Cash

Under no circumstances must staff accept personal gifts of cash, even below the **£50** limit, and whatever their value and whatever their source. This also includes cash equivalents such as vouchers, tokens and offers of remuneration to attend meetings whilst in a capacity working for or representing the CCGs.

5 **Receipt of Hospitality**

A definition of 'Hospitality' is: Food, drink, accommodation or entertainment offered or provided in the nature of the organisation's business by anyone other than the employer.

Staff should not ask for or accept gifts or rewards that may affect, or be seen to affect, their professional judgement. All offers of hospitality should be approached with

caution. Modest hospitality, for example, a drink and sandwich during a visit or a working lunch is normal and reasonable and does not require approval of a manager.

Hospitality offered should only be accepted where there is a direct link to working arrangements and a genuine business reason can be demonstrated, for example: attendance or speaking at a conference, which provides complimentary travel, attending at a free training course or attending a drinks reception to network.

Offers of hospitality relating to theatre evenings, sporting fixtures, or holiday accommodation, or other hospitality **must be** declined.

Hospitality will be secondary to the purpose of the meeting and will not be extended beyond those whose role makes it appropriate for them to attend the meeting. There is an important difference between, for example, attendance in an official capacity at a function organised by a public body and accepting hospitality from a private individual or firm standing to benefit from goodwill. Particular care must be taken when dealing with contractors, developers and firms or individuals in a comparable position, or an organisation holding or seeking to obtain a contract.

These examples need to be declared using the declaration form at Appendix 1. Hospitality invitations to events which are purely social events should be taken as annual leave. These invitations should be entered in the register whether accepted or declined.

Meetings organised by pharmaceutical companies, whether within or outside the UK, are not necessarily unacceptable. There have, however, to be valid and cogent reasons for holding meetings at such venues with consideration of cost, educational content, facilities, nature of audience and hospitality provided.

Hospitality thresholds

Under a value of £25 - may be accepted and need not be declared.

Of a value between £25 and £75* - may be accepted and must be declared. CCG staff must also consider whether the receipt of hospitality in these circumstances should be also be declared to HMRC as a "benefit in kind". If in doubt, staff should contact the Finance Team.

Over a value of £75* - should be refused unless (in exceptional circumstances) senior approval is given. A clear reason should be entered on an organisation's register of hospitality, gifts and sponsorship 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 an estimate that a reasonable person would make as to its value). *The £75 value has been selected with reference to existing industry guidance issued by the Association of the British Pharmaceutical Industry (ABPI) <http://www.pmcpa.org.uk/thecode/Pages/default.aspx>

It is also known that payments from pharmaceutical companies are included on a disclosure database hosted by the ABPI.

<http://www.abpi.org.uk/ethics/ethical-responsibility/disclosure-uk/>

An annual cross reference will be made to this database to ensure relevant payments are included on the CCG register.

6. Providing Hospitality

Hospitality can be provided for meetings, conferences and workshops with other organisations over lunch; any hospitality should be modest and appropriate to the occasion. These are acceptable where there is a genuine business reason.

Hospitality provided for internal meetings is not appropriate except in the following circumstances:

- Meetings that exceed three hours. For such meetings modest refreshments such as tea, coffee and biscuits can be provided. If the meeting lasts the entire day sandwiches can also be provided at lunchtime.
- Meetings that are held outside working hours. For such meetings tea and coffee is appropriate.
- Meetings attended by external parties. For such meetings tea and coffee is appropriate.

Director, or their direct reports, approval is required for the provision of sandwiches at internal meetings. Refreshments are generally provided at member engagement meetings, including protected learning time (PLT) events and PPG network events. These refreshments should not exceed tea, coffee, biscuits and sandwiches.

7. Declarations and responsibilities

Declaration of the receipt of gifts and / or hospitality should be made as soon as possible after the offer or receipt of gifts or hospitality. All declarations must be completed on the form attached at Appendix 1, and submitted to the Head of Governance/Board Secretary who is responsible for entering the information and for maintaining the register.

Declarations can be made either by email to the Head of Governance/Board Secretary, or in writing.

The declaration should include the following information:

- Recipient Name and Position
- Date of Offer (of gift or hospitality)
- Details of Gift / Hospitality(nature and purpose)
- Estimated Value
- Supplier / Offeror (person) Name and Nature of Business
- Details of Previous Offers or Acceptance by this Offeror/ Supplier
- Details of the officer reviewing and approving the declaration made and date
- The action taken i.e. Indication of whether the offer was declined or accepted
- Reason for Accepting or Declining
- Any Other Comments

If there is any doubt about whether an item should or should not be declared, staff are advised to declare it. The register will be updated and re-published on line as soon as reasonably practicable after receipt of a declaration. The Accountable Officer will ensure that there are systems and processes in place to support the implementation of

this policy. Managers must ensure members of staff are aware of the policy and process to be followed. It is the responsibility of individuals, staff, Lay members, Governing Bodies and other committee members to familiarise themselves with this policy and comply with the provisions set out in it.

8. Sponsorship and Joint Working Arrangements – principles

The Department of Health Document “Commercial Sponsorship – Ethical Standards for the NHS” dated November 2000 defines commercial sponsorship as including: *“NHS funding from an external source, including funding of all or part of the costs of a member of staff, NHS research, staff, training, pharmaceuticals, equipment, meeting rooms, costs associated with meetings, meals, gifts, hospitality, hotel and transport costs (including trips abroad), provision of free services (speakers), buildings or premises.”*

Joint working can be separately defined as *situations, where for the benefit of patients; organisations pool skills, experience and / or resources for the joint development and implementation of patient-centred projects and share a commitment to successful delivery. Joint working agreements and management arrangements are conducted in an open and transparent manner.*

Collaborative work with external organisations, especially pharmaceutical companies, can be beneficial in terms of improving quality of care for patients so long as

- (1) Sponsorship or joint working arrangements and conflicts of interest are managed and mitigated appropriately.
- (2) The interests of individual patients must be protected including confidentiality, principles of caldicott and data protection
- (3) Sponsorships or research arrangements are ethical and compliant with the ABPI Code of Practice for the Pharmaceutical Industry (Second edition - 2012) and related bribery legislation and policies;

All staff (employed by or associated with the CCG) involved in setting up and implementing sponsorship arrangements or joint working projects must take note of and comply with the Codes of Conduct of the NHS and relevant professional bodies. Links to these documents are provided in the CCGs’ Code of Conduct. The CCG should under no circumstances agree to ‘linked deals’ whereby sponsorship is linked to the purchase of particular products or to supply from particular sources.

Sponsorship of NHS events by external parties is valued. Offers to meet some or part of the costs of running an event secures their ability to take place, benefiting NHS staff and patients. Without this funding there may be fewer opportunities for learning, development and partnership working. However, there is potential for conflicts of interest between the organiser and the sponsor, particularly regarding the ability to market commercial products or services. As a result there should be proper safeguards in place to prevent conflicts occurring.

These principles apply to arrangements where the CCGs are specifically involved; where the activity involves a single practice or GP, and where this involves a coordinating educationally based activity for themselves or on behalf of a small group, the practice or GP can continue to make direct arrangements.

9. Sponsorship arrangements – governance

- All sponsorship and/or joint working arrangements will be reported to the Audit Committee; authors of the agreement submitted for approval must ensure this is so. This will include offers; those accepted and perceived breaches (refer to section 13).
- The purpose is for review to ensure appropriate application of governance process, not to approve applications, the authorisation of which is described in section 11.
- Each agreement agreed using Appendix B will be reported at the next available meeting of the Audit Committee as and when they have been approved in line with section 11, and also included on the CCG Hospitality, Gifts, Fees and Sponsorship Register for reporting in line with section 12.
- An application and approval process is to be followed taking into account criteria including benefits, expected publicity and conflicts of interest.
- All sponsored prescribing related projects will be reported to the Medicines Management Sub-Committee and subsequently to the Planned Care Programme Board.
- Details of sponsored projects and research initiatives will be recorded in a clear and open manner in the CCG's Annual Report;
- All staff (employed by and associated with the CCG) involved in setting up and implementing joint projects with the Pharmaceutical Industry or other sponsoring organisations will record all their involvement in papers requesting approval of application along with details of any conflicts of interest identified and mitigated, whether material or immaterial.
- All offers of sponsorship (whether accepted or declined) must be declared so that they can be included on the CCG Hospitality, Gifts, Fees and Sponsorship Register, and the team or individual designated by the CCG to provide advice, support, and guidance on how conflicts of interest should be managed should provide advice on whether or not it would be appropriate to accept any such offers. The financial thresholds aligned to hospitality and gifts do not apply to sponsorship.
- All applications using Appendix B should be copied to the Head of Governance/Board Secretary for entering on the CCG Hospitality, Gifts, Fees and Sponsorship Register.
- Any issues relating to implementation or further development of this policy should be directed to the Head of Governance/Board Secretary or Associate Director of Medicines Management.
- The CCG will not endorse or support proposals where there is excessive promotion of individual products, services or companies. This will need to be addressed in the agreement template submitted for approval.

As a general rule, sponsorship arrangements involving NHS Trusts and Clinical Commissioning Groups should be at a corporate, rather than individual, level.

9.1 Managing Conflicts of Interest in the NHS: Guidance for staff and organisations (published February 2017, into force from 1 June 2017)

Additional safeguards in order to ensure compliance with the above or any successor guidance include:

- During dealings with sponsors there must be no breach of patient or individual confidentiality or data protection rules and legislation.
- No information to be supplied that would offer commercial advantage.

- All sponsors of events must be identified clearly, with emphasis that no individual product or service is endorsed.

<https://www.england.nhs.uk/wp-content/uploads/2017/02/guidance-managing-conflicts-of-interest-nhs.pdf>

10. Sponsorship arrangements – inclusions and exclusions

Staff should use the following as a guide when completing a sponsorship agreement application.

Approaches the CCG will consider for initiative development and reported on the CCG Hospitality, Gifts, Fees and Sponsorship Register:

- Funding or (rarely) personnel on short term secondment to develop policies to address specific issues;
- Funding to facilitate training and educational initiatives that are aimed at improving the management of a condition;
- Funding or (rarely) personnel on short term secondment to implement the delivery of agreed policies at practice level;
- Use of industry educational or management resources to augment existing CCG resources for specific projects.
- Commercial Sponsorship/fee for attendance and/or speaking at Conferences and Courses. Approval must be sought on a case by case basis from line managers in advance in line with section 11 thresholds; managers must be satisfied that acceptance will not, and cannot, be seen as compromising purchasing or commissioning decisions, or influencing prescribing.
- If the attendance or speaking engagement it is delivered in working hours then there are two choices open to the member of staff which must be agreed with their line manager:
 1. The payment should be credited to the CCG
 2. The member of staff takes annual leave or unpaid leave and the payment is made to the member of staff as a private matter between the organisation making the payment and the individual member of staff. The member of staff remains responsible for any tax liability which arises. In these circumstances, the staff member must make it clear to the 3rd party organisation that they are undertaking the work as a private person and not as an employee or agent of the CCG and the work must not conflict with the aims and policies of the CCG.
- Declarations for paid or unpaid work under either of the above are to be completed using the hospitality, gifts and fees template form. Documenting whether a fee has been accepted will be included under “reason for accepting/declining”. If there is no fee, then this is to be stated under “estimated value”.
- Examples of declarable work, either within or outside CCG work hours, includes the following:
 1. Consultancy, advisory and project management work
 2. Membership of panels assessing products and medicines
 3. Full or co-opted membership of groups and committees
 4. Speaking, presenting and facilitating at meetings, seminars and workshops
- CCG staff must not accept any fee or reward for work done whilst on CCG duty, other than that agreed under terms and conditions of employment.

- Direct employment by or other regular hours for a 3rd party organisation would form a declaration under the Conflicts of Interest Policy rather than this policy.

Approaches the CCG will not support

- Nursing support for setting up clinics; an organised approach addressing the whole pathway of care would be more appropriate than pump priming.
- Company representatives seeing several members of the CCG or practice (with the associated opportunity costs) to deliver the same message;
- Activity where there is no explicit benefit other than that of promoting good will, a product or company; or where income is to be generated (this should be addressed by income generation principles)
- Sponsorship of practice based events other than those outlined above and in line with the guidelines contained in this policy;
- Initiatives that duplicate or conflict with existing practices;
- Any partnership specifically linked to the purchase of particular products or to supply from particular source, unless they result from a transparent tender for defined goods and services.
- It is unacceptable for pharmacy advisers or other advisers, employees or consultants to the CCG on matters of procurement to themselves be in receipt of payments from the pharmaceutical or devices sector.

Advisory panels/boards

Requests to participate on advisory boards, fee paid or not, should be considered on a case by case basis, and include only those managed by public authorities such as universities or educational academies. Any other requests, including pharmaceutical companies, should be politely declined and declared – irrespective of whether advisory board relates to a drug which is or is not on the formulary.

Fee arrangements

Declarations must include both paid and unpaid work as well as works undertaken outside the employment of the CCG.

11. Sponsorship arrangements – VAT implications

If sponsors receive benefits directly linked to the event then the support must be subject to VAT, i.e. the correct proportion of the monies received must be accounted for to HMRC. If the sponsor gives the money without requiring anything in return then the monies can be regarded as a donation. If it is thought that this would be the case, further advice should be sought from the Chief Finance Officer.

Unless advice has been given to the contrary it must be assumed that the sponsorship is subject to VAT and in order to account for this correctly, an invoice should be sent to the sponsor showing the amount of the sponsorship and then adding VAT. All invoices must be raised on SBS by the Finance Department and this can be arranged by contacting your Finance Manager.

This will apply only in circumstances where the CCG is direct recipient of sponsorship monies for re-distribution. If a sponsor is invoiced by and pays a third supplier direct (e.g. a venue or caterer), then VAT will be included onto the invoice given the commercial status of both businesses and so the above becomes irrelevant. Where

this is anticipated to be the case, it should for avoidance of doubt be indicated on the sponsorship application.

12. Sponsorship and speaking fee arrangements – authorisation levels

CCC Benchmarking: Bexley, South Gloucestershire, Sheffield, Shropshire. Any proposal using the template at Appendix B will be subject to the following process:

	Less than £25	£25 - £500***	£500 - £24999****	£25000+
No authorisation required but staff must report to Line Manager and Director.*	X			
No entry required in CCG Hospitality, Gifts, Fees and Sponsorship Register	X			
Line Manager Authorisation only required (and final decision).		X		
Entry required in CCG Hospitality, Gifts, Fees and Sponsorship Register – completed agreement copied to CCG Head of Governance/Board Secretary.		X	X	X
Endorsement				
1. Line Manager			X	X
2. Associate Director – Medicines Management and Long Term Conditions**			X	X
3. Chief Finance Officer or Deputy Accountable Officer or Accountable Officer				X
Authorisation				
4. Line Manager				
5. Associate Director – Medicines Management and Long Term Conditions**				
6. Chief Finance Officer or Deputy Accountable Officer or Accountable Officer			X	
7. Executive Committee				X
8. Governing Body				X (this is reporting only)

*These exclude sponsorship for lunches at Protected Learning Time and other internal CCG meetings such as locality meetings. These will not be sponsored.

** Having assessed the offer against published best practice guidance prior to endorsement or authorisation.

*** where this relates to a sponsorship, this is the threshold per sponsor, not per event. Where related to a speaking fee, this comprises the total offered by the organiser.

**** Any sponsorship arrangement above £15k will also be formally reported to the Executive Committee.

All sponsorship is declarable for inclusion on the CCG Hospitality, Gifts, Fees and Sponsorship Register. The financial thresholds aligned to hospitality and gifts do not apply to sponsorship.

13. Primary Care Rebate Schemes (PCRS)

Primary care rebate schemes are contractual arrangements offered by pharmaceutical companies, or third party companies, which offer financial rebates to commissioning organisations on GP prescribing expenditure for particular branded medicines(s) included on the formulary.

Although rebates to commissioning organisations and related discounts to primary care practices are wholly separate, there may be situations whereby if the CCG participated in a rebate scheme, a subsequent discount to primary care may occur as a result.

Given recognised conflicts of interest in this respect with member GP roles as clinical commissioners and as financial partners in their practices, to mitigate risk the following governance arrangements are in place:

- a) Discussion on participation in rebate schemes is delegated to the Medicines Management Sub-Committee where there are no voting rights for member GPs.
- b) Schemes considered for participation will be limited to those pre-assessed by the Pharmaceutical Industry Scheme Governance Board (PISGB). This is part of the NHS funded PresQIPP community interest company (CIC) which works to support the primary care prescribing function on behalf of all commissioning organisations. The purpose of the Board is to assess PCRS's for appropriateness against specific criteria and assign them a rating for CCGs to use when considering their use. This will include any subsequent discounts available.
- c) Escalation to the CCG Executive Committee, which has voting member GPs, for decision on participation, will occur only where the scheme:
 - Has been deemed by the PISGB to be inappropriate or not fully appropriate.
 - Only where there is no discount available and identified given the material conflict of interest.

14. Timescales

Hospitality, gifts and fees for conferences, event engagement and participation in advisory panels (arranged by public institutions only)

- Where there was no advance knowledge of hospitality or gifts received, the CCG must be notified of receipt as soon as practicable, and no later than 28 days after the hospitality or gift was received.
- Where there is advance knowledge of anticipated hospitality, gifts, fees or participation in advisory panels, a declaration must be completed and signed (by authoriser) no less than 10 days before anticipated receipt.

Sponsorship

Endorsement and authorisation must be undertaken a minimum 28 days ahead of date when sponsorship agreement is timed to begin, unless there are exceptional circumstances arising as to why this is not the case (at the discretion of endorser or authoriser depending on circumstances).

15. Audit and Review

The CCG Hospitality, Gifts, Fees and Sponsorship Register will be:

- (a) Monitored and reviewed annually by the Audit Committee.
- (b) Published on public websites, updated when new declarations are added or otherwise at least bi-annually.

Individuals and staff will be reminded of the policy and register at least annually. The Head of Governance/Board Secretary will review register entries on a regular basis and will address any inappropriate receipt of gifts / hospitality with the relevant individual or Senior Manager.

16. Breach of the Policy (sanctions)

Staff who fail to declare the acceptance/provision/decline of hospitality and gifts in accordance with this Policy may be subject to disciplinary action under the Disciplinary Policy and the matter will also be reported to the Local Counter Fraud Specialist for investigation and may result in criminal proceedings being commenced. Any breach of this Policy in relation to sponsorship authorisation will be taken seriously and may lead to disciplinary action up to and including dismissal as outlined in disciplinary policy and procedures.

17. Dissemination and Implementation

This document will be circulated to all managers who will be required to cascade the information to members of their teams and to confirm receipt of the procedure and destruction of previous procedures/policies which this supersedes. It will be available to all staff via the main server. Managers will ensure that all staff are briefed on its contents and on what it means for them.

18. Equality Impact Assessment

In relation to equality impact and the nine protected characteristics race, sex, disability, age, sexual orientation, religious or other belief, marriage and civil partnership, gender reassignment and pregnancy and maternity, an assessment has not identified any detriment.

Appendix A: Template for Declarations of hospitality, gifts and fees for conferences, event engagement and advisory panels

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

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

I confirm that the information provided above is complete and correct. I acknowledge that in completing this form, I have complied with policy requirements which specify that:

- Where there was no advance knowledge of hospitality or gifts received, the CCG has been notified of receipt as soon as practicable and no later than 28 days after the hospitality or gift was received.
- Where there is advance knowledge of anticipated hospitality, gifts, fees or participation in advisory panels, a declaration must be completed and signed (by authoriser) no less than 10 days before anticipated receipt.

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:

Signed:

Position:

Date:

(Line Manager, CCG Management Director or Head of Governance/Board Secretary)

Please return to **Russell Carpenter, Head of Governance/Board Secretary: Russell.carpenter@nhs.net**



Appendix B: Sponsorship or joint working agreement application template

COMMERCIAL SPONSORSHIP OR JOINT WORKING AGREEMENT

1 Details of project: <i>Describe the project. What are its aims and objectives? How long will it last?</i>			
2 Recipient. <i>Give names of CCG service area and the responsible officer.</i>			
3 Sponsor			
Organisation		Nature of business	
Address			
Contact name			
Tel number			
4 Value of sponsorship/fee payment			
5 Payment arrangements (e.g. <i>Direct to CCG</i>)			

6	Benefits to the recipient or CCG
7	Benefits to the sponsor
8	Costs – will the sponsorship arrangements lead to higher costs elsewhere in the NHS?
9	PUBLICITY – is the arrangement and sponsor input, and/or product/company expected to be publicised? Before the commencement of any proposal, the Pharmaceutical Company or other third party should undertake not to publicise its involvement with the CCG without the prior knowledge and agreement of the CCG. Any proposal will need to state explicitly the quantity and/or nature of any advertising and promotion of individual products and pharmaceutical or other companies. Staff should be particularly careful of using, or making public, internal information of a ‘commercial-in-confidence’ nature, particularly if its disclosure would prejudice the principle of a purchasing system based on fair competition.
10	Financial interests – are there any existing financial interests in this sponsor? e.g. the CCG has a clinical or non-clinical contract in place with the organisation.

11 CONFLICTS OF INTEREST – are there any material conflicts relevant to the applicant or sponsoring company to take account of in approving this agreement?

12 PATIENT CONFIDENTIALITY
Projects which involve the exchange of patient information must have the approval of the CCGs Information Group – Has this been sought? Has the Caldicott Guardian been consulted? Has the patients' consent been sought? Is the agreement compliant with the principles of caldicott and data protection?

Where a sponsorship arrangement permitting access to patient information appears to be legally and ethically sound (e.g. where the sponsor is to carry out or support NHS functions, where patients have explicitly consented), a contract should be drawn up which:

- Draws attention to obligations of confidentiality;
- Specifies security standards that should be applied;
- Limits use of the information to purposes specified in the contract; and
- Makes it clear that the contract will be terminated if the conditions are not met.

10 PROTOCOLS AND GUIDELINES
Does the project include the use of protocols or guidelines? The advice of CCG professional advisers should be sought and recorded.

11 PHARMACEUTICAL COMPANY SPONSORSHIP
If the project is valued at more than £500, the comments of the Head of Governance/Board Secretary/Associate Director Head of Medicines Management must be recorded in all cases.

Signature	Director of Nursing and Quality / Associate Director of Medicines Management <i>(Please delete)</i>	Date	
12 TERMINATION ARRANGEMENTS			
The agreement should be capable of early termination by the CCG or GP Practice. Please state the arrangements.			
FOR THE RECIPIENT			
<i>I have read</i>			
1. <i>ABPI guidance on Joint working with the pharmaceutical industry, guide and case studies</i>			
2. <i>ABPI guidance notes on joint working between pharmaceutical companies and the NHS and others for the benefit of patients</i>			
3. <i>NHS Aylesbury Vale/Chiltern CCG (a) Commercial Sponsorship Policy, (b) Code of Conduct, (c) Gifts and Hospitality Policy and (d) Conflicts of Interest Policy.</i>			
<i>And have acted in accordance with it and will abide by it.</i>			
Organisation			
Contact Name			
Position/designation			
Tel number			
Signature		Date	
Director/Chief Officer approval			
Signature		Date	

FOR THE SPONSOR

I have read

- 1. ABPI guidance on Joint working with the pharmaceutical industry, guide and case studies**
- 2. ABPI guidance notes on joint working between pharmaceutical companies and the NHS and others for the benefit of patients**
- 3. Commercial Sponsorship – Ethical Standards for the NHS (Department of Health November 2000)**
- 4. Standards of Business Conduct for NHS Staff HSG (93)5 – as amended by the Bribery Act 2010**
- 5. NHS Aylesbury Vale/Chiltern CCG (a) Code of Conduct, (b) Gifts and Hospitality Policy (c) Conflicts of Interest Policy (d) Counter Fraud and Bribery Policy**

And have acted in accordance with it and will abide by it.

Organisation			
Contact Name			
Position/Designation			
Tel number			
Signature		Date	



Buckinghamshire
Clinical Commissioning Group

Freedom to speak up: Raising concerns in the NHS (Whistleblowing Policy)



Author/s:	NHS Improvement, Department of Health, Director of Corporate Affairs, ConsultHR
Version:	1.3 (change to update FTSU guardians 31/07/2019)
Date of Approval:	12 September 2019- BCCG Governing Body
Review Date:	3 years after approval – 30 September 2022

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1. Speak up – we will listen

Speaking up about any concern you have at work is really important. In fact, it's vital because it will help us to keep improving our services for all patients and the working environment for our staff.

You may feel worried about raising a concern, and we understand this. But please don't be put off. In accordance with our duty of candour, our senior leaders and entire Governing Body are committed to an open and honest culture. We will look into what you say and you will always have access to the support you need.

2. This policy

This 'standard integrated policy' was one of a number of recommendations of the review by Sir Robert Francis into whistleblowing in the NHS, aimed at improving the experience of whistleblowing in the NHS. This Policy has been produced nationally by NHS Improvement and NHS England and has been adopted by NHS Buckinghamshire CCG to help to normalise the raising of concerns for the benefit of all patients.

Our local process has been integrated into this policy and provides more detail about how we will look into a concern (Annex A).

This document is a key element of the Group's Standards of Business Conduct and should be read in conjunction with the NHS Buckinghamshire CCG Code of Conduct and section 7 of the Constitution.

This policy should be read in conjunction with our policies covering Grievance, Disciplinary, Complaints, Fraud Policy, Health & Safety Policies and Incident Reporting.

No one will be discriminated against or suffer a detriment as a result of making such a disclosure. This applies equally to member practices or employees of the CCG.

3. Roles and Responsibilities

Governing Body and CCG Management Directors

These post-holders will:

- Promote a culture of openness that welcomes the opportunity to address and resolve concerns.
- Respond positively to any escalated concerns, either taking or arranging appropriate action.
- The Deputy Chief Officer holds lead responsibility in Buckinghamshire CCG for dealing with concerns raised and is able to report directly to the Accountable Officer on issues of concern.

Senior Managers

These post-holders will:

- Champion this policy and ensure effective implementation.
- Ensure that all managers understand their responsibilities in relation to this policy.

Line Managers

These post-holders will:

- Respond positively to any concerns and take appropriate action.
- Ensure that anyone raising a concern has support within a non-punitive framework.
- Foster and promote an open culture and provide regular opportunities for staff to speak up and discuss concerns at both an individual and team level.
- Respond to concerns seriously and consider them fully, sympathetically and fairly in accordance with this policy.

Person raising a concern

As the person raising a concern you will:

- Have a right and a responsibility to bring to the attention of your employer any matter where the interest of others or the organisation may be at risk.
- Be able to contact ConsultHR, your trade union representative or your appropriate professional body for advice and guidance at any stage of the process.

4. What concerns can I raise?

You can raise a concern about risk, malpractice or wrongdoing you think is harming the services we commission. Just a few examples of this might include (but are by no means restricted to):

- Unsafe patient care
- Unsafe working conditions
- Inadequate induction or training for staff
- Lack of, or poor, response to a reported patient safety incident
- A bullying culture (across a team or organisation rather than individual instances of bullying).

Suspicious of fraud (which can also be reported to our local counter-fraud team Gareth Robins, TIAA via email: gareth.robins@tiaa.co.uk or telephone: T: 020 3313 2828 / D: 01268 394946 / M: 07825 450259. Or the NHS Fraud and Corruption Reporting Line 0800 028 4060.

For further examples, please see the [Health Education England video](#)

Remember that if you are a healthcare professional you may have a professional duty to report a concern. If in doubt, please raise it.

Don't wait for proof. We would like you to raise the matter while it is still a concern. It doesn't matter if you turn out to be mistaken as long as you are genuinely troubled.

This policy is not for people with concerns about their employment that affect only them – that type of concern is better suited to our Grievance Policy which can be found on the ConsultHR Portal.

5. Feel safe to raise your concern

If you raise a genuine concern under this policy, you will not be at risk of losing your job or suffering any form of reprisal as a result. We will not tolerate the harassment or victimisation of anyone raising a concern. Nor will we tolerate any attempt to bully you into not raising any such concern. Any such behaviour is a breach of our values as an organisation and, if upheld following investigation, could result in disciplinary action.

Provided you are acting honestly, it does not matter if you are mistaken or if there is an innocent explanation for your concerns.

Everyone involved will have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity and provide for good relations between people of diverse groups. The Equality Act (2010) prohibits discrimination on the grounds of age, disability,

gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation, in addition to criminal record, trade union membership, or any other personal characteristic.

6. Confidentiality

We hope you will feel comfortable raising your concern openly, but we also appreciate that you may want to raise it confidentially. This means that while you are willing for your identity to be known to the person you report your concern to, you do not want anyone else to know your identity. Therefore, we will keep your identity confidential, if that is what you want, unless we are not able to resolve the concern without revealing your identity, for example if required to disclose it by law (for example, by the police or if your evidence is needed in court), we will discuss with you how to proceed. If the manager or person to whom you raise your concerns considers that there is an immediate risk to safety we may have to act immediately and we will agree a support plan with you.

You can choose to raise your concern anonymously, without giving anyone your name, but that may make it more difficult for us to investigate thoroughly and give you feedback on the outcome.

7. Who can raise concerns?

Anyone who works (or has worked) in the NHS, or for an independent organisation that provides NHS services can raise concerns. This includes agency workers, temporary workers, students, volunteers, member practices of the CCG and governors.

8. Who should I raise my concern with?

In many circumstances and where possible, we hope that you will be able to resolve any concern through informal discussions with your manager. If this does not resolve the problem and you are still concerned, you should take the steps outlined in Annex A.

If raising it with your line manager does not resolve matters, or you do not feel able to raise it with them, you can progress to Stage 2 and contact one of our two Freedom to Speak Up Guardians Robert Majilton, Deputy Chief Officer via Robert.majilton@nhs.net or Robin Woolfson, Secondary Care Doctor via robin.woolfson@nhs.net

These are important roles identified in the Freedom to Speak Up review to act as an independent and impartial source of advice to staff at any stage of raising a concern, with access to anyone in the organisation, including the Accountable Officer, or if necessary, outside the organisation.

If these channels have been followed and you still have concerns, or if you feel that the matter is so serious that you cannot discuss it with any of the above, please progress to Stage 3 and contact the Accountable Officer.

All these people have been trained in receiving concerns and will give you information about where you can go for more support.

If for any reason you do not feel comfortable raising your concern internally, you can raise concerns with external bodies, listed in section a.

Please be aware however, that external disclosure through certain unauthorised routes could be deemed serious/gross misconduct and would be dealt with under the Disciplinary Policy.

9. Advice and support

Local support available to you can be sought from;

- Your line manager
- The local Freedom to Speak up Guardians
- ConsultHR

However, you can also contact the [Whistleblowing Helpline](#) for the NHS and social care, your professional body or trade union representative.

10. How should I raise my concern?

You can raise your concerns with any of the people listed above in person, by phone or in writing (including email).

Whichever route you choose, please be ready to explain as fully as you can the information and circumstances that gave rise to your concern.

11. What will we do?

We are committed to the principles of the Freedom to Speak Up review and its vision for raising concerns, and will respond in line with them (see Annex B).

We are committed to listening to our staff, learning lessons and improving patient care. On receipt the concern will be recorded and you will receive an acknowledgement within two working days. The central record will record the date the concern was received, whether you have requested confidentiality, a summary of the concerns and dates when we have given you updates or feedback.

12. Investigation

Where you have been unable to resolve the matter quickly (usually within a few days) with your line manager, we will carry out a proportionate investigation – using someone suitably independent (usually from a different part of the organisation) and properly trained – and we will reach a conclusion within a reasonable timescale (which we will notify you of).

Wherever possible we will carry out a single investigation (so, for example, where a concern

is raised about a patient safety incident, we will usually undertake a single investigation that looks at your concern and the wider circumstances of the incident). The investigation will be objective and evidence-based, and will produce a report that focuses on identifying and rectifying any issues, and learning lessons to prevent problems recurring. We may decide that your concern would be better looked at under another process; for example, our process for dealing with bullying and harassment. If so, we will discuss that with you.

Any employment issues (that affect only you and not others) identified during the investigation will be considered separately.

13. Communicating with you

We will treat you with respect at all times and will thank you for raising your concerns. We will discuss your concerns with you to ensure we understand exactly what you are worried about. We will tell you how long we expect the investigation to take and keep you up to date with its progress. Wherever possible, we will share the full investigation report with you (while respecting the confidentiality of others).

14. How will we learn from your concern?

The focus of the investigation will be on improving the services we commission for patients. Where it identifies improvements that can be made, we will track them to ensure necessary changes are made, and are working effectively. Lessons will be shared with teams across the organisation, or more widely, as appropriate.

15. Governing Body oversight

The Governing Body will be given high level information about all concerns raised by our staff through this policy and what we are doing to address any problems. We will include similar high level information in our annual report. The Governing Body supports staff raising concerns and wants you to feel free to speak up.

16. Review

We will review the effectiveness of this policy and local process at least every three years, with the outcome published and changes made as appropriate.

a) Raising your concern with an outside body

Alternatively, you can raise your concern outside the organisation with:

- **NHS Improvement** for concerns about:
 - How NHS trusts and foundation trusts are being run
 - Other providers with an NHS provider licence
 - NHS procurement, choice and competition
 - The national tariff
- **Care Quality Commission** for quality and safety concerns
- **NHS England** for concerns about:
 - Primary medical services (general practice)
 - Primary dental services
 - Primary ophthalmic services
 - Local pharmaceutical services
- **Health Education England** for education and training in the NHS
- **NHS Protect** for concerns about fraud and corruption.

b) Making a 'protected disclosure'

There are very specific criteria that need to be met for an individual to be covered by whistleblowing law when they raise a concern (to be able to claim the protection that accompanies it). There is also a defined list of 'prescribed persons', similar to the list of outside bodies on page 8, who you can make a protected disclosure to. To help you consider whether you might meet these criteria, please seek independent advice from the Whistleblowing Helpline for the NHS and social care, Public Concern at Work or a legal representative.

c) National Guardian Freedom to Speak Up

The new National Guardian can independently review how staff have been treated having raised concerns where NHS trusts and foundation trusts may have failed to follow good practice, working with some of the bodies listed above to take action where needed.

Annex A: process for raising and escalating a concern

Step one

If you have a concern about a risk, malpractice or wrongdoing at work, we hope you will feel able to raise it first with your line manager at the earliest opportunity. This may be done orally or in writing. A 'Raising Concerns Form' is available to help you do this and part A should be completed (see User Guide).

We will acknowledge receipt of your concern and meet with you within seven working days.

Our aim will be to either resolve your concern or agree on appropriate action to be taken. Details of the agreed actions should be entered on Part B of the 'Raising Concerns Form' by the person dealing with your concern. Your trade union representative or work colleague may support you at this meeting if you wish.

Step two

If you feel unable to raise the matter with your line manager, for whatever reason, or if you feel your concern has not been dealt with satisfactorily under Stage 1, you may raise the matter with either of our local Freedom to Speak Up Guardians who will acknowledge receipt of your concern and meet with you within 14 days:

Robert Majilton, Deputy Chief Officer, Robert.majilton@nhs.net

Robin Woolfson, Secondary Care Doctor, robin.woolfson@nhs.net

These people have been given special responsibility and training in dealing with whistleblowing concerns. They will:

- Treat your concern confidentially unless otherwise agreed
- Ensure you receive timely support to progress your concern
- Escalate to the Governing Body any indications that you are being subjected to detriment for raising your concern
- Remind the organisation of the need to give you timely feedback on how your concern is being dealt with
- Ensure you have access to personal support since raising your concern may be stressful.

If you want to raise the matter in confidence, please say so at the outset so that appropriate arrangements can be made.

The aim of this meeting will be to either resolve your concern or agree on appropriate action to be taken. Details of the agreed actions should be entered on Part C of the 'Raising Concerns Form' by the person dealing with your concern. Your trade union representative or work colleague may support you at this meeting if you wish

Step three

If these channels have been followed and you still have concerns, or if you feel that the matter is so serious that you cannot discuss it with any of the above, please contact the Accountable Officer who will acknowledge receipt of your concern and meet with you within 14 days.

The aim of this meeting will be to either resolve the concern, or agree on appropriate action to be taken. Details of the agreed actions should be entered on Part D of the 'Raising Concerns Form'. Your trade union representative or work colleague may support you at this meeting if you wish.

Step four

You can raise concerns formally with external bodies as outlined in section A.

Annex B: A vision for raising concerns in the NHS



Source: Sir Robert Francis QC (2015) *Freedom to Speak Up: an independent report into creating an open and honest reporting culture in the NHS.*