GOVERNING BODY

<table>
<thead>
<tr>
<th>Agenda Item No.</th>
<th>16</th>
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<tbody>
<tr>
<td>Reference No.</td>
<td>IESCCG 19-22</td>
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<tr>
<td>Date.</td>
<td>26 March 2019</td>
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<table>
<thead>
<tr>
<th>Title</th>
<th>Best Practice Update on Conflicts of Interest Management: Call to Action for CCGs</th>
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<tr>
<td>Lead Chief Officer</td>
<td>Amanda Lyes – Chief Corporate Services Officer</td>
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<tr>
<td>Author(s)</td>
<td>Colin Boakes – Independent Governance Advisor</td>
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<td>Purpose</td>
<td>To ensure that the Ipswich &amp; East Suffolk CCG is aware of and complies with the content of the ‘Best Practice Update on Conflicts of Interest Management: Call to Action for CCGs’ published by NHS England in February 2019</td>
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Applicable CCG Clinical Priorities: N/A

1. To promote self care
2. To ensure high quality local services where possible
3. To improve the health of those most in need
4. To improve health & educational attainment for children & young people
5. To improve access to mental health services
6. To improve outcomes for patients with diabetes to above national averages
7. To improve care for frail elderly individuals
8. To allow patients to die with dignity & compassion & to choose their place of death
9. To ensure that the CCG operates within agreed budgets

Action required by Governing Body:

To note the report.
1. **Background**

1.1 CCGs manage conflicts of interest as part of their day-to-day activities and effective management of such conflicts is crucial for the maintenance of public trust in the commissioning system. Importantly, it also serves to give confidence to patients, providers, Parliament and tax payers that CCG commissioning decisions are robust, fair, transparent and offer value for money.

1.2 It is now over 18 months since NHS England published ‘Managing Conflicts of Interest: Revised Statutory Guidance for CCGs’. During that time, there has been an increase in the number of CCGs with delegated commissioning arrangements as well as more areas piloting joint and integrated ways of working. These developments underline the imperative to ensure that conflicts of interest are managed robustly.

1.3 A recent internal audit undertaken by NHS England identified 8 areas where the management of conflicts of interest could be improved. In response to that, they are now asking CCGs to revisit the conflicts of interest guidance to ensure that there are appropriate systems, processes and local knowledge in place to make sure that conflicts are managed effectively.

1.4 The 8 areas for improvement include:

1. Procurement decisions and contract monitoring processes
2. Completeness of registers of interests, gifts and hospitality
3. Governance structures for managing conflicts of interest
4. Managing conflicts of interest when making joint decisions with other partners, for example other CCGs or local authorities
5. Conflicts of interest training
6. Accepting gifts, hospitality and sponsorship
7. Management of conflicts of interest in meetings
8. Appointments to and changes of roles and responsibilities within decision making bodies

2. **Key Points**

2.1 Having reviewed the best practice update, it is clear that the Ipswich & East Suffolk CCG continues to comply satisfactorily with the majority of the revised statutory guidance. However, there are a few points that need to be addressed with some of these recently highlighted in the annual internal audit of management of conflicts of interest:

2.2 **Procurement Decisions and Contract Monitoring Processes:** Whilst this point primarily focuses upon CCGs who use CSUs or CSSs and the Suffolk CCGs systems for managing conflicts of interest around procurement are considered robust, the Governance recently met with the Procurement Lead to discuss the implications of more staff becoming joint appointments or holding honorary contracts with other organisations where it is becoming more difficult to organise procurement processes with conflict free CCG employees. The forthcoming ‘Better Collaboration Guidance’ will also help to address this.

2.3 **Completeness of Registers of Interests, Gifts and Hospitality:** There remains an issue of ensuring the completion of declarations each year by some GPs. It has therefore been proposed that outstanding GP declarations of interest to be pursued at practice visits & the necessity to complete these to be emphasised.

In addition, where new conflicts become known, these are not always being declared, as required by law, within 28 days. A reminder about this is therefore being included in the call for declaration updates in April.
2.4 Managing Conflicts of Interest When Making Joint Decisions With Other Partners, For Example Other CCGs or Local Authorities: A new document ‘Better Collaboration Guidance’ will be published within the next few months and relevant staff likely to be making joint decisions will need to familiarise themselves with this when published. This will be particularly important in the light of closer working with North East Essex CCG and the development of alliances.

2.5 Conflicts of Interest Training: Following the recent internal audit, it has been agreed that a training policy will be written in respect of the levels of conflicts interest training required for staff, Governing Body and Clinical Executive members, reflecting the different levels of responsibility. Completion of training will be monitored and reported to the Conflict of Interest Guardians.

2.6 Accepting Gifts, Hospitality and Sponsorship: The NHS England template register for gifts and hospitality has been revised to include the details of approving officer and date.

2.7 Management of Conflicts of Interest in Meetings: A role specific guide for administration staff, one of a suite of six specific guides available on the NHS England web site, is now available and will be circulated via The Buzz.

2.8 Appointments to and Changes of Roles and Responsibilities Within Decision Making Bodies: Following the recent internal audit, it has been agreed that a separate declaration of interests form will be completed by candidates upon application or at interview & guidance notes will also be provided.

3. Recommendation

3.1 The Governing Body is asked to note the foregoing report and the actions being taken to ensure that where appropriate the key points are actioned.