

MANAGING CONFLICTS OF INTEREST POLICY

v 4.0

The Health and Social Care Act sets out clear requirements for CCGs to make arrangements for managing conflicts of interests and potential conflicts of interests, to ensure they do not affect or appear to affect the integrity of the CCG's decision making processes.

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CONTENTS

	Page
1. Introduction	4
2. Definitions	5
3. What are Conflicts of Interest?	6
4. Principles	8
5. Identification and Management of Conflicts of Interest	10
6. Declarations of Gifts and Hospitality	12
7. Appointments, Roles and Responsibilities in the CCG	15
8. Managing Conflicts of Interest at Meetings	16
9. Preserving integrity of decision-making process when all or most GPs have an interest in a decision	18
10. Procurement and Competition	19
11. Managing Conflicts of Interest throughout the Commissioning Cycle	20
12. Contract Monitoring	21
13. Raising Concerns and Breaches	22
14. Impact of Non-Compliance	24
15. Record Keeping	25
16. Reporting and Assurance	25
17. Conflicts of Interest Training	26
18. Linked Policies/Guidance	27
Appendices:	
1 – Declaration of Interests for CCG Members, and employees template	28
2 – Declaration of Gifts and Hospitality template	30
3 – Declarations of Interest Checklist template	31
4 – Declaration of Conflict of Interests for bidders/contractors template	35
5 – Procurement Checklist template	37

1. INTRODUCTION

The Health and Social Care Act sets out clear requirements for Clinical Commissioning Groups (CCGs) to make effective arrangements for managing conflicts of interest or potential conflicts of interest, to ensure they do not affect or appear to affect the integrity of the CCG's decision making processes. By identifying where and how conflicts may arise and dealing with them appropriately, CCGs will be able to ensure proper governance, robust decision making and appropriate decisions about the use of public money.

With the delegation of commissioning of primary care services to the CCG with effect from 1st April 2016, there is an increased requirement for the CCG to ensure that robust systems and processes are in place to manage any conflicts, or potential conflicts, of interests appropriately.

In June 2016, following consultation with national stakeholders, NHS England (NHSE) published further statutory guidance to strengthen the management of conflicts of interest. This guidance builds on and incorporates relevant aspects of existing NHSE guidance, and supersedes the extant NHSE guidance.

In addition to the NHSE guidance, relevant guidance issued by professional bodies on conflicts of interest has also been reflected from organisations including the British Medical Association (BMA), the Royal College of General Practitioners (RCGP), Association of the British Pharmaceutical Industry (ABPI) Code of Conduct, and the General Medical Council (GMC), and to procurement rules including the Public Contract Regulations 2015 and the National Health Service (procurement, patient choice and competition) (no.2) regulations 2013, as well as the Bribery Act 2010.

The Wandsworth CCG Vision and Values state:

"We are part of the NHS and will ensure that we uphold its principles and values as reflected in the NHS Constitution. We will demonstrate honesty and integrity in all our work. We will be thoughtful and transparent in our decision making and governance. We will be responsible stewards of public money, ensuring that we make adequate provision for adverse times."

The Constitution makes provision for dealing with conflicts of interest, of which this policy should be considered part through its enactment.

The policy sets out how the CCG will manage conflicts of interest arising from the operation of the business of the organisation. The policy applies to all employees and appointed individuals, who are working for Wandsworth CCG, persons serving on committees and other decision-making groups, and members of the Governing Body. The CCG will view instances where this policy is not followed as serious and may take disciplinary action against individuals, which may result in dismissal.

2. DEFINITIONS

Members of the Wandsworth CCG Governing Body	Members appointed to the Governing Body in accordance with the Constitution.
Member Practices	A Practice which has successfully completed the application process for Membership of the CCG and whose name is recorded in the Register of Members in accordance with paragraph 3.4 of the Constitution (and "Membership") shall be construed accordingly).
Member Representative	An individual nominated by a Member Practice to represent that Member Practice on the Members' Forum in accordance with paragraph 3.6.1 of the Constitution.
Practice	An individual or organisation that is a provider of primary medical services pursuant to: a general medical services contract; arrangements under section 83(2) of the Act; or arrangements under section 92 of the Act, for the provision of primary medical services of a prescribed description.
Register of Members	A written register as amended from time to time of the names and addresses of the Members of the CCG established and maintained in accordance with the Constitution.
Register of Interests	A written register as amended from time to time of the interests of each member of the Governing Body or Members' Forum as described in the Constitution.
Member of the CCG	A Practice may become a Member of the CCG if it is situated with the London Borough of Wandsworth and is a provider of primary medical services.
Conflict of Interest Guardian	This role provides an important point of contact for any conflicts of interest queries or issues. The CCG Audit Committee Chair will assume this role.
CCG Employees	Includes the following: <ul style="list-style-type: none"> • All full and part-time staff; • Any staff on sessional or short term contracts; • Any students and trainees (including apprentices); • Clinical Leads; • Agency staff; • Seconded staff; and • Any self-employed consultants or other individuals working for the CCG under a contract for services.

3. WHAT ARE CONFLICTS OF INTEREST?

3.1 A conflict of interest occurs where an individual's ability to exercise judgement or act in a role is, could be, or is seen to be impaired or otherwise influenced by his or her involvement in another role or relationship. In some circumstances, it could be reasonably considered that a conflict exists even when there is no actual conflict. A *potential* for competing interests and/or a *perception* of impaired judgement or undue influence can also be a conflict of interest. In these cases it is important to still manage these perceived conflicts in order to maintain public trust.

3.2 Conflicts can arise in many situations, environments and forms of commissioning, with an increased risk in primary care commissioning, out-of-hours commissioning and in involvement with integrated care organisations, where clinical commissioners may find themselves in a position of being at once commissioner and provider of services. Conflicts of interests can arise throughout the whole commissioning cycle from needs assessment, to procurement exercises, to contract monitoring.

3.3 Interests can be captured in four different categories:

- **Financial interests** – This is where an individual may get direct financial benefits from the consequences of a commissioning decision. This could, for example, include being:
 - A director, including a non-executive director, or senior employee in a private company or public limited company or other organisation which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations.
 - A shareholder (or similar ownership interests, a partner or owner of a private or not-for-profit company, business, partnership or consultancy which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations.
 - A management consultant for a provider.

This could also include an individual being:

- In secondary employment;
 - In receipt of secondary income from a provider;
 - In receipt of a grant from a provider;
 - In receipt of any payments (for example honoraria, one-off payments, day allowances or travel or subsistence) from a provider;
 - In receipt of research funding, including grants that may be received by the individual or any organisation in which they have an interest or role;
 - Membership of commercial Advisory Governing Bodies and panels (paid or unpaid); and
 - Having a pension that is funded by a provider (where the value of this might be affected by the success or failure of the provider).
- **Non-financial professional interests:** This is where an individual may obtain a non-financial professional benefit from the consequences of a commissioning

decision, such as increasing their professional reputation or status or promoting their professional career. This may, for example, include situations where the individual is:

- An advocate for a particular group of patients;
- A GP with special interests, eg in dermatology, acupuncture etc;
- A member of a particular specialist professional body (although routine GP membership of the RCGP, BMA or a medical defence organisation would not usually by itself amount to an interest which needed to be declared);
- An advisor for the Care Quality Commission (CQC) or the National Institute for Health and Care Excellence (NICE);
- A medical researcher.

All staff including GPs and practice nurses who are partners of or employed by GP practices, who are members of the Governing Body, committees, and Clinical Reference Groups (CRGs) of the CCG, should declare details of their roles and responsibilities held within their GP practices.

- **Non-financial personal interests:** This is where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit. This could include, for example, where the individual is:
 - A voluntary sector champion for a provider;
 - A volunteer for a provider;
 - A member of a voluntary sector Governing Body or has any other position of authority in or connection with a voluntary sector organisation;
 - Suffering from a particular condition requiring individually funded treatment;
 - A member of a lobby or pressure group with an interest in health.
- **Indirect interests:** This is where an individual has a close association with an individual who has a financial interest, a non-financial professional interest, or a non-financial personal interest in a commissioning decision (as described above) for example, a:
 - Spouse / partner;
 - Close relative, eg parent, grandparent, child, grandchild, or sibling;
 - Close friend;
 - Business partner.

A declaration of interest for a “business partner” in a GP partnership should include all relevant collective interests of the partnership, and all interests of their fellow GP partners (which could be done by cross referring to the separate declarations made by those GP partners, rather than by repeating the same information verbatim).

Whether an interest held by another person gives rise to a conflict of interests will depend upon the nature of the relationship between that person and the individual, and the role of the individual within the CCG.

3.4 For a GP or any other individual involved in commissioning, a conflict of interest may, therefore, arise when their own judgement as an NHS commissioner could be, or be perceived to be, influenced and impaired by their own concerns and obligations as a healthcare or related provider, as a member of a particular peer, professional or special interest group, or as a friend or family member. Such conflicts may create problems such as inhibiting free discussion which could result in decisions or actions that are not in the interests of the CCG, and risk giving the impression that the CCG had acted improperly.

3.5 Conflicts may arise in a number of situations including, but not limited to:

- Appointing a Governing Body;
- Designing service requirements;
- Procurement of services where clinical commissioning leaders have a financial interest in a provider company;
- Direct or indirect financial interests: where GPs may refer their patients to a provider company in which they have a financial interest;
- Non-financial or personal conflicts;
- Where enhanced services are commissioned that could be provided by member practices;
- Where LMC officers are also key officials in the CCG;
- Conflicts of loyalties;
- Conflict of professional duties and responsibilities.

3.6 In determining what needs to be declared, individuals should ask themselves the following questions:

- Am I, or might I be, in a position where I or my family or associates could be perceived to gain from the connection between my private interests and my employment with the CCG?
- Do I have access to information which could be perceived to influence purchasing decisions?
- Could my outside interest be perceived in any way detrimental to the CCG or to patients' interests?
- Do I have any other reason to think I may be risking a conflict of interest?

3.7 If in doubt, the individual concerned should assume that a potential conflict of interest exists.

4 PRINCIPLES

4.1 The following principles of good governance are observed by the CCG in management of their business and conflicts of interest. These are integral to the commissioning of all services:

- The Nolan Principles
- The Good Governance Standards for Public Services (2004), Office for Public Management (OPM), and Chartered Institute of Public Finance and Accountancy (CIPFA)

- The seven key principles of the NHS Constitution
- The Equality Act 2010
- The UK Corporate Governance Code
- Standards for members of NHS Governing Boards and CCG Governing Bodies in England

4.2 All those with a position in public life should adhere to the Nolan principles, which are:

- **Selflessness** – Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends;
- **Integrity** – Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties;
- **Objectivity** – In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit;
- **Accountability** – Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office;
- **Openness** – Holders of public office should be as open as possible about all the decisions and actions they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands;
- **Honesty** – Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest;
- **Leadership** – Holders of public office should promote and support these principles by leadership and example.

4.3 In addition, to support the management of conflicts of interest, the following principles also apply:

- **Do business appropriately** – Conflicts of interest become much easier to identify, avoid, and/or manage when the processes for needs assessments, consultation mechanisms, commissioning strategies and procurement procedures are right from the outset, because the rationale for all decision-making will be clear and transparent and should withstand scrutiny;
- **Be proactive, not reactive** – The CCG will seek to identify and minimise the risk of conflicts of interest at the earliest possible opportunity;
- **Being balanced and proportionate** – Rules should be clear and robust but not overly prescriptive or restrictive. They should ensure that decision-making is transparent and fair, whilst not being overly constraining, complex or cumbersome;
- **Be transparent** – Document clearly the approach and decisions taken at every stage in the commissioning cycle so that a clear audit trail is evident;
- Create an **environment and culture** where individuals feel supported and confident in declaring relevant information and raising any concerns.

4.4 In addition to the above, the following will also need to be considered:

- A perception of wrongdoing, impaired judgement or undue influence can be as detrimental as any of them actually occurring;
- If in doubt, it is better to assume the existence of a conflict of interest and manage it appropriately rather than ignore it;
- For a conflict of interest to exist, financial gain is not necessary.

5 IDENTIFICATION AND MANAGEMENT OF CONFLICTS OF INTEREST

5.1 Wandsworth CCG has put in place arrangements, as outlined in this document, to manage conflicts and potential conflicts of interest so that decisions will be taken, and seen to be taken, without any influence by external or private interest.

5.2 A Conflict of Interests Guardian has been appointed to provide advice to any individual who believes they have, or may have, a conflict of interest.

5.3 Declaration of Interests

5.3.1 Relevant and material interests requiring declaration, are defined in section 3.3.

5.3.2 Declarations of Interests will be made in the following ways:

- On appointment – Applicants for any appointment to the CCG, its Governing Body or any Committees will be asked to declare any relevant interests. When an appointment is made, a formal declaration of interests will again be made and recorded. The Chair and Accountable Officer will consider whether conflicts of interest should exclude individuals from taking up appointment – this will include an assessment of the materiality and extent of the interest. Any individual who has a material interest in an organisation, which provides or is likely to provide substantial business to the CCG (either as a provider of healthcare, or commissioning support services), should not be a member of the Governing Body. It has been agreed that Directors of GP Provider Federations would be precluded from Governing Body membership. The Chair and Chief Officer will use discretion when considering the materiality of interest with reference to the guidance.
- Bi-annually – Declarations of interests will be obtained from all relevant individuals every six months and where there are no interests or changes to declare, a “nil” return should be recorded.
- At meetings – All meeting Agendas will include a standing item at the beginning of the meeting for Declaration of Interests pertaining to the items to be discussed. Even if an interest has previously been declared in the Register of Interests, it should be declared in meetings where matters relating to that interest are discussed. Declarations of interest will be recorded in Minutes of meetings.
- On changing role, responsibility or circumstances – Where an individual changes role or responsibility within the Governing Body or Membership of the CCG, the individual is required to notify any change to his/her individual interests as soon as reasonably practical, but within 28 days after the interest arises. It is the individual’s responsibility to make a further declaration rather than waiting to be asked.

- On any other change of circumstances – Wherever an individual's circumstances change in a way that affects the individual's interests (eg where an individual takes on a new role outside the CCG or sets up a new business or relationship), a further declaration should be made to reflect the change in circumstances. This could involve a conflict of interest ceasing to exist or a new one materialising.

5.3.3 Individuals will declare any interest that they have, in relation to a decision to be made by Wandsworth CCG, in writing to the Governing Body, as soon as they become aware of it and in any event not later than 28 days after becoming aware. A template for declaring interests is included as **Appendix 1**.

5.3.4 Where an individual is unable to provide a declaration in writing, for example, if a conflict becomes apparent in the course of a meeting, they will make an oral declaration before witnesses, and if appropriate, provide a written declaration as soon as possible thereafter to the Governing Body.

5.3.5 Where an individual has an interest, or becomes aware of an interest that could lead to a conflict, that potential conflict is subject to the provisions of this policy and the Constitution.

5.3.6 Any declared interests should be reported promptly to the Business Manager, who has responsibility for updating the register accordingly.

5.4 The Governing Body will take such steps, and request information from individuals as it deems appropriate, to ensure that all conflicts of interest and potential conflicts of interest are declared and published.

5.5 Register of Interests:

5.5.1 Wandsworth CCG has established and will maintain one or more registers for:

- **All CCG employees**, including:
 - All full and part-time staff;
 - Any staff on sessional or short term contracts;
 - Any students and trainees (including apprentices);
 - Clinical Leads
 - Agency staff; and
 - Seconded staff

In addition, any self-employed consultants or other individuals working for the CCG under a contract for services should make a declaration of interest in accordance with this policy, as if they were CCG employees.

- **Members of the Governing Body:** All members of the CCG's Committees and Sub-committees, including:
 - Co-opted members;
 - Appointed deputies; and
 - Any members of committees/groups from other organisations.

Where the CCG is participating in a Joint Committee alongside other CCGs, any interests which are declared by the committee members should be recorded on the register(s) of interest of each participating CCG.

- **All members of the CCG (ie, each practice):** This includes each provider of primary medical services which is a member of the CCG under Section 14O(1) of the 2006 Act. Declarations should be made by the following groups:
 - GP partners (or where the practice is a company, each director);
 - Any individual directly involved with the business or decision-making of the CCG.

5.5.2 An interest will remain on the public register for a minimum of 6 months after the interest has expired. In addition, the CCG will retain a private record of historic interests for a minimum of 6 years after the date on which it expired.

5.5.3 A copy of the Register for Governing Body Members will be available in the following ways:

- A summary of Governing Body Members' interests will be included with the papers for Governing Body meetings to be held in public;
- Upon application (either by post or email);
- A copy of the Register will be published on the website (www.wandsworthccg.nhs.uk)

5.5.4 In exceptional circumstances, where the public disclosure of information could give rise to a real risk of harm or is prohibited by law, an individual's name and/or other information may be redacted from the publicly available register(s). 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 request that the information is not published. Such requests must be made in writing. Decisions not to publish information must be made by the Conflicts of Interest Guardian for the CCG, who should seek appropriate legal advice where required, and the CCG should retain a confidential un-redacted version of the register(s).

6 DECLARATION OF GIFTS AND HOSPITALITY

6.1 The CCG is required to maintain a Register of Gifts and Hospitality for all individuals listed in paragraph 5.5.1 above.

6.2 All individuals need to consider the risks associated with accepting offers of gifts, hospitality and entertainment when undertaking activities for or on behalf of the CCG or their GP practice. This is especially important during procurement exercises, as the acceptance of gifts could give rise to real, or perceived, conflicts of interests, or accusations of unfair influence, collusion or canvassing.

6.3 Gifts:

- A 'gift' is defined as any item of cash or goods, or any service, which is provided for personal benefit, free of charge or at less than its commercial value.
- All gifts of any nature offered to CCG staff, Governing Body and Committee members, and individuals within GP member practices by suppliers or contractors linked (currently or prospectively) to the CCG's business should be declined, whatever their value. Any declined gifts must be declared to the Business Manager for inclusion on the register.
- Gifts offered from other sources should also be declined, if accepting them might give rise to perceptions of bias or favouritism - a common sense approach should be adopted as to whether or not this is the case. The only

exceptions to the presumption to decline gifts relates to items of little financial value (ie less than £10) such as diaries, calendars, stationery and other gifts acquired from meetings, events or conferences, and items such as flowers and small tokens of appreciation from members of the public to staff for work well done. Gifts of this nature do not need to be declared to the Business Manager, nor recorded on the register.

- Any personal gift of cash or cash equivalents (eg vouchers, tokens, offers of remuneration to attend meetings whilst in a capacity working for or representing the CCG) must always be declined, whatever their source and value, and the offer which has been declined must be declared to the Business Manager for recording on the register.

6.4 Hospitality:

- Individuals must be able to demonstrate that the acceptance or provision of hospitality would benefit the NHS or CCG.
- Modest hospitality provided in normal and reasonable circumstances may be acceptable, although it should be on a similar scale to that which the CCG might offer in similar circumstances (eg tea, coffee, light refreshments at meetings). Hospitality of this nature does not need to be declared to the Business Manager, nor recorded on the register, unless it is offered by suppliers or contractors linked (currently or prospectively) to the CCG's business in which case all such offers (whether or not accepted) should be declared and recorded.
- Offers of hospitality which go beyond modest or of a type that the CCG itself might offer, should be politely refused. A non-exhaustive list of examples includes:
 - Hospitality of a value above £25; and
 - In particular, offers of foreign travel and accommodation.

There may be some limited and exceptional circumstances where accepting the types of hospitality referred to in this paragraph may be contemplated. Express prior approval should be sought from a senior member of the CCG (eg the CCG governance lead or equivalent) before accepting such offers, and the reasons for acceptance should be recorded in the CCGs register of gifts and hospitality. Hospitality of this nature should be declared to the Business Manager, and recorded on the register, whether accepted or not. In addition, particular caution should be exercised where hospitality is offered by suppliers or contractors linked (currently or prospectively) to the CCG's business. Offers of this nature can be accepted if they are modest and reasonable but advice should always be sought from a senior member of the CCG (eg the CCG governance lead or equivalent) as there may be particular sensitivities, for example if a contract re-tender is imminent. All offers of hospitality from actual or prospective suppliers or contractors (whether or not accepted) should be declared and recorded.

6.5 Commercial Sponsorship:

- CCG staff, Governing Body and committee members, and GP member practices may be offered commercial sponsorship for courses, conferences, post/project funding, meetings and publications in connection with the activities which they carry out for or on behalf of the CCG or their GP practices. All such

offers are subject to prior approval by relevant Directors, and, whether accepted or declined, must be declared so that they can be included on the CCG's Register of Interests. Advice can be provided by the Conflicts of Interest Guardian on whether or not it would be appropriate to accept any such offers. If such offers are reasonably justifiable, and in accordance with statutory guidance, then they may be accepted.

- Acceptance of commercial sponsorship should not in any way compromise commissioning decisions of the CCG or be dependent on the purchase or supply of goods or services. Sponsors should not have any influence over the content of an event, meeting, seminar, publication or training event. The CCG should not endorse individual companies or their products. It should be made clear that the fact of sponsorship does not mean that the CCG endorses a company's products or services. During dealings with sponsors there must be no breach of patient or individual confidentiality or data protection legislation. No information should be supplied to a company for their commercial gain unless there is a clear benefit to the NHS. As a general rule, information which is not in the public domain should not normally be supplied.

6.6 A template for declaring gifts and hospitality is included as **Appendix 2**.

6.7 The register of gifts and hospitality will be published on the CCG's website. In exceptional circumstances, where the public disclosure of information could give rise to a real risk of harm or is prohibited by law, an individual's name and/or other information may be redacted from the publicly available register(s).

6.8 Secondary employment

- The CCG will take all reasonable steps to ensure that employees, committee members, contractors and others engaged under contract with them are aware of the requirement to inform the CCG if they are employed or engaged in, or wish to be employed or engage in, any employment or consultancy work in addition to their work with the CCG. The purpose of this is to ensure that the CCG is aware of any potential conflict of interest. Examples of work which might conflict with the business of the CCG, including part-time, temporary and fixed term contract work, include:
 - Employment with another NHS body;
 - Employment with another organisation which might be in a position to supply goods/services to the CCG;
 - Directorship of a GP federation; and
 - Self-employment, including private practice, in a capacity which might conflict with the work of the CCG, or which might be in a position to supply goods/services to the CCG.
- Individuals are required to obtain prior permission to engage in secondary employment, and reserve the right to refuse permission where it believes a conflict will arise which cannot be effectively managed.
- It is unacceptable for pharmaceutical 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.

7 APPOINTMENTS, ROLES AND RESPONSIBILITIES IN THE CCG

7.1 On appointing Governing Body, Committee or Sub-committee members and senior staff, the CCG will consider whether conflicts of interest should exclude individuals from being appointed to the relevant role. This will be considered on a case-by-case basis.

- The CCG will assess the materiality of the interest, in particular whether the individual (or any person with whom they have a close association as listed in paragraphs 3.3 and 5.5.1) could benefit (whether financially or otherwise) from any decision the CCG might make.
- The CCG will determine the extent of the interest and the nature of the appointee's proposed role within the CCG. If the interest is related to an area of business significant enough that the individual would be unable to operate effectively and make a full and proper contribution in the proposed role, then that individual should not be appointed to the role.
- 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 of the CCG. 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.
- Schedule 5 of the Constitution sets out expectations of conduct from individuals involved in the CCG, eg members of the Governing Body, members of committees, and employees, which reflects the expectations set out in the Standards for Members of NHS Governing Bodies and Clinical Commissioning Groups.

7.2 Conflicts of Interest Guardian

- All CCGs are required to have a Conflicts of Interest Guardian. This role will be undertaken by the CCG Audit Committee Chair, provided they have no provider interests, and be supported by the CCG's Director of Corporate Affairs, Performance and Quality. The Director of Corporate Affairs, Performance and Quality will ensure the Conflicts of Interest Guardian is well briefed on conflicts of interest matters and issues arising.
- The Conflicts of Interest Guardian should, in collaboration with the CCG's governance lead:
 - Act as a conduit lead 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 of workers of the CCG to raise any concerns in relation to this policy;
 - Support the rigorous application of conflict of interest principles and policies;
 - Provide independent advice and judgment where there is any doubt about how to apply conflicts of interest policies and principles in an individual situation;

- Provide advice on minimising the risks of conflicts of interest.
- Executive members of the CCG's Governing Body have an on-going responsibility for ensuring the robust management of conflicts of interests, and all CCG employees, Governing Body and Committee members and Member Practices will continue to have individual responsibility in playing their part on an on-going daily basis.

7.3 Primary Care Committee Chair

- The Primary Care Committee must have a Lay Chair and Lay Vice Chair. The position of Lay Chair must not be held by the Audit Committee Chair as this would compromise the position as Conflicts of Interest Guardian.
- Ideally, the CCG Audit Committee Chair would not also serve as Vice Chair of the Primary Care Committee. However, if this is required due to specific circumstances (for example where there is a lack of other suitable Lay candidates for the role), this will need to be clearly recorded and appropriate further safeguards may need to be put in place to maintain the integrity of their role as Conflicts of Interest Guardian in circumstances where they chair all or part of any meetings in the absence of the Primary Care Committee Chair.
- The CCG Audit Committee Chair can serve on the Primary Care Committee provided appropriate safeguards are put in place to avoid compromising the role of Conflicts of Interest Guardian.

8 MANAGING CONFLICTS OF INTERESTS AT MEETINGS

8.1 The following principles will apply to meetings of the Committees indicated below:

- CCG Governing Body
- Primary Care Committee
- Integrated Governance Committee
- Finance Resource Committee
- Audit Committee
- Remuneration Committee
- Management Team
- Contract Procurement Management Group
- Primary Care Operational Group

8.1.1 Individual members of the above Committees and senior employees will comply with the arrangements for managing conflicts, or potential conflicts, of interest as set out in this policy.

8.1.2 Any conflicts of interests pertaining to scheduled business should be advised to the Business Manager at least 48 hours prior to meetings, and declared orally at the start of each meeting. Any conflicts of interest notified prior to a meeting, will be notified to the relevant Chair to consider in advance how any such declarations would be managed.

8.1.3 The Chair of the meeting has responsibility for deciding whether there is a conflict of interest and the appropriate course of corresponding action. In making such decisions, the Chair may wish to consult the Conflicts of Interest Guardian. If a material interest is declared, the individual should either be excluded from relevant parts of the meetings, or join in the discussion but not participate in the decision-

making itself (ie not have a vote). All decisions, and details of how any conflict of interest issue has been managed, should be recorded in the Minutes of the meeting and published in the registers.

8.1.4 If a conflict, or potential conflict, of interests has been identified relating to the Chair, the Deputy Chair may require the Chair to withdraw from the meeting or part of it. Where there is no Deputy Chair, or if the Vice Chair is also conflicted, the members of the meeting will agree between themselves how to manage the conflict(s).

8.1.5 Where a Committee member is aware of an interest which has not been declared, either in the Register or orally, they will declare this at the start of the meeting. The Chair will then determine how this should be managed and inform the member of their decision. The member will comply with these arrangements, which must be recorded in the Minutes of the meeting. The interest must subsequently be reported to the Business Manager for recording in the Register.

8.1.6 In making this decision, the Chair will consider whether the meeting is quorate, in accordance with the Standing Orders/Constitution. Where the meeting is not quorate, owing to the absence of certain members, the discussion will be deferred until such time as a quorum can be convened.

8.1.7 Where a quorum cannot be convened from the membership of the Committee, owing to the arrangements for managing conflicts of interest or potential conflicts of interests, the Chair may invite on a temporary basis one or more of the following to make up the quorum so that the Wandsworth CCG can progress the item of business:

- a non-Voting member of the Wandsworth CCG;
- a member of another CCG Governing Body (through a previously agreed formal arrangement).

8.1.8 In this event, the following process will be implemented:

- Conflicts of interest and quoracy will be identified, wherever possible, in advance of the meeting following review of the draft Agenda;
- A discussion will be held with the Chair and Chief Officer to decide if another individual is required to be co-opted for specific items of business to be progressed;
- The Chair and Chief Officer will decide whether a clinician from the GP list should be co-opted for clinical decisions, or a non-voting member of the CCG Governing Body for non-clinical decisions.
- The Business Manager will be responsible for inviting the appropriate individual to attend, and arrange a pre-briefing session with the appropriate CCG lead.

8.1.9 Wandsworth CCG will work with NHS England to determine if any alternate arrangements may be required.

8.1.10 These arrangements must be recorded in the Minutes.

8.2 Decisions taken where a Committee member has an interest

8.2.1 In the event of a Committee having to decide upon a question in which a Committee member has an interest, all decisions will be made by vote, with a simple majority required. A quorum must be present for the discussion and decision; interested parties will not be counted when deciding whether the meeting meets quorum. Interested Committee members must not vote on matters affecting their own interests. All decisions will be reported in the Minutes.

8.2.2 Where a Committee member benefits from the decision, this will be reported in the Annual Report and Accounts, as a matter of best practice.

8.3 A declarations of interest checklist template is attached at **Appendix 3**.

9 PRESERVING INTEGRITY OF DECISION MAKING PROCESS WHEN ALL OR MOST GPs HAVE AN INTEREST IN A DECISION

9.1 Where certain Members have a material interest, they should either be excluded from relevant parts of meetings, or join in the discussion but not participate in the decision-making itself (ie not have a vote).

9.2 In the majority of cases, where a limited number of GPs have an interest, exclusion of relevant individuals from decision-making will be straightforward.

9.3 In other cases, where all of the GPs or other practice representatives on the decision-making body could have a material interest in a decision not related to primary medical services arrangements the CCG will:

- refer the decision to the Governing Body and exclude all GPs or other practice representatives, with an interest from the decision making process, so that the decision is made only by the non-GP members of the Governing Body including the Lay Members, Registered Nurse and Secondary Care Doctor;
- ensure that rules on being quorate at meetings enable decisions to be made; and
- plan ahead to ensure that meetings are quorate.

9.4 Depending on the nature of the conflict, GPs or other representatives could be permitted to join in the Governing Body's discussion about the proposed decision, but should not take part in any vote on the decision. This arrangement will be noted in the Minutes.

9.5 The Primary Care Committee has been established to provide oversight of CCG commissioning of services from GP practices in order to minimise the risk of conflicts of interest between the CCG as a statutory NHS commissioning body and the GP practices that comprise the membership of the CCG.

9.5.1 The Primary Care Committee will provide recommendations to the Governing Body on issues relating to the commissioning of services from general practice, ensure clarity on the respective roles and decisions of the CCG in relation to commissioning services from general practice, and undertake independent work to support the delivery of general practice functions where there otherwise would be a conflict of interest for members of the CCG.

9.5.2 For Wandsworth-specific GP services procured directly by the CCG, the Primary Care Committee will provide detailed oversight and advice, including review of business cases, investment and efficiency proposals, and procurement processes.

9.6 Delegated Commissioning:

9.6.1 In some cases, all of the GPs or other practice representatives on the Wandsworth CCG Governing Body could have a material interest in a decision. Where such a situation relates to primary medical services, the following arrangements provide a mechanism for decision-making:

9.6.1.1 Procurement decisions relating to the commissioning of primary medical services should be made by the Primary Care Committee.

9.6.1.2 Any conflicts of interest issues would be considered on an individual basis.

9.6.1.3 The arrangements for primary medical care decision making do not preclude GP participation in strategic discussions on primary care issues, subject to appropriate management of conflicts of interest. They apply to decision-making on procurement issues and the deliberations leading up to the decision.

9.7 The arrangements are intended to ensure that a strong clinical, including GP, voice in the strategy for primary care services can be maintained while ensuring specific procurement decisions are reached independently of those with a particular material or related interest.

10 PROCUREMENT AND COMPETITION

10.1 Competition law places responsibilities on corporate bodies around fairness and transparency when preparing tenders or procurements. This is relevant to conflict of interests, where the CCG needs to ensure that all potential bidders for procurements or tenders to be led by the CCG have an equal and fair opportunity to make a bid for that work. In particular the CCG (including CCG members and staff) should not behave in a way that:

- Gives one potential bidder for a contract any material advantage over others, including through having access to privileged or commercial information not available to all; or
- Shapes an offer for tender or procurement in a way that advantages or disadvantages an organisation that might bid for the service.

10.2 These issues are particularly complex where the CCG needs to take technical advice from potential bidders for a service, or where the CCG wishes to involve possible suppliers in shaping strategy or service specifications.

10.3 It is important that the CCG balances an inclusive approach to partnership working, gaining the best technical input and advice and at the same time acting in a fair manner and complying with competition law.

10.4 For these reasons, employees and members of the Governing Body and Committees need to be very sensitive over commercial information, including when participating in open or invited forums at which service developments and CCG strategies are discussed. To help manage the conflicting balances of obtaining the best possible advice and not creating an advantage to particular supplier(s) the following principles need to be observed:

- When setting up service development working groups, or holding a forum where external colleagues are invited to comment on strategy or service specifications (directly or indirectly) then no particular favour should be shown to colleagues from one organisation over another. All organisations with a useful and valid contribution who may potentially be a supplier for service should have the opportunity to provide input;
- In running any such advisory groups or open forums, a careful note should be made of any information shared with potential suppliers, so that at a later date this information can also be made available to others developing a tender response. In other words, if one potential supplier in the course of providing technical advice to the CCG has access to information, this should be openly shared with all other potential suppliers should a tender or procurement be later issued.

- The CCG should be especially mindful of creating a situation where by taking technical advice it does not create a procurement that rules out suppliers not asked to provide advice by specifying one particular type of solution.
- The guiding principles are to be even handed when involving potential suppliers, and ensuring that information is always equally available to all who could be potential suppliers to the CCG. Supplier days can be a very useful way of identifying potential suppliers and of creating an even playing field in terms of sharing information.

10.5 All employees, Governing Body and other Committee members involved in the CCG's tender process, including putting together tender documents and the evaluation of the bids are required to complete a declaration of interest form.

10.6 All contractors and bidders involved in a procurement activity or provision of services that the CCG commissions, must declare their interest using the form provided in **Appendix 4**.

10.7 Records will be kept of all procurement decisions made, and details of how any conflicts that arose in the context of the decision have been managed.

10.8 The CCG will publish details of all contracts, including the contract values, on the website as soon as contracts are agreed. For services commissioned through AQP, the CCG will publish on the website the type of services being commissioned and the agreed price for each service. Where services are commissioned through an AQP approach, information on the providers who qualify to provide the service will be made publicly available.

10.9 A Procurement Checklist template is attached as **Appendix 5**.

10.10 NHS England and CCGs must comply with two different regimes of procurement law and regulation when commissioning healthcare services: the NHS procurement regime, and the European procurement regime:

- The NHS procurement regime – the NHS (Procurement, Patient Choice and Competition (No.2)) Regulations 2013: made under S75 of the 2012 Act; apply only to NHS England and CCGs; enforced by NHS Improvement;
- The European procurement regime – Public Contracts Regulations 2015 (PCR 2105): incorporate the European Public Contracts Directive into national law; apply to all public contracts over the threshold value (€750,000, currently £589,148); enforced through the Courts. The general principles arising under the Treaty on the Functioning of the European Union of equal treatment, transparency, mutual recognition, non-discrimination and proportionality may apply even to public contracts for healthcare services falling below the threshold value if there is likely to be interest from providers in other member states.

Whilst the two regimes overlap in terms of some of their requirements, they are not the same – so compliance with one regime does not automatically mean compliance with the other.

11 MANAGING CONFLICTS OF INTEREST THROUGHOUT THE COMMISSIONING CYCLE

11.1 Wandsworth CCG needs to manage conflict of interest appropriately throughout the whole commissioning cycle. At the outset of a commissioning process, Wandsworth

CCG needs to identify relevant interests of all individuals involved and clear arrangements put in place to manage any conflicts of interest. This includes consideration as to which stages of the process a conflicted individual should not participate in and in some circumstances, whether that individual should be involved in the process at all.

11.2 The way in which services are designed can either increase or decrease the extent of perceived or actual conflicts of interest. Particular attention should be given to public and patient involvement in service development. Public involvement supports transparent and credible commissioning decisions. It should happen at every stage of the commissioning cycle from needs assessment, planning and prioritisation to service design, procurement and monitoring. The CCG has legal duties under the Act to properly involve patients and the public in commissioning processes and decisions.

11.3 The CCG will need to be able to recognise and manage any conflicts or potential conflicts of interest that may arise in relation to the procurement of any services or the administration of grants. Procurement relates to any purchase of goods, services or works and the term “procurement decision” should be understood in a wide sense to ensure transparency of decision making on spending of public funds. The decision to use a single tender action, for instance, is a procurement decision and if it results in the commissioner entering into a new contract, extending an existing contract, or materially altering the terms of an existing contract, then it is a decision that should be recorded.

11.4

11.5 Conflicts may arise where Wandsworth CCG commissions healthcare services, including GP services, in which a member of the CCG has a financial or other interest. This may most often arise in the context of co-commissioning of primary care, particularly with regard to delegated commissioning, where GPs are current or possible providers.

12 CONTRACT MONITORING

12.1 Any contract monitoring meeting needs to consider conflicts of interest as part of the process i.e., the chair of a contract management meeting should invite declarations of interests; record any declared interests in the minutes of the meeting; and manage any conflicts appropriately and in line with this guidance. This equally applies where a contract is held jointly with another organisation such as the Local Authority or with other CCGs under lead commissioner arrangements.

12.2 The individuals involved in the monitoring of a contract should not have any direct or indirect financial, professional or personal interest in the incumbent provider or in any other provider that could prevent them, or be perceived to prevent them, from carrying out their role in an impartial, fair and transparent manner.

12.3 The CCG should be mindful of any potential conflicts of interest when they disseminate any contract or performance information/reports on providers, and manage the risks appropriately.

13 RAISING CONCERNS AND BREACHES

13.1 Raising Concerns

13.1.1 It is the duty of every CCG employee, Governing Body member, Committee or Sub-committee member and GP practice member to speak up about genuine concerns in relation to the administration of the CCG's policy on Conflicts of Interest management, and to report these concerns. Individuals should not ignore their suspicions or investigate themselves, but speak to the Director of Corporate Affairs, Performance and Quality, the Chief Officer or to the Conflict of Interest Guardian, or the Local Counter Fraud Specialist (LCFS).

13.2 Reporting Breaches

13.2.1 In the first instance any concern relating to conflicts of interest should be reported to the Director of Corporate Affairs, Performance and Quality or Conflicts of Interest Champion, who should consider referring it to the LCFS for investigation.

13.2.2 The Director of Corporate Affairs, Performance and Quality will be responsible for investigating any allegations or suspicions concerning potential conflicts of interest, seeking independent advice as required from the Conflicts of Interest Guardian.

13.2.3 The outcome of the investigation will be notified to the Conflicts of Interest Guardian, Chief Officer, and the individual concerned.

13.2.4 Actions arising from the outcome of the investigation will be determined by the Chief Officer and CCG Chair.

13.3 Dispute Resolution

13.3.1 It is anticipated that disputes arising as a result of conflicts of interests will normally be resolved informally, without recourse to a formal process. If, however, the dispute cannot be resolved informally, the process by which any perceived breach would be handled is set out below. The procedure is based on the principle that disputes should be resolved at the most local level possible. If the dispute is not successfully resolved by the CCG, the complaint should then be heard by NHS England.

13.3.2 Objectives: The objectives of the procedure are as follows:

- To provide the CCG with an appropriate mechanism for dealing with disputes about conflict of interests.
- To resolve disputes transparently, fairly and consistently.
- To assure bidders and service providers that the process is fair and transparent.
- To mitigate risks and protect the reputation of the CCG.
- To prevent, where possible, legal challenge/expensive referral processes.

13.3.3 When handling disputes the CCG will:

- Commit to transparency.
- Communicate the process and decision making criteria widely and in advance.

- Engage all relevant stakeholders.
- Publish findings within and across the CCG to enable consistency.
- Be objective and base the analysis and the decision on objective information and criteria.
- Maintain an audit trail.

13.3.4 Procedure: The Wandsworth CCG dispute resolution procedure in relation to conflicts of interest is made up of the following stages:

Stage 1: Making the Complaint – Any complaint must be submitted to the Chair of the Wandsworth CCG in writing within sixty days of the decision. The complaint will be acknowledged within five working days.

If a complaint relates to the Chair of Wandsworth CCG, the complaint must be submitted to the Deputy Chair of Wandsworth CCG.

Stage 2: Triage – Following receipt of the complaint, the Chair may contact the complainant to request clarification or further information. If the complaint is not deemed by the Chair to warrant proceeding further, the complainant will be notified that the complaint will not progress.

13.3.5 If the complaint should be fast tracked to another organisation for legal, governance or safety reasons, the complainant will be informed of the course of action.

13.3.6 Where a complaint is in scope and not subject to fast tracking, it will proceed to the next stage. In most cases, the triage process should be carried out within five working days.

Stage 3: Chair Review – Following triage, the Wandsworth CCG Chair will review the complaint to determine whether a swift resolution can be achieved without the need to involve the Governing Body. The Chair may call a meeting of the parties concerned to discuss the matter informally and without prejudice. If the Chair is unavailable or if the complaint involves the Chair, the Chief Officer will review the complaint and act in accordance with this procedure as appropriate. The Lay Member for Governance will be made aware, and will make him/herself available for advice.

Stage 4: The Governing Body – If the complaint cannot be resolved by the Chair, an appropriate committee of the Governing Body, chaired by the Lay Member for Governance will then formally review the complaint (with external advice as required).

Stage 5: The Decision – Following review of the complaint, the CCG will notify the complainant of the decision, explaining the rationale and, if necessary, any required course of action. The CCG will also notify the NHS England of the dispute and the outcome.

13.3.7 It is expected that the procedure as a whole should not take longer than three months.

13.4 Right of Appeal: The CCG expects that most complaints will be successfully resolved. However, if the complainant is unsatisfied by the results of this procedure, they can refer the complaint to the NHS England process. Appeals to NHS England must be made within three calendar months of the complainant being notified of the CCG's decision.

13.5 A clear record of any breaches of conflicts of interest will be kept by the CCG Business Manager.

13.6 The Annual Report will include a link to information relating to any breaches of conflicts of interest.

14 IMPACT OF NON-COMPLIANCE

14.1 Failure to comply with the CCG's policies on conflicts of interest management, can have serious implications for the CCG and any individuals concerned.

14.2 Civil Implications: If conflicts of interest are not effectively managed, CCGs could face civil challenges to decisions they make. This could delay the development of better services and care for patients, waste public money and damage the CCG's reputation. In extreme cases, staff and other individuals could face personal civil liability.

14.3 Criminal Implications

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

14.3.2 Individuals who fail to disclose any relevant interests or who otherwise breach the CCG's rules and policies relating to the management of conflicts of interest are subject to investigation and, where appropriate, to disciplinary action. CCG staff, Governing Body and Committee members in particular should be aware that the outcomes of such action may, if appropriate, result in the termination of their employment or position with the CCG.

14.3.3 Statutorily regulated healthcare professionals who work for, or are engaged by, CCGs are under professional duties imposed by their relevant regulator to act appropriately with regard to conflicts of interest. CCGs should report statutorily regulated healthcare professionals to their regulator if it is believed they have acted improperly, so that these concerns can be investigated. 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 the professional regulator as a result.

15 RECORD KEEPING

15.1A clear record of any breaches of conflicts of interest will be kept by the CCG Business Manager.

15.2Records will be kept by the Contract Manager of all procurement decisions made, and details of how any conflicts that arose in the context of the decision have been managed.

15.3The CCG will publish details of all contracts, including the contract values, on the website as soon as contracts are agreed. For services commissioned through AQP, the CCG will publish on the website the type of services being commissioned, and the agreed price for each service. Where services are commissioned through an AQP approach, information on the providers who qualify to provide the service will be made publicly available.

15.4The CCG will ensure that clear and transparent Committee Minutes are maintained.

15.5The Annual Report will include a link to information relating to any breaches of conflicts of interest.

16 REPORTING AND ASSURANCE

16.1CCG Improvement and Assessment Framework

16.1.1 Management of conflicts of interest is a key indicator of the new Improvement and Assessment Framework for CCGs from 2016/17 onwards. As part of the new framework, CCGs will be required on an annual basis to confirm via self-certification that:

- The CCG has a clear policy for the management of conflicts of interest in line with the statutory guidance and a robust process for the management of breaches;
- The CCG has a minimum of three Lay Members;
- The CCG Audit Committee Chair has taken on the role of the Conflicts of Interest Guardian;
- The level of compliance with the mandated conflicts of interest on-line training, as of 31st January annually.

16.1.2 CCGs are also required to report on a quarterly basis via self-certification whether the CCG:

- Has processes in place to ensure individuals declare any interests which may give rise to a conflict or potential conflict as soon as they become aware of it, and in any event within 28 days, ensuring accurate up-to-date registers are complete for:
 - Conflicts of interest,
 - Procurement decisions, and
 - Gifts and hospitality

- Has made these registers available on the website and, upon request, at the CCG's office.
- Is aware of any breaches of its policies and procedures in relation to the management of conflicts of interest and how many:
 - To include details of how they were managed;
 - Confirmation that anonymised details of the breach have been published on the CCG website;
 - Confirmation that they have been communicated to NHS England.

16.2 Internal Audit

16.2.1 The CCG is required to undertake an audit of conflicts of interest management as part of the internal audit plan. This should be performed on an annual basis. Any concerns found during this annual review will be referred to the LCFS for additional scrutiny.

16.2.2 The results of the audit should be reflected in the CCG's Annual Governance Statement and discussed in the end of year governance meeting with NHS regional teams.

17 CONFLICTS OF INTEREST TRAINING

17.1 NHS England is developing an on-line training package for CCG staff, Governing Body and Committee members. This will be rolled out in the autumn of 2016. This will need to be completed on a yearly basis to raise awareness of the risks of conflicts of interest and to support staff in managing conflicts of interest.

17.2 The annual training will be mandatory and will need to be completed by all staff by 31st January of each year. The CCG will be required to record their completion rates as part of the annual conflicts of interest audit.

17.3 NHS England will continue to provide face-to-face training on conflicts of interest to key individuals within CCGs and to share good practice across CCGs and NHS England.

18 LINKED POLICIES/GUIDANCE

- Wandsworth CCG Constitution
<http://www.wandsworthccg.nhs.uk/aboutus/Governance/Documents/Wandsworth%20CCG%20Constitution%202015.pdf>
- Standards of Business Conduct for NHS Staff (HSG (93) 5):
(document is available on the Department of Health website:
http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Healthserviceguidelines/DH_4017845)
- Standards for Members of NHS Governing Body and Clinical Commissioning Group Governing Bodies in England
http://www.professionalstandards.org.uk/docs/default-source/publications/standards/standards-for-members-of-nhs-Governing_Bodys-and-ccgs-2013.pdf?sfvrsn=2
- Code of Conduct for NHS Managers
(documents are available on the Department of Health website:
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/Browsable/DH_4097226)
- Commercial Sponsorship – Ethical Standards for the NHS
(document is available on the Department of Health website:
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4076078.pdf)
- Procurement Policy
<http://www.wandsworthccg.nhs.uk/aboutus/Governance/Pages/Policies-and-Procedures.aspx>
- National guidance
<http://www.england.nhs.uk/wp-content/uploads/2014/12/man-confil-int-guid-1214.pdf>
- NHS Clinical Commissioners, Royal College of General Practitioners and British Medical Association - Shared principles on conflicts of interest when CCGs are commissioning from member practices (December 2014)
<http://www.nhscc.org/latest-news/conflicts-of-interest/>
- Section 7 of Monitor's Substantive Guidance on the Procurement, Patient Choice and Competition Regulations
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/283505/SubstantiveGuidanceDec2013_0.pdf
- The Bribery Act 2010
http://www.legislation.gov.uk/ukpga/2010/23/pdfs/ukpga_20100023_en.pdf

Types of interest

Type of Interest	Description
Financial Interests	<p>This is where an individual may get direct financial benefits from the consequences of a commissioning decision. This could, for example, include being:</p> <ul style="list-style-type: none"> • A director, including a non-executive director, or senior employee in a private company or public limited company or other organisation which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations; • A shareholder (or similar owner interests), a partner or owner of a private or not-for-profit company, business, partnership or consultancy which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations. • A management consultant for a provider; • In secondary employment (see paragraph 56 to 57); • In receipt of secondary income from a provider; • In receipt of a grant from a provider; • In receipt of any payments (for example honoraria, one off payments, day allowances or travel or subsistence) from a provider; • Membership of Advisory Boards and panels (paid or unpaid); • In receipt of research funding, including grants that may be received by the individual or any organisation in which they have an interest or role; and • Having a pension that is funded by a provider (where the value of this might be affected by the success or failure of the provider).
Non-Financial Professional Interests	<p>This is where an individual may obtain a non-financial professional benefit from the consequences of a commissioning decision, such as increasing their professional reputation or status or promoting their professional career. This may, for example, include situations where the individual is:</p> <ul style="list-style-type: none"> • An advocate for a particular group of patients; • A GP with special interests e.g., in dermatology, acupuncture etc. • A member of a particular specialist professional body (although routine GP membership of the RCGP, BMA or a medical defence organisation would not usually by itself amount to an interest which needed to be declared); • An advisor for Care Quality Commission (CQC) or National Institute for Health and Care Excellence (NICE); • A medical researcher.
Non-Financial Personal Interests	<p>This is where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit. This could include, for example, where the individual is:</p> <ul style="list-style-type: none"> • A voluntary sector champion for a provider; • A volunteer for a provider; • A member of a voluntary sector Governing Body or has any other position of authority in or connection with a voluntary sector organisation; • Suffering from a particular condition requiring individually funded treatment; • A member of a lobby or pressure groups with an interest in health.
Indirect Interests	<p>This is where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest in a commissioning decision (as those categories are described above). For example, this should include:</p> <ul style="list-style-type: none"> • Spouse / partner; • Close relative e.g., parent, grandparent, child, grandchild or sibling; • Close friend; • Business partner.

Appendix 2: Template Declarations of gifts and hospitality

Recipient Name	Position	Date of Offer	Date of Receipt (if applicable)	Details of Gift / Hospitality	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 1998. Information may be disclosed to third parties in accordance with the Freedom of Information Act 2000 and published in registers that the CCG holds.

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

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

Signed: _____ **Date:** _____

Signed: _____ **Position:** _____ **Date:** _____
(Line Manager or a Senior CCG Manager)

Please return completed form to the Business Manager

Appendix 3: Template declarations of interest checklist

Under the Health and Social Care Act 2012, there is a legal obligation to manage conflicts of interest appropriately. It is essential that declarations of interest and actions arising from the declarations are recorded formally and consistently across all CCG Governing Body, Committee and Sub-committee meetings. This checklist has been developed with the intention of providing support in conflicts of interest management to the Chair of the meeting- prior to, during and following the meeting. It does not cover the requirements for declaring interests outside of the committee process.

Timing	Checklist for Chairs	Responsibility
<p>In advance of the meeting</p>	<ol style="list-style-type: none"> 1. The agenda to include a standing item on declaration of interests to enable individuals to raise any issues and/or make a declaration at the meeting. 2. A definition of conflicts of interest should also be accompanied with each agenda to provide clarity for all recipients. 3. Agenda to be circulated to enable attendees (including visitors) to identify any interests relating specifically to the agenda items being considered. 4. Members should contact the Chair as soon as an actual or potential conflict is identified. 5. Chair to review a summary report from preceding meetings i.e., sub-committee, working group, etc., detailing any conflicts of interest declared and how this was managed. A template for a summary report to present discussions at preceding meetings is detailed below. 6. A copy of the members' declared interests is checked to establish any actual or potential conflicts of interest that may occur during the meeting. 	<p>Meeting Chair and secretariat</p> <p>Meeting Chair and secretariat</p> <p>Meeting Chair and secretariat</p> <p>Meeting members</p> <p>Meeting Chair</p> <p>Meeting Chair</p>
<p>During the meeting</p>	<ol style="list-style-type: none"> 7. Check and declare the meeting is quorate and ensure that this is noted in the minutes of the meeting. 8. Chair requests members to declare any interests in agenda items- which have not 	<p>Meeting Chair</p> <p>Meeting Chair</p>

Timing	Checklist for Chairs	Responsibility
	<p>already been declared, including the nature of the conflict.</p> <p>9. Chair makes a decision as to how to manage each interest which has been declared, including whether / to what extent the individual member should continue to participate in the meeting, on a case by case basis, and this decision is recorded.</p> <p>10. As minimum requirement, the following should be recorded in the minutes of the meeting:</p> <ul style="list-style-type: none"> • Individual declaring the interest; • At what point the interest was declared; • The nature of the interest; • The Chair's decision and resulting action taken; • The point during the meeting at which any individuals retired from and returned to the meeting - even if an interest has not been declared; • Visitors in attendance who participate in the meeting must also follow the meeting protocol and declare any interests in a timely manner. <p>A template for recording any interests during meetings is detailed below.</p>	<p>Meeting Chair and secretariat</p> <p>Secretariat</p>
<p>Following the meeting</p>	<p>11. All new interests declared at the meeting should be promptly updated onto the declaration of interest form;</p> <p>12. All new completed declarations of interest should be transferred onto the register of interests.</p>	<p>Individual(s) declaring interest(s)</p> <p>Designated person responsible for registers of interest</p>

Template for recording any interests during meetings

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

Template to record interests during the meeting.

Meeting	Date of Meeting	Chairperson (name)	Secretariat (name)	Name of person declaring interest	Agenda Item	Details of interest declared	Action taken

Appendix 4: Template Declaration of conflict of interests for bidders/contractors

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

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

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

Signed:

On behalf of:

Date:

Appendix 5: Procurement checklist

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

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

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

Signed:

On behalf of:

Date:

Please return to the Contracts Manager