



Conflicts of Interest Policy

Review and Amendment Log / Version Control Sheet

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Date Approved:	November 2019
Committee:	Integrated Governance Committee
Version:	5.0
Review Date:	November 2021

Version History

Version no.	Date	Author	Description	Circulation
0.1	21 February 2013	Adam Bassett, Corporate Risk Manager	Draft	
1.0	16 April 2013	Adam Bassett, Senior Associate Governance and Risk	Final approved by the Governing Body on 16 April 2013	
1.1	20 December 2014	Adam Bassett Senior Associate Governance Risk	Draft - update to policy following updated guidance from NHS England and changes to the NHS Wakefield CCG Constitution	Confirmed Equality Impact Assessment with Equality and Diversity Team
1.2	30 December 2014	Katherine Bryant Governance & Board Secretary	Draft – minor amendments to policy. Circulated for comment.	Chair of Audit Committee, Clinical Leader, Chief Officer, Chief Finance Officer
1.3	8 January 2015	Katherine Bryant Governance & Board Secretary	Draft – amendments following comments received during consultation. Final copy for approval by the Governing Body.	Governing Body
1.3	13 January 2015	Katherine Bryant Governance & Board Secretary	Approved	Policy approved at Governing Body 13 January 2015
2.0	7 March 2016	Gemma Reed, Senior Governance Officer	Draft – amendments following Deloitte review	

2.1	8 July 2016	Gemma Reed, Senior Governance Officer	Draft – amendments following Managing Conflicts of Interest Statutory Guidance	Governance & Board Secretary
2.2	August 2016	Gemma Reed, Senior Governance Officer	Draft – amendments following consultation with Chair of Audit Committee	Chair of Audit Committee Governance & Board Secretary
2.3	September 2016	Katherine Bryant, Governance & Board Secretary	Draft – further amendments following discussion of the policy by the CCG Executive Team.	Chair of Audit Committee Governance Team
2.4	September / October 2016	Katherine Bryant, Governance & Board Secretary	Draft – following feedback from Chair of Audit Committee.	Governing Body Counter-fraud service
2.5	October 2016	Gemma Reed, Senior Governance Officer Katherine Bryant, Governance & Board Secretary	Draft – following feedback from consultation	Chief Officer Chair of Audit Committee Chief Finance Officer
2.6	September 2017	Gareth Webb, Interim Governance & Board Secretary	Draft – amendments following Managing Conflicts of Interest Statutory Guidance	Chief Officer Chair of Audit Committee Chief Finance Officer
3	September 2017	Gareth Webb, Interim Governance & Board Secretary	Approved by Integrated Governance Committee 21 September 2017	Chief Officer Chair of Audit Committee Chief Finance Officer
3.1	November 2018	Amrit Reyat, Governance and Board Secretary	Draft – amendments	Chair of Audit Committee/ Conflict of Interest Guardian Governance and Board Secretary
4.0	November 2018	Amrit Reyat, Governance and Board Secretary	Final	Approved by IGC November 2018
4.1	September 2019	Amrit Reyat, Governance and Board Secretary	Draft	
5.0	November 2019	Amrit Reyat, Governance and Board Secretary	Approved policy	Policy approved by Integrated Governance Committee November 2019

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1 Introduction

Conflicts of interest are inevitable in commissioning and it is how we manage them that matters. As a membership organisation management of conflicts of interest is part of our day-to-day activities. By bringing more clinical leadership into commissioning and enabling more local decision making, CCGs are empowered and enabled to improve services locally for the benefit of patients and local communities. However this has created more risk of conflicts of interest, this risk needs to be carefully and proportionately managed.

Managing conflicts of interest appropriately is crucial for the maintenance of public trust in the commissioning system. 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.

NHS Wakefield CCG's Constitution includes details on the management of conflicts of interest and should be read in conjunction with this policy.

This policy has been developed in line with the NHS England statutory guidance issued under sections 14O and 14Z8 of the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012) (referred to as the Act) which means that CCGs must have regard to such guidance with the onus on them to explain any non-adherence.

The Act sets out clear requirements for CCGs to make arrangements for managing conflicts of interest and potential conflicts of interest, to ensure they do not affect or appear to affect, the integrity of the CCG's decision making processes. These requirements are supplemented by procurement specific requirements in the National Health Service (Procurement, Patient Choice and Competition) (No.2) Regulations 2013, and 'Managing Conflicts of Interest: Revised Statutory Guidance for CCGs' published by NHS England.

NHS Wakefield CCG will manage conflicts of interest appropriately as it is essential to ensure that commissioning decisions can withstand scrutiny and challenge. The co-commissioning of primary medical services is likely to increase the risk of perceived and actual conflicts of interests, especially for cases where NHS Wakefield CCG has responsibility for delegated authority and budgets. This reinforces the need for NHS Wakefield CCG and member practices to have robust and transparent arrangements in place to actively manage conflicts of interest and protect the integrity of the NHS commissioning system.

2 Purpose

This policy establishes how NHS Wakefield CCG will ensure that best practice is followed in managing potential conflicts of interest. The policy further sets out the safeguards which will be put in place by NHS Wakefield CCG to ensure transparency, fairness and probity in decision making. The policy aims to:

- Enable NHS Wakefield CCG to demonstrate that it is acting fairly and transparently and in the best interests of its patients and local population;
- Ensure that NHS Wakefield CCG is operating within the legal framework, but without being bound by over-prescriptive rules that prevents innovation;

- Safeguards clinically led commissioning, whilst ensuring objective investment decisions;
- Provide the public, providers, Parliament and regulators with confidence in the probity, integrity and fairness of the decisions made by NHS Wakefield CCG;
- Upholds the confidence and trust between patients and GP, in the recognition that individual commissioners want to behave ethically but may need support and training to understand when conflicts arise (whether potential or actual) and how to manage them if they do.

This policy also reflects the seven principles of public life established by the Nolan Committee which are as follows:

- Selflessness
- Integrity
- Objectivity
- Accountability
- Openness
- Honesty
- Leadership

The policy sets out:

- The nature of conflicts of interest
- The arrangements for declaring interests at NHS Wakefield CCG
- The NHS Wakefield CCG Register of Interests
- The arrangements for recording the steps taken to manage any conflict of interest
- The arrangements for decision making where a conflict arises
- The arrangements for managing non-compliance
- Mandatory training requirements

3 Scope of the Policy

The policy applies to NHS Wakefield CCG; all members of the **Governing Body** and its **committees, Clinical Leads / Advisors, employees** (including contractors and agency staff and those on temporary or honorary contracts, secondments, pooled staff and students) **and any other individual directly involved with the business or decision-making of the CCG**. In addition, it is strongly recommended for **all members** of the CCG.

The policy should be read in conjunction with the following policies:

- NHS Wakefield CCG Constitution
- Anti-Fraud, Bribery and Corruption Policy
- Joint Working and Sponsorship Policy
- Standards of Business Conduct and Receipt of Hospitality Policy
- Procurement Policy
- General Medical Council Good Medical Practice 2013
- NHS England Statutory Guidance on Managing Conflicts of Interests 2017
- NHS Improvement – Substantive Guidance on the Procurement, Patient Choice and Competition Regulations 2013
- NHS Clinical Commissioners, Royal College of General Practitioners and British Medical Association – Shared Principles on conflicts of interests when CCGs are commissioning from member practices.
- The Seven Key Principles of the NHS Constitution

- The Equality Act 2010
- The Good Governance Standards of Public Services

4 Duties / Accountability and Responsibilities

4.1 Duties within the organisation

The Governing Body will oversee this policy and will ensure that in accordance with the provisions of the Constitution, there are systems and processes in place to support all members of the Governing Body, members of Committees, employees and member practices to:

- Declare their interests through a public Register of Interests;
- Declare any relevant interests through discussions and proceedings so that any comments they make are fully understood by all others within that context;
- Ensure that where any conflict which could have an effect on any decision or process the individual concerned will have no part in making or influencing the relevant decision.

Audit Committee Chair / Conflicts of Interest Guardian will ensure that the CCG complies with national guidance about the management of conflicts of interest. If required the Chair of the Audit Committee will provide (together with the Chief Officer) direct formal attestation to NHS England that NHS Wakefield CCG has complied with national mandated guidance about the management of conflicts of interest.

Conflicts of Interest Guardian role will be filled by the Chair of the Audit Committee. The Conflicts of Interest Guardian should in collaboration with the Governance and Board Secretary further strengthen scrutiny and transparency of NHS Wakefield CCGs decision making processes. In particular:

- 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 application of conflict of interest principles and policies;
- Provide independent advice and judgement 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.

Chief Officer is the person with overall responsibility for this policy and is accountable for the CCG's management of conflicts of interest. The Chief Officer has appointed the Governance & Board Secretary to take a lead in the implementation of this policy.

Governance and Board Secretary is the person responsible for ensuring that a process for managing conflicts of interest is in place. This individual is also responsible for the administrative co-ordination of this policy with support from the Senior Governance Officer. In particular this will include:

- The day-to day management of conflicts of interest matters and queries;
- Maintaining the CCG's register(s) of interest and the other registers referred to in this Guidance;
- Supporting the Conflicts of Interest Guardian to enable them to carry out the role effectively (as described above);

- Providing advice, support, and guidance on how conflicts of interest should be managed; and
- Ensuring that appropriate administrative processes are put in place.

Head of Contracting and Performance is the person responsible for procurement and maintaining the Register of Procurement Decisions.

Heads of Service must ensure that members of staff in their teams are aware of this policy and processes to be followed.

All members of the **Governing Body** and its **committees, Clinical Leads / Advisors, employees** (including contractors and agency staff and those on temporary or honorary contracts, secondments, pooled staff and students) **and any other individual directly involved with the business or decision-making of the CCG** must ensure openness and transparency in business transactions. They must familiarise themselves with this policy and ensure that they comply with the provisions of it.

This policy is strongly recommended for all members of the CCG (i.e. GP practices). Specifically this includes **all GP Partners** (or where the practice is a company, each director);

All members of the **Governing Body** and its **committees, Clinical Leads / Advisors, employees** should ensure this policy is read and adhered to in conjunction with CCGs Standards of Business Conduct and Receipt of Hospitality Policy.

Where an individual fails to comply with this policy disciplinary action may be taken or the individual removed from office. In these instances each case would be considered by the Audit Committee and a recommendation may be made to the Governing Body to consider whether to vote to remove that individual if they are a member of the Governing Body, a Committee or any decision-making group.

It should also be noted that 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. Where appropriate the CCG will 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 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.

5. Conflicts of Interest

5.1 Definitions of Conflicts of Interest

NHS England define conflicts of interest as:-

'A set of circumstances by which a reasonable person would consider that an individual's ability to apply judgement or act, in the context of delivering, commissioning, or assuring taxpayer funded health and care services is, or could be, impaired by another interest they hold.'

Conflicts of interest can arise in many situations, environments and forms of commissioning, with an increased risk in primary care commissioning, out-of-hours commissioning and involvement with integrated care organisations and new care models¹ as clinical commissioners may here find themselves in a position of being at once commissioner and provider of services. Conflicts of interest can arise throughout the whole commissioning cycle from needs assessment, to procurement exercises, to contract monitoring.

For commissioners, a conflict of interest may, therefore, arise when their own judgement in their commissioning role could be, or be perceived to be, influenced and impaired by their own concerns and obligations as a provider.

Interests can be captured in four different categories:

1) Financial interests

This is where an individual may get direct financial benefits from the consequences of a commissioning decision. This could, for example, include being:

- A director, including a non-executive director, or senior employee in a private company or public limited company or other organisation which is doing, or which is likely, or possibly seeking to do, business with 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; and
- Having a pension that is funded by a provider

2) Non financial professional interests

This is where the 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 e.g. in dermatology, acupuncture etc;
- A member of a particular specialist professional body (although routine GP membership of the RCGP, British Medical Association (BMA) or a medical

¹New care models refers to Multi-specialty Community Providers (MCP), Primary and Acute Care Systems (PACS) or other arrangements of a similar scale or scope. For further guidance see NHS England: Revised Statutory Guidance 2017; Annex K <https://www.england.nhs.uk/wp-content/uploads/2017/06/revised-ccg-conflict-of-interest-guidance-v7.pdf>

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.

GPs and practice managers, who are member of the Governing Body or committees of the CCG, should declare details of their roles and responsibilities held within their GP practices.

3) Non financial personal interests

This is where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit. This could include, for example, where the individual is:

- A voluntary sector champion for a provider;
- A volunteer for a provider;
- A member of a voluntary sector board or has any other position of authority in or connection with a voluntary sector organisation;
- Suffering from a particular condition requiring individually funded treatment;
- A member of a lobby or pressure group with an interest in health.

4) Indirect interests

This is where an individual has a close association with an individual who has a financial interest, a non financial professional interest or a non financial personal interest in a commissioning decision(as those categories described above) for example a:

- spouse/partner
- close relative e.g. 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.

5.2 Legislative Framework

Section 14O of the Act sets out the minimum requirement of what CCGs must do in terms of managing conflicts of interest as follows:

- Maintain appropriate registers of interest;
- Publish or make arrangements for the public to access those registers;
- Make arrangements requiring the prompt declarations of interests by the persons specified and ensure that these interests are entered into the relevant register;
- Make arrangements for managing conflicts of interest and potential conflicts of interest;
- Have regard to guidance published by NHS England and NHS Improvement in relation to conflicts of interest.

Section 14O is supplemented by the procurement specific requirements set out in the National Health Service (Procurement, Patient Choice and Competition) (No.2) Regulations 2013. In particular Regulation 6 requires that:

- CCGs must not award a contract for the provision of NHS Healthcare 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;
- CCGs must keep a record of how it managed any such conflict in relation to NHS commissioning contracts it enters into.

Regulation 6 sets out the basic framework for CCGs to operate within. The detailed requirements are set out in the guidance issued by NHS Improvement (Substantive Guidance on the Procurement, Patient Choice and Competition Regulations).

5.3 Principles

The CCG will seek to establish a positive culture of openness and transparency to facilitate the best commissioning decisions for our patients. As such the following principles (recommended by NHS England) will be integral to the commissioning of services and support the management of conflicts of interest:

- **Being balanced and proportionate.** The requirements for the management of conflicts of interests at NHS Wakefield CCG will be clear and robust but not overly prescriptive or restrictive. They will ensure decision-making is efficient as well as transparent and fair but not constrain people by making it overly complex.
- **Transparency.** NHS Wakefield CCG will document clearly the approach that will be taken at every stage in the commissioning cycle through the register of procurement decisions.
- Create an **environment and culture** where individuals feel supported and confident in declaring relevant information and raising any concerns.
- **Doing business appropriately.** NHS Wakefield CCG will get needs assessments, consultation mechanisms, commissioning strategies and procurement procedures right from the outset so that conflicts of interest become easier to identify, avoid or deal with, because the rationale for all decision-making will be clear and transparent.
- **Being proactive and not reactive.** NHS Wakefield CCG will seek to identify and minimise the risk of conflicts of interest at the earliest possible stage, for instance by considering potential conflicts of interest when electing or selecting individuals to join the Governing Body or other decision-making bodies, and by ensuring individuals receive proper induction and understand their obligations to declare conflicts of interest. NHS Wakefield CCG will establish and maintain a registers of interests, and agree in advance how a range of different situations and scenarios will be handled.

5.4 Examples of Conflicts of Interest

Conflicts of interest are a common and sometimes unavoidable part of the delivery of healthcare. As such, it may not be possible or desirable to completely eliminate the risk of conflicts. Instead, it may be preferable to recognise the associated risks and put measures in place to manage the conflicts appropriately when they do arise.

Conflicts of interest may arise where an individual, personal or a connected person's interests and loyalties conflict with those of NHS Wakefield CCG and could result in decisions or actions which are not in the interests of the organisation and the population it serves. This could therefore result in the impression that the CCG has acted improperly.

Examples of interests for the individual or an individual who is closely related to them that will be deemed to be relevant will include:

- Roles and responsibilities held within member practices.
- Membership of a Partnership (whether salaried or profit sharing) seeking to enter into any contracts with NHS Wakefield CCG.
- Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with NHS Wakefield CCG.
- Directorships, including non-executive Directorship held in private or public limited companies seeking to enter into contracts with NHS Wakefield CCG.
- Shareholdings of companies in the field of health and social care seeking to enter into contracts with NHS Wakefield CCG.
- Positions of authority in an organisation (e.g. charity or voluntary organisation).
- Any interest that they are (if registered with the General Medical Council (GMC)) required to declare in accordance with paragraph 55 of the GMC's publication Management for Doctors or any successor guide.
- Any interest that they (if they are registered with the Nursing and Midwifery Council (NMC)) would be required to declare in accordance with paragraph 7 of the NMC's publication Code of Professional Conduct or any successor Code.
- Any interest which does or might constitute a conflict of interest in relation to the specification for or award of any contract to provide goods or services to NHS Wakefield CCG.
- Any research funding or grants that may be received by the individual or any organisation that they have an interest or role in.
- Any affiliation with a political party or interest group likely or possibly seeking to influence health and social care.
- Any role or relationship which the public could perceive would impair or otherwise influence the individual's judgement or actions in their role within the CCG.

It is not possible to define all instances in which an interest may be real or a perceived conflict and it is therefore for each individual to exercise their judgement in deciding whether to register any interests that may be construed as a conflict. If there is any doubt as to whether or not an interest is relevant, a declaration of the interest must be made. Further advice can be sought from the Governance & Board Secretary.

5.5 Declarations of Interest

The CCG seeks to create an environment in which CCG staff, Governing Body and committee members, and member practices feel able, encouraged and obliged to be open, honest and upfront about actual or potential conflicts. Transparency in this regard will lead to effective identification and management of conflicts. The effect should be to make everyone aware of what to do if they suspect a conflict and ensure decision making is efficient, transparent and fair.

The CCG will need to ensure that, as a matter of course, declarations of interest are made and regularly confirmed or updated.

Everyone covered by this policy (including all members of the Governing Body and its committees, Clinical Leads / Advisors, employees and any other individual directly involved with the business or decision-making of the CCG) will be required to declare interests or submit a nil return (using the form at Appendix 1):

- a) Upon their appointment to their position.
- b) On a six monthly basis when invited to refresh their conflicts of interest declaration by the Governance & Board Secretary. Where there are no interests or changes to declare, a "nil return" will be required.
- c) If their circumstances change in any way which affects the individual's interest, a further declaration must be made to reflect the change in circumstances. This must be completed within 28 days of them becoming aware.
- d) In addition, at meetings (Governing Body, committee, sub-committee or working group) all attendees will be required to declare any interest they have in any agenda items as soon as it becomes apparent.

All declarations should include sufficient information about the nature of the interest. This will enable NHS Wakefield CCG to determine the extent of the interest.

The Conflicts of Interest Guardian (Chair of the Audit Committee) will make themselves available to provide any advice to any individual who believes they have, or may have, a conflict of interest.

5.5.1 On appointment

Any applicant for appointment to NHS Wakefield CCG and or the Governing Body will be requested to declare any relevant interests or submit a nil return.

On appointing Governing Body, committee or sub-committee members and senior staff, the Chief Officer and/or Chair 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. In determining this NHS Wakefield CCG will assess the materiality of the interest and in particular whether the individual or an individual who is closely related to them (for example a family member, friend or business partner) could benefit from any decision made.

If a conflict of interest is related to such a significant area of business that the individual would be unable to make a full and proper contribution to the Governing Body, the individual will not be able to become or continue as a member of the Governing Body. For example any individual who has a material interest in an organisation which provides or is likely to provide substantial services to NHS

Wakefield CCG will not be a member of the Governing Body if the nature of their interest 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 operate as a member.

In particular it is noted that members of the Governing Body may also seek to serve as a director of a GP federation board. In this situation the Chief Officer and/or Chair will review each case individually. The Chief Officer and/or Chair will assess the materiality of the interest and whether the individual will still be able to make a full and proper contribution to the Governing Body. In considering such a case, the Chair and Chief Officer may determine one of the following outcomes:

- a) the individual can become, or continue to serve as a member of the Governing Body.
- b) the individual will not be able to become or continue to serve as a member of the Governing Body;
- c) where the individual is already appointed as an elected member of the Governing Body and the role with a federation is a new position, they will re-presented to the CCGs members for re-election.

5.5.2 Six Monthly declarations

All decision makers will be required to complete a declaration of interest on a six monthly basis. Any change to that individual's interest must be declared. Where there are no interests or changes to declare, a "nil return" will be required.

5.5.3 Annual declarations

All individuals will be required to complete a declaration of interest on an annual basis. Any change to that individual's interest must be declared. Where there are no interests or changes to declare, a "nil return" will be required.

Through this process the Governing Body will satisfy itself on an annual basis that all the CCG's registers of interests are accurate and up to date.

5.5.4 Change in role, responsibilities or circumstances

Where an individual changes roles or responsibility within NHS Wakefield CCG or the Governing Body any change to that individual's relevant interest must be declared.

When an individual's circumstances change in any way which affects the individuals relevant interest a further declaration must be made to reflect the change in circumstances. This could involve a declaration from ceasing to exist or a new one being created.

Individuals will be required to declare any interest they have as soon as they are aware of it and no later than 28 days after becoming aware in writing to the Governance and Board Secretary.

5.5.5 At meetings

At meetings all attendees will be required to declare any interest they have in any agenda items as soon as it becomes apparent. Declarations of interest will be an agenda item at each meeting.

Even if an interest has been recorded in the register of interests, it should still be declared in meetings where matters relating to that interest are discussed. This may relate to commissioning decisions, decommissioning decisions, procurement options and contract performance. Declarations of interest should be recorded in minutes of meetings.

Any declarations of interests, and arrangements agreed in any meeting of NHS Wakefield CCG committees or sub-committees, or the Governing Body, the Governing Body's committees or sub-committees, will be recorded in the minutes. Minutes should clearly specify:

- who has the interest;
- the nature of the interest and why it gives rise to a conflict, including the type and scale of any interest;
- the items on the agenda to which the interest relates;
- how the conflict was agreed to be managed; and
- evidence that the conflict was managed as intended (for example recording the points during the meeting when particular individuals left or returned to the meeting).

A written declaration is only required if the interest has not been declared before and this is already covered elsewhere in the policy. In addition all decisions and details of how any conflict of interest has been managed will be recorded in the register of interests (see section 5.9).

The CCG report front/cover sheet includes a section highlighting any conflicts of interest and providing assurance about management of conflicts of interest during preparation of the agenda item.

5.6 Register of Interests

NHS Wakefield CCG will maintain a Register of Interests of:

- a) All CCG employees including all full and part time staff; any staff on sessional or short term contracts; any students and trainees (including apprentices); 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 guidance, as if they were CCG employees.
- b) the members of the NHS Wakefield CCG Governing Body
- c) All members of the CCG's committees, sub-committees/sub-groups; including co-opted members, appointed deputies and any members of committees/groups from other organisations.
- d) the members of the CCG (i.e. each practice) including GP partners and any individual directly involved with the business or decision making of the CCG;

All interests declared must be promptly transferred to the relevant CCG register(s) by the Governance & Board Secretary. An interest will remain on the register for a minimum of six months after the interest has expired.

In addition, the CCG must retain a private record of historic interests for a minimum of 6 years after the date on which it expired. The CCG's published register of interests will state that historic interests are retained by the CCG for the specified timeframe, with details of whom to contact to submit a request for this information.

When entering an interest on the Register of Interests the Governance & Board Secretary will ensure that it includes sufficient information about the nature of the interest and those holding the interest. As a minimum this will include:

- Name of the person declaring the interest;
- Position within, or relationship with, the CCG;
- Whether identified as a decision-maker as per NHS England June 2017 Guidance
- Type of interest e.g., financial interests, non-financial professional interests;
- Description of interest, including for indirect interests details of the relationship with the person who has the interest;
- The dates from which the interest relates; and
- Where appropriate, the actions to be taken to manage the conflict of interest risk - these should be agreed with the individual's line manager or a senior manager within the CCG.

The register of interests is held and updated by the Governance and Board Secretary on a regular basis and will be reported on an annual basis to the Audit Committee.

5.7 Decision-making staff and publication of the register of Interest

Although all individuals must declare interests, the CCG will only publish the interests of decision makers as described in NHS England guidance published in June 2017, which includes 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 Probity Committee;
- 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 8 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.

The register will be published on the NHS Wakefield CCG website and updated on an annual basis. It will also be available on request or for inspection at the NHS Wakefield CCG headquarters.

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 to the Governance & Board Secretary. Decisions not to publish information must be made by the Conflicts of Interest Guardian. The Governance & Board Secretary will ensure that the CCG retains a confidential un-redacted version of the register entry.

5.8 Gifts, Hospitality and Sponsorship

The CCG will ensure that robust processes are in place to ensure that individuals do not accept gifts or hospitality or other benefits, which might reasonably be seen to compromise their professional judgement or integrity. It is therefore important that staff familiarise themselves with the Standards of Business Conduct Policy and the Joint Working and Sponsorship Policy for further details. In accordance with these policies the Governance & Board Secretary will maintain a register of gifts and hospitality.

5.9 Decision making when a conflict of interest arises or excluding individuals from meetings

When members of an NHS Wakefield CCG decision making body have a material interest they will be excluded from relevant parts of meetings, or be able to join in the discussion, but not participate in the decision making itself or vote.

The Chair of each NHS Wakefield CCG meeting will have responsibility for deciding whether there is a conflict of interest and for taking the appropriate course of action in order to manage the conflict of interest.

In these circumstances the Chair may decide to consult with the Governance & Board Secretary or the Conflicts of Interest Guardian or another member of the Governing Body on the way forward.

In the event that the chair of a meeting has a conflict of interest, the vice/deputy chair is responsible for deciding the appropriate course of action in order to manage the conflict of interest. If the vice chair is also conflicted then the remaining non-conflicted voting members of the meeting should agree between themselves how to manage the conflict(s).

It is good practice for the chair, with support of the Governance & Board Secretary, to proactively consider ahead of meetings what conflicts are likely to arise and how they should be managed, including taking steps to ensure that supporting papers for particular agenda items of private sessions/meetings are not sent to conflicted individuals in advance of the meeting where relevant.

To support chairs in their role, committee secretaries will utilise a declaration of interest checklist prior to meetings, this will include details of any declarations of conflicts which have already been made by members of the group. A template declaration of interest checklist has been annexed at Appendix 4.

The chair should ask at the beginning of each meeting if anyone has any conflicts of interest to declare in relation to the business to be transacted at the meeting. It is the responsibility of each individual member of the meeting to declare any relevant interests which they may have. However, should the chair or any other member of the meeting be aware of facts or circumstances which may give rise to a conflict of interest but which have not been declared then they should bring this to the attention of the chair who will decide whether there is a conflict of interest and the appropriate course of action to take in order to manage the conflict of interest.

When a member of the meeting has a conflict of interest in relation to one or more items of business to be transacted at the meeting, the chair must decide how to manage the conflict. The appropriate course of action will depend on the particular circumstances, but could include one or more of the following:

- Requiring the individual who has a conflict of interest (including the chair or vice chair if necessary) not to attend the meeting;
- Ensuring that the individual concerned does not receive the supporting papers or minutes of the meeting which relate to the matter(s) which gave rise to the conflict;
- Requiring the individual to leave the discussion when the relevant matter(s) are being discussed and when any decisions are being taken in relation to those matter(s). In private meetings, this could include requiring the individual to leave the room and in public meetings to either leave the room or join the audience in the public gallery. If an individual leaving the meeting impacts upon quoracy the Chair reserves the right to adjourn and reconvene the meeting (in accordance with the terms of reference / constitution) when appropriate membership can be ensured;
- Allowing the individual to participate in some or all of the discussion when the relevant matter(s) are being discussed but requiring them to leave the meeting when any decisions are being taken in relation to those matter(s). This may be appropriate where, for example, the conflicted individual has important relevant knowledge and experience of the matter(s) under discussion, which it would be of benefit for the meeting to hear, but this will depend on the nature and extent of the interest which has been declared;
- Noting the interest and ensuring that all attendees are aware of the nature and extent of the interest, but allowing the individual to remain and participate in both the discussion and in any decisions. This is only likely to be the appropriate course of action where it is decided that the interest which has been declared is either immaterial or not relevant to the matter(s) under discussion. The conflicts of interest case studies include examples of material and immaterial conflicts of interest.

As detailed elsewhere in this policy all decisions and details of how any conflict of interest has been managed will be recorded in the minutes of the meeting and published in the registers.

5.10 Privileged Information

No one should use confidential information acquired in the pursuit of their role within or associated with NHS Wakefield CCG to benefit themselves or another connected person, or create the impression of having done so.

In accordance with the Joint Working and Sponsorship Policy no information will 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. Therefore members of the CCG, employees, associated staff and the Governing Body should take care not to provide any third party with a possible advantage by sharing privileged, personal or commercial information, or by providing information that may be commercially useful in advance of that information being made available publically (such as by informing a potential supplier of an up and coming procurement in advance of other potential bidders), or any other information that is not otherwise available in the public domain.

5.11 Raising Concerns and Investigating Breaches

Effective management of conflicts of interest requires an environment and culture where individuals feel supported and confident in declaring relevant information, including notifying any actual or suspected breaches of the rules.

It is the duty of all CCG employees, Governing Body members, committee or sub committee member and GP practice to raise any concerns in relation to conflicts of interest.

All suspected or known breaches should be reported to the Conflicts of Interest Guardian or Governance and Board Secretary in the first instance.

All such notifications will be treated with appropriate confidentiality at all times in accordance with the CCG's policies and applicable laws, and the person making such disclosures can expect an appropriate explanation of any decisions taken as a result of any investigation.

The CCG will record the breach as part of its Improvement and Assessment Framework quarterly return for the Probity and Corporate Governance indicator.

If fraud is suspected, Please refer to section 8.

The breach and the decision made will be reviewed in detail by members of the Audit Committee. During their review there are a number of factors the Audit Committee should consider and take into account in making any recommendations, as follows:

- The nature, seriousness and consequences of the breach;
- Has anyone gained an unfair advantage as a result of the breach?
- Has any final decision been made that was contaminated by the breach? When was that decision made? This has a potential impact in relation to time limits for bringing potential judicial review claims.
- Is there any appearance of bias in the decision-making as a result of the breach, in particular were any financial interests not declared/ not dealt with appropriately?
- Has any legally binding contract been entered into by the CCG as a result of the decision? If so, the Committee should consider:
 - The length and value of the contract
 - The consequences of terminating the contract, including considerations of continuity and safety of services to patients and the implications of entering into any interim service provision arrangements.

Where deemed necessary, legal advice will be sought to ensure that the appropriate factors and considerations (including any in relation to any contract that has already been entered into) have been considered.

Following its review the Audit Committee will make recommendations to the Governing Body as appropriate, they might include, for example recommendations to:

- Review the CCG constitution and conflicts of interest policy in light of the breach to ensure that they cover the relevant circumstances. This might include amending them to reduce the risk of such a breach happening again.
- Refresh Governing Body and committee member training, and/or staff training, in relation to conflicts of interest
- Review the original decision.

Depending on the outcome of the review, the CCG, advised by the Conflicts of Interest Guardian, should consider whether any disciplinary action is required. Anonymised details of the breach will be published on the CCG's website.

5.12 Decision Making when a Conflict of Interest arises regarding Primary Medical Care

Procurement decisions relating to the commissioning of primary medical services will be made by the CCG's Probity Committee.

These arrangements will not preclude GP participation in strategic decisions on primary care issues, subject to appropriate management of conflicts of interest. These apply to decision making on procurement issues and the deliberations leading up to these.

The membership of Probity Committee will be constituted to ensure that the majority of members will consist of Executive and Lay Members. The membership will consist of all Governing Body Members with the exception of the GP members, the Chair of the Probity Committee will be a Lay Member.

Conflicts of interest will be considered on an individual basis. NHS Wakefield CCG will consider reciprocal arrangements with other CCGs in order to support effective clinical representation.

Meetings of the Probity Committee will normally be held in public unless it has been concluded that it is appropriate to exclude the public as permitted by the Public Bodies (Admission to Meetings) Act 1960.

A standing invitation will be made to Wakefield Healthwatch and Wakefield Health and Wellbeing Board to appoint representatives to attend meetings of the Probity Committee. This will include, where appropriate, for items where the public is excluded from a particular item or meeting for reasons of confidentiality. These representatives will not form part of the membership of the Committee.

5.13 Role of Commissioning Support Services

eMBED supports NHS Wakefield CCG in deciding the most appropriate procurement route, undertake procurements and manage contracts in ways that manage conflicts of interest and preserve the integrity of decision making. NHS

Wakefield CCG will assure itself that the eMBED business process is robust and enables NHS Wakefield CCG to meet its duties in relation to procurement and those relating to the management of conflicts of interest.

When NHS Wakefield CCG is undertaking procurement eMBED helps to demonstrate that the CCG is acting fairly and transparently when presenting information bids by including an assessment of whether providers meet pre-qualifying criteria and an assessment of which provider provides best value for money. However NHS Wakefield CCG will:

- Determine and sign off the specification and evaluation criteria
- Decide and sign off decisions on which providers to invite to tender
- Make the final decision on the selection of the provider.

5.14 Role of NHS England

NHS England will support CCGs in meeting their duties in relation to managing conflicts of interest.

NHS England will seek to assure itself that CCGs are meeting their statutory duties in managing conflicts of interest including having regard to the statutory guidance issued by itself and NHS Improvement. Where there are any concerns that a CCG is not meeting these requirements NHS England or NHS Improvement could seek further information or explanation or take further action as deemed necessary.

6 Managing conflicts of interest throughout the commissioning cycle

6.1 The CCG recognises that conflicts of interest need to be managed appropriately throughout the whole commissioning cycle.

Commissioning cycle principles

NHS England has devised a set of principles which need to be applied when managing conflicts of interest through the commissioning cycle:

- *'CCGs should identify and appropriately manage any conflicts of interest that may arise where staff are involved in both the management of existing contracts and the procurement of related/replacement contracts'*
- *'CCGs should also identify as soon as possible where staff might transfer to a provider (or their role may materially change) following the award of a contract. This should be treated as a relevant interest, and CCGs should ensure they manage the potential conflict'*
- *'CCGs should ensure they meet any obligations to document their decisions including, but not limited to, any obligations they have under the National Health Services (Procurement, Patient Choice and Competition) (No2) Regulations 2013 and the Public Contracts Regulations 2015.'*

At the outset of a commissioning process, the relevant interests of all individuals involved will be identified 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.

6.2 Designing Service Requirements

The way in which services are designed can either increase or decrease the extent of perceived or actual conflicts of interest. Particular attention will be given to public and patient involvement in service development.

Public involvement supports transparent and credible commissioning decisions. NHS Wakefield CCG will seek, as far as possible, to ensure that it happens at every stage of the commissioning cycle from needs assessment, planning and prioritisation to service design, procurement and monitoring.

6.3 Provider engagement

It is good practice to engage relevant providers, especially clinicians, in confirming the design of service specifications will meet patient need. This may include providers from the acute, primary, community, and mental health sectors, and may include NHS, third sector and private sector providers. Such engagement, done transparently and fairly, is entirely legal. However, 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. The CCG should be particularly mindful of these issues when engaging with existing/ potential providers in relation to the development of new care models (See Managing conflicts of interest: revised statutory guidance for CCGs 2017).

Provider engagement will follow the three main principles of procurement law, namely equal treatment, non-discrimination and transparency. This includes ensuring that the same information is given to all at the same time and procedures are transparent.

NHS Wakefield CCG will seek, as far as possible, to specify the outcomes that it wishes to see delivered through a new service, rather than the way in which these outcomes are to be achieved. As well as supporting innovation, this helps prevent bias towards particular providers in the specification of services.

Other practical steps will include:

- Advertise the fact that a service design/re-design exercise is taking place widely and invite comments from any potential providers and other interested parties (ensuring a record is kept of all interactions);
- As the service design develops, engage with a wide range of providers on an ongoing basis to seek comments on the proposed design, e.g. via the commissioner's website or workshops with interested parties;
- Use engagement to help shape the requirement to meet patient need but take care not to gear the requirement in favour of any particular provider;

- If appropriate, engage the advice of an independent clinical adviser on the design of the service;
- Ensure that at all stages potential providers are aware of how the service will be commissioned;
- Maintain commercial confidentiality.

NHS Wakefield CCG will ensure that it has systems for managing conflicts of interest on an ongoing basis, for instance, in monitoring a contract that has been awarded to a provider in which an individual has an interest.

7. Procurement and awarding Grants

The CCG will 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 public funds.

All 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. Further detail is available in the CCG’s Procurement Policy.

NHS Wakefield CCG recognises the importance of making decisions about the services it procures / commissions in a manner which does not call into question the reasons behind the procurement decision which has been made. NHS Wakefield CCG will commission and procure services in a manner which is open, transparent, fair and non-discriminatory. This will apply to any services it commissions including any arrangements for the co-commissioning of primary medical services.

Further detail about the CCG’s approach to procurement is contained in the CCG’s Procurement Policy.

An area where NHS Wakefield CCG may need to manage conflicts of interest is where it may commission (or continue to commission) healthcare services, including GP services, in which a member of the CCG has a financial or other interest. This may arise in the context of co-commissioning of primary care services, but will also need to be considered in respect of any commissioning issue where GPs are current or possible providers or in relation to the commissioning of new care models (see [Managing conflicts of interest: revised statutory guidance for CCGs 2017](#)). These factors are addressed in the procurement template attached at Appendix 3.

7.1 Register of Procurement Decisions

On behalf of NHS Wakefield CCG the Head of Contracting and Performance will maintain a register of procurement decisions taken which include:

- a) The details of the decision made

- b) Who was involved in making the decision for example Governing Body or committee members and others with decision making responsibility
- c) A summary of any conflicts of interest in relation to the decision and how this was managed by the CCG

This register will be updated whenever a procurement decision has been made. The Register of Procurement Decisions is held by the Head of Contracting and will be available on the NHS Wakefield CCG website and available on request or for inspection at the NHS Wakefield CCG headquarters. Updated copies will be circulated every three months and presented to the Audit Committee on a regular basis.

7.2 Member practices

The British Medical Association (BMA) have identified that a conflict of interest may arise in the following instances:

- Where GPs may refer their patients to a provider company in which they have financial interest;
- Where enhanced services are commissioned that could be provided by member practices;

NHS Wakefield CCG will expect that member practices must continue to ensure that patients are referred to the service that the GP in their professional opinion believe is most appropriate for that patient's condition, whilst responding to the wishes and choices of that patient. Where the most appropriate service to which the patient is referred is also one in which the GP has a vested interest the GP must inform them of this fact, in line with paragraph 76 of the General Medical Council Guidelines 'Good Medical Practice' 2006

7.3 Managing conflicts of interest: contractors and people who provide services to NHS Wakefield CCG

In order to ensure that the CCG complies with the principles of equal treatment and transparency, bidders will be asked to complete a formal declaration at the invitation to tender stage of the procurement process. This form is enclosed at Appendix 3.

When a bidder declares a conflict, the CCG will decide how best to deal with it to ensure that no bidder is treated differently to any other. It will not usually be appropriate to declare such a conflict on the register of procurement decisions, as it may compromise the anonymity of bidders during the procurement process. However, the CCG will retain an internal audit trail of how the conflict or perceived conflict was dealt with to allow them to provide information at a later date. These records must be retained for a period of at least three years from the date of award of the contract.

7.4 Contract Monitoring

All contract monitoring meetings held by the CCG or under joint arrangements (eg with the Local Authority or other CCGs) will consider conflicts of interest as part of the process. The chair of the meeting will ensure that conflicts of interest are appropriately managed in line with this policy. At the start of the meeting the chair

of a contract monitoring meeting will invite declarations of interests. Any interests declared will be recorded in the minutes of the meeting.

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.

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

7.5 Factors to Address When Commissioning Services from GP Practices

The attached template at Appendix 3 sets out the factors NHS Wakefield CCG will address when drawing up plans to commission primary medical services or services when a GP (whether a NHS Wakefield CCG Governing Body member or not) may be a potential provider. This will provide assurance that NHS Wakefield CCG is seeking and encouraging scrutiny of its decision making process.

The template will be used as a method to make evidence of deliberations on conflicts of interest publically available and the template is one method of evidencing this and will support NHS Wakefield CCG in fulfilling its duty in relation to public involvement.

The NHS Act, the Health and Social Care Act (HSCA) and associated regulations set out the statutory rules with which commissioners are required to comply when procuring and contracting for the provision of clinical services, which need to be considered alongside the Public Contract Regulations and where appropriate EU procurement rules.

The Procurement, Patient Choice and Competition Regulations place requirements on commissioners to ensure that they adhere to good practice in relation to procurement, do not engage in anti-competitive behaviour that is against the interest of patients, and protect the right of patients to make choices about their healthcare.

The regulations set out that commissioners must:

- manage conflicts and potential conflicts of interests when awarding a contract by prohibiting the award of a contract where the integrity of the award has been or appears to have been affected by a conflict; and
- keep appropriate records of how they have managed any conflicts in individual cases.

NHS Improvement has a statutory duty under section 78 of the HSCA to produce guidance on compliance with any requirements imposed by the regulations and how it intends to exercise the powers conferred on it by these regulations. NHS Improvement's Substantive guidance on the Procurement, Patient Choice and Competition Regulations is the relevant statutory guidance. NHS England works closely with NHS Improvement with regard to these matters and has engaged with NHS Improvement in developing this revised guidance.

8. Fraud or Bribery

Any suspicions or concerns of acts of fraud or bribery can be reported to the CCG's nominated Local Counter Fraud Specialist. Alternatively, concerns can be reported online via <https://www.reportnhsfraud.nhs.uk/> or via the NHS Fraud and Corruption Reporting Line on 0800 0284060. This provides an easily accessible and confidential route for the reporting of genuine suspicions of fraud within or affecting the NHS. All calls are dealt with by experienced trained staff and any caller who wishes to remain anonymous may do so. Please refer to the CCG's Anti-Fraud, Bribery and Corruption Policy for further details.

9. 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 CCG's 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 CCG will investigate and take action appropriate to circumstances.

The CCG 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 CCG or their properly constituted committees or sub-committees, although the CCG 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.

10. Public Sector Equality Duty

NHS Wakefield CCG aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.

An Equality impact Assessment has been completed which has shown that no groups will be adversely affected by this policy. This is attached at Appendix 5.

11. Consultation

Consultation on this policy will be undertaken with the Chair of the Audit Committee/Conflicts of Interest Guardian.

This policy has been written in line with the guidance from NHS England; Managing Conflicts of Interest: Statutory Guidance for CCGs who as a part of the development of this undertook consultation with:

- Healthwatch England
- NHS Improvement
- The National Audit Office (informally)
- General Practitioners Committee
- Royal College of General Practitioners
- General Medical Council
- CCG representatives

12. Training

Training for all employees, Governing Body members and members of the CCG committees and sub committees will be offered to ensure staff and others understand what conflicts are and how to manage them effectively.

An online training package will be offered and will be required to be completed on an annual basis to raise awareness of the risks of conflicts of interest and to support staff in managing conflicts of interest. This will be mandatory training and will need to be completed by 31 January of each year for all staff. Internal Audit will review completion rates as part of the annual conflicts of interest audit. This training will be mandatory for all CCG employees, Governing Body and committee members and practice staff with involvement in CCG business.

13. Monitoring Compliance with and the Effectiveness of Procedural Documents

NHS Wakefield CCG will continue to monitor its procedures for managing conflicts of interest to ensure that they continue to remain fit for purpose as the organisation develops and remains in line with statutory regulations and guidance. Regular reports will be presented to the Governing Body and the Audit Committee. In addition the CCG's Internal Auditors will undertake an annual audit of conflicts of interest management, this will include completion rates of the mandatory conflicts of interest training.

These annual audits will be included in relevant internal audit plans.

Monitoring compliance of the policy will be via the Audit Committee and Governing Body and the Governance & Board Secretary will take any action as necessary.

14. Arrangements for Review

This policy will be updated every two years or when deemed necessary.

15. Dissemination

NHS Wakefield CCG will ensure that all employees and decision makers are aware of the existence of this policy.

This policy, following ratification by the Governing Body will be disseminated to staff and member practices via the CCG intranet.

All staff will be notified of this policy through the NHS Wakefield CCG newsletter Connected.

16. Associated Documentation

NHS Wakefield Clinical Commissioning Group Constitution
Anti-Fraud, Bribery and Corruption Policy
Standards of Business Conduct, Receipt of Hospitality and Anti-Bribery Policy
Procurement Policy

17. References

- Towards Establishment: Creating Responsive and Accountable Clinical Commissioning Groups, (2012) NHS Commissioning Board
- Towards Establishment: Creating Responsive and Accountable Clinical Commissioning Groups, Frequently Asked Questions (2012) NHS Commissioning Board
- Managing Conflicts of Interest Technical Appendix 1, (2012) NHS Commissioning Board
- Ensuring Transparency and Probity, (2011) British Medical Association
- Managing Conflicts of interests in Clinical Commissioning Groups, (2011) Royal College of General Practitioners / NHS Confederation
- Good Medical Practice, (2013) General Medical Committee
- NHS Wakefield Clinical Commissioning Group Constitution
- West Yorkshire Audit Consortium. Policy on business conduct and management of conflicts of interest template
- Code of Conduct: Managing Conflicts of Interest Where GP Practices are Potential Providers of CCG Commissioned Services (2013) NHS Commissioning Board
- Managing Conflicts of Interest: Guidance for Clinical Commissioning Groups (2013) NHS Commissioning Board
- NHS Improvement – Substantive Guidance on the Procurement, Patient Choice and Competition Regulations 2013
- Next steps towards primary care co-commissioning (2014) NHS England
- Managing Conflicts of Interest Statutory Guidance for CCGs (2017) NHS England
- Managing Conflicts of interest: Case studies (2016) NHS England
- NHS Clinical Commissioners, Royal College of General Practitioners and British Medical Association Shared Principles on conflicts of interests when CCGs are commissioning from member practices. (2014)

18. Appendices

Appendix 1 Declarations of Interest Form
Appendix 2 Form - Bidders/potential contractors/service providers declaration form: financial and other interests
Appendix 3 Procurement Template
Appendix 4 Declarations of Interest Checklist
Appendix 5 Equality Impact Assessment



NHS WAKEFIELD CLINICAL COMMISSIONING GROUP

DECLARATION OF INTERESTS

Name				
Position within, or relationship with, the CCG and/or joint committee				
Details of any interests held (complete all that are applicable)				
Type of interest (see reverse of form for details)	Description of interest (including for indirect interest, details of the relationship with the person who has the interest)	Date interest relates to		Actions to be taken to mitigate risk
		From	To	

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

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 or internal disciplinary action may result.

I **do/do not** give my consent for this information to be published on registers that the CCG holds. If consent is **NOT** given, please give reasons why

Signed:	Date:

Signed: (Line Manager)	Position:	Date:
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Please return to Governance Team, NHS Wakefield CCG, White Rose House, Wakefield, WF1 1LT or email wakccg.governance@nhs.net The Governance team are available to provide advice, support and guidance on how conflicts of interest should be managed.

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; • In receipt of secondary income from a provider; • In receipt of a grant from a provider; • In receipt of any payments (for example honoraria, one off payments, day allowances or travel or subsistence) from a provider • In receipt of research funding, including grants that may be received by the individual or any organisation in which they have an interest or role; and • Having a pension that is funded by a provider (where the value of this might be affected by the success or failure of the provider).
Non-Financial Professional Interests	<p>This is where an individual may obtain a non-financial professional benefit from the consequences of a commissioning decision, such as increasing their professional reputation or status or promoting their professional career. This may, for example, include situations where the individual is:</p> <ul style="list-style-type: none"> • An advocate for a particular group of patients; • A GP with special interests e.g., in dermatology, acupuncture etc. • A member of a particular specialist professional body (although routine GP membership of the RCGP, BMA or a medical defence organisation would not usually by itself amount to an interest which needed to be declared); • An advisor for Care Quality Commission (CQC) or National Institute for Health and Care Excellence (NICE); • A medical researcher.
Non-Financial Personal Interests	<p>This is where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit. This could include, for example, where the individual is:</p> <ul style="list-style-type: none"> • A voluntary sector champion for a provider; • A volunteer for a provider; • A member of a voluntary sector board or has any other position of authority in or connection with a voluntary sector organisation; • Suffering from a particular condition requiring individually funded

	<p>treatment;</p> <ul style="list-style-type: none"> • 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.



NHS Wakefield Clinical Commissioning Group

Bidders/potential contractors/service providers declaration form: financial and other interests

This form is required to be completed in accordance with the CCG's Constitution, and s140 of the NHS Act 2006 (as amended by the Health and Social Care Act 2012) and the NHS (Procurement, Patient Choice and Competition) (No2) Regulations 2013 and related guidance.

Interests that must be declared (whether such interests are those of the Relevant Person themselves or of a family member, close friend or other acquaintance of the Relevant Person), include the following:

- the Relevant Organisation or any person employed or engaged by or otherwise connected with a Relevant Organisation (Relevant Person) has provided or is providing services or other work for the CCG or NHS England;
- a Relevant Organisation or Relevant Person is providing services or other work for any other potential bidder in respect of this project or procurement process;
- the Relevant Organisation or any Relevant Person has 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 Organisation	
Interests	
Type of Interest	Details
Provision of Services or other work for NHS Wakefield 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 NHS Wakefield CCG or NHS England, whether personal or professional which the public could perceive may impair or otherwise influence NHS Wakefield CCGs or any of its members or employees judgements, decisions or actions.	

Name of relevant person	Complete for all relevant persons interests	
Type of interest	Details	Personal interest or that of a family member, close friend or other acquaintance
Provision of services or other work for NHS Wakefield 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 NHS Wakefield CCG or NHS England, whether personal or professional, which the public could perceive may impair or otherwise influence NHS Wakefield 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

Notes:

- All potential bidders/contractors/service providers, including sub-contractors, members of a consortium, advisers or other associated parties (Relevant Organisation) are required to identify any potential conflicts of interest that could arise if the Relevant Organisation were to take part in any procurement process and/or provide services under, or otherwise enter into any contract with, the CCG, or with NHS England in circumstances where the CCG is jointly commissioning the service with, or acting under a delegation from, NHS England. If any assistance is required in order to complete this form, then the Relevant Organisation should contact the Procurement Team via the relevant procurement project.
- The completed form should be returned as required with the procurement documentation.
- Any changes to interests declared either during the procurement process or during the term of any contract subsequently entered into by the Relevant Organisation and the CCG must notified to the CCG by completing a new declaration form and submitting it to the Contracting Team.
- Relevant Organisations completing this declaration form must provide sufficient detail of each interest so that the CCG, NHS England and also a member of the public would be able to understand clearly the sort of financial or other interest the person concerned has and the circumstances in which a conflict of interest with the business or running of the CCG or NHS England (including the award of a contract) might arise.
- If in doubt as to whether a conflict of interests could arise, a declaration of the interest should be made.



NHS Wakefield Clinical Commissioning Group Procurement Template

Template to be used when commissioning services from GP practices, including provider consortia, or other organisations which GPs have a financial interest.

Service:	
Question	Comment/Evidence
Questions for all three procurement routes	
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 obligations?	
How have you involved the public in the decision to commission this service?	
What range of health professionals have been involved in designing the proposed service?	
What range of potential providers have been involved in considering the proposals?	
How have you involved your Health and Wellbeing Board(s)? How does the proposal support the priorities in the relevant joint health and wellbeing strategy (or strategies)?	
What are the proposals for monitoring the quality of the service?	
What systems will there be to monitor and publish data on referral patterns?	
Have all conflicts and potential conflicts of interests been appropriately declared and entered in registers which are publicly available? Have you recorded how you have managed any conflict or potential conflict?	

Why have you chosen this procurement route? ²	
What additional external involvement will there be in scrutinising the proposed decisions?	
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).	
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	
How will you ensure that patients are aware of the full range of qualified providers from whom they can choose?	

Additional questions for single tenders from GP providers	
What steps have been taken to demonstrate that the services to which the contract relates are capable of being provided by only one provider?	
In what ways does the proposed service go above and beyond what GP practices should be expected to provide under the GP contract?	
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?	

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

NHS Wakefield Clinical Commissioning Group 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
In advance of the meeting	<p>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.</p> <p>A definition of conflicts of interest should also be accompanied with each agenda to provide clarity for all recipients.</p> <p>Agenda to be circulated to enable attendees (including visitors) to identify any interests relating specifically to the agenda items being considered.</p> <p>Members should contact the Chair as soon as an actual or potential conflict is identified.</p> <p>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.</p> <p>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>	<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>
During the meeting	<p>Check and declare the meeting is quorate and ensure that this is noted in the minutes of the meeting.</p> <p>Chair requests members to declare any interests in agenda items- which have not already been declared, including the nature of the conflict.</p> <p>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>Meeting Chair</p> <p>Meeting Chair</p> <p>Meeting Chair and secretariat Secretariat</p>

	<p>As minimum requirement, the following should be recorded in the minutes of the meeting:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Individual declaring the interest; <input type="checkbox"/> At what point the interest was declared; <input type="checkbox"/> The nature of the interest; <input type="checkbox"/> The Chair's decision and resulting action taken; <input type="checkbox"/> The point during the meeting at which any individuals retired from and returned to the meeting - even if an interest has not been declared; <p>Visitors in attendance who participate in the meeting must also follow the meeting protocol and declare any interests in a timely manner.</p>	
Following the meeting	<p>All new interests declared at the meeting should be promptly updated onto the declaration of interest form;</p> <p>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>

Equality Impact Assessment

Title of policy	Conflicts of Interest Policy
Names and roles of people completing the assessment	Amrit Reyat, Governance and Board Secretary
Date assessment started/completed	November 2019

1. Outline	
Give a brief summary of the policy	This policy establishes how NHS Wakefield CCG will ensure that best practice is followed in managing potential conflicts of interest. The policy further sets out the safeguards which will be put in place by NHS Wakefield CCG to ensure transparency, fairness and probity in decision making.
What outcomes do you want to achieve	

2. Analysis of impact			
This is the core of the assessment, using the information above detail the actual or likely impact on protected groups, with consideration of the general duty to; eliminate unlawful discrimination; advance equality of opportunity; foster good relations			
	Are there any likely impacts? Are any groups going to be affected differently? Please describe.	Are these negative or positive?	What action will be taken to address any negative impacts or enhance positive ones?
Age	None identified		
Carers	None identified		
Disability	None identified		
Sex	None identified		
Race	None identified		
Religion or belief	None identified		
Sexual orientation	None identified		
Gender reassignment	None identified		
Pregnancy and maternity	None identified		
Marriage and civil partnership	None identified		
Other relevant group	None identified		

If any negative/positive impacts were identified are they valid, legal and/or justifiable? Please detail.	There are no issues identified in this policy which will adversely affect any groups.

4. Monitoring, Review and Publication			
How will you review/monitor the impact and effectiveness of your actions	This policy will be regularly monitored		
Lead Officer	Amrit Reyat	Review date:	tbc

5. Sign off			
Lead Officer	Amrit Reyat		
Director Responsible	Amrit Reyat	Date approved:	November 2019