MANAGING CONFLICTS OF INTEREST POLICY
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## Policy Implementation Plan:

| Development and Consultation | Governance and Corporate Affairs Team.  
|                             | Executive Team.  
|                             | Internal Audit.  
|                             | Local Counter Fraud Specialist.  
| Dissemination               | Staff can access this policy via the intranet and will be notified of new / revised versions via the staff briefing. This policy will be included in the CCG’s Publication Scheme in compliance with the Freedom of Information Act 2000.  
| Training                    | NHS England mandatory online training.  
| Monitoring                  | Monitoring and compliance will be carried out via:  
|                             | Annual internal audit of conflicts of interest management.  
|                             | Quarterly and annual self-certification returns via the CCG Improvement and Assessment Framework.  
| Review                      | The Company Secretary will ensure this document is reviewed in accordance with the Policy Review Date.  
| Equality and Diversity / Privacy | May 2014 - Equality Impact Assessment (Appendix 3)  
|                             | May 2014 - Privacy Impact Assessment (Appendix 4)  
| Associated CCG Documents    | The following documents must be read in conjunction with this policy:  
|                             | Standards of Business Conduct Policy.  
|                             | Anti-Fraud and Bribery Policy.  
|                             | CCG’s Constitution.  
|                             | Disciplinary Policy and Procedure.  
|                             | Recruitment and Selection Policy.  
|                             | Raising Concerns at Work (Whistleblowing) Policy.  
|                             | Clinical Procurement Strategy (including policy).  
| References                  | Health and Social Care Act 2012 [Section 25 (14O)].  
|                             | NHS England, Managing Conflicts of Interest: Statutory Guidance for CCGs [05198].  
|                             | Primary care trust model standing orders, reservation and delegation of powers and standing financial instructions - August 2006.  

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1.0 Introduction

1.1 A conflict of interest can occur when there is the possibility that a person’s judgement regarding their primary duty to NHS patients may be influenced by a secondary interest they hold. Such a conflict may be:

- Potential – i.e. there is the possibility of a conflict between the two interests in the future.
- Actual - i.e. there is a relevant and material conflict between the two interests now.
- Perceived – i.e. an observer could reasonably suspect there to be a conflict of interest regardless of whether there is one or not.

Conflicts can occur with interests held by the individual or their close family members,* close friends and associates, and business partners (dependent on the circumstances and the nature of such relationships).

*‘Family member’ refers to a spouse, civil partner, or partner living in the same residence as the individual, as well as siblings, grandparents, children and adults (who may or may not be living in the same residence) for whom the individual is legally responsible, (for example, an adult whose full power of attorney is held by the individual).

1.2 It is not possible, or desirable, to define all instances in which an interest may be a potential, actual or perceived conflict. The aim of this policy is to protect both the organisation and the individuals involved from any appearance of impropriety and demonstrate transparency to the public and other interested parties.

1.3 The Health and Social Care Act 2012¹ established provisions for all Clinical Commissioning Groups (CCGs) to manage conflicts of interests and maintain registers of those interests. NHS East and North Hertfordshire Clinical Commissioning Group (CCG) must make arrangements for managing conflicts and potential conflicts of interest in such a way as to ensure that they do not, and do not appear to, affect the integrity of the group’s decision-making processes.

1.4 This policy sets out how the CCG will comply with those provisions and has been developed with regard to the ‘Managing Conflicts of Interest: Statutory Guidance for CCGs’ published by NHS England².

1.5 A number of staff members will also be duty-bound by the professional codes of conduct of their respective professions, which contain conflicts of interest principles, for example, the General Medical Council, The Association of the British Pharmaceutical Industry etc.

¹ http://www.legislation.gov.uk/ukpga/2012/7
2.0 Scope

2.1 This policy applies to all CCG staff members, including Governing Body Members and Practice Representatives, involved in the CCG’s decision-making processes, whether permanent, temporary or contracted-in (either as an individual or through a third party supplier). Please (see §3.4, 3.5) for detail as to how this applies.

2.2 This policy applies to all NHS England staff members when serving on a joint committee with the CCG for the purpose of co-commissioning primary care services.

2.3 This policy applies to the following sub-classifications of interest and definitions of these can be found in section 4.0:

- Direct (or personal financial interest).
- Indirect (or non-personal financial interest).
- Non-financial interests.

3.0 Policy Statement

3.1 The CCG’s Governing Body has ultimate accountability for all actions carried out by staff and committees throughout the CCG’s activities. This responsibility includes the stewardship of significant public resources and the commissioning of healthcare to the community. The Governing Body must ensure the organisation inspires confidence and trust amongst its patients, staff, partners, funders and suppliers by demonstrating integrity, and avoiding any potential or real situations of undue bias or influence in its decision-making.

3.2 To ensure the integrity and probity of decision-making, individuals will act independently and will not be influenced by social or business relationships. No-one should use their public position to further their private interests. Where there is potential for private interests to be material and relevant to NHS business, these must be declared, recorded in the minutes or action notes of the relevant meeting, and entered into a Register of Interests.

3.3 It is for each individual to exercise their judgment in deciding whether to register any interests that may be construed as a conflict. Individuals can and should seek confidential guidance from the Company Secretary. If in doubt, the individual concerned should assume that a potential conflict of interest exists and must declare this, and manage it appropriately rather than ignore it.

3.4 The CCG requires Governing Body Members, all Senior Managers (band 8a and above), and Practice Representatives to make their declarations of interests using the form at Appendix 1, which list the types of interest you should declare (including declaring no interests – nil return). Any such declaration should be made as soon as is practicable after the person becomes aware of the conflict or potential conflict and, in any event, within 28 days.
3.5 The CCG requires all other staff, (band 7 and below) should they believe they have an interest, to make their declarations of interests using the form at Appendix 1, which list the types of interest you should declare as soon as is practicable after the person becomes aware of the conflict or potential conflict and, in any event, within 28 days.

3.6 The declaration of interests form must be completed on appointment and then re-confirmed at least annually.

3.7 The CCG will keep registers of all declared interests, which will be maintained by the Governance and Corporate Affairs Team, and will be available for public inspection via the CCG’s website and at the headquarters. The Team will maintain one or more registers of the interests of:

   a) the members of the CCG (Practice Representatives);
   b) the members of its Governing Body;
   c) the members of its committees or sub-committees and the committees or sub-committees of its Governing Body;
   d) its employees.

3.8 The use of electronic submissions from an email account is accepted.

3.9 Information provided on a Declaration of Interest Form will overwrite any previous declaration of interest.

3.10 The CCG will have a minimum of three Lay Members on the Governing Body to support with conflicts of interest management. The Lay Member for Governance and Audit will assume the role of Conflict of Interest Guardian. This individual may serve on the Joint Co-Commissioning Committee but may not hold the position of Chair or Deputy Chair on this.

3.11 In any situation where there are grounds for suspicion of misconduct, a proper and thorough investigation will be undertaken to establish the facts in line with the CCG’s Disciplinary Policy and Procedure. Anonymised details of any breach will be published on the CCG’s Intranet for learning and development purposes. The stages to the disciplinary procedure are as follows:

   - Informal advice, coaching and counselling
   - Written Warning
   - Final Written Warning
   - Dismissal
   - Appeal

3.12 The CCG will include an annual audit of conflicts of interest management within their internal audit plans and will also include the findings of this audit within their Annual Governance Statement.
3.13 All staff must complete mandatory online conflicts of interest training, which will be provided by NHS England. Mandatory Training will be linked via individual's Personal Development Plan, as part of the Appraisal process.

3.14 Appendix 1 details the interests, which must be declared.

3.15 The principles of public life apply to anyone who works as a public office-holder and this policy respects the seven principles promulgated by the Nolan Committee, as outlined below:

<table>
<thead>
<tr>
<th>The Seven Principles of Public Life</th>
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<tbody>
<tr>
<td><strong>Selflessness</strong></td>
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<tr>
<td>Holders of public office should act solely in terms of the public interest.</td>
</tr>
<tr>
<td><strong>Integrity</strong></td>
</tr>
<tr>
<td>Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.</td>
</tr>
<tr>
<td><strong>Objectivity</strong></td>
</tr>
<tr>
<td>Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.</td>
</tr>
<tr>
<td><strong>Accountability</strong></td>
</tr>
<tr>
<td>Holders of public office are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this.</td>
</tr>
<tr>
<td><strong>Openness</strong></td>
</tr>
<tr>
<td>Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.</td>
</tr>
<tr>
<td><strong>Honesty</strong></td>
</tr>
<tr>
<td>Holders of public office should be truthful.</td>
</tr>
<tr>
<td><strong>Leadership</strong></td>
</tr>
<tr>
<td>Holders of public office should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs.</td>
</tr>
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4.0 Definitions

4.1 The following table describes the sub-classifications of interests:

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Financial Interests</strong></td>
<td>This is where an individual may get direct financial benefits from the consequences of a commissioning decision.</td>
</tr>
<tr>
<td><strong>Non-Financial Professional Interests</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Non-Financial Personal Interests</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Indirect Interests</strong></td>
<td>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.</td>
</tr>
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5.0 **Duties (roles and responsibilities)**
The following individuals have specific role responsibilities in relation to conflicts of interest management:

5.1 **Chief Executive (Accountable Officer)**
The Chief Executive is accountable for conflicts of interest to the Governing Body, and will provide direct formal attestation to NHS England that the CCG has complied with the Managing Conflicts of Interest: Statutory Guidance for CCGs’, as part of the certification process under the CCG Improvement and Assessment Framework.

5.2 **Chief Finance Officer**
The Chief Finance Officer is responsible for ensuring that this policy is implemented and monitored across all Directorates.

5.3 **Lay Member for Governance and Audit – Conflicts of Interest Guardian (Governance and Audit Committee Chair)**
The Lay Member for Governance and Audit will advise the Governing Body on conflict of interest matters and will also provide direct formal attestation to NHS England alongside the Chief Executive. In addition they will provide a view of the working of the CCG with a strategic and independent focus and will take the Chair’s role for discussions and decisions where the Chair has made a declaration of interest and has to withdraw from a meeting due to the conflict.

5.4 **Company Secretary**
The Company Secretary, on behalf of the Chief Executive / Chief Finance Officer has operational responsibility for conflicts of interest policy, and will ensure that there are arrangements in place to manage this, and support the Conflicts of Interest Guardian.

5.5 **Governing Body Administrator**
The Governing Body Administrator will assist in the design, set up and maintenance of the Registers of Interests and organise for these to be reviewed and updated.

5.6 **The Governance and Corporate Affairs Team**
The Governance and Corporate Affairs Team will hold the Registers of Interests, including maintaining and publishing them or making arrangements to ensure that members of the public have access to these registers on request.

5.7 **HR Business Partner**
The HR Business Partner will issue all new staff members with a Declaration of Interest Form, as part of the joining process and notify the Governance and Corporate Affairs Team when they leave, to remove the entry from the Register.

5.8 **Associate Director – Commissioning Primary Care Projects**
The Associate Director - Commissioning Primary Care Projects will be accountable for ensuring that Declarations of Interest that arise at joint co-commissioning meetings are managed in accordance with the processes set out in Section 6.0 of this policy.
5.9 **Associate Director – Commissioning and Locality Development**
The Associate Director - Commissioning and Locality Development will be accountable for ensuring that Declarations of Interest that arise at locality meetings are managed in accordance with the processes set out in Section 6.0 of this policy.

5.10 **Locality Managers**
Locality Managers are responsible for ensuring that Declarations of Interest that arise at locality meetings are managed in accordance with the processes set out in Section 6.0 of this policy.

5.11 **All Staff Members**
It is the responsibility of all individuals to declare, and keep up-to-date, details of any personal or business interests, which may influence, or may be perceived to influence, their judgement. They should do this by completing and submitting the Declaration of Interest Form in Appendix 1 to the Company Secretary, which should be submitted as soon as a conflict is identified and no later than 28 days later.

5.12 **Meeting Chair**
The Meeting Chair is responsible for inviting members, and those in attendance, to declare any interests in relation to agenda items, which have not already been declared in advance of the meeting, including the nature of the conflict. The 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 in the meeting minutes. It is the responsibility of the Chair to ensure that interests are formally recorded in the minutes.

5.13 **Meeting Secretariat**
The Meeting Secretariat is responsible for inviting members, and those in attendance, to declare any interests in relation to agenda items to the Chair in advance of the meeting. They are responsible for ensuring that Declarations of Interest are a standing item on a meeting Agenda (where required), to enable individuals to raise any issues and / or make a declaration at the meeting, and for recording the outcome in the meeting minutes.

5.14 **Procurement**
Roles and responsibilities relating to conflicts of interest and procurement are documented in the Clinical Procurement Strategy (including policy).
6.0 Managing conflicts of interest processes: General
Arrangements for the management of conflicts of interest may require:

- An individual to withdraw from a specified activity, on a temporary or permanent basis.
- Monitoring of the specified activity undertaken by the individual, either by a line manager, colleague or other designated individual.
- A review of their role within the CCG.

6.1 Declaring Interests

6.1.1 All individuals make their declarations of interest using the form at Appendix 1, which lists the types of interest you should declare (including declaring no interests – nil return).

6.1.2 Within 28 days of a relevant event, individuals need to register their financial and other interests.

6.1.3 If any advice or assistance is required to complete this form, then the individual should contact the Company Secretary or a member of the Governance and Corporate Affairs Team.

6.1.4 The completed form should then be sent by email to the Governance and Corporate Affairs Team of the CCG via GoverningBody@enhertsccg.nhs.uk

6.1.5 Any changes to interests declared must also be registered within 28 days of the relevant event by completing and submitting a new declaration form, which will overwrite the existing declaration.

6.1.6 Individuals completing this declaration form must provide sufficient detail of each interest so that a member of the public would be able to understand clearly the sort of financial or other interest the member or employee has and the circumstances in which a conflict of interest with the business or running of the CCG might arise.

6.1.7 If in doubt as to whether a conflict of interest could arise, a declaration of the interests should be made so this can be managed appropriately rather than ignored.

6.2 On Appointment / Retention Period

6.2.1 All individuals applying for appointment for any position in the CCG will be required as part of the appointments process to declare any relevant interests. The CCG must retain a private record of historic interests for a minimum of 6 years after the date on which it expired. An interest should remain on the public register for a minimum of 6 months after the interest has expired.

6.2.2 The purpose of such declarations will be to enable the Company Secretary, seeking guidance where applicable to assess, on a case by case basis, whether any of the declared interests are such that they could not be managed under this policy, and would prevent the individual from making a full and proper contribution to the CCG, thus debarring the individual from appointment or election to the CCG.
6.2.3 In so doing, the Company Secretary will take into consideration the materiality of the declared interest and the extent to which the individual could benefit from any decision of the CCG. For example, any individual who has a material interest in an organisation that undertakes, or is likely to undertake, substantial business with the CCG as a healthcare provider or a commissioning support service should not be a member of the Governing Body.

6.2.4 The HR Business Partner will place the original copy in the personnel file after submitting the form electronically to the Governance and Corporate Affairs Team.

6.3 **On Changing Role, Responsibility or Circumstances**

6.3.1 When an individual changes role or responsibility within the CCG, any change to the individual's interests should be declared immediately, indicating the date the change took effect.

6.3.2 Whenever an individual’s circumstances change in a way that affects the CCG or sets up a new business or relationship, a further declaration may need to be made to reflect the change in circumstances. This could involve a conflict of interest ceasing to exist or a new one materialising.

6.4 **At meetings**

6.4.1 All individuals are required to declare their interests in relation to any items on the Agenda in advance of each Governing Body or committee meeting. Where the conflict is material to the discussion of the meeting that member shall withdraw from discussions pertaining to that Agenda item, the conflict and the action taken will be recorded in the minutes of the meeting. As a minimum requirement, the following should be recorded in the minutes of the meeting:

- 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.

6.4.2 It is the responsibility of the Meeting Secretariat to monitor quorum and advise the Chair accordingly to ensure this is maintained throughout the discussion and decision of the Agenda item. Should the withdrawal of the conflicted individual result in the loss of quorum, the item cannot be decided upon at that meeting.

6.4.3 If during the course of a meeting a conflict of interest is established, the member concerned should notify the Chair of the meeting immediately. A decision will then be made by the Chair on whether the declarer should withdraw from the meeting and play no part in the relevant discussion or decision and this should be recorded in the minutes. The Chair will identify at which point the member of the meeting with the conflict if interests may re-join the meeting and this will also be recorded in the minutes. If a decision is made not to withdraw, this should be agreed and recorded in the minutes.
6.4.4 If, after a meeting, a member realises that they have contributed to a discussion in which they had an interest, they must notify the Chair of the meeting at the earliest opportunity and, if there is time, the interest will be noted in the minutes, otherwise it will be raised as a Matter Arising at the next meeting.

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

6.4.6 To support Chairs in their role, the Meeting Secretariat will provide the Chair with access to a copy of the Register of Interests prior to meetings, which should include details of any declarations of conflicts, which have already been made by members of the CCG.

6.4.7 Any declarations of interests, and arrangements agreed in any meeting of the CCG, committees or sub-committees, or the Governing Body, the Governing Body's committees or sub-committees, will be recorded in the minutes.

6.5 Waiver

6.5.1 Where permitted under the CCG’s Constitution or the conditions of its establishment, the Governing Body has the power to waive restrictions on any healthcare professional Governing Body member participating in Governing Body business, where to authorise such a conflict would be in the interests of the CCG. The application of a waiver can, therefore, be used in the following situations:

- a member of the Governing Body is a healthcare professional providing healthcare services to the CCG that do not exceed the average for other practices and NHS entities commissioned to provide services by the CCG; or
- where the Governing Body member has a pecuniary interest arising out of the delivery of some professional service on behalf of the CCG, and the conflict has been adjudged by the Chair and the Lay Member of Governance and Audit not to bestow any greater pecuniary benefit to other professionals in a similar relationship with the CCG.

6.5.2 Where the Chair and the Lay Member for Governance and Audit have approved the use of the waiver, the Chair must have discussed it with the Chief Executive before the meeting. In such circumstances where the waiver is used, the Governing Body member:

- Must disclose his / her interest as soon as practicable at the start of the meeting.
- May participate in the discussion of the matter under consideration; but
- Must not vote on the subject under discussion.
6.5.3 The Minutes of the meeting will formally record that the waiver has been used, and that this policy and the governing document provisions have been observed in managing that authorised conflict. Where a member has withdrawn from the meeting for a particular item, the Meeting Secretariat will ensure that the minutes for that member do not contain such information that may compound the potential conflict, but do not unnecessarily disadvantage the member in their performance of their functions and legal responsibilities.

6.6 Decisions taken where a Governing Body member has an interest

6.6.1 In the event of the Governing Body having to decide upon a question in which a Governing Body 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 Governing Body members must not vote on matters affecting their own interests, even where the use of the Waiver has been approved by the Chair and used.

6.6.2 All decisions under a conflict of interest will be recorded in the minutes of the meeting. The report will record:

- The nature and extent of the conflict.
- An outline of the discussion.
- The actions taken to manage the conflict.
- Use of the Waiver and reasons for its implementation.

6.6.3 Where a Governing Body member benefits from the decision, this will be reported in the Annual Report and Accounts as a matter of best practice. All payments or benefits in kind to Governing Body members will be reported in the CCG’s Annual Report and Accounts, with amounts for each Governing Body member listed for the year in question.

6.6.4 Independent external mediation may be used where conflicts cannot be resolved through the usual procedures.

6.7 Managing conflicts of interest throughout the commissioning cycle

6.7.1 Conflicts of interest need to be managed appropriately throughout the whole commissioning cycle. At the outset of a commissioning process, the relevant interests of all individuals involved should 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.

6.7.2 Processes relating to conflicts of interest and procurement are documented in the Clinical Procurement Strategy (including policy).
6.8 **Multiple declarations of a conflict of interest**

6.8.1 It is possible that all members of the Governing Body who are GPs, or other healthcare professionals from a member practice, might share a material conflict of interest in a particular Agenda item that prevents them from taking part in the decision making process.

6.8.2 This situation might occur where, for example, the CCG is proposing to commission services on a single tender basis from all of its member practices, or where it is likely that all or most practices would wish to be qualified providers for a service under the Any Qualified Provider (AQP) scheme. Where more than 50% of the members of a meeting are required to withdraw from a meeting or part of it, owing to the arrangements agreed for the management of conflicts of interests or potential conflicts of interests, the Chair (or Deputy Chair) will determine whether or not the discussion can proceed.

6.8.3 In making this decision the Chair will consider whether the meeting is quorate, in accordance with the number and balance of membership set out in the CCG’s Standing Orders. 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. Where a quorum cannot be convened from the membership of the meeting, owing to the arrangements for managing conflicts of interest or potential conflicts of interests, the Chair of the meeting shall consult with the Chief Executive regarding the action to be taken. This may include:

a) requiring another of the Group’s committees or sub-committees, the Group’s Governing Body or the Governing Body’s committees or sub-committees (as appropriate) which can be quorate, to progress the item of business, or if this is not possible;

b) inviting on a temporary basis one or more of the following to make up the quorum (where these are permitted members of the committee / subcommittee in question) so that the Group can progress the item of business:

i. A senior member of the CCG.
ii. An individual appointed by a member to act on its behalf in the dealings between it and the CCG.
iii. A member of a relevant Health and Wellbeing Board.
iv. A member of a Governing Body of another CCG.

6.8.4 In the case of the Governing Body, or where the above are not permitted members of the committee / sub-committee in question, inviting one or more of them to provide external scrutiny in relation to the discussions and decisions on that item of business.

6.8.5 These arrangements will be recorded in the minutes or action notes of the meeting.
6.9 Managing Breaches: Failure to disclose / declare

6.9.1 The CCG takes the failure to disclose such information as required by this policy seriously. It is an offence under the Fraud Act 2006, for a member or employee to fail to disclose information to the CCG in order to make a gain for themselves or another. It is also an offence to cause a loss or expose the organisation to a loss.

6.9.2 Therefore, where an employee has failed to disclose any relevant interests or who has otherwise breached the CCG’s rules and policies in relation to failing to disclose are subject to investigation and, where appropriate, to disciplinary action and dismissal in accordance with the Human Resources Disciplinary Policy and Procedure.

6.9.3 If an individual becomes aware that someone has failed to disclose relevant and material information, they should raise the matter with the Company Secretary in the first instance. The Anti-Fraud and Bribery Policy will be consulted and an appropriate referral made to the Local Counter Fraud Specialist where applicable.

6.9.4 Anonymised details of the breach will be published on the CCG’s website to promote learning and development.

6.10 Raising Concerns

6.10.1 If an individual would like to discuss any concerns they have, the following people may be contacted for confidential advice:

- Company Secretary.
- Conflict of Interest Guardian – Lay Member, Governance and Audit.

6.10.2 If an individual wishes to raise their concerns they should also obtain a copy of the CCG's Raising Concerns at Work (Whistleblowing) Policy for further advice. To ensure they are fully supported, the following individual should be contacted for confidential advice:

- Freedom to Speak up Guardian – Lay Member, Public and Patient Engagement.
## Appendix 1: Template Declaration of interests for CCG members and employees

<table>
<thead>
<tr>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position within, or relationship with, the CCG (or NHS England in the event of joint committees):</td>
</tr>
</tbody>
</table>

**Detail of interests held (complete all that are applicable):**

<table>
<thead>
<tr>
<th>Type of Interest*</th>
<th>Description of Interest (including for indirect interests, details of the relationship with the person who has the interest)</th>
<th>Date interest relates From &amp; To</th>
<th>Actions to be taken to mitigate risk (to be agreed with line manager or a senior CCG manager)</th>
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</thead>
<tbody>
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</tbody>
</table>

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, in the case of ‘decision making staff’ (as defined in the statutory guidance on managing conflicts of interest for CCGs) may be 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, or internal disciplinary action may result.

Decision making staff should be aware that the information provided in this form will be added to the CCG’s registers which are held in hardcopy for inspection by the public and published on the CCG’s website. Decision making staff must make any third party whose personal data they are providing in this form aware that the personal data will held in hardcopy for inspection by the public and published on the CCG’s website and must inform the third party that the CCG’s privacy policy is available on the CCG’s website. If you are not sure whether you are a ‘decision making’ member of staff, please speak to your line manager before completing this form.

Signed: ___________________________ Date: ____________
Signed: ___________________________ Date: ____________
(Line Manager or Senior CCG Manager)

Please return to GoverningBody@enhertsccg.nhs.uk
<table>
<thead>
<tr>
<th><strong>Type of Interest</strong></th>
<th><strong>Description</strong></th>
</tr>
</thead>
</table>
| **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. This includes involvement with a potential provider of a new care model;  
- 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; or  
- A provider of clinical private practice.  
This could also include an individual being:  
- In employment outside of the CCG (see paragraph 79-81);  
- In receipt of secondary income;  
- 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** | 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 e.g., in dermatology, acupuncture etc.;  
- An active member of a particular specialist professional body (although routine GP membership of the Royal College of General Practitioners (RCGP), British Medical Association (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);  
- Engaged in a research role;  
- The development and holding of patents and other intellectual property rights which allow staff to protect something that they create, preventing unauthorised use of products or the copying of protected ideas; or  
- GPs and practice managers, who are members of the governing body or committees 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 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 and care.

### 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 are described above) for example, a:

- Spouse / partner;
- Close family member or relative e.g., parent, grandparent, child, grandchild or sibling;
- Close friend or associate; or
- Business partner.
### Appendix 2: Template Register of interests

<table>
<thead>
<tr>
<th>Name</th>
<th>Current position(s) held in the CCG i.e. Governing Body member; Committee member; Member practice; CCG employee or other</th>
<th>Declared Interest (Name of the organisation and nature of business)</th>
<th>Type of Interest</th>
<th>Is the interest direct or indirect?</th>
<th>Nature of Interest</th>
<th>Date of Interest</th>
<th>Action taken to mitigate risk</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Financial Interest</td>
<td>Non-Financial Professional Interest</td>
<td>Non-Financial Personal Interest</td>
<td>From</td>
<td>To</td>
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</tbody>
</table>
### Appendix 3
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**Equality Impact Assessment Stage 1 Screening**

#### 1. Policy

<table>
<thead>
<tr>
<th>Title: Managing Conflicts of Interest Policy</th>
<th>EIA Completion Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Proposed</td>
<td>Names &amp; Titles of staff involved in completing the EIA: Mel Brown, Governance Lead</td>
</tr>
<tr>
<td>✔ Existing</td>
<td></td>
</tr>
<tr>
<td>Review Date:</td>
<td></td>
</tr>
<tr>
<td>Date of Completion:</td>
<td>May 2014</td>
</tr>
</tbody>
</table>

#### 2. Details of the Policy. Who is likely to be affected by this policy?

- [ ] Staff
- [ ] Patients
- [ ] Public

#### 3. Impact on Groups with Protected Characteristics

<table>
<thead>
<tr>
<th>Probable impact on group?</th>
<th>High, Medium or Low</th>
<th>Please explain your answers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td>Age</td>
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<td></td>
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<tr>
<td>Being married or in a civil partnership</td>
<td></td>
<td></td>
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<tr>
<td>Disability, inc. learning difficulties, physical disability, sensory</td>
<td></td>
<td></td>
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<tr>
<td>Having just had a baby or being pregnant</td>
<td></td>
<td></td>
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<tr>
<td>Race, ethnicity, nationality, language</td>
<td></td>
<td></td>
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<tr>
<td>Religion or belief</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex (inc. being a transsexual)</td>
<td></td>
<td></td>
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<tr>
<td>Sexual Orientation</td>
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<td></td>
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<tr>
<td>Other:</td>
<td></td>
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</tr>
</tbody>
</table>

No impact on any of the groups above. Please explain and provide evidence

#### 4. Which equality legislative Act applies to the policy?

- [ ] Human Rights Act 1998
- [ ] Equality Act 2010
- [ ] Health & Safety Regulations
- [ ] Mental Health Act 1983
- [ ] Mental Capacity Act 2005

#### 5. How could the identified adverse effects be minimised or eradicated?

#### 6. How is the effect of the policy on different Impact Groups going to be monitored?
## Appendix 4
### Privacy Impact Assessment Stage 1 Screening

<table>
<thead>
<tr>
<th>1. Policy</th>
<th>PIA Completion Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title: Managing Conflicts of Interest Policy</td>
<td>Names &amp; Titles of staff involved in completing the PIA: Mel Brown, Governance Lead</td>
</tr>
<tr>
<td>[ ] Proposed</td>
<td>Date of Completion:</td>
</tr>
<tr>
<td>✓ Existing</td>
<td>May 2014</td>
</tr>
<tr>
<td>Review Date:</td>
<td></td>
</tr>
</tbody>
</table>

### 2. Details of the Policy. Who is likely to be affected by this policy?

<table>
<thead>
<tr>
<th></th>
<th>Staff</th>
<th>Patients</th>
<th>Public</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Please explain your answers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Technology</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the policy apply new or additional information technologies that have the potential for privacy intrusion? <em>(Example: use of smartcards)</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Identity</strong></td>
<td></td>
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</tr>
<tr>
<td>By adhering to the policy content does it involve the use or re-use of existing identifiers, intrusive identification or authentication? <em>(Example: digital signatures, presentation of identity documents, biometrics etc.)</em></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>By adhering to the policy content is there a risk of denying anonymity and de-identification or converting previously anonymous or de-identified data into identifiable formats?</td>
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<tr>
<td><strong>Multiple Organisations</strong></td>
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<tr>
<td>Does the policy affect multiple organisations? <em>(Example: joint working initiatives with other government departments or private sector organisations)</em></td>
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<tr>
<td><strong>Data</strong></td>
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<tr>
<td>By adhering to the policy is there likelihood that the data handling processes are changed? <em>(Example: this would include a more intensive processing of data than that which was originally expected)</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If Yes to any of the above have the risks been assessed, can they be evidenced, has the policy content and its implications been understood and approved by the department?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>