



Northern England
Clinical Senate

NORTHERN ENGLAND CLINICAL SENATE

Standards of Business Conduct and Managing Conflicts of Interest

Final Version

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Version Control

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Standards of Business Conduct and Managing Conflicts of Interest

1. Introduction

This policy sets out how the Northern England Clinical Senate will manage conflicts and potential conflicts of interest. This policy has been drafted by the Northern England Clinical Senate and draws on examples from other clinical Senates and NHS organisations.

It is anticipated that this policy will cover members of the Senate Council and Assembly and relevant individuals who have been commissioned to undertake any work on behalf of the Senate. The aim of the policy is to provide transparency and assure the public and other parties. Members of the Senate need to demonstrate that the advice they give:

- Clearly meets local health needs and have been considered appropriately
- Goes beyond the scope of a single provider or organisation
- Is in the public and patient best interests

This policy supplements and does not replace the Code of Conduct of the individuals employing organisation. Ultimately, it is the responsibility of any individual to declare a known conflict.

2. Standards of Business Conduct

Members of the Northern England Clinical Senate Council and Assembly should act in good faith and in the interests of the Senate. Members of the Senate Council and Assembly must comply with the following statements on managing conflicts of interest.

Individuals appointed or nominated to work on behalf of the Northern England Clinical Senate will be made aware of their obligation with regard to declaring conflicts or potential conflicts of interest.

3. Policy Statement

This policy supports a culture of openness and transparency with Senate business. All Senate members are required to:

- Ensure that the interest of patients remain paramount at all times
- Be impartial and honest in the conduct of their official business
- Ensure that they do not abuse their official position for personal gain or to the benefit of their family or friends

4. Conflicts of Interest

A *conflict of interest* can be defined as a set of conditions in which a professional judgement concerning a primary interest, tends to be unduly influenced by a secondary interest or situation in which ‘one’s ability’ to exercise judgement in one role is impaired by one’s obligation to another.

A *Conflict of Loyalties* may also occur when decision-makers have competing loyalties between the organisation to which they have a primary duty and some other person or entity. For healthcare professionals, this could include loyalties to a particular professional body, society and special interest group and could involve an interest in a particular condition or treatment due to an individual’s own experience or that of a family member.

The Northern England Clinical Senate will make arrangements to manage conflicts and potential conflicts of interest to ensure that decisions made by the Council and Assembly will be taken and seen to be taken without any possibility of the influence of external or private interest. If conflicts are not managed effectively, it could undermine the business of the Senate.

A conflict of interest can include:

- A direct pecuniary interest - where an individual may financially benefit from the consequences of a commissioning decision (for example, as a provider of services);
- An indirect pecuniary interest - for example, where an individual is a partner, member or shareholder in an organisation that will benefit financially from the consequences of a commissioning decision;
- A non-pecuniary interest - where an individual holds a non-remunerative or not-for-profit interest in an organisation, that will benefit from the consequences of a commissioning decision (for example, where an individual is a trustee of a voluntary provider that is bidding for a contract);
- A non-pecuniary personal benefit - where an individual may enjoy a qualitative benefit from the consequences of a commission decision which cannot be given a monetary value (for example, a reconfiguration of hospital services which might result in the closure of a busy clinic next door to an individual’s house);
- Where an individual is closely related to, or in a relationship, including friendship, with an individual in the above categories

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

5. Annual Register of Interests

The Northern England Clinical Senate Management Team will maintain a register of the interests of:

- The members of the Senate Council
- The Clinical Senate Management Support Team

The Northern England Clinical Senate Manager, who is accountable to the Senate Chair, will ensure that the register of interests is completed by all Council and support team members on appointment and updated annually. The Register of Interests form can be found at Appendix A.

6. Declaration of Interests

Senate Council members will declare any interest that they have in relation to a decision/recommendation by the Senate Council in writing to the Senate Chair or declared at the beginning of the relevant discussion at a Council meeting. All declarations of interest should be made as soon as they become apparent. Declarations of interest will be stated at the beginning of each item at the Senate Council meeting and recorded in the minutes of that meeting. Senate Assembly members on a clinical panel will declare any interest that they have, in relation to a decision/recommendation by that clinical panel in writing to the Senate Manager.

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

6.1 Managing Conflicts of Interest: general

Individual members of the Senate Assembly and Council will comply with the arrangements determined by the Northern England Clinical Senate Council for managing conflicts or potential conflicts of interest.

The Clinical Senate Manager will ensure that for every interest declared, either in writing or by oral declaration, arrangements are in place to manage the conflict of interests or potential conflict of interests, to ensure the integrity of the group's decision making/recommendation process.

NHS England & NHS Improvement Regional Medical Director (North East and Yorkshire) and the Senate Chair are responsible for overseeing management of conflict of interest on behalf of the Clinical Senate.

Arrangements of the management of conflicts of interest will include the requirement to put in writing to the relevant individual, arrangements for managing the conflicts of interest or potential conflicts of interest, within a week of declaration to the Senate Manager. The arrangements will confirm the following:

- When an individual should withdraw from a specified activity, on a temporary or permanent basis therefore taking no part in proceedings as they relate to that matter
- Where an interest has been declared, either in writing or by oral declaration, the declarer will ensure that before participating in any activity connected with the Senate's functions, they have received confirmation of the arrangement to manage the conflict of interest or potential conflict of interest from the Senate Chair

Where an individual member of the Senate Council and Assembly is aware of an interest which:

- Has not been declared, either in the register or orally, they will declare this at the start of the meeting;
- Has previously been declared, in relation to the scheduled or likely business of the meeting, the individual concerned will bring this to the attention of the Chair of the meeting, together with details of the arrangements which have been confirmed for the management of the conflict of interest or potential conflict of interest

The Senate Chair will then determine how this should be managed and inform the member of their decision. Where no arrangements have been confirmed, the Senate Chair may require the individual to withdraw from the meeting or part of it. The individual will then comply with these arrangements, which must be recorded in the minutes of the meeting.

6.2 Confidentiality Agreement

All members of the Senate Council and members of the clinical panels are made aware of their requirements to maintain confidentiality in each review undertaken and to ensure that discussions remain confidential until the Senate reports are signed off and made available to the public.

6.3 Arrangements for the Senate Chair

Where the Chair of the Clinical Senate Council or Assembly has a personal interest, previously declared or otherwise, in relation to the scheduled or likely business of the meeting, they must make a declaration and a Deputy Chair will act as Chair for the relevant part of the meeting.

Where arrangements have been confirmed for the management of the conflict of interests or potential conflicts of interest in relation to the Chair, the meeting must ensure that these are followed. Where no arrangements have been confirmed, the Deputy Chair may require the Chair to withdraw from the meeting or part of it. Where there is no Deputy Chair, the members of the meeting will select one.

Any declarations of interest, and arrangements agreed in any meeting of the Clinical Senate Council or Assembly, will be recorded in the minutes.

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 interest or potential conflicts of interest, the Chair (or deputy) will determine whether or not the discussion can proceed.

7. Quoracy

In making this decision, the Chair will consider whether the meeting is quorate. 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 the managing conflicts of interest or potential conflicts of interest, the Chair of the meeting shall consult with the NHSEI Regional Medical Director (NEY) on the action to be taken.

These arrangements must be recorded in the minutes of the Council and the Assembly.

8. Keeping a Record of Interests

A record is kept at the Clinical Senate of:

- The Annual Register of Interests of all members of the Council, and the support team
- Names of individuals who have declared interests in relation to a specific review including the date of the decision and the details of the interest declared

The annual register of interests will be recorded and filed by the Senate support team. Declarations of interest in relation to each specific review will be logged in the review file and recorded through the minutes of the Council meeting and in an appendix of the advice published.

Appendix A

Northern England Clinical Senate Council Member Annual Register of Interests

Please include below full details of the interest as specified. State “none” where appropriate – do not leave any section blank.

A	Employment, office, trade, profession or vocation	
1.	I am employed as (<i>the amount of income need not be disclosed</i>) I carry on a business (i.e. am self-employed) as	
2.	My employer is I am a partner in I am a paid director of	

B	Contracts	
1.	I, or a company of which I am a director or partner, or in which I hold shares, have a current contract with NHS England and NHS Improvement (<i>If yes, state the company</i>)	
2.	Briefly state the nature of the contract { <i>you need not state its value or the detail</i> }	

A	Membership of other bodies	
	I am a member or trustee or hold a position of general control or management in the following bodies:	
1.	Bodies to which I have been appointed or nominated by NHS England and NHS Improvement or my Clinical Commissioning Group or my (NHS) employer as its representative	
2.	Public authorities or bodies exercising functions of a public nature	
3.	Companies, industrial and provident societies, charities, or bodies which have charitable purposes	
4.	Bodies whose principal purposes include the influence of public opinion or policy <i>{This includes political parties}</i>	
5.	Trades union or professional associations	

Signed: _____

Print name: _____

Date: _____

When completed please return the form to k.pellegrino@nhs.net