

Conflict of Interest Policy

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1. Background

- 1.1. In the new healthcare commissioning system, where providers are involved in commissioning decisions, there is an increased risk that decisions relating to how care is provided and by who, may be influenced by private interests. This may call the probity of the Clinical Commissioning Group (CCG) into question.
- 1.2. As CCGs have responsibilities which include the stewardship of significant public resources, and the commissioning of health services to the local population, each governing body must ensure that the organisation inspires confidence and trust from its staff, partners, funders, suppliers and the public from its staff, partners, funders, suppliers and the public. It must demonstrate integrity and avoid any potential or real situations of undue bias or influence in decision-making.
- 1.3. All CCGs have statutory requirements they must legally comply with regarding conflict of interest. Section 140 of the National Health Service Act 2006, inserted by the Health & Social Care Act 2012, sets out that each CCG must:
 - maintain one or more register of interest of: the members of the group, members of its governing body, members of its committees or sub-committees of its governing body, and its employees;
 - publish, or make arrangements to ensure that members of the public have access to these registers on request;
 - make arrangements to ensure individuals declare any conflict or potential conflict in relation to a decision to be made by the group, and record them in the registers as soon as they become aware of it, and within 28 days; and,
 - make arrangements (set out in their constitution) for managing conflicts of interest, 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 CCG's decision-making processes.
- 1.4. The NHS (Procurement, Patient Choice and Competition) Regulations 2013 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;
 - keep appropriate records of how they have managed any conflicts in individual cases.

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- 1.5. NHS England (previously known as NHS Commissioning Board) has thus published detailed guidance for CCGs on the discharge of their functions and requires each CCG to have regard to the guidance: *Managing Conflicts of Interests: Guidance for clinical commissioning groups, March 2013.*
- 1.6. NHS Southwark CCG recognises the importance of all of its members to be fully aware of the guidance and continuously mindful of conflicts of interest. It has laid out these expectations in the Southwark CCG Constitution.

2. Introduction, Aims & Objectives

- 2.1. This policy sets out how NHS Southwark CCG will manage any conflicts (or potential conflicts) of interest arising from the business of the organisation. It also sets out the organisation's commitment to on-going training, raising awareness on conflicts of interest and an induction programme for new members of the CCG.
- 2.2. This policy will guide the NHS Southwark CCG Governing Body in ensuring that robust health need assessments, consultation mechanisms, commissioning strategies and procurement procedures enable conflicts of interest to be identified and mitigated, in the best interests of patients and the public.
- 2.3. The policy will support all members and employees of NHS Southwark CCG to act in accordance with the Nolan Principles of Public Life and the code of conduct set out by NHS England, recognising that perceptions of wrong doing, impaired judgement or undue influence can be as detrimental as actually occurring.
- 2.4. This policy is in line with current national guidance and will be reviewed periodically to ensure it complies with any modifications to national guidance.

3. Scope of the Policy

- 3.1. This policy applies to:
 - The members of NHS Southwark CCG (practices),
 - The members of the NHS Southwark CCG Governing Body;
 - The members NHS Southwark CCG's committees and sub-committees of the Governing Body and,
 - The employees of NHS Southwark CCG

4. Principles

- 4.1. All members, employees and appointees of NHS Southwark CCG are required to observe principles of good governance in the way the organisation's business is conducted (as set out in the CCG's Constitution (4.4)). These include:
- The Good Governance Standards for Public Services 2004, OPM¹ and CIPFA²
 - The standards of behaviour published by the Committee on Standards in Public Life (1995) – *the Nolan Principles*
 - The seven key principles of the NHS Constitution
 - The Equality Act 2010
- 4.2. This policy also supports the three main principles of procurement law: equal treatment, non-discrimination, and transparency.
- 4.3. This policy complies with the standards of business conduct as set out by the Committee on Standards in Public Life (1995)

The Committee on Standards in Public Life (originally the Nolan Committee) was asked to investigate standards in public life. It established the '**Seven Principles of Public Life**' which should apply to all in the public service. These are:

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

¹ Office of Public Management

² Chartered Institute of Public Finances and Accountancy

7. **Leadership:** Holders of Public Office should promote and support these principles by leadership and example.

4.4 This policy supports the principles of managing conflicts of interest as detailed in the guidance *Managing Conflicts of Interests: Guidance for clinical commissioning groups, March 2013*³:

- **Doing business properly.** If health needs assessments, consultation mechanisms, commissioning strategies and procurement procedures are correct from the outset conflicts of interest become much easier to identify, avoid or deal with as the rationale for all decision-making will be clear and transparent and should withstand scrutiny;
- **Being proactive not reactive.** Commissioners should seek to identify and minimise the risk of conflicts of interest at the earliest possible stage: by considering potential conflicts of interest when electing or selecting individuals to join the governing body or other decision-making roles, by ensuring individuals receive proper induction and understand their obligations to declare conflicts of interest, by establishing and maintaining a registers of interests, and by agreeing in advance how a range of different situations and scenarios will be handled rather than waiting until they arise;
- **Assuming that individuals will seek to act ethically and professionally but may not always be sensitive to all conflicts of interest.** Most individuals involved in commissioning will seek to do the right thing for the right reasons. However, they may not always do it the right way because of lack of awareness of rules and procedures, insufficient information about a particular situation, or lack of insight into the nature of a conflict. Rules should assume people will volunteer information about conflicts and, where necessary, exclude themselves from decision-making, but there should also be prompts and checks to reinforce this;
- **Being balanced and proportionate.** Rules should be clear and robust but not overly prescriptive or restrictive. They should protect and empower people by ensuring decision-making is efficient as well as transparent and fair, not constrain people by making it overly complex or slow.

5. Definition of 'Conflict of Interest'

5.1. A conflict of interest is defined as:

- A conflict between the private interests and the official responsibilities of a person in a position of trust⁴

³ NHS England, 28th March 2013

⁴ Webster dictionary definition

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- A set of conditions in which a professional judgement concerning a primary interest [such as patients' welfare or the validity of research] tends to be unduly influenced by a secondary interest [such as financial gain]⁵

This definition includes:

- **Direct pecuniary interests:** where an individual may get direct financial benefits from the consequences of a commissioning decision (for e.g. as a provider of services)
- **Indirect pecuniary interests:** where for e.g. an individual's partner is a member or shareholder in an organisation that will benefit financially from the consequences of a commissioning decision.
- **Non-pecuniary interests:** 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 e.g. where an individual is a trustee of a voluntary provider that is bidding for a contract)
- **Non-pecuniary personal benefits:** where an individual may enjoy a qualitative benefit from the consequence of a commissioning decision which cannot be given a monetary value (for e.g. a reconfiguration of hospital services which might result in the closure of a busy clinic next door to an individual's house);
- Situations where a member is closely related to, or in a relationship with an individual who they know to be in ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS

5.2 The NHS Southwark CCG acknowledge it as important that:

- perception of wrong-doing, impaired judgement or undue influence may be as detrimental as it actually occurring;
- if there is any doubt, it is better to assume a conflict of interest and act appropriately rather than to ignore it; and
- it is not necessary for financial gain to be present for a conflict to exist.

6. Accountability & Responsibilities

6.1 It is the responsibility of all listed below to ensure that they are not placed in a position which creates a conflict or potential conflict between their private interests and their NHS Southwark CCG duties.

⁵ Dennis F. Thompson (1993), Understanding Financial Conflicts of Interests (New England Journal of Medicine, 329(8), 573)

- members of the NHS Southwark CCG (practices),
- members of the Southwark CCG Governing Body;
- members of Southwark CCG committees or sub-committees and the committees or sub-committees of its Governing Body &
- employees of NHS Southwark CCG⁶

7. Declaration of Interests

- 7.1. In line with national guidance NHS Southwark CCG require the following interests to be declared using the Declaration Form in Appendix 1:
- Roles and responsibilities held within member practices
 - Directorships, including non-executive directorships, held in private companies or PLCs
 - Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the CCG
 - Shareholdings [more than 5%] of companies in the field of health and social care
 - Positions of authority in an organisation [e.g. charity or voluntary organisation] in the field of health and social care
 - Any connection with a voluntary or other organisation
 - Research funding/grants/ sponsorships that may be received by the individual or any organisation they have an interest or role in
 - Any other role or relationship which would impair or otherwise influence the individuals judgement or actions in their role within the CCG
- 7.2 NHS Southwark CCG requires all applicants for appointments to the CCG or its Governing Body to declare any relevant interests. This is a requirement of the application process. All appointments will be followed by a requirement for a formal declaration form to be submitted.
- 7.3 NHS Southwark CCG requires that all members update their declarations of interests at least annually.
- 7.4 All members are required to confirm their declarations as a standing item on the agenda for every Governing Body meeting, committee and subcommittee meeting. Declarations will be recorded in the minutes of the meeting.
- 7.5 New declarations are required when an individual changes role or responsibility with NHS Southwark CCG (including the Governing Body), and when an individual's circumstances change in a way that

⁶A COI compliance statement has been written into job descriptions for NHS Southwark CCG posts since at least April 2013 onwards

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affects the individual's interests (e.g. a new role outside the CCG or setting up of a new business or relationship).

- 7.6 The NHS Southwark CCG Chief Officer should be informed of any interests requiring registrations within 28 days of a member taking office, or within 28 days of any changes to a member's register of interest.

8. Privileged information

- 8.1. No-one should use confidential information acquired in the pursuit of their role within the CCG to benefit themselves or another connected person, or create the impression of having done so.
- 8.2. Members of NHS Southwark CCG, employees 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 and in the public domain.

9. Declaration of Gifts or Hospitality

- 9.1. Any gift or hospitality offered over £10 or equivalent should be recorded by submitting a completed declaration form (Appendix 3).
- 9.2. One-off gift of low intrinsic value (less than £10 per item) such as pens, diaries, calendars and mouse mats need not be refused and do not need to be declared. However if several such gifts are received from the same or related source such that their total value over any 12-month period exceeds £10, they should be declared using the form at Appendix 3 and recorded in the CCG Gifts and Hospitality Register, to be published on the internet site.
- 9.3. The recipient of the gift is obliged to inform the Governance team who will record the gift in an appropriate manner.
- 9.4. Such records will be reviewed by NHS Southwark CCG's Audit Committee on a six monthly basis and should be viewed as being in the public domain.

10. Maintaining a Register of Interests

- 10.1. NHS Southwark CCG has established a Register of Interests as required in the national guidance. The Register is published on the

CCG public website, will be made available at CCG Governing Body meetings, and on request by writing to:

Corporate Governance Manager
NHS Southwark Clinical Commissioning Group
1st Floor, Hub 5, PO Box 64529
London SE1P 5LX

Email address: southwarkccg@nhs.net

- 10.2 The Register of Interests will be updated following every Governing Body and committee meeting.
- 10.3 The Register of Interests will be maintained and held by the Corporate Governance team based at NHS Southwark CCG headquarters.
- 10.4 The Register of Interests will be published as part of the CCG's Annual Report and Annual Governance Statement.
- 10.5 The Register of Interests will be presented to the NHS Southwark CCG Audit Committee and the Local Authority Overview and Scrutiny Committee annually. Scrutiny of the Register of Interest and the process and policy on Conflict of Interest will form a regular part (annual) of internal and external governance.

11. The role of the Corporate Governance team

The Corporate Governance Manager/ team will:

- Receive declarations of interests from all new members and employees of the CCG and Governing Body.
- Update the Register of Interests and ensure it is uploaded to the CCG public website within 3 working days of the Governing Body meeting
- Maintain the Register of Interests with the help of the Corporate Secretary
- Ensure the Register is physically available at all Governing Body meetings
- Ensure declaration of interest is taken as a standing item at every CCG Governing Body, committee and sub-committee meeting and is signed by all attendees.

12. Procedure to be followed in Governing Body meetings, or Committee/ Sub Committee meetings

- 12.1. Declaration of Interests will be a standing item on the agenda of all Governing Body meetings, committees and sub-committee meetings, after introductions and apologies (see also Section 16).
- 12.2. The Register of Interests will be circulated to all members for acknowledgement of entries and signatures. Blank forms for declarations will also be made available from the staff member servicing the meeting. The interests of those individuals that are “In attendance” rather than full members, will be captured in the minutes of the meeting only.

13. Procedure to be followed when a Governing Body or Committee/ Sub Committee member is conflicted

- 13.1. If, during the course of a meeting, an interest not previously known/ recorded is identified or stated, a declaration will be made by the member, specifying the agenda item the potential conflict of interest relates to, and detailing the nature of that conflict. This will be recorded in the minutes.
- 13.2. Where an interest is significant, or when the individual or a connected person has a direct financial interest in a decision, the individual should not take part in the discussion or vote on the item, but may be allowed to sit with the public, where this is relevant.
- 13.3. If that exclusion affects the quoracy of the meeting, the item should be postponed to another such time when quoracy can be reached without conflicts, having found a suitable replacement.
- 13.4. If the conflicted member is a specialist/ expert, quoracy may be achieved on the following occasion by inviting an external independent expert from another CCG or trust.
- 13.5. Alternatively, there may be circumstances where the Chair of the meeting judges it appropriate for the individual concerned to attend the meeting and contribute in the discussion having declared an interest (waiver), but not to participate in any decision-making resulting from such discussion (i.e. not having a vote in relation to the decision).
- 13.6. If the Chair of the meeting is personally conflicted, the deputy chair will conduct proceedings, providing they are not also conflicted. If the Chair and Deputy are both conflicted, then a Chair will be appointed by the remainder of the Committee/ Governing Body members.

The National Health Service (Clinical Commissioning Groups) Regulations 2012 specify that the Accountable Officer, the Chief Finance Officer, the registered nurse, hospital consultant and the Lay

Person who chairs the Audit Committee, are ineligible to be the chair of the CCG Governing Body.

13.7. Declarations of interest will be recorded in the minutes detailing:

- 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

13.8. If there is any doubt as to whether an interest should be declared, a declaration should be made and advice sought from the Lay Member with responsibility as the Guardian for Conflict of Interests (see Section 17).

14. Procedure to be followed when two or more members are conflicted

14.1 In circumstances where two or more members of the Governing Body/ Committee or Sub-Committee are conflicted, the decision would be referred to the Conflict of Interest Panel by the Chair of the meeting.

15. Conflict of Interest (Col) Evaluation Panel

15.1. The Conflict of Interest Evaluation Panel will provide neutrality in the evaluation process and will have the following membership, who are not conflicted. :

- The Lay member with Col guardian responsibility (See Section 17)
- The Chief Officer
- Lambeth and Southwark Director of Public Health
- Plus co-opted clinical or procurement expertise if necessary, at the discretion of the Chief Officer.

If exceptionally, any of the members are conflicted, an additional Director or Lay Member will be substituted.

15.2. The Evaluation Panel will evaluate the proposal for quality and cost-effectiveness and if satisfied it would be recommended to the CCG Governing Body meeting. The Panel's consideration and decision will be fully minuted and attached to the relevant Governing Body meeting papers.

15.3. A ColEvaluation Panel will be held approximately 4 weeks, or as necessary.

15.4. The Governing Body meeting will receive and adopt the Panel's conclusions.

16. The Role of the Chair of the Governing Body/ Committee/ Sub Committee meeting

- 16.1. The Chair has a key role in overseeing governance and particularly in ensuring that the governing body and the wider CCG behaves with the utmost transparency and responsiveness at all times and in line with national guidance and professional codes of conduct.
- 16.2. The Chair is able to give an unbiased view on possible internal conflicts of interest. The Chair takes the lead, particularly at meetings, in ensuring that Governing Body members, members and staff follow the policy. If the Chair is conflicted, he will leave the meeting for the particular agenda item and the deputy-chair will conduct proceedings.
- 16.3. In advance of Governing Body/committee and sub-committee meetings, the Chair of the meeting will review agenda for any conflicts of interests. If any conflicts are identified, the Chair will process outlined in paragraphs 13.2 onwards will be followed.
- 16.4. The Chair of the meeting will decide on the course of action regarding how to proceed should conflicts of interest arise within the meeting, and whether a matter needs to be referred to the Conflict of Interest (CoI) Evaluation Panel. In making such decisions, the Chair may wish to consult the Conflict of Interest Guardian for advice. All decisions should be recorded in the minutes of the meeting.
- 16.5. After the Governing Body/committee and sub-committee meetings, the Chair of the meeting will sign the agenda to agree that conflicts of interests were appropriately managed.

17. The Role of the Lay Member as Conflict of Interest Guardian

- 17.1. NHS Southwark CCG Governing Body has appointed one of the Lay Members (with a lead role in Governance) to act as “Conflict of Interest (CoI) Guardian”. The Lay Member should have no provider interest, is not a medical doctor or a healthcare provider and is therefore independent and impartial with regard to decisions related to commissioning of services.
- 17.2. The Lay Member will act as a conduit for members of the public who have any concerns in regard to Conflicts of Interest. Members of the public will be able to contact the Lay Member regarding concerns via the NHS Southwark CCG website.

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- 17.3. The Lay Member is responsible for ensuring that the CCG applies conflict of interest principles and policies rigorously and provides the CCG with independent advice and judgment where there is any doubt about how to apply them to individual cases.
- 17.4. The Lay Member will act as Guardian for conflict of interest and decide if the matter needs to be referred further to the evaluation panel.
- 17.5. The Lay Member will have a lead role in ensuring that the Governing Body and the wider CCG behaves with the utmost probity at all times and be able to give an independent view on possible internal conflicts of interest.
- 17.6. The scope of the Conflict of Interest Guardian's work is to:
- judge whether or not there is a risk of a conflict of interest arising
 - advise how the risk should be minimised.
- 17.7. The Conflict of Interest Guardian operates:
- reactively, when the Chair of a meeting, individual Governing Body member, or Southwark CCG as a whole or seek advice on a specific issue,
 - pro-actively, when a potential Conflict of Interest risk is identified and acts on it. The Conflict of Interest Guardian is a voting member of the Governing Body and is familiar with the work of the organisation and the roles of Clinical Leads. The Conflict of Interest Guardian is, therefore, in an informed position to identify such risks when they arise.

In either mode the Conflict of Interest Guardian will discuss the issue with those involved (and any other relevant party) and issue written advice or judgement for the Governing Body. The members of the Governing Body, its committees and sub-committees have agreed that they will accept the advice or judgement of the Conflict of Interest Guardian in such cases.

The role of the Conflict of Interest Guardian is fully documented in the NHS Southwark CCG constitution.

18. Appointment of Governing Body/ Committee Members

The appointment process for Governing Body members is fully documented in the NHS Southwark CCG Constitution.

- 18.1 Any individual who has a material interest in an organisation which provides or is likely to provide substantial business to a CCG (either as a provider of healthcare or commissioning support services) should not be appointed as a member of the Governing Body. Appointments will be considered on a case by case basis.

- 18.2 The Secondary Care Doctor on the Governing Body should have no conflicts of interest i.e. they should not be employed by any organisation from which the CCG secures any significant volume of provision.
- 18.3 The Registered Nurse on the Governing Body should have no conflicts of interest i.e. they should not be employed by any organisation from which the CCG secures any significant volume of provision.

19. Designing Services

- 19.1. In the course of new or existing service designs NHS Southwark CCG will engage with relevant providers, especially clinicians, to confirm service specifications and such engagement when done transparently and fairly, is entirely legal and not contrary to competition law.
- 19.2 NHS Southwark CCG will take all necessary steps and ensure safeguards are in place to avoid and manage conflicts of interest arising from such engagement towards service redesign by following the three main principles of procurement law, namely, equal treatment, non-discrimination and transparency. This includes ensuring that the same information is made available to all.

20. Procurement of Services

- 20.1 NHS (Procurement, Patient Choice and Competition) Regulations 2013 set out that all 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
- 20.2 Under section 78 of the Health and Social Care Act 2012, Monitor will give guidance on compliance with any requirements imposed by the regulations made under section 75, and how it intends to exercise the powers conferred on it by these regulations.
- 20.3 NHS Southwark CCG will implement and adhere to any such guidance from Monitor/ NHS England.

21. Declaration of Interests for Bidders/ Contractors: Appendix 2

- 21.1 NHS Southwark CCG recognises that Conflict of Interests may vary according to the route that a service is commissioned. Examples of different options include:
- **Competitive tender.** Where a CCG is commissioning a service through competitive tender (i.e. seeking to identify the best provider or set of providers for a service), a conflict could arise where GP practices or other providers in which CCG members have an interest are amongst those bidding.
 - **Any Qualified Provider.** Where a CCG wants patients to be able to choose from a range of possible providers and is therefore commissioning a service through Any Qualified Provider, a conflict could arise where one or more GP practices (or other providers in which CCG members have an interest) are amongst the qualified providers from which patients can choose. In these circumstances, there are a number of options for demonstrating that GP practices have offered fully informed choice at the point of referral and for auditing and publishing referral patterns. These will build on well-established procedures for declaring interests when GPs or other clinicians make a referral.
 - **Single tender.** Where the CCG is procuring services from a GP practice where there are no other capable providers, i.e. this is the appropriate procurement route and the proposed service goes beyond the scope of the services provided by GP practices under their GP contract.
- 21.2. The conflicted person is expected to declare any interest early in any procurement process if they are to be a potential bidder in that process. Failure to do so could result in the procurement process being declared invalid and possible suspension of the relevant member from the CCG.
- 21.3 Where a relevant and material interest or position of influence exists in the context of the specification for, or award of a contract, the conflicted person will be expected to:
- Declare the interest using the Declaration of Interests for bidders / contractors template (Appendix 2)
 - Ensure that the interest is recorded in the CCG's Register of Interests
 - Withdraw from all discussion on the specification or award
 - Not have a vote in relation to the specification or award, or any formal role in the procurement process
- 21.4. Conflicts and potential conflicts need to be declared for all types of procurement routes including Competitive Tender, Any Qualified Provider or Single Tender. The "Code of Conduct" template at Appendix 4 sets out factors on which CCGs are advised to assure themselves

and their Audit Committee – and be ready to assure local communities, Health and Wellbeing Boards and auditors – when commissioning services that may potentially be provided by GP practices.

22. Ensuring transparency in Procurement (see Appendix 4)

22.1 NHS Southwark CCG Procurement Strategy (available on the CCG's website), approved by its Governing Body, ensures that:

- a) all relevant clinicians and potential providers, together with local members of the public, are engaged in the decision-making processes used to procure services, and;
- b) service redesign and procurement processes are conducted in an open, transparent, non-discriminatory and fair way

22.2 NHS Southwark CCG will aim to publish details of all contracts, including the value of contracts, as soon as possible after they are agreed, on the CCG website.

23. Statement of conduct expected of individuals involved in the CCG

23.1 This policy supports a culture of openness and transparency in business transactions. All employees and appointees of NHS Southwark Clinical Commissioning Group are required to:

- ensure that the interests of patients remain paramount at all times be impartial and honest in the conduct of their official business;
- use public funds entrusted to them to the best advantage of the service, always ensuring value for money;
- ensure that they do not abuse their official position for personal gain or to the benefit of their family or friends;
- ensure that they do not seek to advantage or further, private or other interests, in the course of their official duties.

23.2. In addition, the General Medical Council (GMC) has recently updated its guidance on conflicts of interest, both in its general core guidance⁷ and in separate supplementary guidance⁸. The GMC's guidance recommends that:

78 *You must not allow any interests you have to affect the way you prescribe for, treat, refer or commission services for patients.*

79 *If you are faced with a conflict of interest, you must be open about the conflict, declaring your interest informally, and you*

⁷ GMC Good Medical Practice (2013)

⁸ www.gmcuk.org/financial and commercial arrangements and conflicts of interests.pdf 51462148

should be prepared to exclude yourself from decision making.

The GMC provides further advice, such as:

- *You must not try to influence patients' choice of healthcare services to benefit you, someone close to you, or your employer.*
- *If you plan to refer a patient for investigation, treatment or care at an organization in which you have a financial or commercial interest, you must tell the patient about that interest and make a note of this in the patient's medical record.*
- *Where there is an unavoidable conflict of interest about the care of a particular patient, you should record this in the patient's medical record.*
- *You must keep up to date with and follow the guidance and codes of practice that govern the commissioning of services where you work.*
- *You must formally declare any financial interest that you or someone close to you, or your employer has in a provider company, in accordance with the governance arrangements in the jurisdiction where you work.*
- *You must take steps to manage any conflict between your duties as a doctor and your commissioning responsibilities*

NHS Southwark CCG supports the GMC guidance.

24. Non compliance with policy

24.1. The NHS Southwark CCG will view instances where this policy is not followed as serious and may take disciplinary action against individuals, which may result in dismissal or removal from office. This approach is consistent with the following guidance:

- *Code of Conduct for NHS Managers*, Department of Health, (Oct 2002)
- *Code of Conduct in the NHS*, page 2, Department of Health/Appointments Commission (2004)
- *The Healthy NHS Board: Principles for Good Governance*, page 31, NHS National Leadership Council (2010)
- *Good Medical Practice*, GMC, Sec 73/74/ 75 & 76 (2006)
- *The code of conduct : Managing conflicts of interest where GP practices are potential providers of CCG commissioned services* (July 2012)

25. Data protection

The information in the Declaration of Interest Register will be processed in accordance with data protection principles as set out in the Data Protection Act 1998.

Data will be processed only to ensure that the conflicted person act in the best interests of the group and the public and patients the group was established to serve. The information provided will not be used for any other purpose, unless otherwise stated within statutory legislation. Signing the declaration form will also signify consent to the data being processed for the purposes set out in this policy.

26. Reporting

- 29.1 All issues raised to the Lay Member for Conflict of Interest will be logged with the Southwark CCG Governance team.
- 29.2. An annual report on management of Conflicts of Interest will be presented to the NHS Southwark CCG Audit Committee.

27. Monitoring

- 30.1 This policy will be reviewed annually by the Integrated Governance and Performance Committee and recommended to the Audit Committee.
- 30.2 The Corporate Governance Team & Lay Member with responsibility as Guardian for Conflict of Interest will review Register of Interest entries on a regular basis and take any action necessary highlighted by the review. All actions taken will be reported to the Integrated Governance & Performance Committee.

28. Training and Raising Awareness

- 28.1. NHS Southwark CCG will ensure that all members and employees are aware of this policy. The following steps will be taken to raise awareness:
 - Policy will be introduced to new starters (employees and members) and will be included within the induction material and as part of development programme for new Governing Body members
 - Inclusion in refresher training for Governing Body members and employees
 - Annual reminders of the policy via internal communication methods and publication on the NHS Southwark CCG public website and intranet
 - Regular reminders sent to all members to update declaration forms

- Staff and members should also refer to their respective professional codes of conduct relating to the declaration of conflicts of interest.

29. Equality & Diversity Statement

NHS Southwark CCG is committed to equality of opportunity for its employees and members and does not unlawfully discriminate on the basis of their “protected characteristics” as defined in the Equality Act 2010 - age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. An Equality Impact Assessment has been completed for this policy.

If members or employees have any concerns or issues with the contents of this policy or have difficulty understanding how this policy relates you're their role they are advised to contact the Governance Team on 020 7525 4569/ 0207 525 5250.

30. Links to other Policies/Documents and Guidance on Col

The policy draws upon national guidance which sets out generic guidelines, principles and responsibilities for NHS organisations and General Practitioners in relation to conflicts of interests. This policy should be read in conjunction with:

- NHS Southwark Clinical Commissioning Group *Procurement Strategy*
- NHS Southwark Clinical Commissioning Group *Constitution including Standing Orders, Reservation and Delegation of Powers and Standing Financial Instructions*
- NHS Southwark Clinical Commissioning Group *Confidentiality Policy*
- NHS Southwark CCG *Integrated Risk Management Framework*
- NHS Southwark CCG *Working with the Pharmaceutical Industry Policy*

31. Cross References

Managing conflicts of interests: Guidance for CCG's – March 2013 - NHS Commissioning Board

Towards establishment: Creating responsive and accountable CCGs (and technical appendix 1): Code of Conduct

Code of conduct: Managing conflicts of interest where GP practices are potential providers of CCG-Commissioned Services NHSCB (July 2012)

CCG Governing Body Members: role outlines, attributes and skills (April 2012) NHSCB

Code of conduct for NHS Managers- DH (2002)

Code of Conduct and Code of Accountability - DH (1994)

Managing Conflicts of Interest in Clinical Commissioning Groups, NHS Confederation and RCGP (Sept 2011)

The Health & Social Care Act, March 2012

Procurement Guide for Commissioners of NHS funded services, NHS & DH (2010)

Ensuring transparency and Probity, BMA (May 2011)

Principles and rules of Cooperation & Competition NHS & DH (2010)

The Seven principles of Public Life (Nolan Principles), The Committee on Standards in Public Life (1995)

The Healthy NHS Board: Principles for Good Governance NHS Confederations (2010)

Good Medical Practice 2006 & Conflicts of Interest General Medical Council (2008)

The Good Governance Standard for Public Services, OPM CIPFA (2004)

Monitor: Enforcement Guide

32. APPENDIX 1– Declaration Form for Member / employee/ governing body member / committee or sub-committee member

Guidance Notes:

This form is required to be completed in accordance with NHS Southwark CCG's Constitution and Section 14O of *The National Health Service Act 2006*.

Notes:

- A declaration must be made of any interest likely to lead to a conflict or potential conflict as soon as the individual becomes aware of it, and within 28 days.
- If any assistance is required in order to complete this form, then the individual should contact Sheetal Mukkamala, Corporate Governance Manager.
email: sheetal.mukkamala@nhs.net
- The completed hard copy of the form should be handed over/posted to:
Sheetal Mukkamala,
Corporate Governance Manager,
NHS Southwark CCG,
1st Floor, Hub 5, PO Box 64529
London SE1P 5LX
- If sending by email, then a scanned signature will suffice.
- Any changes to interests declared must also be registered within 28 days by completing and submitting a new declaration form.
- The register will be published in the Annual Report as well as every month after the Governing Body meeting on the CCG public website. It will also be available to public on request and during each Governing Body meeting.
- Any individual – and in particular members and employees of NHS Southwark CCG - must provide sufficient detail of the interest, and the potential for conflict with the interests of the CCG and the public for whom they commission services, to enable a lay person to understand the implications and why the interest needs to be registered.
- If there is any doubt as to whether or not a conflict of interests could arise, a declaration of the interest must be made.
- Individuals are advised to review the completed example before completing their own declaration to ensure they correctly understand the information required.

A declaration must be made whether such interests are those of the individual, a family member, any other close relationship of the individual. Interests that must be declared include but are not limited to:

1. Roles and responsibilities held within member practices;
2. Directorships, including non – executive directorships, held in private companies or PLCs;
3. Ownership or part – ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the CCG;
4. Shareholdings (more than 5%) of companies in the field of health and social care;
5. Positions of authority in an organisation (e.g. charity or voluntary organisation) in the field of health and social care;
6. Any connection with a voluntary or other organisation contracting for NHS Services;
7. Research/ funding grants that may be received by the individual or any organisation they have an interest or role in;
8. Any other role or relationship which would impair or otherwise influence the individual's judgement or actions in their role within the CCG.

An example of completed form is available with the Corporate Governance team.

**NHS SOUTHWARK CLINICAL COMMISSIONING GROUP
DECLARATION OF INTERESTS FORM**

Name:		
Position within or relationship with CCG		
Interests		
Type of Interest	Details	Interests of relatives/ close relationship that you know of, likely or seeking to do business with the CCG
Roles and responsibilities held within member practices	<i>Materiality</i> ⁹ =	<i>Materiality</i> =
Directorships, including non-executive directorships, held in private companies or PLCs	<i>Materiality</i> =	<i>Materiality</i> =
Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the CCG	<i>Materiality</i> =	<i>Materiality</i> =
Shareholdings (more than 5%) of companies in the field of health and social care	<i>Materiality</i> =	<i>Materiality</i> =
Positions of authority in an organisation (e.g. charity or voluntary organisation) in the field of health and social care	<i>Materiality</i> =	<i>Materiality</i> =

<p>Any connection with a voluntary or other organisation contracting for NHS services</p>	<p>Materiality=</p>	<p>Materiality =</p>
<p>Research funding/grants that may be received by the individual or any organisation they have an interest or role in</p>		
<p>Other specific interests – e.g. users of health services commissioned by the CCG.</p>		
<p>Any other role or relationship which would impair or otherwise influence the individual's judgement or actions in their role within the CCG</p>		

To the best of my knowledge and belief, the above information is complete and correct. I undertake to update as necessary the information provided and to review the accuracy of the information provided regularly and no longer than annually. I give my consent for the information to be used for the purposes described in the NHS Southwark CCG Constitution and published accordingly.

Signed:

(please sign not print)

Dated:

33. Appendix 2- Declaration Form: Bidders/potential contractors/service provider

Declaration form: financial and other interests

This form is required to be completed in accordance with the CCG's Constitution.

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.
- If any assistance is required in order to complete this form, then the Relevant Organisation should contact Sheetal Mukkamala, Corporate Governance Manager email: sheetal.mukkamala@nhs.net
- The completed form should be sent to:

Sheetal Mukkamala,
Corporate Governance Manager,
NHS Southwark CCG,
1st Floor, Hub 5, PO Box 64529
London
SE1P 5LX
- 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 [*specify*].
- Relevant Organisations 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 person concerned has and the circumstances in which a conflict of interest with the business or running of the CCG might arise.
- If in doubt as to whether a conflict of interests could arise, a declaration of the interests should be made.

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:

Clinical Commissioning Group

- 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;
- 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, whether personal or professional, which the public could perceive may impair or otherwise influence the CCG's or any of its members' or employees' judgments, decisions or actions.

Declaration Form: Bidders/potential contractors/service providers: financial and other interests

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 the CCG		
Provision of services or other work for any other potential bidder in respect of this project or procurement process		
Any other connection with the CCG, whether personal or professional, which the public could perceive may impair or otherwise influence the CCG's or any of its members' or employees' judgments, 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:

34. Appendix 3 - Declaration of Gifts and Hospitality Form

Under certain circumstances (see Section 9) the policy requires the declaration of gifts and hospitality offered to employees, members and member practices whether accepted or not.

It is the responsibility of all individuals to make any necessary declaration by completing this document, and submitting it to Corporate Governance Manager, NHS Southwark CCG, for inclusion in the register of gifts and hospitality that is maintained.

Name	
Job title/ Position in the CCG	
Department or Practice	
Details of what has been offered, by whom.	
Was the gift or hospitality accepted or refused?	
Signature	
Date	

35. Appendix 4 –Code of Conduct – Procurement

[To be used when commissioning services from organisations in which CCG Governing Body members/ committee members have a financial interest, including GP practices and provider consortia]

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 priorities?	
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?	

Why have you chosen this procurement route? ¹⁰	
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?	

Additional question for AQP or single tender (for services where national tariffs do not apply)	
How have you determined a fair price for the service?	

Additional questions for AQP only (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 there are no other providers that could deliver this service?	
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?	

36. Appendix 5 –Code of Conduct template - 10 questions checklist

1. Do you have a process to identify, manage and record potential (real or perceived) conflicts of interest?
2. How will the CCG make its final commissioning decision in ways that preserve the integrity of the decision-making process?
3. Have all conflicts and potential conflicts of interests been appropriately declared and entered in registers?
4. Have you made arrangements to make registers of interest accessible to the public?
5. Have you set out how you will you ensure fair, open and transparent decisions about:
 - priorities for investment in new services
 - the specification of services and outcomes
 - the choice of procurement route (e.g. competitive tender, AQP, single tender)?
6. How will you involve patients, and the public, and work with your partners on the Health and Wellbeing Boards and providers (old and new) in informing these decisions?
7. What process will you use to resolve disputes with potential providers?
8. Have you summarised your intended approach in your constitution, and thought through how your governing body will be empowered to oversee these systems and processes – both how they will be put in place and how they will be implemented?
9. What systems will there be to monitor and publish data on referral patterns?
10. Has your decision making body identified and documented in the constitution the process for remaining quorate where multiple members are conflicted?

37. Appendix 6 - Conflict of interest discussion scenarios

Adapted from the RCGP/NHS Confederation brief on managing conflicts of interest September 2011

Scenario 1

Three GPs who are members of the governing body of a CCG have recently bought a small number of shares in Company X – a company set up by an investor and 16 local GP practices to provide community health services. Company X has recently paid for two local GPs to be trained as GPs with a special interest (GPwSIs) in gynaecology and has agreed to invest in the extension of a local surgery (where a commissioning group lead is a partner) and in purchasing ultrasound equipment so that a new GPwSI service can be set up.

The CCG has recently begun developing its strategic commissioning plan, which sets out its intention to see a shift of up to 30 per cent of outpatient gynaecology services from acute hospitals to community-based settings over the next three years. The CCG intends to develop a specification for these community services to be delivered by Any Qualified Provider.

Discussion

Although the GPs are not major shareholders in GP Provident, a conflict clearly exists as they could have made personal financial gain as a result of the CCG's commissioning strategy.

There is also a possibility that there could be a perception of actual wrongdoing. The CCG has to consider whether Company X has been given a competitive advantage over other providers or if these individuals have put themselves in a position to make a financial gain – due to access to insider knowledge about local commissioning intentions – and if it has put sufficient measures in place to avoid or remedy this. The individuals concerned should have declared their interest in Company X when they bought the shares, and again at any meeting when the CCG began to discuss its commissioning strategy.

The CCG should have a policy that clearly identifies circumstances under which members of the governing body should not participate in certain activities and considers the material nature of any conflict and whether the individuals could successfully discharge their responsibilities. The governing body will need to consider whether this policy requires them to exclude these members from certain decisions about the commissioning strategy, even if this means removing three key decision-makers from a central part of the group's business.

Even if not excluded from discussion of the strategy, these individuals may well be excluded by the group's policies from being involved in the development of the gynaecology service specifications (other than to the

extent any other potential supplier might be involved in such service planning), or from any subsequent contract monitoring. CCGs may wish to consider whether or not involvement with a provider company likely to develop services and bid for contracts in this way is compatible with being a CCG governing body member at all, as this scenario is likely to arise again.

Scenario 2

The diabetes lead of a CCG has been working on a community diabetes project for two years and has a plan to reduce diabetes outpatients activity by 50 per cent and to reinvest in education, patient education, more specialist nurses and community consultant sessions.

A cornerstone of this new service is a proposal to fund local practices for providing additional services, previously provided in secondary care, to improve prevention, identification and management of diabetes within primary care.

Discussion

Rather than benefiting a particular organisation, in this scenario all GP practices/primary care providers in the area could potentially benefit from the proposals being developed by the CCG, at the expense of existing secondary care providers.

The CCG may have to deal with the perception and challenge that it is favouring its members. However, this may be an appropriate commissioning decision, provided the CCG can demonstrate that:

- it is possible and appropriate to reduce the number of people being referred to hospital for the management of diabetes and related complications;
- it is expected to improve overall patient experience and outcomes;
- the benefits of having the service provided by GP practices – and integrating it with the services they already provide for registered patients – are so compelling that there are no other capable providers

The CCG should have set out and communicated the case for change and the rationale for the proposed service model clearly and transparently using the “code of conduct” template before taking, or recommending, the final decision to proceed.

When developing its diabetes commissioning strategy, the CCG should consult on, and then be absolutely clear about, who will have the opportunity to provide the service model. This should be consistent with its existing commissioning strategy and procurement framework and with the joint health and wellbeing strategy of the relevant Health and Wellbeing Board.

Other qualified providers should be given the opportunity to provide those elements of the new service model not specifically embedded in general practice, for example, specialist nursing and community-based consultant sessions.

Scenario 3

Dr X is the chair of a CCG. He is married to Dr Y. Dr Y is the clinical director for Health R Us, a company that has developed risk stratification software designed to enable primary care providers to identify vulnerable patients at risk of going into hospital and help them to put measures in place to address this.

Health R Us has offered to supply the software to Dr X's CCG free of charge for one year to help develop it. It will then be offered at a discounted price because of the work that the group would have done in developing it and acting as a demonstration site.

Discussion

There is no immediate financial gain to Drs X and Y from the decision to accept the software free of charge for a year. However, there is potential future gain to Dr Y (and therefore to her husband) as the clinical director of a company that could profit from a product that her husband's CCG has helped to develop, and from a preferential position as an incumbent supplier to that group.

Dr X should declare an interest and he should exclude himself from any decision-making about this project.

Any decision subsequently taken by the CCG should depend on whether or not the product on offer would help it to achieve an existing, stated commissioning objective (that is to say the CCG should not accept it just because it is on offer), and whether or not the deal being offered was in line with the CCG's existing policies for partnership working, joint ventures and sponsorship.

If the CCG has a clear, prioritised commissioning strategy and policies for working with other organisations from the outset, this decision should be fairly straightforward.

There is a question as to whether or not the group should accept this offer at all. Although it may meet an explicit commissioning objective, it may not be appropriate even then to accept the offer without some analysis of whether other companies might be willing or able to offer the same or better. The concern is not necessarily about the personal relationships involved, but more generally about whether this is an acceptable way for a public body to do business.

Scenario 4

Dr A is a member of a CCG with a longstanding interest in and commitment to improving health and social care services for older people. She has worked closely with local geriatrician, Dr B, for many years, including working as her clinical assistant in the past. They have developed a number of service improvement initiatives together during this time and consider themselves to

be good personal friends.

Recently, they have been working on a scheme to reduce unscheduled admissions to hospital from nursing homes. It involves Dr B visiting nursing homes and doing regular ward rounds together with community staff. It has been trialled and has had a measure of success which has been independently verified by a service evaluation. They would now like to extend the pilot, and the foundation trust that employs Dr B has suggested that a local tariff should be negotiated with the CCG for this 'out-reach' service. The CCG has decided instead to run a tender for an integrated community support and admission avoidance scheme, with the specification to be informed by the outcomes of the pilot.

Discussion

Due to her own involvement in the original pilot, association with the incumbent provider and allegiance to her friend and colleague, Dr A has a conflict of interest. She should not be involved in developing the tender, designing the criteria for selecting providers or in the final decision making even though she is a local expert. If the CCG has clear prompts and guidelines for its members, this should be obvious to Dr A, who should decide to exempt herself.

If the CCG is clear at the outset about its commissioning priorities and strategy and its procurement framework (setting out what kind of services would be tendered under what circumstances), its decision to tender for the service should not come as a surprise to the trust, or to the individuals involved.

CCGs need to ensure that they do not discourage providers, or their own members, from being innovative and entrepreneurial by being inconsistent or opaque in their commissioning decisions and activities.

38. Appendix A – Policy Development Document Control Panel

Policy Title: Conflict of Interest Policy		
Version Number: Draft 1	Date of issue: Revised April 2013	Review date: April 2014
Policy Developer: Malcolm Hines (Responsible Director) Jacquie Foster/ Sheetal Mukkamala (Authors) Richard Gibbs (Policy Reviewer)		
Policy Developer's designation: CFO, Head of Governance and OD Corporate Governance Manager Lay Member/ Conflict of Interest Guardian		
Policy Developer's contact details: Telephone number: 020 7525 4569 E mail address: Jacquie.foster1@nhs.net		
File name and document pathway:		
Is this a new policy?	Yes	<u>No</u>
If 'Yes' – why is it required? (e.g. new legislation necessitating Trust compliance) Legislation for CCG establishment; national and local guidance.		
If 'No' – name of current policy under review: (If different from above)		
If 'No' – reason for reviewing current policy: change in legislation required amendment		
Does style and format comply with corporate image?	<u>Yes</u>	No
Does the policy include a monitoring compliance section?	<u>Yes</u>	No

Who has been involved/ consulted with in order to develop this policy? (i.e. Committees, working groups, specific individuals etc.,)			
IG&P Group, OSC, Lay member /Conflict of Interest Guardian			
How does this policy link to:			
National Standards		National Service Frameworks	
Have you considered in your Policy Development the impact of your Policy on:			
	Yes	No	<u>N/A</u>
Health & Safety at Work Act 1974			
Equality Act 2010	<u>Yes</u>	<u>No</u>	<u>N/A</u>
Human Rights Act 1998	Yes	No	<u>N/A</u>
Data Protection Act 1998	<u>Yes</u>	No	N/A
Freedom of Information Act 2000	<u>Yes</u>	No	N/A
Civil Contingencies Act 2004	Yes	No	<u>N/A</u>
Mental Capacity Act 2005	Yes	No	<u>N/A</u>
Confidentiality	<u>Yes</u>	No	N/A
Other: (Please specify)			
Policy Ratification by () on (Date):		Consulted with Staffside on (Date):	

39. Appendix B – Equality Impact Assessment Tool

Equality Impact Assessment Tool		Appendix B	
		Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	• Age	N	
	• Disability	N	
	• Gender Reassignment	N	
	• Marriage and Civil Partnership	N	
	• Pregnancy and Maternity	N	
	• Race	N	
	• Religion or Belief	N	
	• Sex	N	
	• Sexual Orientation	N	
2.	Is there any evidence that some groups are affected differently?	N	
3.	If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?	NA	
4.	Is the impact of the policy/guidance likely to be negative?	NA	
5.	If so can the impact be avoided?	NA	
6.	What alternative is there to achieving the policy/guidance without the impact?	NA	
7.	Can we reduce the impact by taking different action?	NA	