

AGENDA ITEM NO: 13.0.

| | | | |
|---|---|-----------------------------|--------------------------|
| Meeting Title/Date: | Governing Body - 26 September 2017 | | |
| Report Title: | Standards of Business Conduct Policy | | |
| Paper Prepared By: | Kevin Parkinson | Date of Paper: | July 2017 |
| Executive Sponsor: | Kevin Parkinson | Responsible Manager: | Kevin Parkinson |
| Committees where Paper Previously Presented: | Executive Committee, 25 July 2017 | | |
| Background Paper(s): | | | |
| Summary of Report: | This policy seeks to describe the current public service values, which underpin the work of the NHS and to reflect current guidance and best practice to which all individuals working for or on behalf of Morecambe Bay CCG must have regard to in their work. | | |
| Recommendation(s): | The Governing Body are requested to agree to the recommendation from the Executive Committee to adopt the policy. | | |
| | | | Please Select Y/N |
| Identified Risks: | | | N |
| Impact Assessment: (Including Health, Equality, Diversity and Human Rights) | | | N |
| Strategic Objective(s) Supported by this Paper: | | | Please Select (X) |
| To Improve the health of our population and reduce inequalities in health | | | X |
| To reduce premature deaths from a range of long term conditions | | | X |
| To develop care closer to home | | | X |
| To commission safe, sustainable and high quality Hospital Health Care | | | X |
| To commission safe, sustainable and high quality Mental Health Care | | | X |
| To improve capacity and capability of primary care services to respond to the changing health needs of our population | | | X |
| Please Contact: | Kevin Parkinson Kevin.Parkinson@morecambebayccg.nhs.uk | | |

STANDARDS OF BUSINESS CONDUCT POLICY

| | |
|--------------------------------|--|
| Version | Version 3.0 |
| Ratified By | NHS Morecambe Bay Clinical Commissioning Group |
| Date Ratified | |
| Author | Kevin Parkinson |
| Responsible Committee/Officers | Governing Body |
| Date Issue | XX XXXX 2017 |
| Review Date | XX XXXX 2019 |
| Intended Audience | All Clinical Commissioning Group Staff |
| Impact Assessed | Yes |

Note: The Gifts and Hospitality Policy which was part of this policy has now been amended and is included in the Conflicts of Interest Policy on the website.

Further information about this document:

| | |
|---|--|
| Document name | Standards of Business Conduct |
| Category of document in the policy schedule | Corporate |
| Author(s) Contact(s) for further information about this document | Kevin Parkinson Chief Finance Officer |
| This document should be read in conjunction with | Conflicts of Interest Policy (inc. Gifts and Hospitality) Anti-Fraud Bribery and Corruption Policy Whistleblowing Policy |
| Published by | NHS Morecambe Bay Clinical Commissioning Group |
| Copies of this document are available from | Website: www.morecambebayccg.nhs.uk |

Version Control:

| Version History | | |
|-----------------|--|-------------------|
| Version Number | Reviewing Committee/Officer | Date |
| 1.0 | NHS Lancashire North Executive Committee | |
| 1.0 | NHS Lancashire North Governing Body | 10 September 2013 |
| 2.0 | NHS Lancashire North Executive Committee | |
| 2.0 | NHS Lancashire North Governing Body | 26 May 2015 |
| 3.0 | NHS Morecambe Bay | |
| | | |
| | | |
| | | |

NHS MORECAMBE BAY CLINICAL COMMISSIONING GROUP

STANDARDS OF BUSINESS CONDUCT POLICY

1. PURPOSE

This policy seeks to describe the current public service values, which underpin the work of the NHS and to reflect current guidance and best practice to which all individuals working for or on behalf of NHS Morecambe Bay Clinical Commissioning Group, referred to hereafter as the group, must have regard to in their work for the group.

The group holds that conducting business with honesty and impartiality is critical to the continuing development of an organisation that is responsible, successful and sustainable. The Standards of Business Conduct policy is an extension of the group's values and plays a key role in the group's strategic plans, underpinning a commitment to high standards of corporate behaviour, ethical business practices and regulatory compliance.

These Standards of Business Conduct are intended to ensure that the actions of those acting on behalf of the group are both lawful and in line with the high standards expected. The Standards also provide support and guidance for making appropriate judgement and decisions to protect the group's employees from any suspicion of fraud, bribery or corruption. Whilst the Standards of Business Conduct make reference to and contain some basic information about some of the group's policies, they are not intended to cover every situation; and should therefore be read in conjunction with the relevant policies and any additional professional conduct regulations that may be appropriate.

The group aspires to the highest standards of corporate behaviour and responsibility. Individuals working for or on behalf of the group are required to comply with this policy. The group wants to ensure that all staff are protected from any appearance of impropriety and requires that all staff act honestly and with integrity and safeguard the public resources to which they are responsible.

This policy serves to guide business behaviour to ensure standards of ethical conduct in all areas but particularly where improper activities could result in serious adverse consequences for the group and potentially for the employees involved.

The policy has been informed by the Standards for Members of NHS Boards and CCG Governing Bodies in England (2013) and the Code of Conduct and Code of Accountability in the NHS (2004).

2. SCOPE OF THE POLICY

This policy applies to the following individuals who are hereafter referred to collectively in this policy as individuals acting on behalf of the group:

- i) members of the group;
- ii) members of the group's Governing Body;
- iii) members of the group's committees or sub-committees or of the committees or sub-committees of its Governing Body;

- iv) its employees, including seconded, temporary staff or staff working for the group under a contract of service or in an advisory capacity.

3. PRINCIPLES

All individuals acting on behalf of the group are expected to abide by the Seven Principles of Public Life (the Nolan Principles shown in Appendix A) set out by the Committee on Standards in Public Life (copy attached).

They must also:

- i) uphold the values of the NHS Constitution;
- ii) promote equality;
- iii) promote human rights;
- iv) where appropriate, follow their professional code of conduct; and
- v) comply with the group's policies and procedures.

4. PREVENTION OF BRIBERY AND CORRUPTION

The principles of conduct in the NHS means that all staff are expected to be impartial and honest in the conduct of their official business, and not abuse their official position for personal gain or to benefit their family or friends. The group has a responsibility to ensure that individuals acting on behalf of the group are made aware of their duties and responsibilities arising from the Bribery Act 2010. Under the Bribery Act 2010 ('the Act') which came into effect on 1 July 2011 it is a criminal offence for employees to give promise or offer a bribe, and to request, or receive any bribes, gifts, or consideration as an inducement or reward.

Bribery is offering an incentive to someone to do something which they wouldn't normally do. For example, someone advertising a job might be offered tickets to an event by one of the candidates or someone linked to them in an attempt to influence a decision. A bribe does not have to be in cash and may take the form of payment, gifts, hospitality, promise of contracts or employment, or some other form of benefit or gain. The individuals engaged in the actual bribery activity do not have to be those who instigate the offence(s), or ultimately benefit from it. All parties involved are potentially subject to prosecution. The bribe may take place prior, to after, the corrupt act or improper function.

All staff have a personal responsibility to ensure they are not placed in a position which risks, or appears to risk, a conflict between their private interests and their NHS duty.

Under this Act there are four offences:

- i) Bribing, promising or offering to bribe another person (Section 1);
- ii) requesting, agreeing to receive, or accepting a bribe (Section 2);
- iii) bribing or offering to bribe a foreign public official; and
- iv) Corporate offence of failing to prevent bribery (Section 7).

Morecambe Bay Clinical Commissioning Group adopts a zero tolerance attitude towards bribery and does not, and will not, pay or accept bribes or offers of inducement to or from anyone, for any purpose.

The group is fully committed to the objective of preventing bribery and will ensure that adequate procedures, which are proportionate to our risks, are in place to prevent bribery. We will, in conjunction with the nominated Anti-Fraud Specialist (AFS) seek to obtain the strongest penalties – including criminal prosecution, disciplinary and/or civil sanctions – against those associated with the group who are found to be involved in any bribery or corruption activities.

For more information on the Bribery Act 2010 refer to the NHS Morecambe Bay Clinical Commissioning Group Anti-Fraud Bribery and Corruption Policy.

5. ANTI-FRAUD MEASURES

The Fraud Act 2006 introduced an entirely new way of investigating and prosecuting fraud. Previously, the word “fraud” was an umbrella term used to cover a variety of criminal offences falling under various legislative Acts. It is now no longer necessary to prove that a person has been deceived, or that the fraud was successfully carried out. The focus is now on the dishonest behaviour of the suspect and their intent to make a gain either for themselves or another; to cause a loss to another; or to expose another to a risk of a loss.

There are several specific offences under the Fraud Act 2006, however, there are three primary ways in which fraud can be committed that are likely to be investigated by the group’s nominated AFS, namely

- i) Fraud by false representation (s.2) – lying about something using any means, e.g. falsifying a CV or NHS job application form,
- ii) Fraud by failing to disclose information (s.3) – not saying or disclosing something when you have a legal duty to do so, e.g. failing to declare a conviction, disqualification or commercial interest when such information may have an impact on your NHS role, duties or obligation, and where you are required to declare such information as part of a legal commitment to do so,
- iii) Fraud by abuse of position (s.4) – abusing a position where there is an expectation to safeguard the financial interests of another person or organisation, e.g. a carer abusing their access to patient’s monies or an employee using a commercially confidential NHS information to make a personal gain.

It should be noted that all offences under the Fraud Act 2006 occur where the act or omission is committed dishonestly and with intent to cause gain or loss, or expose to a risk of loss. The gain or loss does not have to succeed, so long as the intent is there. Successful prosecutions under the Fraud Act 2006 may result in an unlimited fine and/or a potential custodial sentence of up to 10 years.

Individuals acting on behalf of the group are required not to use their position to gain advantage. The group works to prevent fraud and encourages individuals with concerns or reasonably held suspicions about potentially fraudulent activity or practice, to report these. Individuals should inform the nominated AFS or the group’s Chief Finance Officer immediately, unless the Chief Finance Officer or the AFS is implicated, in which case they should report directly to the Chair or the Chief Officer who will decide on the action to be taken.

Individuals may also call the NHS Fraud and Corruption reporting line on free phone 0800 028 40 60 or the online fraud reporting form www.reportnhsfraud.nhs.uk . All calls are dealt with by experienced trained staff and any caller, who wishes, may remain anonymous.

Anonymous contact from individuals or others, who wish to raise matters of concern, but not through official channels, will be taken seriously. The AFS will make sufficient enquiries to establish whether or not there is any foundation to the suspicion that has been raised. Individuals should not ignore their suspicions, investigate themselves or tell colleagues or others about their suspicions.

Refer to the NHS Morecambe Bay Clinical Commissioning Group Anti-Fraud Bribery and Corruption Policy.

6. THE GROUP'S CONSTITUTION, INCORPORATING STANDING ORDERS (SOs), STANDING FINANCIAL INSTRUCTIONS (SFIs) AND SCHEME OF DELEGATION (SoD)

Individuals must carry out their duties in accordance with the group's constitution. The constitution sets out the statutory and governance framework in which the group operations. Individuals must at all times refer to and act in accordance with the group's constitution to ensure that current group process is followed. In the event of doubt, individuals should seek advice from their line manager or alternatively from the group's Chief Finance Officer. In the event of any conflict arising between the details of this policy and group's constitution, the constitution shall prevail.

7. DECLARATION OF INTEREST

The group has approved a policy for minimising, managing and registering potential conflicts of interest, which could be deemed or assumed to affect the decisions made by those involved with the group. These decisions could include awarding contracts, procurement, policy employment and other decisions.

Individuals acting on behalf of the group should not allow their judgement or integrity to be compromised when discharging their responsibilities on behalf of the group. They should be, and be seen to be, honest and objective in the exercise of their duties and should understand fully their terms of appointment, duties and responsibilities.

The group's policy, on managing conflicts of interest describes the group's arrangements for identifying and managing conflicts of interest, including declaring interests. Adherence to the policy is mandatory.

Failure to adhere to the policy, particularly concerning the declaring of interests, may constitute a criminal offence of fraud, as an individual could gain unfair advantages or financial rewards for themselves, or a family member/friend, their practice or practice colleague, or other associate. Any suspicion that a relevant personal interest may not have been declared should be reported to the group's Chief Finance Officer.

As a general principle, anyone acting on behalf of, the group who is involved in taking decisions, or who is able to influence a decision must declare their interests to the group. Declarations must be made on the appropriate form at the start of employment, or within 28

days of acquisition of the interest. Individuals will also be required to complete an annual declaration form which should be returned to the group's Corporate Affairs Manager.

The group is required to maintain a register of interests to formally record the declarations of interest made by individuals acting on behalf of the group and this register will be reviewed on an annual basis to ensure it is accurate and up-to-date.

All declarations of interest will be reviewed by the group's Audit Committee, at least annually.

Refer to NHS Morecambe Bay Clinical Commissioning Group Conflicts of Interest Policy.

8. GIFTS AND HOSPITALITY

Refer to the CCG's Conflicts of Interest Policy.

9. COMMERCIAL SPONSORSHIP

Individuals acting on behalf of the group may accept commercial sponsorship for courses, conferences, post/project funding, meetings and publications if they are reasonably justifiable and are in accordance with the principles set out in this policy and their professional codes of conduct. In cases of doubt, an individual should seek advice from their Line Manager or alternatively from the Chief Finance Officer.

Permission, with details of the proposed sponsorship must be obtained from the responsible director/senior manager, or the Chair in the case of the Chief Officer, for any sponsorship valued at under £500 and from the Chief Finance Officer for sponsorship exceeding £500. Approval needs to be obtained in writing, in advance using the appropriate form (See appendix B & C). A copy of the permission must be retained by the Corporate Affairs Manager who will record all permissions on a register and report them to the Governing Body at least annually.

As a general principle, sponsored events must always be under the control of the group. Acceptance of commercial sponsorship should:

- i) not in any way compromise commissioning decisions of the group, or be dependent on the purchase or supply of goods or services; and
- ii) be open to scrutiny and be a matter of public record.

Sponsors should not have any influence over the content of an event, meeting, seminar, publication or training event.

The group should not endorse individual companies or their products. It should be made clear that the fact of sponsorship does not mean that the group endorses a company's products or services.

During dealings with sponsors, there should be no breach of patient or individual confidentiality or data protection legislation.

No information should be supplied to a company for their commercial gain unless there is clear benefit to the group. As a general principle, information which is not in the public domain should not normally be supplied.

Formal meetings of the group should not be the subject of sponsorship agreements.

The checklist and approval form for sponsorship up to £500 is shown in Appendix B.

The checklist and approval form for sponsorship over £500 is shown in Appendix C.

Refer to NHS Morecambe Bay Clinical Commissioning Group Conflicts of Interest Policy.

10. OUTSIDE EMPLOYMENT AND PRIVATE PRACTICE

Individuals acting on behalf of the group (depending on the details of their contract or arrangement with the group as regards outside employment and private practice) are required to inform their Director, or Chair in the case of the Chief Officer, if they are engaged in or wish to engage in outside employment in addition to their work with the group.

The purpose of this is to ensure that the group is aware of any potential conflict of interest with their work on behalf of the group. Examples of work which may conflict with the business of the group are:

- i) employment with another NHS body;
- ii) employment with another organisation, which might be in a position to supply goods and services to the group; and
- iii) self-employment, including private practice, in a capacity which might conflict with the individual's work with the group, or which might be in a position to supply goods and services to the group.

Permission to engage in outside employment/private practice will be required in advance by the individual and the group reserves the right to refuse permission, and if necessary to terminate its arrangement with the individual, where it believes an unmanageable conflict will arise.

11. INITIATIVES

As a general principle, any financial gain resulting from external work by an individual working on behalf of the group, where use of group time or title is involved (e.g. speaking at training events, conferences, writing articles etc.) and/or which is connected with group business, should be forwarded to the Corporate Affairs Manager.

Any patents, designs, trademarks or copyright resulting from the work (e.g. research) of an individual working on behalf of the group, carried out as part of the individual's work with the group shall be the intellectual property of the group.

An individual should seek approval from their Line Manager prior to entering into an obligation to undertake external work connected with the business of the group e.g. writing articles for publication, speaking at conferences.

Where the undertaking of external work, gaining patent or copyright of the involvement in innovative work benefits or enhance the group's reputation or results in financial gain for the group, consideration will be given to rewarding individuals, subject to any relevant guidance of the management of intellectual property in the NHS, namely A Framework and Guidance on the Management of Intellectual Property in the NHS issued by the Department of Health (September 2002).

12. SUPPLIERS AND CONTRACTORS OF HEALTHCARE (CLINICAL) AND NON CLINICAL GOODS AND SERVICES

All individuals acting on behalf of the group who are in contact with suppliers and contractors, including external consultants, and in particular are authorised to sign purchase orders or enter into contracts for goods and services are expected to adhere to professional standards in line with those set out in the Code of Ethics of the Chartered Institute of Purchasing and with national guidance on the procurement of NHS funded services.

Individuals must treat all prospective contractors or suppliers of services to the group equally and in a non-discriminatory way and act in a transparent manner.

Subject to the provisions of the group's policy on managing conflicts of interest, individuals involved in the awarding of contracts and tender processes must take no part in a selection process, if a personal interest or conflict of interest is known. Such an interest must be declared to the Chief Finance Officer as soon as it becomes apparent. Individuals should not at any time seek to give undue advantage to any private business in the course of their duties.

The group has duties under European and UK procurement law and individuals must comply with the group's constitution, incorporating standing financial instructions, in relation to all contract opportunities with the group.

Individuals working on behalf of the group must not seek or accept preferential rates of benefits in kind for private transactions carried out with companies with which they have had, or may have, official dealings on behalf of the group.

Individuals should claim expenses incurred in the course of their work for the purpose of advising on the purchase of goods or services from the group. They should not be reimbursed by the organisation providing or bidding to provide such items to the group.

Every invitation to tender to a prospective bidder for group business must require each bidder to give a written undertaking not to engage in collusive tendering or other restrictive practice and not to engage in canvassing the group of individuals working on behalf of the group concerning the contract opportunity tendered.

13. COMMERCIAL CONFIDENTIALITY

The group should guard against providing information on the operations of the group which might provide a commercial or financial advantage to any organisation (private or NHS) in a position to supply goods and services to the group. For particularly sensitive procurements/contracts, individuals may be asked to sign a non-disclosure agreement.

14. MANAGEMENT ARRANGEMENTS

Individuals should be aware that a breach of this policy could render them liable to prosecution as well as leading to termination of their employment, position or arrangement with the group.

Individuals who fail to disclose any relevant interests as required by this policy or the group's constitution may be subject to criminal proceedings, civil and/or disciplinary action which could ultimately result in the termination of their employment, position or arrangement with the group. Concerns or suspicions of fraud involving the failure to disclose relevant information should be referred to the group's nominated AFS for further investigation.

The Chief Finance Officer is responsible for ensuring that arrangements are in place for the implementation of this policy.

15. COMPLAINTS

Individuals who wish to report suspect or known breaches of this policy should inform the Chief Finance Officer (refer to CCG Complaints Policy). All such notifications will be held in strictest confidence and the person notifying the Chief Finance Officer can expect a full explanation of any decisions taken as a result of any investigation.

16. FURTHER INFORMATION

This policy is an interpretation of guidance and is based on examples of good practice. In addition to referring to the group's constitution, individuals should also refer to:

- i) The Code of Conduct for NHS Managers;
- ii) The Nolan Principles of Public Life;
- iii) The NHS Code of Conduct and NHS Code of Accountability (2004);
- iv) The Code of Practice on Openness in the NHS;
- v) Standards for Members of NHS Boards and CCG Governing Bodies in England (November 2013);
- vi) The Association of British Pharmaceutical Industry Code of Practice;
- vii) Good Medical Practice, General Medical Council;
- viii) Other relevant guidance that may be produced by their own professional bodies, the Department of Health or the NHS England;
- ix) The group's policy on Conflicts of Interest (incorporating Gifts and Hospitality);
- x) The group's Anti-Fraud Bribery and Corruption Policy; and
- xi) The group's Whistleblowing Policy.

APPENDIX A

THE NOLAN PRINCIPLES

The 'Nolan Principles' set out the ways in which holders of public office should behave in discharging their duties. The seven principles 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 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.
7. **Leadership** - holders of public office should promote and support these principles by leadership and example.

Source: *Committee on Standards in Public Life (May 1995)*.

APPENDIX B

SPONSORSHIP CHECKLIST AND APPROVAL FORM (UP TO £500)

Instructions for Completion:

- This form should be completed for sponsorship up to £500 in value which has been offered to the CCG or its employees/members.
- For all sponsorship greater than £500 a more detailed '**Major Sponsorship/Partnership Working Agreement Form**' (**Appendix D**) should be completed and sent to the Chief Finance Officer for approval **prior** to accepting sponsorship.

Summary of Sponsorship Offer

| | |
|---|--|
| Name and contact details of lead CCG contact liaising with commercial company. | |
| Name of potential sponsors involved and contact details. | |
| Details of proposal including the benefit to the CCG, patients and potential benefits to the sponsor. | |
| What is the money to be spent on? | |
| Amount of funding and time period involved. | |

Checklist

| Criteria | Yes/No |
|---|--------|
| Does the sponsorship offer comply with the rules specified in the CCG's policy on Standards of Business conduct? | |
| As part of the sponsorship are all medicines or products which are promoted or otherwise mentioned in line with locally agreed prescribing advice? | |
| Where sponsorship is offered to facilitate the development of guidelines and protocols (and similar) will this be carried out by the appropriate CCG working group independent of the sponsors? | |
| Is this sponsorship in line with national and locally agreed healthcare priorities? | |

The Senior Officer/Line Manager is to sign this off.

| | |
|---------|-------|
| Signed: | Date: |
|---------|-------|

| | |
|-----------|--------|
| Approved: | Yes/No |
|-----------|--------|

| | |
|---|-------|
| Signed: Chief Finance Officer | Date: |
|---|-------|

Please return to the Corporate Affairs Manager

APPENDIX C

MAJOR SPONSORSHIP/PARTNERSHIP WORKING AGREEMENT (> £500)

This form should be used for offers of sponsorship of greater value than £500 including multi-agency projects for which the CCG is a major participant and the CCG share of sponsorship is greater than £500.

The completed form should be submitted to the Chief Finance Officer **for approval**.

Project Summary:

| | |
|--|--|
| 1. Recipient (include lead CCG contact details) | |
| 2. Sponsor(s) (including contact details) | |
| 3. Details of project | |
| 4. Aims and objectives of project | |
| 5. Benefits to CCG/NHS (e.g. improvement in services as defined by NICE etc.) | |
| 6. Benefits to sponsor | |
| 7. Start date | |
| 8. Finish date | |
| 9. Termination arrangements (the agreement should be open to early termination by the CCG) | |

APPENDIX C (continued)

Resources and Costs:

| | |
|---|---|
| 1. Overall cost of partnership project? | £ |
| 2. What are the direct/indirect resource/cost commitments by sponsor(s)? | |
| 3. What are the direct/indirect resource/cost commitments by the CCG (if any)? | |
| 4. How will the resources/costs be monitored and recorded? | |
| 5. How will payment be made? | |
| 6. Will sponsorship lead to higher costs elsewhere in the NHS? | |
| 7. List valid and relevant information on cost effectiveness and value for money. | |

APPENDIX C (continued)

Governance and Management Arrangements:

| | |
|--|--|
| 1. Who has been consulted in relation to project and how was this done? | |
| 2. How will patients be informed of project? | |
| 3. What is the decision making process of the project? | |
| 4. What are the operational and management arrangements? | |
| 5. How does the project relate to, and align with, existing systems of care in primary and secondary care? | |
| 6. Has the project been piloted or are there plans to do this? How would this be done? | |
| 7. Has the project been compared with other proposals on offer? Please give details. | |
| 8. Has an equality impact assessment been carried out (if yes, please give detail)? | |
| 9. Has the sponsor read the CCG's Standards of Business Conduct policy and agreed to abide the rules detailed in this document? | |
| 10. Does the project include the use of protocols and guidelines? Who is responsible for producing these? Please include full details of guidelines. | |

APPENDIX C (continued)

Data and Patient Protection:

| | |
|--|--|
| 1. Does the project involve the sharing of clinical data at patient and/or CCG level? | |
| 2. Has the Caldicott Guardian been consulted? | |
| 3. Are there potential conflicts of interest in relation to access to this data? Please give details | |
| 4. What arrangements have been put in place to ensure patient confidentiality and patient consent are considered? | |
| 5. Where the project includes collection of data for research purposes has this been approved by the Medical Ethics Committee? | |
| 6. Who will have access to data and in what form? | |
| 7. How will the data be used? | |
| 8. For clinical services, what professional indemnity and liability arrangements will be in place? | |

| | |
|------------------------------------|-------|
| Signed: Lead CCG Contact | Date: |
|------------------------------------|-------|

| | |
|---------------------------|-------|
| Signed: Sponsor | Date: |
|---------------------------|-------|

| | |
|---|---------------|
| Approved: | Yes/No |
| Signed: Chief Finance Officer | Date: |

Please return to the Corporate Affairs Manager

Page 4 of 4