

**NORTH EAST LINCOLNSHIRE CLINICAL
COMMISSIONING GROUP**

**Standards of Business Conduct
and
Management of Conflict of Interest**

Lead Director:	Cathy Kennedy
Author:	Claire Stocks
First Version Issued On:	November 2013
Latest Version Issued:	January 2015
Supersedes:	All previous Business Conduct & Conflict of Interest policies.
Review Date:	30 January 2017
Consultation Process:	Integrated Governance & Audit Committee
Completion of Appendices (Checklist and Equality Impact Statement):	24 February 2015
Approved By: Date:-	Integrated Governance & Audit 9 February 2015
Ratified By: Date:-	Integrated Governance & Audit 31 March 2015
Target Audience:	NELCCG HQ Staff and all working for or on behalf of the NELCCG
Dissemination:	Via Email – Weekly Bulletin

Any locally held old paper copies must be destroyed. *When this document is viewed as a paper copy, the reader is responsible for checking that it is the most current version. This can be checked on the NELCCG intranet*

CHANGE RECORD			
Version	Author	Nature of Change	Date placed on Intranet
1	John Holmes	New Revised Policy	November 2013
1.1	Claire Stocks	Updated to adhere to new statutory Guidance	March 2015

Contents

1	Introduction.....	4
2	Scope of Policy.....	5
3	Principles	5
4	Prevention of Corruption	5
	4.1 Bribery Act 2010	5
	4.2 Counter Fraud Measures.....	6
	4.3 Commercial Confidentiality	6
5	Conflicts of Interest.....	6
	5.1 Overview.....	6
	5.2 Potential Conflicts of Interest	7
	5.3 Management of Conflicts of Interest	8
	5.4 Registrations of Declarations of Interest	9
	5.5 Managing Membership	9
	5.6 Management of Meetings and Decision Making	10
	5.7 Members of CCG	11
	5.8 Contractors and People who Provide Services to the CCG	12
	5.9 Gifts, hospitality & sponsorship	12
6	Transparency in Procurement.....	13
7	Outside Employment and Private Practice.....	14
8	Initiatives.....	14
9	Confidentiality.....	14
10	Breaches of the Policy.....	15
11	Implementation	15
12	Impact Analyses	15
13	Review	15
14	References	16
15	Associated Documents	16
16	Appendices	16

1 Introduction

This policy details the expectations regarding standards of business conduct for the Clinical Commissioning Group (hereafter referred to as the CCG) including the management of conflicts of interest. CCGs are required to make arrangements to manage conflicts of interest. Section 5 of this policy sets out those arrangements, based on Section 8 of its Constitution and taking account of the relevant statutory requirements and guidance documents outlined in Section 11.

Specific rules around GPs as potential providers of CCG commissioned services will be covered in the CCG's Procurement Policy.

The CCG Governing Body determines to ensure that the organisation inspires confidence and trust avoiding any potential situations of undue bias or influence in decision-making and protecting the NHS, the CCG and individuals involved from any appearance of impropriety.

This policy supports the CCG constitution.

This policy reflects the Code of Conduct and Code of Accountability in the NHS (second revision July 2004) and the seven principles of public life set out by the Nolan Committee:

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

This policy supports a culture of openness and transparency in business transactions. All employees and appointees of the CCG are required to ensure that:

- the interests of patients remain paramount at all times
- they do not abuse their official position for personal gain or to the benefit of their family or friends
- they do not seek to advantage or further, private or other interests, in the course of their official duties.

And

- 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

The policy should be read in conjunction with the following documents, which also set out generic guidelines and responsibilities for NHS organisations and General Practitioners:

The requirements of the Constitution, Scheme of Reservation and Delegation and financial policies shall prevail over requirements of this policy where conflicting advice is given.

2 **Scope of Policy**

This policy applies to CCG staff, regardless of whether they are directly employed or hold a corporate or clinical and includes:

- Member practices
- Employees of member practices employed by the CCG
- Committees of the CCG
- Individuals on the CCG governing body and committees and sub committees
- Employees of the CCG (including those seconded to the CCG)
- Third parties acting on behalf of the CCG (including commissioning support and shared services)
- Agency, locum and other temporary staff engaged by the CCG
- Students, including those on work experience, trainees and apprentices. These are collectively referred to as 'individuals' hereafter.

3 **Principles**

Individuals should at all times:

- Comply with the requirements of the CCG's Constitution and be aware of the responsibilities outlined within it.
- Act in good faith and in the interests of the CCG and follow the 'Seven Principles of Public Life, set out by the Committee on Standards in Public Life' (the Nolan Principles)
- Conduct themselves in accordance with HSG(93)5 "Standards of Business Conduct for NHS Staff" and "Commercial Sponsorship – Ethical Standards for the NHS" (2000)
- And adhere to the NHS Code of Conduct and Code of Accountability (2004) which requires the maintenance of strict ethical standards in the NHS.

4 **Prevention of Corruption**

4.1 **Bribery Act 2010**

The Bribery Act 2010 came into force on 1st July 2011. It makes it easier to tackle bribery offences proactively creating specific criminal offences which carry custodial sentences of up to 10 years and unlimited fines. The Act introduced a corporate offence which means that the majority of organisations across the public, private and charitable sectors will be exposed to criminal liability for failing to prevent bribery.

This organisation has a strict zero tolerance policy towards bribery and corruption and will ensure all employees are aware of the Act and its implications.

In its simplest terms, "bribery" is the practice of offering a gift in exchange for benefits. Whilst money is a classic form of bribe, bribes can also be more intangible, and they might include things like the offer of property, valuable objects, or a promise to perform a particular service in the future. In order to be considered a bribe, there must be an offer and acceptance with the understanding that the individual who accepts the bribe will be doing something in return. This differentiates 'bribes' from 'gifts' offered in genuine good will, and also distinguishes 'bribery' from 'tipping', a practice in which gifts are offered in return for good service. Please refer to section 7.2 for the recording of gifts.

Under the Bribery Act 2010, there are four offences:

- Bribing, or offering to bribe, another person
- Requesting, agreeing to receive or accepting a bribe

- Bribing, or offering to bribe, a foreign public official
- Failing to prevent bribery

Where an individual believes there is the opportunity for bribery, whether because of poor procedures or oversight, this should be reported to the LCFS or the Director Finance, or the Fraud and Corruption Reporting Line (0800 028 4060). Additionally, it can be raised as a concern in accordance with the CCG Whistle blowing Policy.

4.2 Counter Fraud Measures

No individual must use their position to gain advantage. The CCG will encourage individuals with concerns or reasonably held suspicions about potentially fraudulent activity or practice, to report these. Individuals should inform the nominated Local Counter Fraud Specialist (LCFS) and Chief Finance Officer immediately. Should the Chief Financial Officer be implicated, the individual should instead report to the Accountable Officer of the CCG, who will liaise with the LCFS on the appropriate action.

Individuals can also call the NHS Fraud and Corruption Reporting line on free phone 0800 028 40 60. This provides an easily accessible and confidential route for the reporting of genuine suspicions of fraud within or affecting the NHS. All calls are dealt with by experienced trained staff and any caller who wishes to remain anonymous may do so.

Anonymous letters, telephone calls etc. are occasionally received from individuals who wish to raise matters of concern other than through official channels. Whilst the suspicions may be erroneous or unsubstantiated they may also reflect a genuine cause for concern and will always be taken seriously. The LCFS 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. The CCG will adopt a Counter Fraud Policy.

The CCG recognises that hospitality, gifts and sponsorship may be offered as part of legitimate business relationships; for further information please see the Gifts and Hospitality Policy.

4.3 Commercial Confidentiality

All individuals should guard against providing information on the operations of the CCG which might provide a commercial advantage to any organisation (private or NHS) in a position to supply goods or services to the CCG. For particularly sensitive procurement/contracts individuals may be asked to sign a non-disclosure agreement. The requirements of the Freedom of Information Act 2000 must be taken into account when attempting to restrict the release of information.

5 Conflicts of Interest

5.1 Overview

A conflict of interest can be defined as a set of conditions in which professional judgment concerning a primary interest, such as a patient's welfare or the validity of research, tends to be unduly influenced by a secondary interest, such as a financial gain. The CCG requires clear and robust mechanisms for effective management of real and perceived conflicts of interest. With good management and governance and appropriate assurance mechanisms, confidence in the probity of commissioning decisions and the integrity of the clinicians will be promoted.

The CCG has adopted the principles set out by the NHS Confederation and the Royal College of General Practitioner (RCGP) for managing conflicts of interest:

- **Doing business properly** – ensuring the rationale for decision making is transparent and clear and will withstand scrutiny
- **Being proactive not reactive** – set out in advance what is acceptable and what isn't and upon induction be clear with members about their obligations to declare conflicts of interests and handling should they occur
- **Assume that individuals will seek to act ethically and professionally, but may not always be sensitive to all conflicts of interest** - ensure there are prompts and checks to

identify when conflicts occur and individuals exclude themselves appropriately from decision making.

- **Being balanced and proportionate** – identify and manage conflicts but do not expect to eliminate them or become a constraint to undertaking the business and making decisions.

Conflicts of interest are inevitable, but in most cases it is possible to handle them with integrity and probity by ensuring they are identified, declared and managed in an open and transparent way.

The CCG recognises that conflicts of interest are unavoidable and therefore has in place arrangements to seek to manage them. The measures outlined in this policy are aimed at ensuring that decisions made by the CCG will be taken, and seen to be taken, uninfluenced by external or private interests.

5.2 Potential Conflicts of Interest

A conflict of interest occurs where an individual's ability to exercise judgement or act in one role is, or could be, impaired or otherwise influenced by his or her involvement in another role or relationship. The individual does not need to exploit his or her position or obtain an actual benefit, financial or otherwise. A potential for competing interests and/or a perception of impaired judgement or undue influence can also be a conflict of interest.

The CCG needs to be aware of all situations where an individual has interests outside their role, where that interest has potential to result in a conflict of interest between the individual's private interests and their CCG duties.

Individuals working on behalf of the CCG or providing services or facilities to the CCG will be made aware of their obligations with regard to declaring conflicts or potential conflicts of interest. This requirement will be written into contract documentation.

The important things to remember are that:

- A perception of wrong doing, impaired judgement or undue influence can be as detrimental as any of them actually occurring;
- If in doubt, it is better to assume a conflict of interest and manage it appropriately rather than ignore it;
- For a conflict to exist, financial gain is not necessary.

Relevant and material interests must be declared on appointment. Interests that must be declared (whether such interests are those of the individual themselves or of a family member, close friend or other acquaintance of the individual).

These may be defined as:

- roles and responsibilities held within member practices
- Employment outside of NELCCG (including health & social care)
- 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 NELCCG
- Shareholdings (more than 5%) of companies in the field of health and social care
- Positions of authority in an organisation (eg charity/voluntary organisation) in the field of health and social care
- Any connection with a voluntary or other organisation contracting for NHS services
- Research funding/grants that may be received by the individual or any organisation they have an interest or role in

- Any other role or relationship which the public could perceive would impair or otherwise influence the individual's judgement or their role within NEL CCG; including the involvement of family or friends who are employed by, or associated with, an NHS or adult social care organisation

Where individuals are unsure whether a situation falling outside of the above categories may give potential for a conflict of interest they should seek advice from the Corporate Assurance Officer

Where an individual has an interest or becomes aware of an interest which could lead to a conflict of interest where the CCG is considering an action or decision this must be declared.

In line with Section 8.2. of the Constitution, a conflict of interest will include (but is not necessarily limited to):

- **a direct financial interest**: where an individual may financially benefit from the consequences of a commissioning decision (for example, as a provider of services);
- **an indirect financial interest**: for example, where an individual is a partner, member or shareholder in an organisation that will benefit financially from the consequences of a commissioning decision;
- **a non-financial interest**: where an individual holds a non-remunerative or not-for profit interest in an organisation, that will benefit from the consequences of a commissioning decision (for example, where an individual is a trustee of a voluntary provider that is bidding for a contract);
- **a non-financial personal benefit**: where an individual may enjoy a qualitative benefit from the consequence of a commissioning decision which cannot be given a monetary value (for example, a reconfiguration of hospital services which might result in the closure of a busy clinic next door to an individual's house);
- **Conflict of loyalty** - members may have competing loyalties between the clinical commissioning group to which they owe a primary duty and some other person or entity, including their GP practice, and patients. Members should also avoid using knowledge gained in other roles to influence decisions so as to acquire a competitive advantage over other service providers.

It is not possible, or desirable, to define all instances in which an interest may be a real or perceived conflict. It is for each individual to exercise their judgement in deciding whether to register any interests that may be construed as a conflict. If in doubt, the individual concerned should assume that a potential conflict of interest exists.

Examples of those individuals likely to have potential conflicts of interest or undue influence could be CCG staff, GPs in practice in the CCG, practice managers and Lay Members.

5.3 Management of Conflicts of Interest

The CCG will proactively manage potential conflicts of interest by:

- Maintaining and reviewing a Register of Declarations of Interest
- Managing membership of formal committee and decision making bodies supporting the CCG
- Meeting and decision making procedures
- Working within the Constitution, Standing Orders and Scheme of Reservations and Delegations
- Being aware of the law regarding meetings

5.4 Registrations of Declarations of Interest

All members of the organisation, members of its governing body, members of its committees or sub-committees of its governing body, and its employees will be required to complete a Declaration of Interest proforma upon appointment to their position. Where there are no interests to declare a nil return is required. Any subsequent interests should be declared as soon as they become aware of it, and in any event not later than 28 days after becoming aware.

Individuals will be asked to review and update their declaration six monthly. Other individuals should complete the pro-forma as soon as they identify a potential conflict of interest or:

- If an individual changes role or responsibility within a CCG or its governing body
- Wherever an individual's circumstances change in a way that affects the individual's interests (e.g. where an individual takes on a new role outside the CCG or sets up a new business or relationship), a further declaration should be made to reflect the change in circumstances. This could involve a conflict of interest ceasing to exist or a new one materialising.
- if requested by the Chair of meeting

The Declaration of Interests pro-forma is available at Appendices B.

The agenda for committee meetings of the CCG will contain a standing item at the commencement of each meeting, requiring members to declare any interests relating specifically to the agenda items being considered. If during the course of a meeting, an interest not previously declared is identified, this shall be declared.

Minutes of the meeting shall detail all declarations made. The conflict should be treated as relevant for both decision making and any on-going monitoring.

Individuals must be specific when declaring interests. 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 and should consider leaving the room when the matter is discussed. The Chair of the meeting may insist that a member leaves the room if they have a significant interest or a direct financial interest in a matter under discussion.

The Register of Declarations of Interest is held by the Corporate Assurance Officer. The Register will be reviewed six monthly, reported to the CCG Integrated & Audit Committee Audit Committee annually and published on the CCG's website and in the CCG's Annual Report and Accounts, with the exception of staff below grade 7 who do not have a position of influence on any CCG Committee or sub-committee. All information may have to be disclosed, if requires under the Freedom of Information Act.

Any changes/additions to declarations registered should be notified to the Corporate Assurance Officer as soon as possible after the change occurs for recording in the Register.

5.5 Managing Membership

The CCG will need to consider whether conflicts of interest should exclude individuals from being appointed to the governing body or to a committee or sub-committee of the CCG or governing body. Any individual who has a material interest in an organisation which provides, or is likely to provide, substantial services to a CCG (either as a provider of healthcare or commissioning support services) should not be a member of the governing body if the nature of their interest is such that they are likely to need to exclude themselves from decision-making on so regular a basis that it significantly limits their ability to effectively operate as a governing body member

Exclude individuals from discussion or decision making if financial interest exceeds 1% equity in the provider organisation - depending on the nature of the discussion (includes considering the share of the contract value to make sure there are no loopholes, this might also apply to practices with profit sharing arrangements).

The Chair of the Integrated Governance & Audit Committee will with the Chief Finance Officer ensure that for every interest declared on appointment or declared as a new interest,

arrangements are in place to manage the potential conflicts of interest, to ensure the integrity of the CCG's decision making processes and to protect individuals and the resources and reputation of the National Health Service (NHS).

Where a significant interest is declared, the individual should not be a voting member of a committee if a contract is already in place with the relevant provider or if it is likely that a contract may be considered in the future.

For previously recorded declarations of interest, steps will be taken to ensure that Committee membership supports decision making as far as is reasonably practicable.

Should the situation arise that a significant number of individuals (more than 50%) are deemed to be prevented from taking part in a meeting because of prejudicial interests, the Chair (or deputy) of that meeting will determine whether or not the discussion can proceed. In making this decision the Chair will consider whether the meeting is quorate, in accordance with the number and balance of membership set out in the CCG Standing Orders or the Committee's ToR

5.6 Management of Meetings and Decision Making

At the beginning of all agendas there will be an opportunity for individuals to identify potential conflicts of interests relating to specific items of business. The Chair of the meeting will ensure that the appropriate course of action is taken on reaching the agenda item. Failure to disclose an interest may render the individual liable to disciplinary action which could ultimately result in termination of employment. Where those involved are not directly employed by the CCG action will be managed by Chair, taking advice from the Chief Financial Officer or Deputy Chief Finance Officer

A prejudicial interest will be declared if the matter affects an individual's financial interest and a member of the public, knowing the relevant facts, would reasonably think that a personal interest is of such significant that it is likely to prejudice their judgment of the public interest.

Where an individual is aware of an interest which:

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

The Chair of the meeting will then determine how this should be managed and inform the individual of their decision. Where no arrangements have been confirmed, the Chair of the meeting may take the following actions:

- Withdrawal from the meeting for that part of the discussion if conflict is **prejudicial**
- Participation in the discussion but not part of the decision making process
- Full participation in discussion and the decision making process as the potential conflicts are not perceived by others of the group to be material or prejudicial

All potential conflicts should be recorded in the minutes along with the course of action taken.

Where the Chair of any meeting of the group has a personal interest, previously declared or otherwise, in relation to the scheduled or likely business of the meeting, they must make a declaration and the Deputy Chair (or other nominated individual if the Deputy Chair is also conflicted) will act as Chair for the relevant part of the meeting.

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

Where a quorum cannot be convened from the membership of the meeting, owing to the

arrangements for managing conflicts of interest or potential conflicts of interest, the Chair of the meeting shall consult with the Chief Finance Officer or Deputy Chief Finance Officer on the action to be taken.

This may include:

- requiring another of the CCG's committees, Governing Body or Partnership Board, which can be quorate to progress the item of business, or if this is not possible a recommendation on decision can still be taken by remaining members and referred to its Audit Committee for verifying proposed recommendations.
- inviting on a temporary basis one or more of the following to make up the quorum (where the Constitution permits these to be members of the committee / sub-committee in question) so that the CCG can progress the item of business:
 - a member of the clinical commissioning CCG who is an individual;
 - an individual appointed by a member to act on its behalf in the dealings between it and the clinical commissioning CCG;
 - a member of the Health and Wellbeing Board;
 - a member of another clinical commissioning CCG.
- where the decision rests with the governing body, consider inviting the Health and Wellbeing Board or another CCG to review the proposal – to provide additional scrutiny. Any such arrangements would need to be compliant with the CCG's constitution; and ensure that rules on quoracy (set out in the CCG's constitution) enable decisions to be made.

These arrangements must be recorded in the minutes.

Examples of possible scenarios and how to manage them are included as Appendix A.

5.7 Members of the CCG

GPs, and their staff, by nature of their profession have an immediate conflict as providers of primary care services and this of course does not exclude them being involved in the running of the CCG. All provider interests must be declared and openly disclosed in the conduct of business to ensure it is handled appropriately.

Members should conform to the published guidelines of the General Medical Council (GMC) published ('Good Medical Practice' 2013)

Where GPs could possibly influence their own personal/practice payments through their actions such as a referral of a patient in which they have a financial interest, or to benefit a practice payment in some way then the [GMC Financial and commercial arrangements and conflicts of interest](#) applies

paragraph 77 -80

- “77. You must be honest in financial and commercial dealings with patients, employers, insurers and other organisations or individuals.
- “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 formally, and you should be prepared to exclude yourself from decision making.
- “80. You must not ask for or accept – from patients, colleagues or others – any inducement, gift or hospitality that may affect or be seen to affect the way you prescribe for, treat or refer patients or commission services for patients. You must not offer these inducements

Where the most appropriate service to which the patient is to be referred happens to be one in which the GP has a vested financial interest, then the GP must inform the patient of this fact. This is in line the above GMC guidelines

“17. If you plan to refer a patient for investigation, treatment or care at an organisation 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.

It is possible that the CCG will seek to expand the range of enhanced services provided by member practices as part of its work to redesign services and have an expanded primary care role.

Given that the CCG will be commissioning such services from their own member practices, it is vital that there is transparency and safeguards to ensure confidence that these decisions are based upon the best interests of patients and with no perceived conflicts of interest. There are a number of stages in this process that will ensure this occurs.

- The CCG will develop services in line with the agreed and published strategy of the CCG
- This strategy will be refreshed and developed with all key stakeholders, and reflect the needs of the local populations as agreed through the local health and well-being board and be subject to public scrutiny.
- The CCG will engage with all providers to communicate the priorities and commissioning intentions.
- A range of expertise from a variety of providers will be used to develop detailed service specifications for new service models. The role of the new clinical senates will be explored in this area.
- Once a new specification has been developed the most appropriate provider of care will be considered through a sub-committee of the CCG which will exclude anyone with a conflict of interest using the published criteria as set out within this guidance.

5.8 Contractors and People who Provide Services to the CCG

Anyone seeking information in relation to procurement or otherwise engaging with the clinical commissioning CCG in relation to the potential provision of services or facilities to the CCG, will be required to make a declaration of any relevant conflict / potential conflict of interest.

Anyone contracted to provide services or facilities directly to the clinical commissioning CCG will be subject to the same provisions of this constitution in relation to managing conflicts of interests. This requirement will be set out in the contract for their services.

5.9 Gifts, hospitality and sponsorship

In order to ensure impartiality is maintained in all activities, the CCG Board and all CCG staff, officers and independent contractors acting on behalf of the CCG must:

- Act impartially in all their work.
- Refuse gifts, benefits, hospitality or sponsorship of any kind that might reasonably be seen to compromise their personal judgement or integrity, or seek to exert influence to obtain preferential considerations. In such instances all gifts or offer of hospitality should be returned or refused. Offers of cash must always be refused.
- Always declare and register all benefits, hospitality or sponsorship of any kind that exceed £25 in value whether accepted or refused. In cases of doubt, gifts or hospitality offers will be reported to the Board Secretary regardless of their estimated value. A declaration form can be found on the Intranet and must be completed and submitted. Items of trivial value such as inexpensive items of stationery, calendars, pens etc. can reasonably be excluded.
- Declare financial or personal interest in any organisation with which they have to deal, and be prepared to withdraw from those dealings if required, thereby ensuring that their professional judgement is not influenced by commercial considerations.
- Not misuse their official position or information acquired in the course of their official duties, to further their private interests or those of others.

- Ensure professional registration (if applicable) and/or status are not used in the promotion of commercial products or services.
- Beware of bias generated through sponsorship where this might impinge on professional judgement and impartiality.
- Neither agree to practise under any conditions which compromise professional independence or judgement, nor impose such conditions on other professionals

The Gifts, hospitality and sponsorship pro-forma is available at Appendices D

6 Transparency in Procurement

The CCG recognises the importance in making decisions about the services it procures in a way that does not call into question the motives behind the procurement decision. The CCG will procure services in a manner that is open, transparent, non-discriminatory and fair to all potential providers.

It is an essential feature of the Health Act reforms that CCGs should be able to commission a range of community-based services to improve quality and outcomes for patients. Where the provider for these services might be a GP, CCGs will need to be able to demonstrate that the services:

- clearly meet local health needs and have been planned appropriately;
- go beyond the scope of the GP contract; and
- the appropriate procurement approach is used.

The CCG will ensure that the service has been designed and any specification developed in an inclusive way, involving other health professionals, experts, other commissioners, patients and the public as appropriate. The involvement of the Commissioning Support Service will provide additional assurance on the fairness and transparency of the planning and procurement process.

The CCG will publish a procurement and contestability framework approved by its governing body which will ensure that:

- all relevant clinicians (not just members of the CCG) and potential providers, together with local members of the public, are engaged in the decision-making processes used to procure services;
- service redesign and procurement processes are conducted in an open, transparent, non-discriminatory and fair way.

The Procurement and Contestability framework will reflect the principles of the 'Procurement Guide for Commissioners of NHS-Funded Services' July 2010, 'Principles and Rules for Cooperation and Competition' July 2010 and will detail the four tests for reconfiguration and service change.

Copies of this Procurement and Contestability framework will be available on the CCG's website.

Where the potential provider for services is a GP, procurement may be through competitive tender or an Any Qualified Provider (AQP) approach or on a single tender basis where the GP is the only capable provider or where the service is of minimal financial value. Additional safeguards are in place when commissioning services that could potentially be provided by a GP. These safeguards are designed to:

- maintain confidence and trust between patients and GPs;
- enable the CCG and member practices to demonstrate that they are acting fairly and transparently and that members of the CCG will always put their duty to patients before any personal financial interest;
- ensure that the CCG operates within the legal framework but are not bound by over-

prescriptive rules that risk stifling innovation or slowing down the commissioning of services to improve quality or productivity; and build on existing guidance.

Pro-forma at Appendices E. This form sets out factors on which the CCG would like to provide assurance, regarding the service planning and procurement process, in a consistent and transparent way. These completed forms will be made publicly available.

The CCG will ensure that details of all contracts, including the value of the contract, are published on the website as soon as contracts are agreed. Where the CCG decides to commission services through AQP, the type of services commissioned and the agreed price for each service will be published on the website. This information will also be part of the Annual Report.

7 **Outside Employment and Private Practice**

Individuals working with the CCG (depending on the details of their contact as regards outside employment and private practice) are required to inform the CCG if they are engaged or wish to engage in outside employment in addition to their work with the CCG. The purpose of this is to ensure that the CCG is aware of any potential conflicts of interest. Examples of work which might conflict with the business of the CCG include:

- Employment with another NHS body
- Employment with another organisation which might be in a position to supply goods or services to the CCGs
- Self-employment, including private practice, in a capacity which might conflict with the work of the CCG or which might be in a position to supply goods or services to the CCG

Outside employment and private practice must be declared as a potential conflict of interest.

8 **Initiatives**

As a general principle any financial gain resulting from external work where use of the CCG's time or title is involved (e.g., speaking at events/conferences, writing articles) and/or which is connected with the CCG's business must be passed to the CCG's Chief Finance Officer to pay in to the CCG.

Any patent, designs, trademarks or copyright resulting from the work (e.g., research) of an individual in its contract for services/employment with the CCG shall be the intellectual property of the CCG.

Approval from the appropriate line manager should be sought prior to entering into any obligation to undertake external work connected with the business of the CCG.

Where the undertaking of external work benefits or enhances the CCG's reputation or results in financial gain for the CCG, consideration will be given to rewarding employees subject to any relevant guidance for the management of Intellectual Property in the NHS issued by the Department of Health.

9 **Confidentiality**

During the course of their work with or for the CCG, many individuals will handle or be exposed to information which is deemed personal, sensitive or confidential. Further information regarding confidentiality is available in the NHS Code of Confidentiality.

It is CCG policy that no individual party to personal, sensitive or confidential material during the course of their work for or with the CCG will disclose this information or further process it outside the scope of their employment or the specific limitations imposed by the NHS Code of Confidentiality and/or the committee/manager providing the information.

Confidentiality should only be breached in exceptional circumstances, with appropriate justification, and be fully documented.

The following principles must be adhered to:

- Information must be effectively protected against improper disclosure when received, stored, processed, transmitted and disposed of;
- Information deemed to be confidential should only be accessed on a 'need to know' basis;
- Every effort should be made to inform individuals how and why their information (PID) is held, how it will be used, who it may be shared with and why and how and when it will be disposed of;
- Informed consent must be obtained before disclosure of PID and if an individual withholds consent, or if consent cannot be obtained, disclosure may only be made in specific circumstances described in the Data Protection Act 1998 and the Access to Health Records Act 1990;
- Information identified as sensitive (commercially sensitive or relevant to on-going discussions and developments) must not be disclosed or otherwise discussed where disclosure may inadvertently occur (refer to section 4.3);
- All CCG employees and Governing Body members must adhere to the confidentiality of private and confidential material, whether that be patient information or of a 'commercial in confidence' nature. All 'embargo' rules and regulations must be adhered to.

Failure to adhere to confidentiality requirements may result in disciplinary action.

Those individuals party to confidential information will not be at liberty to disclose said information following the termination of their contract, employment or relationship with the CCG.

10 Breaches of the Policy

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

Individuals who fail to disclose relevant interests, outside employment or receipts of hospitality, gifts or sponsorship, as required by this policy or the CCG's standing orders and financial policies may be subject of disciplinary action which could ultimately result in the termination of their employment or position within the CCG.

The Chief Finance Officer will be responsible for maintaining the Register of Interests, holding the Hospitality, Gifts and Sponsorship Register and reviewing the implementation of this policy.

Individuals wishing to report suspected or known breaches of this policy should inform the Chief Finance Officer. All such notification s will be held in the 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.

11 Implementation

Following approval by Integrated Governance & Audit Committee, this policy will be dissemination to all staff and to the Council of Members, the Governing Body, Committee and Sub Committee Members and Practice Managers

12 Impact Analyses

In accordance with the CCG's commitment to Equality and Diversity, we aim to eliminate discrimination, harassment and victimisation, advance equality of opportunity, and promote good relations between groups. We need to do this for the nine protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. See Appendix F for the completed Equality Impact Assessment

13 Review

This policy will be reviewed in two years. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation/guidance, as instructed by the senior manager responsible for this policy”.

14 References

- [Managing Conflicts of Interest Statutory Guidance](#)
- [The Healthy NHS Board : Principals for Good Governance](#)
- [GMC Good Medical Practice 2013](#)
- [GMC Conflicts of interest.pdf](#)
- [The Bribery Act 2010](#)
- [NHS Act 2006 as amended by the Health & Social Care Act 2012](#)
- [BMA Conflict of interest in the new commissioning system](#)
- [RCGP/NHS Confederation - Managing Conflict of interest in CCG's](#)
- [NHS England Code of Conduct](#)

15 Associated Documents

- NEL CCG Constitution
- Scheme of Reservation and Delegation and detailed financial policies
- Procurement Policy
- Induction Policy
- Whistleblowing Policy
- Confidentiality Code of Conduct Policy

All the above policies can be found on [NELCCG Intranet](#)

16 Appendices

- A: Example scenarios on how to manage conflicts within a meeting
- B:- Declaration of Interests pro-forma
- C:- Declaration of interest pro-forma for Bidders/Contractors
- D:- Gifts, hospitality and sponsorship pro-forma
- E: Procurement pro-forma for GP's

COMMISSIONING CYCLE AND POTENTIAL CONFLICTS OF INTEREST

Interest	Pecuniary (Self, partner or close associate)	Personal (Self)	Personal (Partner or close associate)	Competing Loyalties
Needs assessment*	Fully participate	Fully participate	Fully participate	Fully participate
Decide priorities*	Discuss but cannot vote	Discuss and vote	Discuss and vote	Discuss and vote
Review commissioning proposals	Remain but cannot speak or vote	Remain but cannot speak or vote	Remain but cannot speak or vote	Discuss and vote
Design services* (ensure a fully inclusive process)	Discuss and vote	Discuss and vote	Discuss and vote	Discuss and vote
Review prioritised business cases	Leave the room	Remain but cannot speak or vote (unless interest is deemed not prejudicial)	Remain but cannot speak or vote (unless interest is deemed not prejudicial)	Discuss and vote
Procurement/contracting	Leave the room	Remain but cannot speak or vote (unless interest is deemed not prejudicial)	Remain but cannot speak or vote (unless interest is deemed not prejudicial)	Discuss and vote
Performance Management*	Remain but cannot speak or vote (unless significant and then leave the room)	Remain but cannot speak or vote (unless significant and then leave the room)	Remain but cannot speak or vote (unless significant and then leave the room)	Discuss and vote
Review Health Outcomes*	Fully participate	Fully participate	Fully participate	Fully participate

Notes:

- The illustrations given above should not be considered to be prescriptive in every instance.
- These are guidelines and both the materiality of the conflict and the significance of the issue should be considered carefully by the Chair in deciding on how to manage the conflict.
- It is the responsibility of the Chair to review the agenda and operate caution in terms of deferment or referral if necessary.
- Chairs to also consider potential conflicts of interest arising from verbal reports.
- Links should be considered to strategy direction eg is the introduction of a LES in line with the strategy?
- If significant/complete conflict of interest at a locality level the matter could be referred to the CCG for decision.

DECLARATION OF INTERESTS

Name:		
Position within NEL CCG:		
Member of: <i>(delete as applicable)</i>	Governing Body Council of Members Partnership Board Remuneration Committee Delivery Assurance Committee Quality Committee Integrated Governance and Audit Committee Care Contracting Committee CMM	Yes / No Yes / No
Member of CCG staff at Band 7 or above		Yes / No
INTERESTS		
<u>Type of Interest</u>	<u>Your Details</u>	<u>Personal interest of a family member, close friend or other acquaintance?</u>
Roles and responsibilities held within member practices		
Employment outside NEL CCG (including health and social care)		
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 NEL CCG		
Shareholdings (<u>more than 5%</u>) of companies in the field of health and social care		
Positions of authority in an organisation (eg charity/voluntary organisation) in the field of health and social care		
Any connection with a voluntary or other organisation contracting for NHS services		
Research funding/grants that may be received by the individual or any organisation they have an interest or role in		
Any other role or relationship which the public could perceive would impair or otherwise influence the individual's judgement or their role within NEL CCG; including the involvement of family or friends who are employed by, or associated with, an NHS or adult social care organisation		

To the best of my knowledge and belief, the above information is complete and correct. I undertake to update as necessary the information provided (within not more than 28 days of any relevant event eg appointment/change to circumstances) 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 in NEL CCG's Constitution and published accordingly.

Signed:

Date:

Please return completed and signed form to: NELCCG.GovernanceTeam@nhs.net (electronic signatures are not acceptable)

Conflict of Interests - Guidance Note

Definition

A conflict of interest occurs where an individual's ability to exercise judgement or act in one role is, or could be, impaired or otherwise influenced by his or her involvement in another role or relationship. The individual does not need to exploit his or her position or obtain an actual benefit, financial or otherwise. A potential for competing interests and/or a perception of impaired judgement or undue influence can also be a conflict of interest.

The important things to remember are that:

- A perception of wrong doing, impaired judgement or undue influence can be as detrimental as any of them actually occurring;
- If in doubt, it is better to assume a conflict of interest and manage it appropriately rather than ignore it;
- For a conflict to exist, financial gain is not necessary.

A conflict of interest will include:

Conflicts arise when the interests of board/committee members, or persons connected to them, are incompatible or in competition with the interests of the clinical commissioning group. Such situations present a risk that board/committee members will make decisions based on these external influences, rather than the best interests of the patients and public on whose behalf they are commissioning services or considering service redesigns.

A conflict of interest could be defined as any situation in which a board/committee member's personal interests or responsibilities may, or may appear to, influence the board/committee member's decision-making.

The five most common types of conflicts of interest are:

1. **a direct financial interest:** where an individual may financially benefit from the consequences of a commissioning decision (for example, as a provider of services);
2. **an indirect financial interest:** for example, where an individual is a partner, member or shareholder in an organisation that will benefit financially from the consequences of a commissioning decision;
3. **a non-financial interest:** where an individual holds a non-remunerative or not-for profit interest in an organisation, that will benefit from the consequences of a commissioning decision (for example, where an individual is a trustee of a voluntary provider that is bidding for a contract);
4. **a non-financial personal benefit:** where an individual may enjoy a qualitative benefit from the consequence of a commissioning decision which cannot be given a monetary value (for example, a reconfiguration of hospital services which might result in the closure of a busy clinic next door to an individual's house);
5. **Conflict of loyalty** - members may have competing loyalties between the clinical commissioning group to which they owe a primary duty and some other person or entity, including their GP practice, and patients. Members should also avoid using knowledge gained in other roles to influence decisions so as to acquire a competitive advantage over other service providers.

It is not possible, or desirable, to define all instances in which an interest may be a real or perceived conflict. It is for each individual to exercise their judgement in deciding whether to register any interests that may be construed as a conflict. If in doubt, the individual concerned should assume that a potential conflict of interest exists.

Further guidance, with useful scenarios - [RCGP - Managing conflicts of interest.ashx](#)

DECLARATION OF INTERESTS

Bidders/Contractors

Name of relevant organisation	
INTERESTS	
<u>Type of Interest</u>	<u>Details</u>
Provision of services or other work for the CCG or NHS England	
Provision of services or other work for any other potential bidder in respect of this project or procurement process	
Any other connection with 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' judgements, decisions or actions	

To the best of my knowledge and belief, the above information is complete and correct. I undertake to update as necessary the information provided (within not more than 28 days of any relevant event eg appointment/change to circumstances) 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 in NEL CCG's Constitution and published accordingly.

Signed:

Date:

Please return completed and signed form to: NELCCG.GovernanceTeam@nhs.net (electronic signatures are not acceptable)

DECLARATION OF INTERESTS
Bidders/Contractors

Name of relevant Person	(complete for all relevant persons)
INTERESTS	
<u>Type of Interest</u>	<u>Details</u>
Provision of services or other work for the CCG or NHS England	
Provision of services or other work for any other potential bidder in respect of this project or procurement process	
Any other connection with 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' judgements, decisions or actions	

To the best of my knowledge and belief, the above information is complete and correct. I undertake to update as necessary the information provided (within not more than 28 days of any relevant event eg appointment/change to circumstances) 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 in NEL CCG's Constitution and published accordingly.

Signed: Date:

Please return completed and signed form to: NELCCG.GovernanceTeam@nhs.net (electronic signatures are not acceptable)

**NOTIFICATION OF SPONSORSHIP/HOSPITALITY
FOR CLINICAL COMMISSIONING GROUP EVENTS
OR GIFTS RECEIVED**

EVENT/DESCRIPTION OF GIFT:
DATE OF EVENT OR GIFT RECEIVED:
VENUE (IF APPROPRIATE):
AUDIENCE (including approximate numbers):
SPONSOR DETAILS (in full):
AMOUNT SPONSORED (estimated value and nature of sponsorship in kind)
USE OF SPONSORSHIP MONEY (eg hospitality, venue, etc):

I certify that the above information is correct. I also certify that I am aware and have had access to, North East Lincolnshire Clinical Commissioning Groups Code of Conduct and Accountability (Business Integrity Policy, including Receipt of Gifts, Hospitality and Sponsorship) [Standards of Business Conduct](#)

Signed: Date:.....

Name: [PLEASE PRINT]

Contact number/address:.....

**Forms should be returned to NELCCG.GovernanceTeam@nhs.net
within two working weeks**

Procurement Template

(To be used when commissioning services from GP Practices, including provider consortia, or organisations in which GP's have a financial interest)

NHS North East Lincolnshire Clinical Commissioning Group

Service	
<u>Questions</u>	<u>Comment/Evidence</u>
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 does it comply with the CCG's commissioning obligations?	
How have you involved the public in the decision to commission this service?	
What range of health professionals have been involved in designing the proposed service?	
What range of potential providers have been involved in considering the proposals?	
How have you involved your Health and Wellbeing Board(s)? How does the proposal support the priorities in the relevant joint health and wellbeing strategy (or strategies)?	
What are the proposals for monitoring the quality of the service?	

What systems will there be to monitor and publish data on referral patterns?	
Have all conflicts and potential conflicts of interests been appropriately declared and entered in registers which are publicly available? Have you recorded how you have managed any conflict or potential conflict?	
Why have you chosen this procurement route?	
What additional external involvement will there be in scrutinising the proposed decisions?	
How will the CCG make its final commissioning decision in ways that preserve the integrity of the decision-making process and award of any contract?	
Additional question when qualifying a provider on a list or framework or pre selection for tender (including but not limited to any qualified provider) or direct award (for services where national tariffs do not apply)	
How have you determined a fair price for the service?	
Additional questions when qualifying a provider on a list or framework or pre selection for tender (including but not limited to any qualified provider) where GP practices are likely to be qualified providers	
How will you ensure that patients are aware of the full range of qualified providers from whom they can choose?	
Additional questions for proposed direct awards to GP providers	
What steps have been taken to demonstrate that the services to which the contract relates are capable of being provided by only one provider?	

In what ways does the proposed service go above and beyond what GP practices should be expected to provide under the GP contract?	
---	--

To the best of my knowledge and belief, the above information is complete and correct. I undertake to update as necessary the information provided (within not more than 28 days of any relevant event eg appointment/change to circumstances) 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 in NEL CCG's Constitution and published accordingly.

Signed: Date:

Please return completed and signed form to: NELCCG.GovernanceTeam@nhs.net (electronic signatures are not acceptable)

Equality Impact Risk Analysis: Standards of Business Conduct

Policy / Project / Function/Service:	Standards of Business Conduct And Management of Conflict of Interest			
Date of Analysis:	21 January 2015			
Analysis Rating: (Please Tick ✓) (See Completion Notes)			✓	
	Red	Red /Amber	Amber	Green
Type of Analysis Performed: Please Tick ✓	Systematic Policy Analysis			✓
	Consultation			
	Meeting			
	Service Proposal			
	Other			
Please list any other policies that are related to or referred to as part of this analysis	NEL CCG Constitution Scheme of Reservation and Delegation and detailed financial policies Procurement Policy Induction Policy Whistleblowing Policy Confidentiality Code of Conduct Policy			
Who does the policy, project function or service affect? Please Tick ✓	Employees			✓
	Service Users			
	Applicants			
	Members of the Public			
	Other (List Below) Member Practices Third Parties acting on behalf of the CCG Lay members			✓

Equality Impact Risk Analysis:

<p>What are the aims and intended effects of this policy, project or function ?</p>	<p>This policy details the expectations regarding standards of business conduct for the Clinical Commissioning Group, including the management of conflicts of interest.</p> <p>The Policy has been reviewed and supplemented in-line with new national guidance on managing conflicts of interest, specifically in preparation for Co-Commissioning. This policy consolidates the conflict of interest policy.</p>	
<p>Is any Equality Data available relating to the use or implementation of this policy, project or function ?</p> <p>(See Completion notes)</p>	<p>Yes</p>	<p>✓</p>
<p>Is any Equality Data available relating to the use or implementation of this policy, project or function ?</p> <p>(See Completion notes)</p>	<p>No</p>	
<p>List any Consultation e.g. with employees, service users, Unions or members of the public that has taken place in the development or implementation of this policy, project or function</p>	<p>Not applicable.</p>	
<p>Financial Analysis</p> <p>If applicable, state any relevant cost implications (e.g. expenses, returns or savings) as a direct result of the implementation of this policy, project or function</p>	<p>None</p>	

Equality Impact Risk Assessment Test:

What impact will the implementation of this policy, project or function have on employees, service users or other people who share characteristics protected by *The Equality Act 2010* ?

Protected Characteristic:	Neutral Impact:	Positive Impact:	Negative Impact:	Evidence of impact and if applicable, justification <i>where a Genuine Determining Reason exists</i>
Gender (Men and Women)		✓		NEL CCGs current HQ workforce data shows a higher proportion of female workers. This policy supports a culture of openness and transparency in business transactions with all employees and appointees of the CCG being required to ensure that; the interest of patients remains paramount at all times; they do not abuse their official position for personal gain or to the benefit of their family or friends; and that they do not seek to advantage or further, private or other interests in the course of their official duties therefore this has a positive impact on this protected characteristic
Race (All Racial Groups)		✓		NEL CCGs current HQ workforce data shows a higher proportion of white British. This policy supports a culture of openness and transparency in business transactions with all employees and appointees of the CCG being required to ensure that; the interest of patients remains paramount at all times; they do not abuse their official position for personal gain or to the benefit of their family or friends; and that they do not seek to advantage or further, private or other interests in the course of their official duties therefore this has a positive impact on this protected characteristic
Disability (Mental and Physical,Sensory impairment, Autism, mental health issues)		✓		NEL CCGs current HQ workforce data has only identified one member of staff with a disability however 45 were undefined. This policy supports a culture of openness and transparency in business transactions with all employees and appointees of the CCG being required to ensure that; the interest of patients remains paramount at all times; they do not abuse their official position for personal gain or to the benefit of their family or friends; and that they do not seek to advantage or further, private or other interests in the course of their official duties. Although the data for this protected characteristic is poor the policy doesn't discriminate against this protected characteristic so has a positive impact

Religion or Belief		✓		NEL CCGs current HQ workforce data has identified a larger number of Christians however the majority were undefined. This policy supports a culture of openness and transparency in business transactions with all employees and appointees of the CCG being required to ensure that; the interest of patients remains paramount at all times; they do not abuse their official position for personal gain or to the benefit of their family or friends; and that they do not seek to advantage or further, private or other interests in the course of their official duties. Although the data for this protected characteristic is poor the policy doesn't discriminate against this protected characteristic so has a positive impact
Sexual Orientation (Heterosexual, Homosexual and Bisexual)		✓		NEL CCGs current HQ workforce data shows a higher proportion of heterosexual. This policy supports a culture of openness and transparency in business transactions with all employees and appointees of the CCG being required to ensure that; the interest of patients remains paramount at all times; they do not abuse their official position for personal gain or to the benefit of their family or friends; and that they do not seek to advantage or further, private or other interests in the course of their official duties therefore this has a positive impact on this protected characteristic
Pregnancy and Maternity		✓		NEL CCGs current HQ workforce data shows one member of staff from this protected characteristic. This policy supports a culture of openness and transparency in business transactions with all employees and appointees of the CCG being required to ensure that; the interest of patients remains paramount at all times; they do not abuse their official position for personal gain or to the benefit of their family or friends; and that they do not seek to advantage or further, private or other interests in the course of their official duties therefore this has a positive impact on this protected characteristic
Transgender		✓		NEL CCG doesn't currently hold any data on this protected characteristic. However this policy supports a culture of openness and transparency in business transactions with all employees and appointees of the CCG being required to ensure that; the interest of patients remains paramount at all times; they do not abuse their official position for personal gain or to the benefit of their family or friends;

				and that they do not seek to advantage or further, private or other interests in the course of their official duties
Marital Status		✓		NEL CCGs current HQ workforce data shows a higher proportion of married staff. This policy supports a culture of openness and transparency in business transactions with all employees and appointees of the CCG being required to ensure that; the interest of patients remains paramount at all times; they do not abuse their official position for personal gain or to the benefit of their family or friends; and that they do not seek to advantage or further, private or other interests in the course of their official duties therefore this has a positive impact on this protected characteristic
Age		✓		NEL CCGs current HQ workforce data shows a higher proportion of staff aged between 41-50. This policy supports a culture of openness and transparency in business transactions with all employees and appointees of the CCG being required to ensure that; the interest of patients remains paramount at all times; they do not abuse their official position for personal gain or to the benefit of their family or friends; and that they do not seek to advantage or further, private or other interests in the course of their official duties therefore this has a positive impact on this protected characteristic

Action Planning:

As a result of performing this analysis, what actions are proposed to remove or reduce any risks of adverse outcomes identified on employees, service users or other people who share characteristics protected by *The Equality Act 2010* ?

Identified Risk:	Recommended Actions:	Responsible Lead:	Completion Date:	Review Date:
CCG equality data currently doesn't capture data for transgender.	CCG E&D lead to work with HR to capture data for these protected characteristic	HR	March 2016	March 2017