

# OFFERS AND ACCEPTANCE OF GIFTS AND HOSPITALITY POLICY

**MAY 2017**

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Policy:	Offers and Acceptance of Gifts and Hospitality
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## **1 Introduction**

- 1.1 During the course of their work, CCG staff and Office Holders (e.g. Members of the Board and Committees/Sub-Committees) will sometimes receive offers of gifts (which includes goods or payment) and hospitality. To refuse such offers may cause offence or hinder working relationships. However, to accept may be wrong.
- 1.2 This policy sets out some guiding principles covering the acceptance of gifts and hospitality, including references to interests in contracts. It does not provide for every eventuality and, therefore, staff/Office Holders should not hesitate to seek advice from their Line Manager or the Associate Director of Corporate Affairs.

## **2 Purpose**

- 2.1 The purpose of this document is to provide guidance to staff and Office Holders on the action that can, or should, be taken in the event that they are offered gifts and/or hospitality.

## **3 The Law**

- 3.1 Under the Bribery Act 2010 it is a criminal offence to:
- Bribe another person by offering, promising or giving a financial or other advantage to induce them to perform improperly a relevant function or activity, or as a reward for already having done so, and
  - Be bribed by another person by requesting, agreeing to receive or accepting a financial or other advantage with the intention that a relevant function or activity would then be performed improperly, or as a reward for having already done so.
- 3.2 These offences can be committed directly or by and through a third person and, in many cases, it does not matter whether the person knows or believes that the performance of the function or activity is improper.
- 3.3 It is, therefore, extremely important that staff adhere to this and other related documentation (as detailed at section 18) when considering whether to offer or accept gifts and hospitality and/or other incentives.

## **4 Scope**

- 4.1 This policy applies to all employees of the CCG, any staff who are seconded to the CCG, contract and agency staff and any other individual working on CCG premises.
- 4.2 It also applies to Office Holders, e.g. Members of the Board and its Committees/Sub-Committees.

## 5 Responsibilities

### 5.1 The Associate Director of Corporate Affairs

5.1.1 The Associate Director of Corporate Affairs is responsible for advising staff/Office Holders on the contents of this policy. The CCG's Conflict of Interest Guardian (the lay member with responsibility for audit, governance and conflict of interest matters) is also available for advice.

### 5.2 Managers

5.2.1 Managers are responsible for ensuring their staff are aware of, and adhere to, this policy.

### 5.3 Staff/Office Holders

5.3.1 All staff and Office Holders are responsible for following this policy.

## 6 Definitions

**Gifts** - examples of the kind of gifts which might be made/offered include:

- Stationery items such as pens, notepads, calculators, or carrier bags, food or confectionery, particularly chocolates and biscuits, flowers or plants, ornaments, mugs, wines and spirits, articles of clothing, jewellery or watches, tickets for cultural or sporting events, discounted rates for hire or purchase, free publications and cash.

**Hospitality** - covers a wide spectrum and can include:

- Free meals, drinks, receptions, meetings sponsored by drug companies, hospitality tents at shows, exhibitions or conferences, music and cultural events, sport and leisure events, particularly golf competitions, use of company facilities, hotel accommodation and holidays.

## 7 Equality and Diversity

7.1 The CCG is committed to:

- Eliminating discrimination and promoting equality and diversity in its Policies, Procedures and Guidelines, and
- Designing and implementing services, policies and measures that meet the diverse needs of its population and workforce, ensuring that no individual or group is disadvantaged.

7.2 As a result of performing an equality analysis, the policy does not appear to have any adverse effects on people who share *Protected Characteristics* and no further actions are recommended at this stage.

## 8 NHS Constitution

8.1 The CCG is committed to:

- the achievement of the principles, values, rights, pledges and responsibilities detailed in the NHS Constitution, and
- ensuring they are taken account of in the production of its Policies, Procedures and Guidelines.

8.2 This Policy supports the NHS Constitution, as follows:

**The NHS aspires to the highest standards of excellence and professionalism** - in the provision of high-quality care that is safe, effective and focused on patient experience; in the planning and delivery of the clinical and other services it provides; in the people it employs and the education, training and development they receive; in the leadership and management of its organisations; and through its commitment to innovation and to the promotion and conduct of research to improve the current and future health and care of the population.

**The NHS is accountable to the public, communities and patients that it serves** - the NHS is a national service funded through national taxation, and it is the Government which sets the framework for the NHS and which is accountable to Parliament for its operation. However, most decisions in the NHS, especially those about the treatment of individuals and the detailed organisation of services, are rightly taken by the local NHS and by patients with their clinicians. The system of responsibility and accountability for taking decisions in the NHS should be transparent and clear to the public, patients and staff. The Government will ensure that there is always a clear and up-to-date statement of NHS accountability for this purpose

## 9 Guiding Principles

9.1 The action of **all CCG staff and Office Holders** must not give rise to, or foster the suspicion that they have been, or may have been, influenced by a gift or consideration to show favour or disadvantage to any person or organisation. Staff/Office Holders must not allow their judgement or integrity to be compromised in fact or by reasonable implication.

9.2 Gifts or offers of hospitality must be refused if there could be any doubt about the propriety of accepting them.

9.3 If in any doubt at all as to whether or not to accept gifts or hospitality, staff, Members of the Board, Committee Members and Office Holders should immediately seek the advice of their Line Manager or the Associate Director of Corporate Affairs.

## 10 Codes of Conducts

10.1 All NHS staff are covered by at least one code of conduct which specifies the need for them to be honest and trustworthy and to act with integrity.

10.2 Such codes include:

- The Standards of Business Conduct for NHS Staff;
- Professional codes such as the Nursing and Midwifery Council's Code of Professional Conduct, and
- The Confidentiality Code of Conduct

This guidance should be read in conjunction with those codes.

## 11 Pharmaceutical Companies

- 11.1 All private companies must adhere to the Bribery Act 2010. Where pharmaceutical companies are involved, inducements and hospitality must comply fully with the Medicines (Advertising) Regulations 1994 (regulation 21 'Inducements and hospitality' see Appendix 1 of *Policy on Commercial Sponsorship*). Any person who contravenes regulation 21(1) is guilty of an offence, and liable, on summary conviction to a fine not exceeding £5000, and on conviction on indictment to a fine, or to imprisonment for a term not exceeding two years, or both. Anyone contravening regulation 21(5) is also guilty of an offence and is liable, on summary conviction to a fine not exceeding £5000'. The MCA Guidelines on Promotion and Advertising set out the standards to be followed.
- 11.2 If an offer received is contrary to the above, details should be sent to the Associate Director of Corporate Affairs who will take up the matter with the company concerned.

## 12 Gifts and Hospitality – Refusal and Acceptance

### 12.1 Gifts and Hospitality - Refusal

- 12.1.1 Overarching principle applying in all circumstances: staff should not accept gifts/hospitality that may affect, or be seen to affect, their professional judgement. All offers of gifts and/or hospitality **must be refused** where they are made under the following circumstances:

Gifts from suppliers or contractors doing business (or likely to do business) with the CCG should be declined, whatever their value.

Subject to this, low cost branded promotional aids may be accepted where they are under the value of a common industry standard of £6 in total, and need not be declared

- 12.1.2 Offers of any of the following **must be refused** under all circumstances: -

- Cash (including gift vouchers)
- Paid holidays, and
- Use of company flats or facilities.

### 12.2 Other Gifts/Offer of Gifts

- 12.2.1 Staff in the NHS offer support during significant events in people's lives. For this work they may sometimes receive gifts as a legitimate expression of gratitude. We should be proud that our services are so valued. But situations where the acceptance of gifts could give rise to conflicts of

interest should be avoided. Staff should be mindful that even gifts of a small value may give rise to perceptions of impropriety and might influence behaviour if not handled in an appropriate way.

A gift means any item of cash or goods, or any service, which is provided for personal benefit, free of charge, or at less than its commercial value.

12.2.2 Gifts from others sources (e.g. patients, families, service users/non contractual organisations that the CCG works with):

- Gifts of cash and vouchers to individuals should always be declined.
- Staff should not ask for any gifts.
- Gifts valued at over £50 should be treated with caution and only be accepted on behalf of the CCG (i.e. to the CCG's charitable funds), not in a personal capacity. These should be declared by staff.
- Modest gifts accepted under a value of £50 do not need to be declared. A common sense approach should be applied to the valuing of gifts (using an actual amount, if known, or an estimate that a reasonable person would make as to its value).

Multiple gifts from the same source over a 12 month period should be treated in the same way as single gifts over £50 where the cumulative value exceeds £50.

12.2.3 Offers of gifts (e.g. flowers, chocolates, etc. but not cash/gift vouchers) by members of the public to staff may be accepted where the notional value is less than £50 when given as acknowledgment for services performed in the course of their work.

12.2.4 Gifts given by Office Holders/work colleagues to other Office Holders/work colleagues are, of course, acceptable and do not have to be declared.

12.2.5 All other offers of gifts should be declared to your Line Manager, or the Associate Director of Corporate Affairs who will recommend refusal or acceptance.

12.2.6 If refusal is recommended, then arrangements should be made for the gift/offer to be returned at the earliest opportunity with an appropriate explanation.

12.2.7 Regardless of whether the gift/offer of gift is refused or accepted, staff/Office Holders must submit a declaration to the Associate Director of Corporate Affairs for inclusion in the Gifts and Hospitality Register. This form can be found on the Y: Drive under 'Corporate Templates and Forms'.

### **12.3 Other Hospitality/Offers of Hospitality**

12.3.1 The Bribery Act 2010 does not prevent companies from providing hospitality provided it is 'reasonable' and 'proportionate'. The CCG will, therefore, continue to receive offers.

12.3.2 Delivery of services across the NHS relies on working with a wide range of

partners (including industry and academia) in different places and, sometimes, outside of 'traditional' working hours. As a result, staff will sometimes appropriately receive hospitality. Staff receiving hospitality should always be prepared to justify why it has been accepted, and be mindful that even hospitality of a small value may give rise to perceptions of impropriety and might influence behaviour.

Hospitality means offers of meals, refreshments, travel, accommodation, and other expenses in relation to attendance at meetings, conferences, education and training events, etc.

### 12.3.3 Overarching principles applying in all circumstances:

Staff should not ask for or accept hospitality that may affect, or be seen to affect, their professional judgement.

Hospitality must only be accepted when there is a legitimate business reason and it is proportionate to the nature and purpose of the event.

Particular caution should be exercised when hospitality is offered by actual or potential suppliers or contractors these can be accepted if modest and reasonable but individuals should always obtain senior approval and declare these.

Meals and refreshments:

Under a value of £25 may be accepted and need not be declared.

Of a value between £25 and £75 may be accepted and must be declared.

Over a value of £75 should be refused unless (in exceptional circumstances) senior approval is given. A clear reason should be recorded on the CCG's register(s) of interest as to why it was permissible to accept.

A common sense approach should be applied to the valuing of meals and refreshments (using an actual amount, if known, or an estimate that a reasonable person would make as to its value).

12.3.4 Working breakfasts or working lunches and dinners integral to meetings, training events, presentations, conferences, seminars or similar events where the attendance is in the CCG's interest are acceptable and do not have to be declared.

12.3.5 Attendance at lunches, dinners, receptions or comparable functions organised by embassies, cultural organisations, professional bodies and their equivalents, where attendance is in the CCG's interest.

12.3.6 Offers to attend private, social or sporting functions should be accepted only when these are part of the life of the community or where the CCG should be seen to be represented.

12.3.7 If refusal is recommended, then arrangements should be made for the

hospitality to be refused at the earliest opportunity with an appropriate explanation.

12.3.8 Regardless of whether the hospitality is refused or accepted, staff/Office Holders must submit a declaration to the Associate Director of Corporate Affairs for inclusion in the Gifts and Hospitality Register. This form can be found on the Y: Drive under 'Corporate Templates and Forms'.

12.3.9 Attendance at relevant company sponsored conferences is acceptable where it is clear that the hospitality is corporate rather than personal and any possible purchasing decisions are not compromised. However, prior approval is required in accordance with the *Policy on Commercial Sponsorship*.

12.3.10 When receiving authorised hospitality, staff/Office Holders should be particularly sensitive as to its timing in relation to decisions which the CCG may be taking affecting those providing the hospitality. However, account must be taken of the nature of the relationship between the CCG and the organisation concerned and of the scale of the hospitality offered. If there is any doubt, the offer should be declined.

12.3.11 Travel and accommodation:

Modest offers to pay some or all of the travel and accommodation costs related to attendance at events may be accepted and must be declared.

Offers which go beyond modest, or are of a type that the organisation itself might not usually offer, need approval by senior staff, should only be accepted in exceptional circumstances, and must be declared. A clear reason should be recorded on the CCG's register(s) of interest as to why it was permissible to accept travel and accommodation of this type.

A non-exhaustive list of examples includes: offers of business class or first class travel and accommodation (including domestic travel) and offers of foreign travel and accommodation.

## **13 Gifts and Hospitality Register**

13.1 The Gifts and Hospitalities Register is maintained by the Corporate Governance Team.

13.2 All offers of gifts and hospitality, whether accepted or not, should be recorded in the Gifts and Hospitality Register and will be published on the CCG website at <http://www.hullccg.nhs.uk/>. The register of interests will be published as part of the CCG's Annual Report and Annual Governance Statement.

Particularly mention should be made if:

- The Gifts/Hospitality were offered to, or received by, staff/Office Holders in any part of a procurement process, and
- The Gifts/Hospitality were offered by companies, or other organisations, with

which the CCG has a contractual, grant giving or regulatory relationship, or is actively considering such a relationship.

## **14 Penalties**

- 14.1 This policy describes conduct which staff/Office Holders are expected to observe. Failure to do so could render an individual liable to disciplinary proceedings and may lead to criminal proceedings under the Bribery Act 2010.

## **15 Fraud, bribery and Corruption**

- 15.1 If fraud bribery or corruption are suspected, the matter must be reported immediately to the CCG's Local Counter Fraud Specialist or the Chief Finance Officer, as per the *local anti-fraud, bribery and corruption policy*.
- 15.2 Alternatively, staff may report anything suspicions via the whistleblowing policy.

## **16 Monitoring Compliance with and Effectiveness of this Policy**

- 16.1 The effectiveness of this Policy will be monitored by the Associate Director of Corporate Affairs.

## **17 References**

*Bribery Act 2010*. Available at [www.opsi.gov.uk/acts](http://www.opsi.gov.uk/acts)

## **18 Associated Documentation**

- 18.1 This policy links to the CCG's:
- NHS Constitution (including Standing Financial Instructions)
  - Policy on Conflicts of Interest
  - Policy on Commercial Sponsorship
  - Policy on the Receipt of Gifts and Payments for Interviews, Broadcasts, Talks, Lectures and Written Work
  - Policy on the provision and use of Free Gifts, Prizes and Incentives
  - Local anti-fraud, bribery and corruption policy
  - Whistleblowing Policy
  - Disciplinary Procedure

## **19 Review**

- 19.1 This Policy will be reviewed within two years from the date of implementation.
- 19.2 Minor amendments (such as changes in title) may be made prior to the formal review, details of which will be monitored/approved by the Associate Director of Corporate Affairs in consultation with the Senior Leadership Team.

# Bribery Act 2010

## Frequently asked questions

**What is the Bribery Act?**

**When does it come into force?**

**Why is it relevant to NHS organisations, professionals and staff?**

**Why is it relevant to NHS Protect?**

**What is bribery?**

**What are the key provisions of the Bribery Act?**

**What penalties does the Bribery Act impose?**

**Can Directors, Board members or senior management be prosecuted under the Bribery Act?**

**Who will investigate and prosecute these new offences?**

**What penalties can be imposed?**

**What can NHS organisations do to comply?**

**What is meant by 'adequate procedures'?**

**Is there any guidance on what constitutes adequate procedures?**

**Will any advice or guidance be issued to directors, board members or staff on what they should be doing and what their responsibilities are under the Bribery Act?**

**What must NHS organisations do now?**

**What should I do if I suspect bribery is occurring?**

### **What is the Bribery Act?**

The Bribery Act 2010 reforms the criminal law of bribery, making it easier to tackle this offence proactively in the public and private sectors.

It introduces a corporate offence which means that commercial organisations will be exposed to criminal liability, punishable by an unlimited fine, for failing to prevent bribery.

It repeals the UK's existing anti-corruption legislation – the Public Bodies Corrupt Practices Act 1889, the Prevention of Corruption Acts of 1906 and 1916 and the common law offence of bribery – and provides an updated and extended framework of offences to cover bribery both in the UK and abroad.

A copy of the Act and accompanying explanatory notes can also be found on the NHS Protect intranet.

## When does it come into force?

The Bribery Act received Royal Assent in April 2010 and will come into force on 1st July 2011.

## Why is it relevant to NHS organisations, professionals and staff?

### **Organisation**

The Department of Health lawyers have advised that it is sufficient for bodies to be incorporated under the law in the United Kingdom for them to fall under section 7 of the Act. Consequently NHS bodies such as CCG's, NHS trusts, foundation trusts, NHS England and special health authorities are all bodies corporate established by order of the Secretary of State under statute. As such, they will become liable, unless they put in place adequate preventative procedures, for acts of bribery and corruption committed by persons associated with them, in the course of their work. The NHS Commissioning Board is a statutory corporation, fall under the provisions of the Act. Provided that they are established as statutory bodies corporate, this will also apply to CCG's.

### **Professionals and staff**

For the purposes of the Bribery Act, a 'trade' or 'profession' is considered a business. This means that, whether individually or in partnership, GPs, pharmacists, dental practitioners, opticians, finance professionals, etc will also be subject to and personally liable under the Bribery Act.

## Why is it relevant to the NHS Protect?

The remit of NHS Protect includes preventing, detecting and investigating fraud and corruption in the health service. It is directed by the Secretary of State for Health to tackle both offences.

## What is bribery?

Bribery is generally defined as giving someone a financial or other advantage to encourage that person to perform their functions or activities improperly or to reward that person for having already done so.

## What are the key provisions of the Bribery Act?

The Bribery Act sets out four offences:

Section 1 - Offering, promising or giving a bribe to another person to perform a relevant 'function or activity' improperly, or to reward a person for the improper performance of such a function or activity. ('Active' bribery)

Under the Bribery Act, a 'relevant function or activity' is any function of a public nature or any activity connected with a business, performed in the course of a person's employment or performed by or on behalf of a body of persons, whether corporate or unincorporated, which meets one or more of the following conditions:

- a person performing the function or activity is expected to perform it in good faith
- they are expected to perform it impartially
- they are in a position of trust by virtue of performing it.

Section 2 - Requesting, agreeing to receive or accepting a bribe to perform a function or activity improperly, irrespective of whether the recipient of the bribe requests or receives it directly or through a third party, and irrespective of whether it is for the recipient's benefit. ('Passive' bribery)

Section 6 - Bribing a foreign public official (*thought not to be particularly applicable to NHS organisations/staff*).

Section 7 - Failure of a commercial organisation to prevent bribery (the corporate offence). This is a 'strict liability'\* offence and an organisation can be found guilty of 'attempted' or 'actual' bribery on the organisation's behalf. It should be noted that Section 1 or section 6 needs to be proven for a section 7 offence to apply.

Section 14 – Offering or receiving a bribe or bribing foreign official. This section applies if an offence under sections 1, 2 or 6 is committed by a body corporate.

\* Strict liability offences do not require proof of intention or recklessness – in other words, it is not necessary for the prosecution to show that the company intended to make the bribe in bad faith, or that it was negligent as to whether any bribery activity took place.

### [Can Directors, Board members or senior management be prosecuted under the Bribery Act?](#)

Any individual associated with an organisation who commits acts or omissions forming part of a bribery offence may be liable for a primary bribery offence under the Act or for conspiracy to commit the offence with others – including, for example, their employer.

Likewise, a senior management or board member who consented to or connived in a section 1 or 6 bribery offence will, together with the organisation, be liable for the section 7 'corporate offence' under the Act.

### [Who will investigate and prosecute these new offences?](#)

No proceedings for an offence under the act may be commenced in England and Wales except by or with the personal consent of the Director of Public Prosecutions, the Director of the Serious Fraud Office or the Director of Revenue and Customs Prosecutions.

## What penalties can be imposed?

An offence under section 1 (bribing another person) or section 2 (being bribed):

A person guilty of an offence under these sections is liable, on summary conviction (i.e. if tried in a magistrates' court) to imprisonment for a term not exceeding 12 months (subject to section 11(4)(a)), a fine not exceeding the statutory maximum, or both. On conviction on indictment (i.e. in Crown Court), they are liable to imprisonment for a term not exceeding 10 years, a fine, or both.

Any person associated with the organisation in question (this could be an agent or subsidiary of the organisation as well as an employee) who is guilty of an offence under these sections is liable, on summary conviction, to a fine not exceeding the statutory maximum and on conviction on indictment to a fine.

An offence under section 7 (failure of commercial organisations to prevent bribery):

An organisation guilty of an offence under this section is liable, on conviction on indictment, to a fine. (NB: Even if an organisation has delegated the relevant activities a named individual, it remains responsible for them.)

A 'twin-track' approach can be used to take action against an individual under section 1 and an organisation under section 7 simultaneously.

## What can NHS organisations do to comply?

An organisation will have to show that it has implemented 'adequate procedures' designed to prevent individuals associated with that organisation from engaging in bribery in order to avoid liability.

## What is meant by 'adequate procedures'?

This relates to relevant compliance protocols and procedures that a commercial organisation can put in place to prevent bribery by individuals associated with it. This might include training, briefing or new internal procedures. The adequate procedures will constitute a 'complete defence' for an organisation.

Under the Bribery Act, a person is considered to be associated with a commercial organisation if they perform services for it or on its behalf. This person can be an individual or an incorporated or unincorporated body.

## Is there any guidance on what constitutes adequate procedures?

The Bribery Act requires the Secretary of State for Justice to publish guidance about procedures that relevant commercial organisations can put in place to prevent individuals associated with them from engaging in bribery. The two pieces of guidance were published in April 2011. The full guidance can be found at <http://www.justice.gov.uk/guidance/docs/bribery-act-2010-guidance.pdf> whilst the quick-start version can be found at <http://www.justice.gov.uk/guidance/docs/bribery-act-2010-quick-start-guide.pdf>. NHS Protect has also issued guidance as part of its Bribery Act guidance and training package. These documents are available on the NHS Protect secure extranet.

## Will any advice or guidance be issued to directors, board members or staff on what they should be doing and what their responsibilities are under the Bribery Act?

NHS Protect will be providing training and issuing guidance to Local Counter Fraud Specialists (LCFSs) to familiarise them with the requirements of the Bribery Act and enable them to offer training to staff in their trusts. The following materials are currently being developed and are expected to be available in 2011:

- training material to be included in the NHS Protect's foundation-level course
- material for LCFSs to use in developing their own presentations
- presentation material to be used in staff induction sessions across the whole of the NHS.

Trusts will be responsible for ensuring that their staff are trained.

## What must NHS organisations do now?

NHS organisations should act now to prepare for the Bribery Act coming into force. As soon as possible, they should:

- ensure they are aware of the Bribery Act and its related guidance documents
- carry out an assessment of bribery and corruption risks across the organisation
- put in place adequate procedures to prevent bribery from occurring that are *proportionate* to the risks identified
- be clear that, as NHS organisations, they are covered by corporate liability for bribery on the part of their employees, contractors and agents.
- take steps to make their employees, contractors and agents aware of the standards of behaviour that are expected of them: this may include training for groups of employees who might be affected – for example, employees with responsibility for procurement
- review their existing governance, procedures, decision-making processes and financial controls, introduce them if not already in place and, where necessary, provide appropriate training on them
- record the fact that these steps have been taken, as they provide the defence against corporate liability under the act.
- as the monitoring and review process is iterative, the process is repeated on a periodic basis

It is important to note that the Bribery Act will not change the internal disciplinary processes that should be followed to investigate any alleged acts of bribery or

corruption before a disciplinary sanction is imposed – NHS organisations should continue to follow their internal procedures in this respect. Care should be taken when a trust follows its internal procedures to ensure that a possible criminal investigation is not prejudiced.

### **What should I do if I suspect bribery is occurring?**

Staff should report any suspicions or allegations of bribery immediately to one of the following:

- their Local Counter Fraud Specialist Nikki Cooper (01482) 866800, Mobile 07872 988939, Email [nikki.cooper1@nhs.net](mailto:nikki.cooper1@nhs.net)
- The relevant regional Area Anti-Fraud Specialist the NHS Fraud and Corruption Reporting Line (**0800 028 40 60**) or the online fraud reporting form at [www.reportnhsfraud.nhs.uk](http://www.reportnhsfraud.nhs.uk).

**DECLARATIONS OF GIFTS AND HOSPITALITY**

<b>Recipients Name:</b> (please print)	
<b>Job Title:</b> (please print)	
<b>Date of receipt of Offer of Gift/Hospitality:</b>	
<b>Description of Gift/Hospitality:</b> (including date if applicable)	
<b>Individual/Company giving or offering Gift/Hospitality:</b>	
<b>Details of Previous Offers or Acceptance from this offeror/supplier</b>	
<b>Reason for Gift/Hospitality:</b>	
<b>Estimated Value:</b> <b>NB:</b> (a estimate must be provided)	
<b>Advice sought from Line Manager or Associate Director of Corporate Affairs:</b> (please state if not sought and why)	
<b>Action Taken/Declined/Accepted</b>	
<b>Signed by recipient: * (See notes overleaf)</b>	
<b>Date:</b>	
<b>Signature of Associate Director of Corporate Affairs or Chief Finance Officer.</b>	
<b>Date:</b>	

<b>Declaration Number</b>	<input type="text"/>
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(added by Corporate Affairs Officer)

*\*The information submitted will be held by the Clinical Commissioning Group (CCG) for personnel or other reasons specified on this form and to comply with the organisation's policies. This information may be held in both manual and electronic form in accordance with the Data Protection Act 1998. Information may be disclosed to third parties in accordance with the Freedom of Information Act 2000 and published in registers that the CCG holds.*

*\*I confirm that the information provided above is complete and correct. I acknowledge that any changes in these declarations must be notified to the CCG as soon as practicable and no later than 28 days after the interest arises. I am aware that if I do not make full, accurate and timely declarations then civil, criminal, professional regulatory or internal disciplinary action may result.*

**I do / do not [delete as applicable]** give my consent for this information to published on registers that the CCG holds. If consent is NOT given please give reasons:

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**ON COMPLETION PLEASE SUBMIT TO MICHELLE LONGDEN, CORPORATE AFFAIRS OFFICER FOR INCLUSION IN THE CENTRAL GIFTS AND HOSPITALITY REGISTER AND PUBLICATION ON THE CCG WEBSITE**

## Equality Impact Assessment:

<b>Equality Impact Analysis:</b>	
<b>Policy / Project / Function:</b>	Offers and Acceptance of Gifts and Hospitality Policy
<b>Date of Analysis:</b>	18 October 2016
<b>This Equality Impact Analysis was completed by: (Name and Department)</b>	Michelle Longden – Corporate Affairs Officer
<b>What are the aims and intended effects of this policy, project or function?</b>	The aim of this policy is to provide guidance to staff and Office Holders on the action that can, or should, be taken in the event that they are offered gifts and/or hospitality.
<b>Please list any other policies that are related to or referred to as part of this analysis</b>	<ul style="list-style-type: none"> <li>• NHS Constitution (including Standing Financial Instructions)</li> <li>• Policy on Conflicts of Interest</li> <li>• Policy on Commercial Sponsorship</li> <li>• Policy on the Receipt of Gifts and Payments for Interviews, Broadcasts, Talks, Lectures and Written Work</li> <li>• Policy on the provision and use of Free Gifts, Prizes and Incentives</li> <li>• Local anti-fraud, bribery and corruption policy</li> <li>• Whistleblowing Policy</li> <li>• Disciplinary Procedure</li> </ul>
<b>Who does the policy, project or function affect?</b>  Please Tick ✓	Employees ✓  Service Users x  Members of the Public x  Other (List Below) Board Members ✓

## Equality Impact Analysis:

**Local Profile/Demography of the Groups affected (population figures) Relevant data can be found in the attached Knowledge Management Toolkit (Employee data as at Jan 2015)**

**General**

There are 50 GP practices in the Hull area which spans 7,154 hectares and, as a city, has relatively tight geographical boundaries with most of the 'leafy suburb' areas outside Hull's boundaries in East Riding of Yorkshire. As a result, Hull has a relatively high deprivation score, as measured by the Index of Multiple Deprivation 2010, with Hull ranked as the 10th most deprived local authority out of 326 (bottom 4%).

The resident population of Hull is 256,406 based on the 2011 Census data and 265,369 residents based on estimates from the local GP registration file as at October 2011. This equates to approximately 37 residents per hectare. The Joint Strategic Needs Assessment (JSNA) identifies considerable inequalities in health between Hull and England, and between populations within Hull.

**Age**

Age Group	Hull (%)	England (%)
65+	~10%	~10%
55-64	~10%	~10%
45-54	~10%	~10%
35-44	~10%	~10%
16-34	~20%	~15%
0-15	~15%	~10%

Compared to England, Hull has lower percentages of residents aged 10-19 years and 55+ years, but slightly higher percentages aged under 5, 20-34 years and 45-54 years. There is a relatively large difference between Hull and England for the age group 20-34 years, due to Hull's colleges and Universities.

There were 2,869 live births occurring to Hull residents in 2001, but this has increased steadily to 3,771 for 2010. The number of deaths occurring to Hull residents has decreased from 2,571 to 2,310 between 2001 and 2010. ONS estimated the resident population to be 243,596 in 2001 compared to 260,424 residents based on the GP registration file, with the difference between these estimates narrowing over time. So, whilst it is difficult to quantify the exact increase in Hull's population, it has increased over recent years. Between 2010 and 2030, ONS estimate that Hull's population will increase from 266,100 to 311,900 residents, an increase of 17%.

The figure above shows the population of Hull (2011 Census Data).

**Race**

The percentage of the population from Black and Minority Ethnic (BME) groups has increased substantially since 2001. For the 2001 Census, it was estimated that 3.3% of Hull's population was not White British or White Irish, whereas Census data shows that this figure increased to 10.2% for 2011. There is no single BME group in Hull with much higher percentages compared to other groups. The 2011 census data shows:

White British - 89.7%  
 White Other - 4.4%

	<p>Mixed – 1.3%  Asian - 2.5%  Black - 1.2%  Other – 0.8%</p>																						
<b>Sex</b>	<p>The gender split in Hull is approximately 50.1% men and 49.9% women. For 2008-2010, life expectancy in Hull was 75.7 years for men and 80.2 years for women compared to 78.6 years and 82.6 years for men and women respectively in England.</p>																						
<b>Gender reassignment</b>	<p>No local information provided.</p>																						
<b>Disability</b>	<p>According to the 2011 Census, it is estimated that approximately 19.7% of the Hull population lives with a long term health problem or disability compared with 17.6% for England. This information can be broken down further (Source: Projecting Older People Population Information System and Projecting Adult Needs and Service Information) to include learning disabilities, physical disabilities, hearing impairments and visual impairments, as follows:</p> <table border="1"> <thead> <tr> <th><b>2012 Estimates</b></th> <th><b>Hull</b></th> </tr> </thead> <tbody> <tr> <td>Learning Disability (Age 18 – 64)</td> <td>4,078</td> </tr> <tr> <td>Learning Disability (Age 65 and over)</td> <td>762</td> </tr> <tr> <td>Physical Disability – Moderate (Age 18 – 64)</td> <td>12,222</td> </tr> <tr> <td>Physical Disability – Serious (Age 18 – 64)</td> <td>3,491</td> </tr> <tr> <td>Visual Impairment (Age 18 – 64)</td> <td>108</td> </tr> <tr> <td>Visual Impairment (Age 65 and over)</td> <td>3,263</td> </tr> <tr> <td>Hearing Impairment – Moderate or Severe (Age 18 – 64)</td> <td>5,765</td> </tr> <tr> <td>Hearing Impairment – Moderate or Severe (Age 65 and over)</td> <td>15,707</td> </tr> <tr> <td>Hearing Impairment – Profound (Age 18 – 64)</td> <td>49</td> </tr> <tr> <td>Hearing Impairment – Profound (Age 65 and over)</td> <td>402</td> </tr> </tbody> </table>	<b>2012 Estimates</b>	<b>Hull</b>	Learning Disability (Age 18 – 64)	4,078	Learning Disability (Age 65 and over)	762	Physical Disability – Moderate (Age 18 – 64)	12,222	Physical Disability – Serious (Age 18 – 64)	3,491	Visual Impairment (Age 18 – 64)	108	Visual Impairment (Age 65 and over)	3,263	Hearing Impairment – Moderate or Severe (Age 18 – 64)	5,765	Hearing Impairment – Moderate or Severe (Age 65 and over)	15,707	Hearing Impairment – Profound (Age 18 – 64)	49	Hearing Impairment – Profound (Age 65 and over)	402
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<b>Sexual Orientation</b>	<p>There are no local statistics for how many Lesbian, Gay or Bisexual (LGB) people live within Hull however, nationally, the Government estimates that 5% of the population are lesbian, gay, bi and transgender communities.</p>																						

<b>Religion, faith and belief</b>	<p>According to the 2011 Census, 54.9% of the population have identified themselves as Christian and 3.1% of the population is made up of other religions. The remainder of the population did not state anything (7.2%) or stated 'no religion' (34.8%).</p> <table border="1" data-bbox="608 360 1401 775"> <thead> <tr> <th data-bbox="608 360 1129 398">Religion</th> <th data-bbox="1129 360 1401 398">2011</th> </tr> </thead> <tbody> <tr> <td data-bbox="608 398 1129 436">Christian</td> <td data-bbox="1129 398 1401 436">54.9%</td> </tr> <tr> <td data-bbox="608 436 1129 474">Buddhist</td> <td data-bbox="1129 436 1401 474">0.3%</td> </tr> <tr> <td data-bbox="608 474 1129 512">Hindu</td> <td data-bbox="1129 474 1401 512">0.2%</td> </tr> <tr> <td data-bbox="608 512 1129 551">Jewish</td> <td data-bbox="1129 512 1401 551">0.1%</td> </tr> <tr> <td data-bbox="608 551 1129 589">Muslim</td> <td data-bbox="1129 551 1401 589">2.1%</td> </tr> <tr> <td data-bbox="608 589 1129 627">Sikh</td> <td data-bbox="1129 589 1401 627">0.1%</td> </tr> <tr> <td data-bbox="608 627 1129 665">Other Religion</td> <td data-bbox="1129 627 1401 665">0.3%</td> </tr> <tr> <td data-bbox="608 665 1129 703">No Religion</td> <td data-bbox="1129 665 1401 703">34.8%</td> </tr> <tr> <td data-bbox="608 703 1129 741">Religion Not Stated</td> <td data-bbox="1129 703 1401 741">7.2%</td> </tr> </tbody> </table>	Religion	2011	Christian	54.9%	Buddhist	0.3%	Hindu	0.2%	Jewish	0.1%	Muslim	2.1%	Sikh	0.1%	Other Religion	0.3%	No Religion	34.8%	Religion Not Stated	7.2%
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<b>Marriage and civil partnership</b>	<p>This protected characteristic generally only applies in the workplace. Data from the Office of National Statistics covering the period 2008-2010 indicates that there were 18,049 Civil Partnerships in England and Wales during this three-year period – 52% men and 48% women.</p>																				
<b>Pregnancy and maternity</b>	<p>There were 2,869 live births occurring to Hull residents in 2001, but this has increased steadily to 3,771 for 2010.</p>																				

## Equality Impact Analysis:

<p><b>Is any Equality Data available relating to the use or implementation of this policy, project or function ?</b>          Equality data is internal or external information that may indicate how the activity being analysed can affect different groups of people who share the nine <i>Protected Characteristics</i> – referred to hereafter as ‘<i>Equality Groups</i>’.</p> <p>Examples of <i>Equality Data</i> include: (this list is not definitive)          1: Application success rates  <i>Equality Groups</i>          2: Complaints by <i>Equality Groups</i>          3: Service usage and withdrawal of services by <i>Equality Groups</i>          4: Grievances or decisions upheld and dismissed by <i>Equality Groups</i></p>	<p>Yes employee data has been used to support the monitoring of the impact of this policy in the future. The employee data is not included due to the low number of CCG employees and concern around anonymity</p> <p style="text-align: center;">No <span style="float: right; border: 1px solid black; width: 60px; height: 30px; display: inline-block; vertical-align: middle;"></span></p>
<p><b>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</b></p>	<p>Consultation has taken with</p> <ul style="list-style-type: none"> <li>• SLT</li> <li>• Relevant Senior Managers</li> <li>• IAGC</li> </ul>
<p><b>Promoting Inclusivity</b>          How does the project, service or function contribute towards our aims of eliminating discrimination and promoting equality and diversity within our organisation</p>	<p>This Policy does not directly promote inclusivity, but an effective Offers and Acceptance of Gifts and Hospitality Policy but applies to everyone regardless of if there are part of a protected group.</p>

### Equality Impact 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:	No Impact:	Positive Impact:	Negative Impact:	Evidence of impact and if applicable, justification where a <i>Genuine Determining Reason</i> exists
<b>Gender</b> (Men and Women)	✓			This has been considered and has a neutral impact.
<b>Race</b> (All Racial Groups)			✓	As the policy is written in English there is a potential impact on employees whose first language is not English and therefore may struggle reading the policy. However this potential impact is minimised due to the development of the 'portal' facilities detailed in the action plan.
<b>Disability</b> (Mental and Physical)	✓			This has been considered and has a neutral impact.
<b>Religion or Belief</b>	✓			This has been considered and has a neutral impact.
<b>Sexual Orientation</b> (Heterosexual, Homosexual and Bisexual)	✓			This has been considered and has a neutral impact.
<b>Pregnancy and Maternity</b>	✓			This has been considered and has a neutral impact.

<b>Transgender</b>	✓			This has been considered and has a neutral impact.
<b>Marital Status</b>	✓			This has been considered and has a neutral impact.
<b>Age</b>	✓			This has been considered and has a neutral impact.



**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* ?**

<b>Identified Risk:</b>	<b>Recommended Actions:</b>	<b>Responsible Lead:</b>	<b>Completion Date:</b>	<b>Review Date:</b>
As the policy is written in English there is a potential impact on employees whose first language is not English and therefore may struggle reading the policy.	The CCGs internal 'portal' and external website signpost individuals to alternative formats such as large print, braille or another language.	CCG Communications	October 2016	Next policy review

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## Equality Impact Findings:

<b>Analysis Rating:</b>	<b>Green</b>
<b>Red – Stop and remove the policy</b>	<b>Red:</b> As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share <i>Protected Characteristics</i> . It is recommended that the use of the policy be suspended until further work or analysis is performed.
<b>Red Amber – Continue the policy</b>	As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share <i>Protected Characteristics</i> . However, a genuine determining reason may exist that could legitimise or justify the use of this policy and further professional advice should be taken.
<b>Amber – Adjust the Policy</b>	As a result of performing the analysis, it is evident that a risk of discrimination (as described above) exists and this risk may be removed or reduced by implementing the actions detailed within the <i>Action Planning</i> section of this document.
<b>Amber - No major change</b>	As a result of performing the analysis, the policy, project or function does not appear to have any adverse effects on people who share <i>Protected Characteristics</i> and no further actions are recommended at this stage.

<b>Brief Summary/Further comments</b>	<p>As a result of performing the analysis, the policy, project or function does not appear to have any adverse effects on people who share <i>Protected Characteristics</i> and no further actions are recommended at this stage.</p>
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<b>Signatures</b>	
<b>Other Comments</b>	
<b>Confirmed by (manager): (Name and Title)</b>	
<b>Date:</b>	09.12.16