

SPONSORSHIP POLICY

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POLICY AMENDMENTS

Amendments to the Policy will be issued from time to time. A new amendment history will be issued with each change.

New Version Number	Issued by	Nature of Amendment	Approved by & Date	Date on Internet
1.1	P Furneaux	Addition of NHS England guidance, CCG specific links, responsibilities and arrangements	Audit Committee 10/09/14	

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1. Introduction

- 1.1 DH Guidance encourages NHS organisations and their staff to consider opportunities for joint working with the pharmaceutical industry and for commercial sponsorship, where the benefits that this could bring to patient care and the difference it can make to their health and well-being are clearly advantageous.
- 1.2 This policy must be read in conjunction with the CCG's Policies on Business Conduct (including Gifts and Hospitality) and Conflicts of Interest and nothing in this policy should be taken to override the requirements of those other two policies.
- 1.3 The principles, advice and procedures detailed in this policy should also be followed for any joint working arrangements or sponsorship opportunities (pharmaceutical or otherwise) with the private sector in general.

2. Background

- 2.1 Joint working must be for the benefit of patients or of the NHS and preserve patient care. Any joint working between the NHS and a company, including the pharmaceutical industry, should be conducted in an open and transparent manner. Arrangements should be of mutual benefit, the principal beneficiary being the patient. The length of the arrangement, the potential implications for patients and the NHS, together with the perceived benefits for all parties, should be clearly outlined before entering into any joint working.
- 2.2 The following principles will also apply to joint working:
- 2.3 Staff should be aware of NHS guidance, the legal position and appropriate and relevant professional codes of conduct as described in extant NHS guidance. Contract negotiations will be conducted in line with NHS values. Confidentiality of information received in the course of duty must be respected and never used outside the scope of the specific project. Joint working arrangements should take place at a corporate, rather than an individual, level. Clinical and financial outcomes will be assessed through a process of risk assessment.
- 2.4 A mutually agreed and effective exit strategy will be in place at the outset of any joint working arrangement, detailing the responsibilities of each party and capable of dealing with a situation where premature termination may become necessary.
- 2.5 This policy will be placed on the CCG website and shared with staff.

3. Policy Statement

- 3.1 Commercial Sponsorship Ethical Standards for the NHS requires NHS bodies to have formal arrangements, with clear policy statements, codes of practice in working with sponsors, and codes of conduct for Clinical Commissioning Group Governing Bodies, Clinical Commissioning Group members and staff. These arrangements need to be in line with the Standing Orders, Reservation and Delegation of Powers and Standing Financial Instructions.

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- 3.2 This policy sets out the Vale of York Clinical Commissioning Group ethical framework for working in partnership with external commercial partners and describes how formal records will be maintained within the organisation.
- 3.3 Vale of York Clinical Commissioning staff may accept commercial sponsorship for courses, conferences, post/project funding, meetings and publications if they are reasonably justifiable and in accordance with the principles set out in this policy. In cases of doubt advice should be sought from your line manager. Permission (with details of the proposed sponsorship) must be obtained from the relevant executive in writing in advance and a copy of this permission must be sent to the Policy and Assurance Manager for inclusion in the register of Sponsorship, Gifts and Hospitality.
- 3.4 Acceptance of commercial sponsorship should not in any way compromise commissioning decisions of the Vale of York Clinical Commissioning Group or be dependent on the purchase or supply of goods or services.
- 3.5 Sponsors should not have any influence over the content of an event, meeting, seminar, publication or training event.
- 3.6 The Vale of York Clinical Commissioning Group will not endorse individual companies or their products. It should be made clear that the fact of sponsorship does not mean that the Vale of York Clinical Commissioning Group endorses a company's products or services.
- 3.7 During dealings with sponsors there must be no breach of patient or individual confidentiality or data protection legislation.
- 3.8 No information should be supplied to a company for their commercial gain unless there is a clear benefit to the NHS. As a general rule, information which is not in the public domain should not normally be supplied.

4. Purpose Aims and Objectives

- 4.1 The aim of this policy is to assist Vale of York Clinical Commissioning Group to achieve its objectives and delivery of national and local priorities by building effective and appropriate working relationships with commercial enterprises and industries.
- 4.2 The policy will inform and advise staff of their main responsibilities when entering into joint working arrangements and commercial sponsorship arrangements. Specifically, it aims to:
 - assist the CCG and staff in maintaining appropriate ethical standards in the conduct of NHS business.
 - highlight that NHS staff are accountable for achieving the best possible health care within the resources available.
 - avoid situations where approaches from company representatives could amount to inducements or bribes.
- 4.3 Staff are reminded that at all times they have a responsibility to comply with their own professional codes of conduct, and that representatives of the potential sponsors must comply with NHS ethics guidance and standards. In addition the Pharmaceutical Industry must comply with the ABPI Code of Practice.

5. Engagement

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- 5.1 The CSU Legal and Governance Manager, in liaison with the CSU Head of Medicines Management, produced an initial draft policy which was then discussed at Senior Management Team *prior* to approval by the Governing Body.

6. Scope

- 6.1 This document is intended as policy for Vale of York Clinical Commissioning Group and its staff who are involved in all joint working and commercial sponsorship including with the pharmaceutical industry, as well as to provide guidance and instructions for the wider relationship with the industry. For the purposes of this policy, the term „staff“ refers to all employees and contractors who are engaged to undertake duties on behalf of Vale of York Clinical Commissioning Group as well as members of the CCG and its committees.
- 6.2 It is important that all parties recognise that operating outside of this policy and guidance could give rise to allegations of improper conduct on the part of either the individual CCG member/staff member concerned or the private company.

7. Definitions

- 7.1 For the purpose of this policy, joint working is defined as situations where, for the benefit of patients, organisations pool skills, experience and/or resources for the joint development and implementation of patient centred projects and share a commitment to successful delivery.
- 7.2 Joint working agreements and management arrangements are conducted in an open and transparent manner. Joint working differs from sponsorship, where companies simply provide funds for a specific event or work programme.
- 7.3 Sponsorship is the term commonly used for financial or other support given by business or members of the public, to support the activities and aims of a third party.
- 7.4 For the purpose of this guidance, sponsorship is defined as funding to the NHS from an external source including:
- Funding of all or part of the costs of a member of staff
 - NHS research
 - Training
 - Equipment
 - Costs associated with meetings/events eg hire of venues & supply of refreshments
 - Gifts
 - Hospitality including the provision of meals
 - Hotel and Transport costs (including trips abroad)
 - Provision of free services (speakers)
 - Provision of free or discounted products
 - Provision of free stationery bearing commercial advertising

8. Conflicts of Interest, Payments and Hospitality

- 8.1 NHS Staff are required to declare and record financial or personal interests (e.g. company shares, research grant, consultancies) 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 such considerations. Nor should they misuse their official position or information acquired in the course of their official duties to further the private interests of themselves or others.

- 8.2 Staff and Governing Body members are reminded of the requirement to acquaint themselves with the CCG's policy on the acceptance of gifts and other benefits in kind (see Policy on Business Conduct). This policy follows the guidance contained in the Department of Health circular HSG (93) 5 „Standards of Business Conduct for NHS Staff“ and is also deemed to be an integral part of Standing Orders and Prime Financial Policies.
- 8.3 Staff and independent contractors working in Vale of York CCG should follow existing Professional codes of conduct and the Standards of Business Conduct for NHS Staff.
- 8.4 All Staff are also expected to refuse gifts, benefits, hospitality or sponsorship which might reasonably be seen to compromise their personal judgement or integrity and to adhere to the requirements contained in the Policy on Business Conduct in relation to which gifts, benefits and hospitality may nor may not be accepted and which must be formally reported.

9. Sponsorship Arrangements

- 9.1 Before entering into joint working arrangements or agreeing to commercial sponsorship staff must:
 - Satisfy themselves with reference to information available that there are no potential irregularities that may affect the company's ability to meet the conditions of the agreement or impact on it in any way e.g. checking financial standing by referring to company accounts.
 - Assess the costs and benefits of alternative options where applicable and to ensure that the decision- making process is transparent and defensible.
 - Ensure that legal and ethical restrictions on the disclosure of confidential patient information, or data derived from such information, are complied with. Additionally, disclosure for research purposes should not take place without the approval of the appropriate research committees.
 - Determine how clinical and financial outcomes will be monitored.
 - Ensure that the sponsorship agreement has provision to enable the agreement to be terminated if it becomes clear that it is not providing expected VFM/ Clinical Outcomes.
- 9.2 The following general guidelines seek to put the relationship between the Pharmaceutical Industry and CCG staff on a sound and professional footing:
 - Staff will extend co-operation to pharmaceutical and other companies where this is in direct interest of patient care.
 - Company representatives will be seen by the most appropriate member of staff by appointment. The purpose of the visit should be stated in advance. A request for a meeting by a representative does not create an obligation to see that person and may be politely declined.
 - All Pharmaceutical Industry activity should comply with the ABPI Code of Practice published most recently in 2012 or any future revision thereof.
 - Medical representatives should be well informed about the products which they are reporting. They should be able to provide information on what is

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being promoted, the basis of promotion, the specific place the product is expected to have in therapy and technical and clinical data.

- Pharmaceutical companies planning to undertake clinical trials of a drug may seek the co-operation of the CCG (for example by identifying the appropriate patient cohort). The member of staff will require a copy of the trial protocol and has a responsibility to ensure appropriate support for the trial, patient safety, patient confidentiality and compliance with the law. It will normally be appropriate to seek specialist advice to ensure these requirements are met.
 - For reasons of security, representatives must wear an identification badge while on the premises.
 - No attempts should be made to seek information of a confidential nature from any member of staff (e.g. relating to a competitor's price).
 - Members of staff should not accept any drug samples other than with the express approval, in writing, of the Chief Finance Officer.
- 9.3 Staff invited to visit organisations to inspect equipment (e.g. software or training aids) for the purpose of advising on its purchase will be reimbursed for their travelling expenses in accordance with the travel expenses policy laid down by the NHS CB. Such expenses should not be claimed from other organisations to avoid compromising the purchasing decisions of the NHS CB. "
- 9.4 All sponsorship arrangements should be supported by completion of a Quality Standards checklist for confidential commercial partnerships and attached to an application form.
- 9.5 The application form should be submitted for approval before any arrangement is entered into and specific approval has been given.

Approval of Joint Working Arrangements

- 9.6 Approval of the Chief Finance Officer will be required if there are financial implications. However, larger more complex initiatives will require Governing Body approval in accordance with the scheme of delegation. A decision to seek the approval of the Governing Body is for the Chief Finance Officer or the Chief Operating Officer.

Approval of Sponsorship from Private Companies

- 9.7 Any potentially substantial (e.g. projects/staffing etc.), or recurring (e.g. facilities for training events) arrangements for sponsorship must be submitted to the Chief Finance Officer prior to being approved by the Governing Body in accordance with the CCG's Scheme of Delegation. Any potential sponsorship arrangements with the Pharmaceutical industry should first be reviewed by the CSU Head of Medicines Management prior to the Chief Finance Officer and before submission to the Governing Body for approval.
- 9.8 The documents that must be submitted are the Application Form; the Quality Standards check list and any other supporting documentation that will support the case.

Value Added Tax for Commercial Sponsorship

- 9.9 Sponsorship is the term commonly used for financial or other support given by business or members of the public, to support the activities and aims of a third party.

- 9.10 If sponsors receive benefits directly linked to the event then the support must be subject to VAT, i.e. the correct proportion of the monies received must be accounted for to HMRC. If the sponsor gives the money without requiring anything in return then the monies can be regarded as a donation. If it is thought that this would be the case, further advice should be sought from the Chief Finance Officer.
- 9.11 Unless advice has been given to the contrary it must be assumed that the sponsorship is subject to VAT and in order to account for this correctly, an invoice should be sent to the sponsor showing the amount of the sponsorship and then adding VAT. All invoices must be raised on SBS by the Finance Department and this can be arranged by contacting your Finance Manager.

Confidentiality and Data Protection

- 9.12 It is the policy of the CCG that all processing of personal data by, or on behalf of the CCG, will be in accordance with the requirements, as currently understood, of:-
- The Data Protection Act 1998 and any subsequent amendments or subordinate legislation together with any relevant Directions from the DH or other government department.
 - The Data Protection Registration of Vale of York CCG currently operative.
 - Work within requirements set out in Vale of York CCG's Information Governance Policy.
- 9.13 Staff need to be aware that companies, particularly pharmaceutical companies, will often seek to impose very wide ranging confidentiality agreements in their dealings with the NHS. Legal advice has been obtained which suggests that such agreements will often be contrary to public policy in that they seek to limit the application of the Freedom of Information Act (FOIA) and are contrary to both the statutory Code of Practice issued by the Lord Chancellor on the FOIA as well as the Information Commissioners Guidance to Public Authorities on Confidentiality. Specialist advice should be sought in these circumstances

10. Impact Analysis

Equality

- 10.1 The principles of equality are enshrined in our vision, mission and values and the Vale of York Clinical Commissioning Equality Strategy highlights and supports our guarantee to promote equality throughout the planning and development of service commissioning; whilst appreciating and respecting the diversity of our local community and staff. For more information please visit <http://www.valeofyorkccg.nhs.uk/about-us/equality/>
- 10.2 In developing this policy an equalities impact analysis has been undertaken. As a result of performing the analysis, this policy does not appear to have any adverse effects on people who share Protected Characteristics and no further actions are recommended at this stage. VoY CCG is committed to ensuring that patients whose first language is not English receive the information they need and are able to communicate appropriately with healthcare professionals. All information in relation to the complaints process is available in alternative languages and formats upon request.

10.3 A copy of the completed Equality Impact Analysis can be found at Appendix 1.

Sustainability

10.4 As a result of performing a Sustainability Impact Assessment it has been identified that the policy has no impact in regard to the CCG's sustainability themes.

A copy of the completed Equality Impact Analysis can be found at Appendix 2.

Anti-Fraud, Bribery & Corruption

10.5 The Bribery Act 2010 is particularly relevant to this policy. Under the Bribery Act 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.

10.6 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.

10.7 It is therefore, extremely important that staff adhere to this and other related policies and documentation (as detailed on the CCG's intranet) when considering whether to offer or accept gifts and hospitality and/or other incentives.

10.8 If fraud is suspected, first refer to Local Anti-fraud, Bribery & Corruption Policy. To raise any suspicions of fraud and/or corruption please contact the Local Counter Fraud Specialist (LCFS) (Steven Moss 01904 725145 email steven.moss@nhs.net).

10.9 The LCFS will inform the Chief Finance Officer if the suspicion seems well founded and will conduct a thorough investigation. Concerns may also be discussed with the Chief Officer or the Audit Committee Chair. If staff prefer, they may call the NHS Fraud & Corruption Reporting Line on 0800 028 40 60 between 8am-6pm Monday-Friday or report online at www.reportnhsfraud.nhs.uk This would be the suggested contact if there is a concern that the LCFS or the Chief Finance Officer themselves may be implicated in suspected fraud, bribery or corruption.

11. Roles, Responsibilities and Duties

Governing Body

11.1 The CCG holds meetings of the Governing Body in public and indeed is required to do so both by statute and by reference to the Constitution. They are often attended by company representatives.

11.2 Those representatives attend meetings in their capacity as members of the public and have no special privileges when they do so. They should receive no greater or lesser opportunity to participate in the meeting or engage with

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individual members of the Governing Body than would any other member of the public.

In particular, GP members of the Governing Body may be approached by representatives who seek to engage with them for the purpose of promoting their particular products or canvassing support for products or projects.

It is recommended in the strongest possible terms that GPs politely but firmly decline to engage with company representatives (pharmaceutical or otherwise) in these circumstances. Governing Body members who choose to disregard this recommendation should be aware that they may place themselves in breach of this policy or even commit one of the criminal offences described above.

Chief Clinical Officer

- 11.3 The Chief Clinical Officer has overall accountability and responsibility for implementation of this policy.

Chief Operating Officer/Chief Finance Officer

- 11.4 Chief Officers should ensure that managers within their directorate are made aware of the provisions set out within the policy and that it is implemented within their directorate, in particular for ensuring that:
- all employees are aware of their responsibilities, the law and the organisation's policy on commercial sponsorship.
 - appropriate authorisation is obtained prior to events involving sponsors, particularly Medicines Optimisation approval for pharmaceutical company sponsorship
 - breaches of policy are dealt with in a fair and consistent manner.

Policy and Assurance Manager

- 11.5 The Policy and Assurance manager is responsible for:
- advising staff on the contents of this policy
 - Ensuring adequate records are established
 - maintaining the Sponsorship, Gifts and Hospitality Register, ensuring it is open for public inspection and scrutiny.
 - preparation of reports of Gifts and Hospitality and Commercial Sponsorship, ensuring that this is presented to the Audit Committee and included in the Annual Report.

Staff

- 11.6 All staff either directly employed by or working for the Clinical Commissioning Group through a third party are responsible for following the policy and for declaring any commercial sponsorship covered within the confines of this policy.

12. Record Retention

- 12.1 The Vale of York Clinical Commissioning Group are required to retain Registers of Sponsorship, Gifts and Hospitality for a minimum of ten years.
- 12.2 Core policy documents are required to be retained for five years.

13. Monitoring and Audit

- 13.1 All offers of, or requests for, sponsorship/collaborative projects (including full or part funding – specialist posts, events, training, visits etc.) must be considered by the Chief Finance Officer before any arrangement is entered into.
- 13.2 The Audit Committee will oversee the operation of this policy. If the Chief Finance Officer has any concerns with regard to an application, this will be discussed with the Chair of the Audit Committee.
- 13.3 A register of Sponsorship, Gifts and Hospitality will be maintained by the Policy and Assurance Manager. The contents of the register will be reported to the Audit Committee on a quarterly basis.

14. Distribution and Training

- 14.1 Vale of York Clinical Commissioning Group will ensure that all staff and the general public are aware of the Sponsorship Policy and procedures via Vale of York Clinical Commissioning Group internet site. A global notice will be sent to officers to notify release of this document and a link to this policy will be provided from the Policy Directorate intranet site. Notification of this document will be included in the all staff email bulletin and staff briefings.
- 14.2 All staff dealing with implementation of this policy will be provided with the appropriate training. A training needs analysis will be undertaken within the CCG to identify staff affected by this document. Based on the findings of that analysis appropriate training will be provided to staff as required.
- 14.3 A number of supports are available for staff, including:
- Line manager
 - Directorate manager
 - Peer support
 - Professional bodies

15. Policy Review

- 15.1 This policy will be reviewed on a bi-annual basis. 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.

16. Associated Guidance and Policies

- 16.1 Vale of York Clinical Commissioning Group Business Conduct Policy
Vale of York Clinical Commissioning Group Conflict of Interest Policy

17. References

- Standards of Business Conduct for NHS Staff HSG (93) 5
- DH Best Practice Guidance for Joint Working between the NHS and the Pharmaceutical Industry, February 2008 Department of Health, 2008.
- Best practice guidance for joint working between the NHS and the pharmaceutical industry ABPI 2006 (Gateway Reference 8926)
- Code of Practice for the Pharmaceutical Industry Department of Health, 2004
- Code of Conduct: Code of Accountability in the NHS. 2nd Ed

18. Policy Contact Details

- 18.1 Any queries on the content of the policy should be addressed to the Policy & Assurance Manager in the first instance, who can seek advice from the CSU's Legal & Governance Manager and/or the CSU's Head of Medicines Management.

Policy and Assurance Manager
West Offices, Station Rise, York YO1 6GA
Tel: 01904 555778 /Mobile: 07814 475300

19. Appendix 1: Equality Impact Analysis Form

1.	Title of policy/ programme/ service being analysed
	Sponsorship Policy
2.	Please state the aims and objectives of this work.
	<p>The aim of this policy is to assist Vale of York Clinical Commissioning Group to achieve its objectives and delivery of national and local priorities by building effective and appropriate working relationships with commercial enterprises and industries. The policy will inform and advise staff of their main responsibilities when entering into joint working arrangements and commercial sponsorship arrangements. Specifically, it aims to:</p> <ul style="list-style-type: none"> • assist the CCG and staff in maintaining appropriate ethical standards in the conduct of NHS business. • highlight that NHS staff are accountable for achieving the best possible health care within the resources available and • avoid situations where approaches from company representatives could amount to inducements or bribes.
3.	Who is likely to be affected? (e.g. staff, patients, service users)
	Staff need to comply with the principles and practices outlined in this policy.
4.	What sources of equality information have you used to inform your piece of work?
	NHS England guidance
5.	What steps have been taken ensure that the organisation has paid due regard to the need to eliminate discrimination, advance equal opportunities and foster good relations between people with protected characteristics
	The analysis of equalities is embedded within the CCG's Committee Terms of Reference and project management framework.

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6. Who have you involved in the development of this piece of work?	
<p>Internal involvement: Senior Management team</p> <p>Stakeholder involvement: Consultation with Senior Managers</p> <p>Patient / carer / public involvement: This is an Internal policy aimed at staff employed by the CCG and contractors working for the CCG. The focus is on compliance with statutory duties and NHS mandated principles and practice. There are no particular equality implications.</p>	
<p>7. What evidence do you have of any potential adverse or positive impact on groups with protected characteristics?</p> <p>Do you have any gaps in information?</p> <p>Include any supporting evidence e.g. research, data or feedback from engagement activities</p> <p>(Refer to Error! Reference source not found. if your piece of work relates to commissioning activity to gather the evidence using all stages of the commissioning cycle)</p>	
Disability	Consider building access, communication requirements, making reasonable adjustments for individuals etc
People who are learning disabled, physically disabled, people with mental illness, sensory loss and long term chronic conditions such as diabetes, HIV)	
N/a	
Sex	Consider gender preference in key worker, single sex accommodation etc
Men and Women	
N/a	
Race or nationality	Consider cultural traditions, food requirements, communication styles, language needs etc.
People of different ethnic backgrounds, including Roma Gypsies and Travelers	
N/a	

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Age This applies to all age groups. This can include safeguarding, consent and child welfare	Consider access to services or employment based on need/merit not age, effective communication strategies etc.
N/a	
Trans People who have undergone gender reassignment (sex change) and those who identify as trans	Consider privacy of data, harassment, access to unisex toilets & bathing areas etc
N/a	
Sexual orientation This will include lesbian, gay and bi-sexual people as well as heterosexual people.	Consider whether the service acknowledges same sex partners as next of kin, harassment, inclusive language etc.
N/a	
Religion or belief Includes religions, beliefs or no religion or belief	Consider holiday scheduling, appointment timing, dietary considerations, prayer space etc.
N/a	
Marriage and Civil Partnership Refers to legally recognised partnerships (employment policies only)	Consider whether civil partners are included in benefit and leave policies etc
N/a	
Pregnancy and maternity Refers to the pregnancy period and the first year after birth	Consider impact on working arrangements, part-time working, infant caring responsibilities etc.
N/a	
Carers This relates to general caring responsibilities for someone of any age.	Consider impact on part-time working, shift-patterns, options for flexi working etc

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N/a	
Other disadvantaged groups	Consider ease of access, location of service, historic take-up of service etc
This relates to groups experiencing health inequalities such as people living in deprived areas, new migrants, people who are homeless, ex-offenders, people with HIV.	
N/a	
8. Action planning for improvement	
	Please outline what mitigating actions have been considered to eliminate any adverse impact?
	No adverse equality impact has been identified.
	Please state if there are any opportunities to advance equality of opportunity and/ foster good relationships between different groups of people?
	An Equality Action Plan template is appended to assist in meeting the requirements of the general duty

Sign off
Name and signature of person / team who carried out this analysis <i>Governance Team</i>
Date analysis completed <i>3rd September 2014</i>
Name and signature of responsible Director
Date analysis was approved by responsible Director

20. Appendix 2: Sustainability Impact Assessment

Staff preparing a policy, Governing Body (or Sub-Committee) report, service development plan or project are required to complete a Sustainability Impact Assessment (SIA). The purpose of this SIA is to record any positive or negative impacts that this is likely to have on sustainability.

Title of the document	Sponsorship Policy
What is the main purpose of the document	<p>The aim of this policy is to assist Vale of York Clinical Commissioning Group to achieve its objectives and delivery of national and local priorities by building effective and appropriate working relationships with commercial enterprises and industries. The policy will inform and advise staff of their main responsibilities when entering into joint working arrangements and commercial sponsorship arrangements. Specifically, it aims to:</p> <ul style="list-style-type: none"> • assist the CCG and staff in maintaining appropriate ethical standards in the conduct of NHS business. • highlight that NHS staff are accountable for achieving the best possible health care within the resources available and • avoid situations where approaches from company representatives could amount to inducements or bribes.
Date completed	2 nd September 2014
Completed by	P Furneaux, Policy and Assurance Manager

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Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
Travel	Will it provide / improve / promote alternatives to car based transport?	0		
	Will it support more efficient use of cars (car sharing, low emission vehicles, environmentally friendly fuels and technologies)?	0		
	Will it reduce „care miles“ (telecare, care closer) to home?	0		
	Will it promote active travel (cycling, walking)?	0		
	Will it improve access to opportunities and facilities for all groups?	0		
	Will it specify social, economic and environmental outcomes to be accounted for in procurement and delivery?	0		
Procurement	Will it stimulate innovation among providers of services related to the delivery of the organisations“ social, economic and environmental objectives?	0		
	Will it promote ethical purchasing of goods or services?	0		
Procurement	Will it promote greater efficiency of resource use?	0		
	Will it obtain maximum value from pharmaceuticals and technologies (medicines management, prescribing, and supply chain)?	0		
	Will it support local or regional supply chains?	0		

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Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
	Will it promote access to local services (care closer to home)?	0		
	Will it make current activities more efficient or alter service delivery models	0		
Facilities Management	Will it reduce the amount of waste produced or increase the amount of waste recycled? Will it reduce water consumption?	0		
Workforce	Will it provide employment opportunities for local people?	0		
	Will it promote or support equal employment opportunities?	0		
	Will it promote healthy working lives (including health and safety at work, work-life/home-life balance and family friendly policies)?	0		
	Will it offer employment opportunities to disadvantaged groups?	0		
Community Engagement	Will it promote health and sustainable development?	0		
	Have you sought the views of our communities in relation to the impact on sustainable development for this activity?	N/a		
Buildings	Will it improve the resource efficiency of new or refurbished buildings (water, energy, density, use of existing buildings, designing for a longer lifespan)?	0		
	Will it increase safety and security in new buildings and developments?	0		

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Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
	Will it reduce greenhouse gas emissions from transport (choice of mode of transport, reducing need to travel)?	0		
	Will it provide sympathetic and appropriate landscaping around new development?	0		
	Will it improve access to the built environment?	0		
Adaptation to Climate Change	Will it support the plan for the likely effects of climate change (e.g. identifying vulnerable groups; contingency planning for flood, heat wave and other weather extremes)?	0		
Models of Care	Will it minimise „care miles“ making better use of new technologies such as telecare and telehealth, delivering care in settings closer to people’s homes?	0		
	Will it promote prevention and self-management?	0		
	Will it provide evidence-based, personalised care that achieves the best possible outcomes with the resources available?	0		
	Will it deliver integrated care, that co-ordinate different elements of care more effectively and remove duplication and redundancy from care pathways?	0		

21. Appendix 3: Application for Sponsorship or Collaborative Partnership Arrangements

All offers of, or requests for sponsorship/collaborative projects, (including full or part funding – specialist posts, events, training, visits etc.) must be considered by the Chief Finance Officer before any arrangement is entered into. Before completing this application, reference should be made to the CCG’s Business Conduct and Conflicts of Interest Policies.

Notes: staff may accept commercial sponsorship for courses, conferences, post/project funding, meetings and publications if they are reasonably justifiable and in accordance with the principles set out in the CCG’s Code of Business Conduct policy. Permission (with details of the proposed sponsorship) must be obtained from the relevant director in writing in advance and a copy of this permission must be attached to this application.

Acceptance of commercial sponsorship should not in any way compromise commissioning decisions of the Vale of York Clinical Commissioning Group or be dependent on the purchase or supply of goods or services.

Member of Staff initiating the sponsorship or to whom an approach has been made	Name:
	Post:
Manager completing the application and detailed proposal)	Name:
	Post:
Type and Purpose of the sponsorship**	
Details of sponsorship** (See attached details)	Organisation:
	Contact details:
Monetary value of the sponsorship	
Are there any conflicts of interest with the members of staff involved	Yes/No*
If Yes, give details**	
Have other options been explored for funding?	Yes/No*
If yes, give details**	

Who has been involved in the decision to apply for approval of this sponsorship?	
Please give details of the benefits and risks of the proposal**	
State how clinical and financial aspects will be developed and monitored (if appropriate)**	
Give details of any competition within the market place for the proposal.**	
Are there any issues around confidentiality that need to be considered? If so, please give details.	

*delete as appropriate

**attach on a separate sheet, if necessary



Vale of York

Clinical Commissioning Group

22. Appendix 4: Personal Declaration

I declare that the information I have given on this form is correct and complete. I understand that if I knowingly provide false information, this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the CCG and NHS Protect for the purpose of verification, prevention, detection and prosecution of fraud.

Signature Date.....
Name (Please print)
TitleDepartment.....

PROPOSER

Name of Head of Department.....(Please print)

Signature of Head of Department
Date

Please return completed form to: Policy and Governance Manager
Enquiries to the above Tel: (01904 55) 5778

Use of Information and Data Protection

The information you have provided on this form will be included in a Register of Sponsorship, Gifts and Hospitality that will be made available to the public. The information will not be used for any other purpose without seeking the permission of the person submitting the information.

For use by Governance Team only

Date of receipt.....
Name of Chief Finance Officer
Date passed to Chief Finance Officer.....
Signature of Chief Finance Officer..... Date.....
Date passed to Governing Body (if appropriate).....
Approved/Not Approved Date Approved.....
(delete as appropriate)
Date decision conveyed to applicant.....
Date added to register.....

23. Appendix 5: Quality Standards Checklist

Any application to have commercial sponsorship agreed must have this checklist attached.
 Answer all questions Yes/No. Where additional information is shown on the bottom section of the page, add „N/A“ for questions which are „not applicable“ to the type of sponsorship

No.	Consideration	Yes	No
		<i>Please tick</i>	
1	Is the company or organisation “legitimate” – that is, is it a registered company capable of being independently audited?		
2	Does the scheme have aims and objectives?		
3	Does the sponsorship offer any benefits to the following aspects of health care?		
3a	-Diagnostic and referral		
3b	-Investigations and measurements		
3c	-Informing and educating patients (if yes answer 3c (i))		
3c(i)	-Is the material non-promotional accurate and culturally appropriate		
3c(ii)	-Will the material be checked by the CCG before it is distributed		
3c(iii)	-Informing and educating health professionals (if yes answer 3d (i))		
3d	-Is the information valid, complete, balanced and up to date		
4	Sponsorship that is directly related to patient treatment		
4a	Is the sponsorship related to patient treatment? (if no go to question 5)		
4b	Have alternative treatments been considered and evaluated?		
4c	Has an assessment of the costs and benefits of the package in relation to alternative options been investigated?		
4d	Has monitoring of the patients been considered as part of the treatment?		
4e	Has a criteria for success of the project been established?		
4f	Has patient perceptions been included as part of the criteria?		
4g	Has a health care professional been designated clinically responsible for the patient at each stage of the package?		
4h	Has an assessment been made as to how the package fits with existing systems of primary and secondary care?		

No.	Consideration	Yes	No
5	Sponsorship that relates to information systems or flows		
5a	Is the sponsorship related to the collection of data? <i>(if no go to question 6)</i>		
5b	Who will own the data?		
	-The CCG		
	-The Sponsor		
5c	Will the sponsor have access to the data?		
5d	Have the provisions of the Data Protection Act been taken into consideration?		
5e	Who will evaluate the data?		
	-The CCG		
	-The Sponsor		
6	Sponsorship related to the provision of events or hospitality		
6a	Is the sponsorship related to the provision of events/hospitality <i>(if no go to 7)</i>		
6b	Is the event organised by:		
	-The CCG		
	-The sponsor		
6c	Will the sponsor be represented at the event?		
6e	Will the sponsor advertise at the event?		
6f	Has sponsorship of the event been open to other sponsors?		
6g	Have other sponsors offered sponsorship?		
6h	Has other sponsorship been:		
	-Accepted		
	-Declined		
7	Sponsorship related to the provision of products		
7a	Is the sponsorship related to any of the following:- <i>(if no go to question 8)</i>		
	Provision of clinical products? <i>(if yes answer questions a (i) and a (ii))</i>		
7a(i)	If clinical products will this encourage the use of a particular product in the future?		
7a(ii)	Will the use of the product limit patient choice?		
7b	Provision of equipment – <i>(if yes answer b(i) and b(ii))</i>		
7b(i)	Is the equipment linked to the use of one particular brand of consumables?		

No.	Consideration	Yes	No
7b(ii)	Has an assessment been undertaken to establish that it is the best for purpose?		
7c	Provision of free stationery:- <i>(if yes answer c(i) and c(ii))</i>		
7c(i)	Does the stationery include commercial advertising?		
7c(ii)	Has the CCG control over the content of the advertising?		
8	Are there any recurring costs for the scheme?		
9	Who will be responsible for recurring costs?		
10	<p>Has VAT been considered? (See paragraph 8.4 of the policy.)</p> <p><i>“If sponsors receive benefits directly linked to the event then the support must be subject to VAT, i.e. the correct proportion of the monies received must be accounted for to HMRC. If the sponsor gives the money without requiring anything in return then the monies can be regarded as a donation. If it is thought that this would be the case, further advice should be sought from the Chief Finance Officer.</i></p> <p><i>Unless advice has been given to the contrary it must be assumed that the sponsorship is subject to VAT and in order to account for this correctly, an invoice should be sent to the sponsor showing the amount of the sponsorship and then adding VAT. All invoices must be raised on SBS by the Finance Department and this can be arranged by contacting your Finance Manager”</i></p>		

24. Appendix 6: Extracts from the Human Medicines Regulations 2012

Regulation 300

A person may not, in connection with the promotion of medicinal products to persons qualified to prescribe or supply them, supply, offer, or promise any gift, pecuniary advantage or benefit unless it is –

- Inexpensive; and
- Relevant to the practice of medicine or pharmacy.

A person may not provide hospitality at a meeting or event held for the purposes of the promotion of medicinal product unless –

*The hospitality is strictly limited to the main purposes of the meeting or event; and
The person to whom it is provided or offered is a health care professional.*

Nothing in this regulation shall prevent any person providing hospitality at an event held for purely professional or scientific purposes provided that –

*The hospitality is strictly limited to the main scientific objective of the event; and
The person to whom it is provided or offered is a health care professional*

A person qualified to prescribe or supply medicinal products may not solicit or accept any gift, pecuniary advantage, benefit or hospitality that is prohibited by this regulation.

In this regulation “hospitality” includes –

- Sponsorship of a person’s attendance at a meeting or event; and
- The payment of travelling or accommodation expenses.

This regulation does not apply in relation to measures or trade practices relating to prices, margins or discounts that were in existence on 1st January 1993.

The Regulations create criminal offences for breach of these requirements which carry a maximum fine of £5,000 and a term of imprisonment of up to two years. Particularly egregious examples may also amount to offences under the Bribery Act 2010 in which case the maximum prison sentence is increased to 10 years and both the individual and their employer can be fined an unlimited sum.