# C:\Users\shona.byron\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\W9KT9YWU\Hull CCG RGB Blue - cropped.jpg

# Declaration of Interests for Employees, Council of Member Representatives, Board Members, Committee Members and Relevant Others

***Please refer to the guidance notes on page 4 prior to completion.***

| **Name** | **Connection with CCG i.e. Governing Body member; Committee member; CCG employee,**  **Council of Member Representative (including Practice Name, Address and Practice B/Y Number) or other\*** | **Description of Interest (including for indirect interests, details of the relationship with the person who has the interest)**  **(Name of the organisation and nature of business if applicable)**  **For professional registrations, include GMC number or relevant other** | **Type of Interest (please tick) (see guidance notes overleaf\*)** | | | | **Date Interest relates** | | **Actions taken to mitigate risk** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Financial Interest** | **Non-Financial Professional Interest** | **Non-Financial Personal Interest** | **Indirect** | **From** | **To** |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

*The information submitted will be held by the 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 Data Protection Regulations. Information may be disclosed to third parties in accordance with the Freedom of Information Act 2000 and may be 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, or internal disciplinary action may result.

Staff should be aware the information provided in this form will be added to the CCG’s registers which are held in hardcopy for inspection by the public and published on the CCG’s website.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Signed** |  | **Position** |  | **Date** |  |
| **Signed by**  **(Line Manager or Senior CCG Member)** |  | **Position** |  | **Date** |  |

**Once signed Please return to Michelle Longden, Corporate Affairs Manager, NHS Hull Clinical Commissioning Group, Wilberforce Court, 2nd Floor, Alfred Gelder Street, Hull, HU1 1UY or via email at** [**hullccg.hulldeclarationsofinterest@nhs.net**](mailto:hullccg.hulldeclarationsofinterest@nhs.net) **within the timescale specified.**

**\*Types of Interest**

|  |  |
| --- | --- |
| **Interest** | **Description** |
| **Financial Interests** | This is where an individual may get direct financial benefits from the consequences of a commissioning decision. This could, for example, include being:   * A director, including a non-executive director, or senior employee in a private company or public limited company or other organisation which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations. This includes involvement with a potential provider of a new care model; * A shareholder (or similar ownership interests), a partner or owner of a private or not-for-profit company, business, partnership or consultancy which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations; * A management consultant for a provider; or * A provider of clinical private practice.   This could also include an individual being:   * In employment outside of the CCG; * In receipt of secondary income; * In receipt of a grant from a provider; * In receipt of any payments (for example honoraria, one-off payments, day allowances or travel or subsistence) from a provider; * In receipt of research funding, including grants that may be received by the individual or any organisation in which they have an interest or role; and * Having a pension that is funded by a provider (where the value of this might be affected by the success or failure of the provider). * Owning a premise (e.g. GP Practice) |
| **Non-Financial Professional Interests** | This is where an individual may obtain a non-financial professional benefit from the consequences of a commissioning decision, such as increasing their professional reputation or status or promoting their professional career. This may, for example, include situations where the individual is:   * An advocate for a particular group of patients; * A GP with special interests e.g., in dermatology, acupuncture etc.: * An active member of a particular specialist professional body (although routine GP membership of the Royal College of General Practitioners (RCGP), British Medical Association (BMA) or a medical defence organisation would not usually by itself amount to an interest which needed to be declared); * An advisor for the Care Quality Commission (CQC) or the National Institute for Health and Care Excellence (NICE); * Engaged in a research role; * The development and holding of patents and other intellectual property rights which allow staff to protect something that they create, preventing unauthorised use of products or the copying of protected ideas; or * GPs and practice managers, who are members of the governing body or committees of the CCG, should declare details of their roles and responsibilities held within their GP practices. |
| **Non-Financial Personal Interests** | This is where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit. This could include, for example, where the individual is:   * A voluntary sector champion for a provider; * A volunteer for a provider; * A member of a voluntary sector board or has any other position of authority in or connection with a voluntary sector organisation; * Suffering from a particular condition requiring individually funded treatment; * A member of a lobby or pressure group with an interest in health and care. |
| **Indirect Interests** | This is where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest in a commissioning decision (as those categories are described above) for example, a:   * Spouse / partner; * Close family member or relative e.g., parent, grandparent, child, grandchild or sibling; * Close friend or associate; or * Business partner |

**Guidance Notes**

* Section 6 of the CCG Constitution and its related Business Conduct and Conflicts of Interest Policies require CCG Board Members, Council of Members, Members of its Committees and Sub-Committees, CCG staff and relevant others working on behalf of the CCG to declare interests which are relevant and material and any positions of influence they hold or are held by a family member, close friend or other acquaintance, in the categories outlined on the form
* **If there are no interests to declare your name, connection to CCG and the word ‘Nil’ must be entered against each section, followed by sign off of the form by the relevant signatories.**
* If in doubt as to whether a conflict of interest could arise, a declaration of the interest should be made.
* A declaration must be made of any interest likely to lead to a conflict or potential conflict as soon as the individual becomes aware of it and in any event within 28 days.
* Any changes to declarations should also be made within 28 days of a relevant event occurring by completing and submitting a new declaration form. Please note new forms supersede previous declaration forms i.e. all declarations should be re-entered.
* Any changes should be reported at the start of each Committee/Sub Committee meeting. This will be a standing agenda item at all meetings.
* **All Individuals completing this form must provide sufficient detail of each interest without using abbreviations so that a member of the public would be able to understand clearly the sort of conflict of interest that might arise.**
* For Clinical Colleagues all professional registrations (i.e. GMC registration or Professional registration number is required.)
* If any assistance is required to complete the form, please contact the Corporate Governance Team on 01482 344700.
* Declarations are to be completed on appointment to the CCG or its Council of members, governing body or any Committees, at meetings, on changing role, responsibility or circumstances and in addition to this on a six monthly basis (as per the CCGs timeline).
* **Declaration Forms must be either signed as a hard copy or submitted using an electronic signature. (Where the use of typed signatures is required the form must be sent from the relevant email account).**
* The registers will be published on the CCG’s website.