

Delegation of Authority for approval of Annual Accounts 2021-22			
Meeting	Board of Directors		
Date	13/04/2022	Agenda item	16
Lead Director	Alison Hughes, Director of Corporate Affairs		
Author(s)	Karen Lees, Head of Corporate Governance		
Action required (please tick the appropriate box)			
To Approve <input checked="" type="checkbox"/>	To Discuss <input type="checkbox"/>	To Assure <input type="checkbox"/>	
Purpose			
The purpose of this paper is to request that the Board of Directors formally delegate authority to the Trust's Audit Committee to receive and approve the Trust's Annual Accounts for 2021-22.			
Executive Summary			
<p>The Foundation Trust is required to comply with the guidance in the Annual Reporting Manual for Foundation Trusts for 2021-22 and submit a set of audited annual accounts including an Annual Report by the national deadline of 22 June 2022.</p> <p>The process for the completion of Foundation Trust Annual Accounts is set out in the attached summary paper. These are in line with the updated guidance from NHS England and NHS Improvement for the NHS accounts timetable and year-end arrangements and take into account any changes in response to the COVID-19 health emergency.</p>			
Risks and opportunities:			
Not applicable			
Quality/inclusion considerations:			
Quality Impact Assessment completed and attached <input type="checkbox"/> No Equality Impact Assessment completed and attached <input type="checkbox"/> No Not applicable <input type="checkbox"/>			
Financial/resource implications:			
Not applicable			
Trust Strategic Objectives			
Please select the top three Trust Strategic Objectives that this report relates to, from the drop down boxes below.			
<input type="checkbox"/> Our Performance - delivering against contracts and financial requirements	<input type="checkbox"/> Our Performance - increase efficiency of all services	<input type="checkbox"/> Our Populations - improving services through integration and better coordination	
Board of Directors is asked to consider the following action			
The Board is asked to approve the request to delegate authority to the Audit Committee to sign-off the Foundation Trust annual accounts for 2021-22.			
Report history			
Submitted to	Date	Brief summary of outcome	
.	Click or tap to enter a date.	No history	

Delegation of Authority for approval of Annual Accounts 2021-22

1. The Foundation Trust is required to comply with the guidance in the Annual Reporting Manual for Foundation Trusts for 2021-22 and submit a set of audited annual accounts including an Annual Report by the national deadline of 22 June 2022.
2. The process for the completion of Foundation Trust (FT) Annual Accounts is set out below. These are in line with the updated guidance from NHS England and NHS Improvement for the NHS accounts timetable and year-end arrangements, and take into account any changes in response to the COVID-19 health emergency:

Date	Action
13 April 2022	Board of Directors delegates authority to Audit Committee to approve accounts and the Annual Report
26 April 2022 (noon)	NHS FTs electronically submit unaudited FTCs and draft accounts to NHS Improvement
Date to be confirmed (early/mid-June 2022)	Audit Committee receives annual report, audited accounts, certificates and audit opinion and approves accounts and annual report
22 June 2022 (12 noon)	NHS FTs submit (electronically) audited FTCs and accounts, the external auditors ISA 260 report, the external audit opinion on the accounts, and the Annual Report to NHS Improvement The Quality Report is not required to be included in the Annual Report. There is no national requirement for the assurance work on Quality Reports and there is no formal requirement for a limited assurance opinion or governors' report
Date to be confirmed	Parliament step 1: Preparation for laying before Parliament NHS FTs to check the format of the annual report with the DH Parliamentary Office.
Date to be confirmed	Parliament step 2: NHS FTs submit accounts to Dept Health Parliamentary Office to be laid before Parliament
Date to be confirmed	NHS FTs submit laid full annual report including full statutory accounts to NHS Improvement (the submission of hard copy documents is not required)
Date to be confirmed, following the publication of the national submission dates	Audited accounts presented at Trust Annual Members Meeting, and publish the Annual Report and Accounts on the public website

Conclusion

3. The Trust requires the delegation of authority to approve its Annual Accounts to the Audit Committee in order to ensure the delivery of accounts in line with the national timetable.

Board Action

4. The Board of Directors is asked to approve the request to delegate authority to the Audit Committee to sign-off the Foundation Trust Annual Accounts and Annual Report for 2021-22.

Alison Hughes
Director of Corporate Affairs

1 April 2022

**Annual Declarations of Interest 2021-22
Board of Directors**

Meeting	Board of Directors		
Date	13/04/2022	Agenda item	17
Lead Director	Alison Hughes, Director of Corporate Affairs		
Author(s)	Karen Lees, Head of Corporate Governance		
Action required (please tick the appropriate box)			
To Approve <input type="checkbox"/>	To Discuss <input type="checkbox"/>	To Assure <input checked="" type="checkbox"/>	
Purpose			
<p>The purpose of this paper is to provide the Board of Directors with assurance on the annual declarations of interest for members of the Board made in line with the Trust's Policy for Managing Conflicts of Interest.</p>			
Executive Summary			
<p>In accordance with Standing Order 8 'Declaration of Interests and Register of Interests' in the Trust's Corporate Governance Manual (<i>updated in March 2018</i>) and General Policy 7 'Managing Conflicts of Interest' (<i>updated in April 2019, and reviewed again in 2022 and presented for approval at the Board of Directors meeting - April 2022</i>) all members of the Board of Directors must declare interests which are relevant and material on an annual basis.</p> <p>Following the guidance from NHS England in June 2017, this principal has also been extended to all senior and decision-making staff in the organisation.</p> <p>Further, as an authorised Foundation Trust and in accordance with the Trust's constitution, paragraph 35.5 requires that "the trust shall have a register of interests of the directors". Furthermore, paragraph 36 states that "the trust shall make the registers available for inspection by members of the public.... The trust shall not make any part of it registers available for inspection by members of the public which shows details of any member of the trust, if the member so requests".</p> <p>A 'conflict of interest' is:</p> <p>"A set of circumstances by which a reasonable person would consider that an individual's ability to apply judgement or act, in the context of delivering, commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold."</p> <p>During the year work has been on-going to promote the Managing Conflicts of Interest Policy and to identify further staff that are required to make a declaration. The process of completing the declaration of interest has been revised to an electronic format to support the new ways of working in response to the Covi-19 pandemic, and this work is nearing completion, and the full register for all senior and decision-making staff in the organisation will be published later in the year. Whilst the work on the register of staff interests is nearing completion, the register for 2021-22 for members of the Board of Directors is included at appendix 1.</p> <p>All declarations included have been approved for publication on the Trust's public website.</p> <p>These interests will also be reported in the Trust's Annual Report 2021-22.</p> <p>In addition, at each meeting of the Board of Directors, and its Committees, members are asked to declare any further interests since the date of the last declaration and to notify of any conflicts of interest in relation to the agenda items for discussion (for which they may need to abstain). Any such declaration is recorded in the minutes.</p>			

Risks and opportunities: The potential risks associated with any declared interests are considered by line managers with advice, when required, from the Head of Corporate Governance or Director of Corporate Affairs. The appropriate mitigation is put in place, and this is recorded on the declarations of interest register.		
Quality/inclusion considerations: Quality Impact Assessment completed and attached [No] Equality Impact Assessment completed and attached [No] The Policy is in line with national guidance		
Financial/resource implications: None		
Trust Strategic Objectives <i>Please select the top three Trust Strategic Objectives that this report relates to, from the drop down boxes below.</i>		
Our Performance - delivering against contracts and financial requirements	Our Performance - increase efficiency of all services	Our People - advancing staff wellbeing
Board of Directors is asked to consider the following action		
The Board of Directors is asked to receive this report and be assured of the processes in place to ensure compliance with Trust Policy and the subsequent register of interests for members of the Board of Directors for 2021-22.		
Report history		
Submitted to	Date	Brief summary of outcome
No prior history for this report		

Declarations of interest March 2021 - April 2022

First Name	Surname	Job Title	Board/Staff	Type of Interest	Description of Interest	Date Interest Relates from	Date Interest Relates to
Anthony	Bennett	Chief Strategy Officer	Board	Nil return	Nil		
Chris	Bentley	Non-Executive Director	Board	Financial	Professor Chris Bentley Consulting Ltd	01/02/2019	Ongoing
Chris	Bentley	Non-Executive Director	Board	Financial and professional	Equity & Health Inequalities, PHE	01/09/2019	31/03/2022
Chris	Bentley	Non-Executive Director	Board	Financial and professional	Directorate of Health Inequalities Improvement NHSE/I	01/01/2021	28/02/2022
Chris	Bentley	Non-Executive Director	Board	Non-Financial personal	Orbis Programme and Medical Advisory Committee (the programme involves several countries and reviews and approves promising cancer treatments)	2018	Ongoing
Chris	Bentley	Non-Executive Director	Board	Financial and professional	Visiting lecturer teaching on public health modules - Liverpool University	2013	Ongoing
Chris	Bentley	Non-Executive Director	Board	Non-Financial professional	Visiting lecturer teaching on public health modules - Sheffield Hallam University	2010	Ongoing

Chris	Bentley	Non-Executive Director	Board	Non-Financial professional	Visiting lecturer teaching on public health modules - Sheffield University	2009	Ongoing
*Chris	Bentley	Non-Executive Director	Board	Financial	Project advisor for the elevation of local care service contributions to reducing inequalities in emergency healthcare admissions - York University/ NHS England	2019	Dec-20
Chris	Bentley	Non-Executive Director	Board	Non-financial personal	Chairman of Trustees - Sheffield Health International Partnerships - small charity providing links between Sheffield NHS/ social care and the developing world, particularly Uganda at present	2012	Ongoing
Chris	Bentley	Non-Executive Director	Board	Financial and professional	Research advisory role- co-applicant- NIHR (National Institute for Health Research) funded research study in unmet need in health & social care. Funded programme including Liverpool, Manchester and York Universities	2020	Ongoing
Chris	Bentley	Non-Executive Director	Board	Non-Financial professional	Member of the National Advisory Committee on Resource Allocation, and Chair of the Technical Advisory Group. DHSC/NHS England/NHS Improvement.	2008	Ongoing

*Jennie	Birch	Interim Chief Finance Officer	Board	Non-financial professional interest	Member of the Towards Excellence Accreditation Steering Group	05/10/2020	31/03/2021
*Jennie	Birch	Interim Chief Finance Officer	Board	Non-financial professional interest	Member of the Finance Directors Annual Conference Organising Committee	05/10/2020	31/03/2021
Michael	Brown	Chair	Board	Financial	Chairman of Procure Plus Holdings Ltd (commercial company providing procurement services to social housing providers)	01/05/2014	Ongoing
Michael	Brown	Chair	Board	Financial	Trustee and Director Re:Vision North Ltd (a charity bringing people into employment) which is part of Procure Plus Holdings Ltd.) Part of financial arrangements for pecuniary Chairman of Procure Plus Holdings.	2016	Ongoing
Michael	Brown	Chair	Board	Financial	Chairman of Reallies which is now part of Procure Plus Holdings Ltd). Part of financial arrangements for pecuniary Chairman of Procure Plus Holdings.	2019	Ongoing

Michael	Brown	Chair	Board	Financial	Director of OSCO Developments 1 Ltd (an SPV company building housing using off-site construction techniques) which is part of Procure Plus Holdings Ltd). Part of financial arrangements for pecuniary Chairman of Procure Plus Holdings.	2017	Ongoing
Michael	Brown	Chair	Board	Non-financial professional	Deputy Lieutenant, Merseyside Lieutenancy (Interest has ended, the title is retained)	2008	May-21
Michael	Brown	Chair	Board	Financial	Executive Chairman, Switch2Support Ltd (a start up company designed to support charities by getting their supporters to switch their utilities, broadband, mobile phones, etc. through a dedicated comparator site)	Sep-21	Ongoing
Jo	Chwalko	Acting Chief Operating Officer (from April 2021 - March 2022, 2 days per week)	Board	Financial	Visiting lecturer at The University of Chester	01/08/2020	Ongoing
Nick	Cross	Medical Director	Board	Non-Financial Professional	Honorary Contract with Humber Teaching NHS Foundation Trust.	Nov-20	Ongoing
Nick	Cross	Medical Director	Board	Financial	Bank GPOOH Doctor for the Trust	2021	Ongoing
*Mark	Greatrex	Interim Chief Executive	Board	Non-Financial	Healthy Wirral Exec Lead for Non-Clinical Transformation	01/06/2019	31/03/2021

*Mark	Greatrex	Interim Chief Executive	Board	Indirect	Family member is Director of Commissioning at NHS Halton CCG	Jan-15	31/03/2021
Mark	Greatrex	Chief Finance Officer/ Deputy CEO	Board	Non-Financial	Healthy Wirral Exec Lead for Non-Clinical Transformation	01/06/2019	Mar-22
Mark	Greatrex	Chief Finance Officer/ Deputy CEO	Board	Indirect	Family member is Director of Commissioning at NHS Halton CCG	Jan-15	Ongoing
Tracy	Hill	Interim HR Director	Board	Nil return	Nil return		
Karen	Howell	Chief Executive	Board	Non-Financial	Governor of University of Chester	01/01/2018	Ongoing
Karen	Howell	Chief Executive	Board	Non-Financial	Health & Social Care Partner Representative on Innovation Agency Board	01/01/2017	Ongoing
Alison	Hughes	Director of Corporate Affairs	Board	Nil return	Nil		
Beverley	Jordan	Non-Executive Director	Board	Non-financial professional	Hon Treasurer and Trustee at Citizens Advice for Wigan Borough	Oct-16	Ongoing
Beverley	Jordan	Non-Executive Director	Board	Financial	Advisory Board Member for Quantum Base Limited	Sep-15	Ongoing
Beverley	Jordan	Non-Executive Director	Board	Non-financial personal	Student Mentor at Manchester Business School and Nottingham University	Dec-16	Dec-21
Beverley	Jordan	Non-Executive Director	Board	Non-financial personal	Fund raiser, St Ann's Hospice, Greater Manchester area	2015	Ongoing
Beverley	Jordan	Non-Executive Director	Board	Non-financial personal	Campaign support for new legislation - guide dogs	2015	Ongoing

Val	McGee	Chief Operating Officer	Board	Non-financial personal interest	A family member works at the Trust.	01/06/2019	Ongoing
Gerald	Meehan	Non-Executive Director	Board	Financial interest	Part-time NHS employee for Cheshire and Merseyside Heath & Care partnership	01/04/2019	Ongoing
Brian	Simmons	Non-Executive Director	Board	Nil return	Nil		
Paula	Simpson	Chief Nurse	Board	Non-financial/ personal	A family member works as an auditor at MIAA.	01/04/2018	Ongoing

* Interest has ended, and will remain on the register for 6 months in line with the Policy GP07 Managing Conflicts of interest

Managing Conflicts of Interest Policy			
Meeting	Board of Directors		
Date	13/04/2022	Agenda item	18
Lead Director	Alison Hughes, Director of Corporate Affairs		
Author(s)	Karen Lees, Head of Corporate Governance		
Action required (please tick the appropriate box)			
To Approve <input checked="" type="checkbox"/>		To Discuss <input type="checkbox"/>	To Assure <input type="checkbox"/>
Purpose			
The Board of Directors is asked to approve the updated Managing Conflicts of Interest Policy GP07 which has been reviewed and approved by the Audit Committee.			
Executive Summary			
<p>This Policy was last updated in 2019 and therefore remains in date.</p> <p>The changes made to the Policy ensure it provides the most up to date information for staff across the organisation.</p> <p>The current update covers three areas:</p> <ul style="list-style-type: none"> • The addition of further guidance from the Trust's anti-fraud specialist on declaring self-employment and sub-contractor work which has been added to section 6.4, and Appendix 1- declarations of interest form. • Section 6.4 updated in line with revisions relating to secondary employment in the Trust's Managing Attendance Policy HRP5 • In light of the impact of COVID-19 and the increase in staff working remotely, the Policy section 6.1, and Appendix 1, has been updated to encourage staff to complete the declaration of interest form and send this to their line manager for approval by e-mail, to minimise the transfer of paper documents and the requirement for staff to be on site to sign the declaration. <p>The draft Policy and Toolkit were shared with staff side colleagues, and no comments were received.</p> <p>The draft Policy and Toolkit were reviewed and approved by the Audit Committee in April 2022, with a minor amendment to remove the name of the Non-Executive Director lead for Freedom to Speak Up and replace with 'named Non-Executive Director'.</p> <p>Following the review of the updated Policy by the Audit Committee, the updated Policy is being presented to the Board of Directors for approval, in line with the process followed in 2019.</p>			
Risks and opportunities:			
The Trust needs to ensure that public money is spent efficiently and wisely, and there is a risk that conflicts of interest may arise. As an organisation and as individuals, we have a duty to ensure that all our dealings are conducted to the highest standards of integrity and that NHS monies are used wisely so that we are using our finite resources in the best interests of patients			
Quality/inclusion considerations:			
Quality Impact Assessment completed and attached <input type="checkbox"/> No			
Equality Impact Assessment completed and attached <input checked="" type="checkbox"/> Yes			

The policy author does not believe it necessary to complete a Quality Impact Assessment. The Policy is not identifying any significant changes to the current processes and practices		
Financial/resource implications: There are no additional financial or resource implications		
Trust Strategic Objectives <i>Please select the top three Trust Strategic Objectives that this report relates to, from the drop down boxes below.</i>		
Our Performance - delivering against contracts and financial requirements	Our Performance - increase efficiency of all services	Our People - advancing staff wellbeing
Board of Directors is asked to consider the following action		
The Board of Directors is asked to approve the updated Managing Conflicts of Interest Policy GP07		
Report history		
Submitted to	Date	Brief summary of outcome
Audit Committee	13/02/2019	Approved the updated Managing Conflicts of Interest Policy
Audit Committee	05/04/2022	Approved the updated Managing Conflicts of Interest Policy

Managing Conflicts of Interest Policy

GP07

Version **43**

TRUST-WIDE NON-CLINICAL

Document detail	
Policy Number	GP07
Version	202219 Version 43
Approved by	Audit Committee/ Board of Directors for ratification
Effective from	04/202205/2019
Date of last review	04/2019
Date of next review	0404/20225
Lead Director	Director of Corporate Affairs
Responsible Lead	Director of Corporate Affairs
Superseded documents	Managing Conflicts of Interest Policy version three two
Document summary	Guidance from NHS England on Managing Conflicts of Interest in the NHS was received by the Trust. This policy was revised to align with the model policy developed by NHS England. It introduces common principles and rules for managing conflicts of interest provides simple advice to staff and organisations about what to do in common situations supports good judgement about how interests should be approached and managed sets out the issues and rationale behind the policy.

Document History		
Version number	Comments	Approved by
1	New Policy to reflect new NHS England guidance issued on Managing Conflicts of Interest	Audit Committee / Board of Directors for ratification
2	Reviewed at review date, and transferred into the new trust policy template. Review date amended to three years.	Audit Committee / Board of Directors for ratification
3	Two minor amendments in response to recommendations from internal auditors 6.7.2 reporting on breaches added, and refresh of Appendix 1 declaration of interests form	Audit Committee
4	Addition of further guidance from anti-fraud specialist on declaring self-employment and	Audit Committee

	<p>sub-contractor work has been added 6.4 and in Appendix 1 declarations of interest form.</p> <p>In light of the impact of COVID-19 and the increase in staff working remotely, the Policy has been updated to encourage staff to complete the declaration of interest form and send it the form to their line manager for approval by e-mail, to minimise the transfer of paper documents and the requirement for staff to be on site to sign the declaration.</p> <p>Updated in line with revisions relating to secondary employment in the Trust's Managing Attendance Policy HRP5.</p> <p>The name of the Non-Executive Director lead for Freedom to Speak up has been removed, and replaced by named Non-Executive Director.</p>	
--	---	--

Policy on a page

As a member of staff you should...	As an organisation we will...
<ul style="list-style-type: none"> • Familiarise yourself with this policy and follow it. Refer to the guidance for the rationale behind this policy https://www.england.nhs.uk/wp-content/uploads/2017/02/guidance-managing-conflicts-of-interest-nhs.pdf • Use your common sense and judgement to consider whether the interests you have could affect the way taxpayers' money is spent • Regularly consider what interests you have and declare these as they arise. If in doubt, declare. • NOT misuse your position to further your own interests or those close to you • NOT be influenced, or give the impression that you have been influenced by outside interests • NOT allow outside interests you have to inappropriately affect the decisions you make when using taxpayers' money 	<ul style="list-style-type: none"> • Ensure that this policy and supporting processes are clear and help staff understand what they need to do. • Identify a team or individual with responsibility for: <ul style="list-style-type: none"> - Keeping this policy under review to ensure they are in line with the guidance. - Providing advice, training and support for staff on how interests should be managed. - Maintaining register(s) of interests. - Auditing this policy and its associated processes and procedures at least once every three years. • NOT avoid managing conflicts of interest. • NOT interpret this policy in a way which stifles collaboration and innovation with our partners

SUPPORTING STATEMENTS

This document should be read in conjunction with the following statements:

SAFEGUARDING IS EVERYBODY'S BUSINESS

All Wirral Community Health and Care NHS Foundation Trust employees have a statutory duty to safeguard and promote the welfare of children and adults, including:

- being alert to the possibility of child/adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child/adult;
- knowing how to deal with a disclosure or allegation of child/adult abuse;
- undertaking training as appropriate for their role and keeping themselves updated;
- being aware of and following the local policies and procedures they need to follow if they have a child/adult concern';
- ensuring appropriate advice and support is accessed either from managers, *Safeguarding Ambassadors* or the trust's safeguarding team;
- participating in multi-agency working to safeguard the child or adult (if appropriate to your role; ensuring contemporaneous records are kept at all times and record keeping is in strict adherence to Wirral Community Health and Care NHS Foundation Trust policy and procedures and professional guidelines. Roles, responsibilities and accountabilities, will differ depending on the post you hold within the organisation;
- ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session.

EQUALITY AND HUMAN RIGHTS

Wirral Community Health and Care NHS Foundation Trust recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the protected characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation. The Equality Act also requires regard to socio-economic factors including pregnancy/maternity and marriage/civil partnership.

The trust is committed to equality of opportunity and anti-discriminatory practice both in the provision of services and in our role as a major employer. The trust believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

Wirral Community Health and Care NHS Foundation Trust also is aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires all public authorities to uphold and promote Human Rights in everything they do. It is unlawful for a public authority to perform any act which contravenes the Human Rights Act.

Wirral Community Health and Care NHS Foundation Trust is committed to carrying out its functions and service delivery in line with a Human Rights based approach and the FREDA principles of **Fairness, Respect, Equality Dignity and Autonomy.**

CONTENTS	Page No.
<u>1. PURPOSE AND RATIONALE</u>	65
<u>2. OUTCOME FOCUSED AIMS AND OBJECTIVES</u>	66
<u>3. SCOPE</u>	66
<u>4. DEFINITIONS (Glossary of Terms)</u>	77
<u>5. RESPONSIBILITIES, ACCOUNTABILITIES AND DUTIES</u>	88
<u>6. PROCESS</u>	99
<u>7. CONSULTATION</u>	188
<u>8. TRAINING AND SUPPORT</u>	188
<u>9. MONITORING</u>	187
<u>10. EQUALITY AND HUMAN RIGHTS ANALYSIS</u>	19
<u>11. LINKS TO OTHER POLICIES</u>	19
<u>12. REFERENCES</u>	197
<u>13. APPENDICES</u>	2018

1. PURPOSE AND RATIONALE

1.1 This policy will help our staff manage conflicts of interest risks effectively. It:

- Introduces consistent principles and rules
- Provides simple advice about what to do in common situations.
- Supports good judgement about how to approach and manage interests

1.2 This policy should be considered alongside other organisational policies including standards of business conduct, the standing orders (SOs) and standing financial instructions (SFIs), the NHS Foundation Trust Code of Governance, the **Anti-Fraud, Bribery & Corruption Policy (FP03)** and HR policies including;

- Performance Management (HRP 24)
- Policy for Professional, Clinical & Medical Registration (HRP19)
- Conduct & Disciplinary (HRP01)
- NHS Foundation Trust Code of Governance

2. OUTCOME FOCUSED AIMS AND OBJECTIVES

2.1 Wirral Community Health and Care NHS Foundation Trust (the 'organisation'), and the people who work with and for us, collaborate closely with other organisations, delivering high quality care for our patients.

2.2 These partnerships have many benefits and should help ensure that public money is spent efficiently and wisely. But there is a risk that conflicts of interest may arise.

2.3 Providing best value for taxpayers and ensuring that decisions are taken transparently and clearly, are both key principles in the NHS Constitution. We are committed to maximising our resources for the benefit of the whole community. As an organisation and as individuals, we have a duty to ensure that all our dealings are conducted to the highest standards of integrity and that NHS monies are used wisely so that we are using our finite resources in the best interests of patients.

2.4 All members of the Board of Directors, members of board committees and all staff should be aware of this policy and be familiar with the detailed provisions.

3. SCOPE

3.1 The content of the policy reflects the NHS England model policy for managing conflicts of interest and applies to all staff whether they are employed by the trust permanently, temporarily, through an agency or bank arrangement, are students on placement, are party to joint working arrangements or are contractors delivering services on the trust's behalf.

4. DEFINITIONS (Glossary of Terms)

4.1 The Table below outlines key terms and their definitions used in this Policy

Glossary of Terms	Definition
A 'conflict of interest' is	"A set of circumstances by which a reasonable person would consider that an individual's ability to apply judgement or act, in the context of delivering, commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold."
A conflict of interest may be:	<ul style="list-style-type: none"> • Actual - there is a material conflict between one or more interests • Potential - there is the possibility of a material conflict between one or more interests in the future
Interests fall into the following categories:	<p>Financial interests: Where an individual may get direct financial benefit¹ from the consequences of a decision they are involved in making.</p> <p>Non-financial professional interests: Where an individual may obtain a non-financial professional benefit from the consequences of a decision they are involved in making, such as increasing their professional reputation or promoting their professional career.</p> <p>Non-financial personal interests: 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, because of decisions they are involved in making in their professional career.</p> <p>Indirect interests: Where an individual has a close association² with another individual who has a financial interest, a non-financial professional interest or a non-financial personal interest and could stand to benefit from a decision they are involved in making.</p>
Staff	<p>At Wirral Community Health and Care NHS Foundation Trust we use the skills of many different people, all of whom are vital to our work. This includes people on differing employment terms, who for the purposes of this policy we refer to as 'staff' and are listed below;</p> <ul style="list-style-type: none"> • All salaried employees • All prospective employees - who are part-way through recruitment • Contractors and sub-contractors • Agency staff; and • Committee, sub-committee and advisory group members (who may not be directly employed or engaged by the organisation)

¹ This may be a financial gain, or avoidance of a loss.

² A common sense approach should be applied to the term 'close association'. Such an association might arise, depending on the circumstances, through relationships with close family members and relatives, close friends and associates, and business partners.

4.2 Staff may hold interests for which they cannot see potential conflict. However, caution is always advisable because others may see it differently and perceived conflicts of interest can be damaging. All interests should be declared where there is a risk of perceived improper conduct.

5. RESPONSIBILITIES, ACCOUNTABILITIES AND DUTIES

5.1 DECISION MAKING STAFF

Some staff are more likely than others to have a decision-making influence on the use of taxpayers' money, because of the requirements of their role.

For the purposes of this policy and guidance these people are referred to as 'decision making staff.'

Decision making staff in this organisation are categorised as;

- Executive and Non-Executive directors (or equivalent roles) who have decision making roles which involve the spending of taxpayers' money
- All those at Agenda for Change band 8b and above
- Administrative and clinical staff who have the power to enter into contracts on behalf of their organisation (e.g. procurement staff)
- Administrative, non-clinical and clinical staff involved in decision making concerning the commissioning of services, purchasing of good, medicines, medical devices or equipment, and formulary decisions.

5.2 The Board of Directors

The Board has responsibility for the implementation of this policy and the assurance monitoring of compliance.

The Board of Directors have overall responsibility for ensuring that the trust delivers high quality services that are efficient and effective. The Board is made up of the Chairman, Chief Executive, Executive Directors including the Medical Director and Non-Executive Directors. The composition of the Board of Directors (voting and non-voting members) is confirmed in the Trust's standing orders.

The Board oversees the running of the trust, making decisions that shape future direction, monitoring performance and accountability outlined in the Board Assurance Framework and Business Strategy.

In accordance with the FT Code of Governance, all members of the Board are required to declare interests at least annually (or as soon as they arise) and ensure the register of interests is available publicly and reported in the trust's Annual Report.

5.3 Relevant Sub Board Committee

The Audit Committee is the responsible committee for receiving and approving this policy ensuring appropriate implementation through the organisation.

5.4 Chief Executive

The Chief Executive is responsible for the statutory duty of corporate governance, clinical governance and quality and takes overall responsibility for this policy.

5.5 The Director of Corporate Affairs

The Director of Corporate Affairs is the identified lead Director for this policy and is responsible for ensuring effective implementation of this policy through the organisation and compliance with the requirements of NHS England guidance. The Director of Corporate Affairs is also responsible for ensuring the register(s) of interest are maintained and made publicly available as required.

5.6 Joint Union Staff Side (Trade Unions)

JUSS representatives have an important part to play in providing advice, support and if required, representation to their members as well as working in partnership with managers and the HR team to ensure the Managing Conflicts of Interest policy is applied fairly and consistently across the Trust.

5.7 Head of Service

The Head of Service is responsible ~~for~~ responsible for understanding the trust's responsibilities in relation to Managing Conflicts of Interest and providing support and guidance to teams in declaring interests in accordance with this policy.

They must make themselves aware of this policy and NHS England guidance to ensure that all staff within their teams has access to the appropriate means of declaring an interest

5.6 All Staff

All staff must;

- Be aware of the policy and understand the requirements and the process for declaring and managing interests
- To declare any interests as soon as they arise in accordance with the guidance set out in this policy
- To follow the process described in this policy when declaring interests

6 PROCESS

6.1 IDENTIFICATION, DECLARATION AND REVIEW OF INTERESTS

All staff should identify and declare material interests at the earliest opportunity (and in any event within 28 days). If staff are in any doubt as to whether an interest is material then they should declare it, so that it can be considered.

Declarations should be made;

- On appointment with the organisation
- When staff move to a new role or their responsibilities change significantly
- At the beginning of a new project/piece of work
- As soon as circumstances change and new interests arise (for instance, in a meeting when interests staff hold are relevant to the matters in discussion)

Staff can access a declaration of interests form via Staff Zone and attached to this policy document at ~~appendix 1~~ 1. In light of the impact of COVID-19 and the increase in staff working remotely, this Policy and declaration form has been updated to encourage staff to complete the declaration of interest form and send ~~the form~~ it to their line manager for approval by email. In these instances electronic signatures will be accepted, to minimise the transfer of paper documents and the requirement for staff to be on site to sign the declaration. A new email address has been created to receive declarations when approved, this is wchc.declarations@nhs.net.

Declarations should be made to the Corporate Affairs Team for the attention of the Director of Corporate Affairs.

After expiry, an interest will remain on register(s) for a minimum of 6 months and a private record of historic interests will be retained for a minimum of 6 years.

6.1.1 Proactive review of interests

All decision making staff should review their declarations annually to update them or make a nil return.

6.2 RECORDS AND PUBLICATION

6.2.1 Maintenance

The trust will maintain a gifts and hospitality register and a separate register of interests for the Board of Directors, Council of Governors and decision-making staff.

All declared interests that are material will be promptly transferred to the registers by the Corporate Affairs Team.

6.2.2 Publication

The trust will;

- Publish the interests declared by decision making staff in the appropriate register of interests on an annual basis via the Trust's website and where required the Trust's Annual Report.

If decision making staff have substantial grounds for believing that publication of their interests should not take place then they should contact the Corporate Affairs Team to explain why. In exceptional circumstances, for instance where publication of information might put a member of staff at risk of harm, information may be withheld or redacted on public registers. However, this would be the exception and information will not be withheld or redacted merely because of a personal preference.

6.2.3 Wider transparency initiatives

The Trust fully supports wider transparency initiatives in healthcare, and we encourage staff to engage actively with these.

Relevant staff are strongly encouraged to give their consent for payments they receive from the pharmaceutical industry to be disclosed as part of the Association of British Pharmaceutical Industry (ABPI) Disclosure UK initiative. These "transfers of value" include payments relating to;

- Speaking at and chairing meetings
- Training services
- Advisory board meetings
- Fees and expenses paid to healthcare professionals
- Sponsorship of attendance at meetings, which includes registration fees and the costs of accommodation and travel, both inside and outside the UK
- Donations, grants and benefits in kind provided to healthcare organisations

Further information about the scheme can be found on the ABPI website:

<http://www.abpi.org.uk/our-work/disclosure/about/Pages/default.aspx>

6.3 MANAGEMENT OF INTERESTS - GENERAL

If an interest is declared but there is no risk of a conflict arising then no action is warranted. However, if a material interest is declared then the general management actions that could be applied include;

- restricting staff involvement in associated discussions and excluding them from decision making
- removing staff from the whole decision making process
- removing staff responsibility for an entire area of work
- removing staff from their role altogether if they are unable to operate effectively in it because the conflict is so significant

Each case will be different and context-specific, and the trust will always clarify the circumstances and issues with the individuals involved. Staff should maintain a written audit trail of information considered and actions taken.

Staff who declare material interests should make their line manager or the person(s) they are working to aware of their existence.

6.4 MANAGEMENT OF INTERESTS - COMMON SITUATIONS

This section sets out the principles and rules to be adopted by staff in common situations, and what information should be declared.

Gifts

Staff should not accept gifts that may affect, or be seen to affect, their professional judgment.

Gifts from suppliers or contractors:

- Gifts from suppliers or contractors doing business (or likely to do business) with the organisation should be declined, whatever their value.
- Low cost branded promotional aids such as pens or post-it notes may, however, be accepted where they are under the value of £6³ in total, and need not be declared.

Gifts from other sources (e.g. patients, families, service users):

- Gifts of cash and vouchers to individuals should always be declined.
- Staff should not ask for any gifts.
- Any gifts or hospitality or offers of gifts or hospitality which exceed the £25 threshold must be declared. This is in line with the trust's approved Standing Financial Instructions.
- Multiple gifts from the same source over a 12 month period should be treated in the same way as single gifts over £25 where the cumulative value exceeds £25.

What should be declared?

- Staff name and their role with the organisation.
- A description of the nature and value of the gift, including its source.
- Date of receipt.
- Any other relevant information (e.g. circumstances surrounding the gift, action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

Hospitality

- 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. This can be accepted, and must be declared, if modest and reasonable. Senior approval must be obtained.

Meals and refreshments

- Under a value of £25 - may be accepted and need not be declared.
- Of a value between £25 and £75⁴ - 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 organisation'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 a reasonable estimate).

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 organisation'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:

³ The £6 value has been selected with reference to existing industry guidance issued by the ABPI:
<http://www.pmcpa.org.uk/thecode/Pages/default.aspx>

⁴ The £75 value has been selected with reference to existing industry guidance issued by the ABPI
<http://www.pmcpa.org.uk/thecode/Pages/default.aspx>

- offers of business class or first class travel and accommodation (including domestic travel)
- offers of foreign travel and accommodation.

What should be declared?

- Staff name and their role with the organisation.
- The nature and value of the hospitality including the circumstances.
- Date of receipt.
- Any other relevant information (e.g. action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

Outside Employment

General principles

In accordance with the Standards of Business Conduct for NHS;

- Staff are advised not to engage in outside employment which may conflict with their NHS work, or be detrimental to it
- Staff are advised to inform the trust if they wish to undertake secondary employment through their appropriate Divisional Manager or Service Lead
- The trust will be responsible for judging whether the interests of patients could be harmed by a member of staff undertaking such secondary employment
- This also applies to private clinical practice

Registering outside employment

- Staff ~~must~~^{should} declare any existing outside employment on appointment and as part of their NHS employment check process, and any new outside employment when it arises with their line manager/service lead. **This includes setting up a business at home, self-employment, being a sub-contractor and running or assistance in private practice e.g. Consultant Medical Secretary.**
- Where a risk of conflict of interest arises, the general management actions outlined in this policy should be considered and applied to mitigate risks
- Where contracts of employment or terms and conditions of engagement permit, staff may be required to seek prior approval from the organisation to engage in outside employment **or self-employment, or being a sub-contractor.**
- The organisation may also have legitimate reasons within employment law for knowing about outside employment of staff / **sub-contractors**, even when this does not give rise to risk of a conflict.
- Staff should use the Declaration of Outside Employment Form at ~~appendix~~^{annex}-2 and return a completed copy to their line manager **each year.**
- The line manager will submit completed forms to HR where a register of outside employment declarations will be held and monitored

Staff are reminded that working for a secondary employer or in self-employment/ sub-contracting, for pay or no pay, whilst absent from work due to being medically certified unfit is not permitted, unless under the direction of medical advice and with agreement from both the NHS Trust Occupational Health Department and the Line Manager. See the Trust's Managing Attendance Policy (HRP5). Where an employee is suspected of secondary employment or self-employment or subcontractor working whilst absent due to sickness these matters will be investigated in accordance with both the organisation's Anti-Fraud, Bribery and Corruption Policy (FP03) and the Internal Disciplinary Policy (both also available on staffzone).

What should be declared?

- Staff name and their role with the organisation, **their own business or who they are sub-contracted to.**
- The nature of the outside employment, **or self-employment or subcontractor (e.g. who it is with, a description of duties, time commitment, who is the secondary organisation or trading name if self-employed or sub-contractor,)-description of duties, time commitment).**
- Relevant dates.
- Other relevant information (e.g. action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

Shareholdings and other ownership issues

- Staff should declare, as a minimum, any shareholdings and other ownership interests in any publicly listed, private or not-for-profit company, business, partnership or consultancy which is doing, or might be reasonably expected to do, business with the organisation.
- Where shareholdings or other ownership interests are declared and give rise to risk of conflicts of interest then the general management actions outlined in this policy should be considered and applied to mitigate risks.
- There is no need to declare shares or securities held in collective investment or pension funds or units of authorised unit trusts.

What should be declared?

- Staff name and their role with the organisation.
- Nature of the shareholdings/other ownership interest.
- Relevant dates.
- Other relevant information (e.g. action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

Patents

- Staff should declare patents and other intellectual property rights they hold (either individually, or by virtue of their association with a commercial or other organisation), including where applications to protect have started or are ongoing, which are, or might be reasonably expected to be, related to items to be procured or used by the organisation.
- Staff should seek prior permission from the organisation before entering into any agreement with bodies regarding product development, research, work on pathways etc, where this impacts on the organisation's own time, or uses its equipment, resources or intellectual property.
- Where holding of patents and other intellectual property rights give rise to a conflict of interest then the general management actions outlined in this policy should be considered and applied to mitigate risks.

What should be declared?

- Staff name and their role with the organisation.
- A description of the patent.
- Relevant dates.
- Other relevant information (e.g. action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy)

Loyalty interests

Loyalty interests should be declared by staff involved in decision making where they:

- Hold a position of authority in another NHS organisation or commercial, charity, voluntary, professional, statutory or other body which could be seen to influence decisions they take in their NHS role.
- Sit on advisory groups or other paid or unpaid decision making forums that can influence how an organisation spends taxpayers' money.
- Are, or could be, involved in the recruitment or management of close family members and relatives, close friends and associates, and business partners.
- Are aware that their organisation does business with an organisation in which close family members and relatives, close friends and associates, and business partners have decision making responsibilities.

What should be declared?

- Staff name and their role with the organisation.
- Nature of the loyalty interest.
- Relevant dates.
- Other relevant information (e.g. action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

Donations

- Donations made by suppliers or bodies seeking to do business with the organisation should be treated with caution and not routinely accepted. In exceptional circumstances they may be accepted but should always be declared. A clear reason should be recorded as to why it was deemed acceptable, alongside the actual or estimated value.
- Staff should not actively solicit charitable donations unless this is a prescribed or expected part of their duties for the organisation, or is being pursued on behalf of the organisation's own registered charity or other charitable body and is not for their own personal gain.
- Staff must obtain permission from the organisation if in their professional role/as an employee of the Trust they intend to undertake fundraising activities on behalf of a pre- approved charitable campaign (for a charity other than the organisation's own).
- Donations, when received, should be made to a specific charitable fund (never to an individual) and a receipt should be issued.
- Staff wishing to make a donation to a charitable fund in lieu of receiving a professional fee may do so, subject to ensuring that they take personal responsibility for ensuring that any tax liabilities related to such donations are properly discharged and accounted for.

What should be declared?

The organisation will maintain records in line with the above principles and rules and relevant obligations under charity law.

Sponsored events

- Sponsorship of events by appropriate external bodies should only be approved if a reasonable person would conclude that the event will result in clear benefit to the organisation and the NHS.
- During dealings with sponsors there must be no breach of patient or individual confidentiality or data protection rules and legislation.
- No information should be supplied to the sponsor from whom they could gain a commercial advantage, and information which is not in the public domain should not normally be supplied.
- At the organisation's discretion, sponsors or their representatives may attend or take part in the event but they should not have a dominant influence over the content or the main purpose of the event.
- The involvement of a sponsor in an event should always be clearly identified.
- Staff within the organisation involved in securing sponsorship of events should make it clear that sponsorship does not equate to endorsement of a company or its products and this should be made visibly clear on any promotional or other materials relating to the event.
- Staff arranging sponsored events must declare this to the organisation.

What should be declared?

The organisation will maintain records regarding sponsored events in line with the above principles and rules.

Sponsored research

- Funding sources for research purposes must be transparent.
- Any proposed research must go through the relevant health research authority or other approvals process.
- There must be a written protocol and written contract between staff, the organisation, and/or institutes at which the study will take place and the sponsoring organisation, which specifies the nature of the services to be provided and the payment for those services.
- The study must not constitute an inducement to prescribe, supply, administer, recommend, buy or sell any medicine, medical device, equipment or service.
- Staff should declare involvement with sponsored research to the organisation.

What should be declared?

- The organisation will retain written records of sponsorship of research, in line with the above principles and rules.
- Staff should declare:
 - their name and their role with the organisation.
 - Nature of their involvement in the sponsored research.
 - relevant dates.
 - Other relevant information (e.g. what, if any, benefit the sponsor derives from the sponsorship, action

taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

It is recognised that on occasion when the Trust is working with third parties these principles would apply.

Sponsored posts

- External sponsorship of a post requires prior approval from the organisation.
- Rolling sponsorship of posts should be avoided unless appropriate checkpoints are put in place to review and withdraw if appropriate.
- Sponsorship of a post should only happen where there is written confirmation that the arrangements will have no effect on purchasing decisions or prescribing and dispensing habits. This should be audited for the duration of the sponsorship. Written agreements should detail the circumstances under which organisations have the ability to exit sponsorship arrangements if conflicts of interest which cannot be managed arise.
- Sponsored post holders must not promote or favour the sponsor's products, and information about alternative products and suppliers should be provided.
- Sponsors should not have any undue influence over the duties of the post or have any preferential access to services, materials or intellectual property relating to or developed in connection with the sponsored posts.

What should be declared?

- The organisation will retain written records of sponsorship of posts, in line with the above principles and rules.
- Staff should declare any other interests arising as a result of their association with the sponsor, in line with the content in the rest of this policy.

6.5 MANAGEMENT OF INTERESTS - ADVICE IN SPECIFIC CONTEXTS

6.5.1 Strategic decision making groups

In common with other NHS bodies the trust uses a variety of different groups to make key strategic decisions about things such as:

- Entering into (or renewing) large scale contracts.
- Awarding grants
- Making procurement decisions
- Selection of medicines, equipment, and devices

The interests of those who are involved in these groups should be well known so that they can be managed effectively.

For the trust these groups are the Board of Directors, the committees of the Board, Executive Leadership Team, the Senior Leadership Team and the Council of Governors.

These groups should adopt the following principles:

- Chairs should consider any known interests of members in advance, and begin each meeting by asking for declaration of relevant material interests.
- Members should take personal responsibility for declaring material interests at the beginning of each meeting and as they arise.
- Any new interests identified should be added to the organisation's register(s).
- The vice chair (or other non-conflicted member) should chair all or part of the meeting if the chair has an interest that may prejudice their judgement.

If a member has an actual or potential interest the chair should consider the following approaches and ensure that the reason for the chosen action is documented in minutes or records:

- Requiring the member to not attend the meeting.
- Excluding the member from receiving meeting papers relating to their interest.
- Excluding the member from all or part of the relevant discussion and decision.
- Noting the nature and extent of the interest, but judging it appropriate to allow the member to remain and participate.
- Removing the member from the group or process altogether.

The default response should not always be to exclude members with interests, as this may have a detrimental effect on the quality of the decision being made. Good judgement is required to ensure proportionate management of risk.

6.5.2 Procurement

Procurement should be managed in an open and transparent manner, compliant with procurement and other relevant law, to ensure there is no discrimination against or in favour of any provider. Procurement processes should be conducted in a manner that does not constitute anti-competitive behaviour - which is against the interest of patients and the public.

Those involved in procurement exercises for and on behalf of the organisation should keep records that show a clear audit trail of how conflicts of interest have been identified and managed as part of procurement processes. At every stage of procurement steps should be taken to identify and manage conflicts of interest to ensure and to protect the integrity of the process.

The trust has a dedicated procurement team that should always be involved in and consulted on the procurement of services or materials for the trust.

6.6 ANTI-FRAUD, BRIBERY AND CORRUPTION

Staff must be aware of and act in accordance with this policy (FP03), and understand that in certain circumstances breach of this policy could potentially result in criminal proceedings being brought against individuals, the TRUST, and linked organisations. Policy breach could also result in civil legal challenge.

The TRUST does not tolerate acts of fraud, bribery or corruption committed against it or in the wider NHS. The **Fraud Act 2006** created a criminal offence of fraud and defines three ways of committing it:

- Fraud by false representation
- Fraud by failing to disclose information and
- Fraud by abuse of position.

In simple terms fraud can be defined as theft by deception. An offender's conduct must be dishonest and their intention must be to make a gain, or a cause a loss (or the risk of a loss) to another; the offence includes where the fraudster fails to get what they intended through their fraud, the focus being on the dishonest intention.

The **Bribery Act 2010** makes it easier to tackle this offence in public and private sectors. A bribe is a financial or other advantage intended to induce or reward the 'improper performance' of a person's official public functions or work activities. Generally, this means offering or receiving something of value to influence a transaction that someone shouldn't do (although offences include offering, promising, giving, requesting, accepting, or agreeing to accept). Bribery can be committed by a body corporate. Commercial organisations, including NHS bodies, will be exposed to criminal liability, punishable by an unlimited fine, for failing to prevent bribery unless they can prove that they had in place adequate proportionate procedures designed to prevent bribery occurring on its behalf.

Fraud and Bribery are criminal offences, and carry maximum sentences of 10 years imprisonment and/or unlimited fines.

Corruption is where the integrity or honesty of a person, government, company or organisation is manipulated for personal gain. It is an umbrella term covering a number of different offences, including bribery.

NHS staff have a right and duty to raise legitimate concerns in the public interest about malpractice or wrongdoing at work; this includes criminal offences. The TRUST expects that staff do not ignore their suspicions, but report as soon as possible. Staff should not initiate their own investigations or discuss with others as this could jeopardise any formal investigation.

The Trust's Freedom to Speak up Guardian **Alison Jones, and the named ~~Mr Brian Simmons~~**, Non-Executive Director **lead for Freedom to Speak Up, are is** available to provide advice in relation to raising concerns by contacting Wirral Community Health and Care NHS Foundation Trust, telephone number 0151 514 2888.

There are a number of ways to report reasonable suspicions of fraud, bribery or corruption; you do not need solid proof or evidence to raise concerns, and you can remain anonymous if you wish.

6.6.1 Internal channels:

- Anti-Fraud Specialist (AFS), Alun Gordon tel: 0151 285 4500 email: alunjames.gordon@nhs.net or alun.gordon@miaa.nhs.uk address: MIAA, ground floor, Regatta Place, Summers Road, Brunswick Business Park, Liverpool, L3 4BL.
- Chief Finance Officer, Mark Greatrex.
- Raising Concerns Policy (NB this includes options to raise concerns externally in certain situations)

6.6.2 External channels:

- National Fraud and Corruption Reporting Line: 0800 0280 4060 (freephone 24/7 powered by Crimestoppers)
- Online reporting form at www.reportnhsfraud.nhs.uk. This is a national service independent to the rest of the NHS. User rights are protected and information is treated confidentially. Users are able to update their referral at a later date if they wish to.

For further guidance and information refer to the TRUST's ~~Speaking Up Raising Concerns~~ Policy (GP51), and the ~~Anti-Fraud, Bribery and Corruption Policy~~ (FP03), located on the intranet.

6.7 DEALING WITH BREACHES

There will be situations when interests will not be identified, declared or managed appropriately and effectively. This may happen innocently, accidentally, or because of the deliberate actions of staff or other organisations. For the purposes of this policy these situations are referred to as 'breaches'.

6.7.1 Identifying and reporting breaches

Staff who are aware about actual breaches of this policy, or who are concerned that there has been, or may be, a breach, should report these concerns to the Director of Corporate Affairs.

To ensure that interests are effectively managed staff are encouraged to speak up about actual or suspected breaches. Every individual has a responsibility to do this. For further information about how concerns should be raised please refer to ~~Speaking Up Raising Concerns~~ Policy (GP51).

The organisation will investigate each reported breach according to its own specific facts and merits, and give relevant parties the opportunity to explain and clarify any relevant circumstances.

Following investigation the organisation will:

- Decide if there has been or is potential for a breach and if so what the severity of the breach is.
- Assess whether further action is required in response - this is likely to involve any staff member involved and their line manager, as a minimum.
- Consider who else inside and outside the organisation should be made aware
- Take appropriate action as set out in the next section.

6.7.2 Taking action in response to breaches

Action taken in response to breaches of this policy will be in accordance with the disciplinary procedures of the organisation and could involve organisational leads for staff support (e.g. Human Resources), fraud (e.g. Local Counter Fraud Specialists), members of the management or executive teams and organisational auditors.

Breaches could require action in one or more of the following ways:

- Clarification or strengthening of existing policy, process and procedures.
- Consideration as to whether HR/employment law/contractual action should be taken against staff or others.
- Consideration being given to escalation to external parties. This might include referral of matters to external auditors, NHS Protect, the Police, statutory health bodies (such as NHS England, NHS Improvement or the CQC), and/or health professional regulatory bodies.

Inappropriate or ineffective management of interests can have serious implications for the organisation and staff. There will be occasions where it is necessary to consider the imposition of sanctions for breaches.

Sanctions will **not** be considered until the circumstances surrounding breaches have been properly investigated. However, if such investigations establish wrong-doing or fault then the organisation can and will consider the range of possible sanctions that are available, in a manner which is proportionate to the breach. This includes:

- Employment law action against staff, which might include
- Informal action (such as reprimand, or signposting to training and/or guidance).
- Formal disciplinary action (such as formal warning, the requirement for additional training, re-arrangement of duties, re-deployment, demotion, or dismissal).
- Reporting incidents to the external parties described above for them to consider what further investigations or sanctions might be.
- Contractual action, such as exercise of remedies or sanctions against the body or staff which caused the breach.
- Legal action, such as investigation and prosecution under fraud, bribery and corruption legislation.

All genuine suspicions of fraud and corruption can be reported to the Anti-Fraud Specialist (AFS), or through the NHS Fraud and Corruption Reporting Line (FCRL) on freephone 0800 028 40 60.

6.7.3 Learning and transparency concerning breaches

Reports on breaches, the impact of these, and actions taken will be considered by the key organisational governance group(s) at least annually, and that anonymised reports of these should be prepared and published on a regular basis.

To ensure that lessons are learnt and the management of interests can continually improve, anonymised information on breaches, the impact of these, and action taken will be prepared and published on the trust website as appropriate, or made available for inspection by the public upon request.

6.8 ASSOCIATED DOCUMENTATION

NHS England guidance for staff and organisations can be accessed on-line via <https://www.england.nhs.uk/wp-content/uploads/2017/02/guidance-managing-conflicts-of-interest-nhs.pdf>

Staff should refer to Staff Zone to access copies of the Declaration of Interests Form and the Declaration of Outside Employment Forms at appendix 1 - 3.

The flowchart at appendix 4 details the process all staff should follow as described in this policy.

7. CONSULTATION

This Policy has been developed closely in line with the national guidance produced by NHS England. The trust's draft Policy was shared with Staff Side Representatives for information and also with the Audit Committee prior to ratification by the Board of Directors.

8. TRAINING AND SUPPORT

Awareness raising and training is provided to staff throughout their time at the trust, starting during the recruitment process and the on-boarding processes and local induction. At each Committee meeting the agenda includes a standing item for declarations of conflicts of interest. A consideration of conflict of interest is also included within the trust's procurement and programme and project management processes.

9. MONITORING

An overarching process is in place to monitor adherence to the policy document. This process includes both annual and in year monitoring and declarations. The table setting out the monitoring processes including how this will be monitored, how often, who will lead this process and where the outcomes will be reported to is in [appendix ~~annex~~ 5](#).

10. EQUALITY AND HUMAN RIGHTS ANALYSIS

In line with the trust's commitment to meet its statutory requirements outlined in the Equality and Diversity Strategy each procedural document is screened using an Equality Impact Assessment (EIA) Screening Tool. This demonstrates the trust's commitment to equality and human rights by recognising that the experiences and needs of every individual are unique and strives to value and respect the diversity of staff, patients, carers and the public.

EIA's support organisations to avoid discrimination on any grounds including age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation. Carers are also protected from discrimination, as they are associated with people with a protected characteristic i.e. disabled people. Should staff become aware of any exclusions that do not comply with this statement would need to complete an incident form and an appropriate action plan put in place.

11. LINKS TO OTHER POLICIES

The policy supports the implementation of: Standards of Business Conduct, the standing orders (SOs) and standing financial instructions (SFIs), the NHS Foundation Trust Code of Governance, the **Anti-Fraud, Bribery and Corruption Policy (FP03)**, raising **Speaking Up Concerns** Policy (GP51) and HR policies including;

- Performance Management (HRP 24)
- Policy for Professional, Clinical & Medical Registration (HRP19)
- **Standards of Conduct & Disciplinary (HRP01)**
- NHS Foundation Trust Code of Governance

12. REFERENCES

NHS England guidance for staff and organisations can be accessed on-line via

<https://www.england.nhs.uk/wp-content/uploads/2017/02/guidance-managing-conflicts-of-interest-nhs.pdf>

NHS England has published some frequently asked questions for specific staff groups on the issues posed and how the guidance applies to them. This is available at www.england.nhs.uk/ourwork/coj

DECLARATION OF INTEREST

APPENDIX 1

Name:

Position/role:

Type of interest * see the following page for guidance notes	Description of Interest	Date interest relates From:	Date interest relates to:	Actions to be taken to mitigate the risk (to be agreed with the line manager or a senior trust manager)

**Add additional rows as required.*

The information submitted will be held by **Wirral Community Health & Care NHS Foundation Trust** 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 **Wirral Community Health & Care NHS Foundation Trust** holds.

I confirm that the information provided above is complete and correct. I acknowledge that any changes in these declarations must be notified to **Wirral Community Health & Care NHS Foundation Trust** 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, internal disciplinary or professional regulatory action may result.

"I declare that the information I have given on this form is correct and complete as at the time of signing/submission. I understand that if I knowingly provide false or misleading information this may result in ~~criminal and/or~~ disciplinary and/or criminal action. I consent to the disclosure of information contained on this form to the Trust for the purposes of any internal investigation and consent to disclosure by the Trust to the Trust's Anti-Fraud Specialist for the purpose of investigation, prevention, detection and prosecution of fraud, bribery and corruption."

I do/do not (delete as applicable) give my consent for this information to be published on **public** registers that Wirral Community NHS Health & Care Foundation Trust holds.

If consent is not given please give reasons why;

--

Name	Position held	Signed (electronic)	Date
Name of Line manager/senior trust manager	Position held	Signed (electronic)	Date

The line manager/trust senior manager please return this form to the Corporate Affairs Team: wchc.declarations@nhs.net Cathy Gallagher, Corporate Affairs, 1st floor Wing 5, St Catherine's Health Centre, Birkenhead, CH42 0LQ

GUIDANCE NOTES FOR COMPLETION OF DECLARATIONS OF INTEREST FORM

- Name and Role:** Insert your name and your position/role in relation to the Organisation you are making the return to.
- Description of Interest:** Provide a description of the interest that is being declared **such as self-employment, sub contract work, gift**. This should contain enough information to be meaningful (e.g. detailing the supplier of any gifts, hospitality, sponsorship, **details of the additional employment including self-employment** etc). That is, the information provided should enable a reasonable person with no prior knowledge should be able to read this and understand the nature of the interest.
- Types of interest:**
- Financial interests** - This is where an individual may get direct financial benefits from the consequences of a decision they are involved in making.
- Non-financial professional interests** - This is where an individual may obtain a non-financial professional benefit from the consequences of a decision they are involved in making, such as increasing their professional reputation or status or promoting their professional career.
- 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, because of decisions they are involved in making in their professional career.
- Indirect interests** - This is where an individual has a close association with another individual who has a financial interest, a non-financial professional interest or a non-financial personal interest who would stand to benefit from a decision they are involved in making.
- A benefit may arise from both gain or avoidance of a loss.
- Relevant Dates:** Detail here when the interest arose and, if relevant, when it ceased.
- Comments:** This field should detail any action taken to manage an actual or potential conflict of interest. It might also detail any approvals or permissions to adopt certain course of action.

DECLARATION OF OUTSIDE WORK

SECTION 1	
In addition to your work with Wirral Community Health and Care NHS Foundation Trust, do you undertake work outside of the Trust e.g. paid work/ voluntary work?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Should you undertake any outside work during your employment with Wirral Community Health and Care NHS Foundation Trust you must declare the details to your Line Manager/Service Lead and complete this form.

Employee Details						
Name:						
Job Title:						
Band/ Payscale:						
Service/ Department:						
Telephone Contact Details:						
Details of Employment with Wirral Community Health and Care NHS Foundation Trust:						
Hours worked per week with the Trust:						
Please outline your work pattern within Wirral Community Health and Care NHS Foundation Trust (e.g. days worked, shift pattern):						
Details of Outside Work						
Other Employers Name:						
Nature/ Type of Business:						
Job Title/ Role						
Type of contract	Permanent	Temporary	Bank	Voluntary	Self employed	Other (see below)
This can include directorships, non-executive roles, self-employment, consultancy work, charitable trustee roles, political roles and roles within not-for-profit organisations, paid advisory positions and paid honorariums						
Date commenced in this role (Month/year)						
No. of hours worked per week in other employment:						
Please outline your work pattern in other employment (e.g. days worked, shift pattern):						
Will you be working more than 48 hours per week in total or more than 12 hours in any one 24 hour period as a result of your combined employment?*					<input type="checkbox"/> NO <input type="checkbox"/> YES	
<i>Employees should complete a WTD opt out agreement (appendix 3) if they are wishing to work in excess of 48 hours per week.</i>						
Any other relevant information you wish to disclose: i.e. action taken to mitigate against a conflict						

*In regard to the Working Time Directive (WTD) please see additional forms within the policy and refer to - <http://www.legislation.gov.uk> and <https://www.gov.uk>

SECTION 2 – Declaration & Authorisation	
To be completed by Employee	
I state that the information provided is correct and that outside work in this instance will not have a detrimental effect on my employment at the Trust. I will inform my line manager if there are any changes to the above.	
Name:	
Signature:	
Date:	
To be completed by Line Manager/ Service Lead	
Do you envisage a conflict of interest between 'outside work' and the employee's employment with Wirral Community Health and Care NHS Foundation Trust?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please provide details and liaise with HR	
Name of Line manager/ Service Lead:	
Signature:	
Date:	
Note for line manager – please retain the completed form on file and forward a copy onto the HR Department: Wing 5, St Catherine's Health Centre, Derby Road, Birkenhead CH42 0LQ	

Appendix 3

WORKING TIME DIRECTIVE (WTD) EXEMPTION OPT-OUT AGREEMENT

Under the provisions of the Working Time Regulations 1998, if you wish to work more than 48 hours per week, you are required to sign an individual agreement to do so. This is often referred to as an 'opt out agreement'.

The regulations are designed to protect your health and safety. The Trust is committed to the wellbeing of all its staff, but also recognises that some may wish to work in excess of the statutory 48 hours "working week" limit.

You should make sure that you take your break during the working day as it is not allowed to take the daily rest break at the beginning or end of the day.

Refer to - <http://www.legislation.gov.uk> and <https://www.gov.uk> for further information regarding WTD

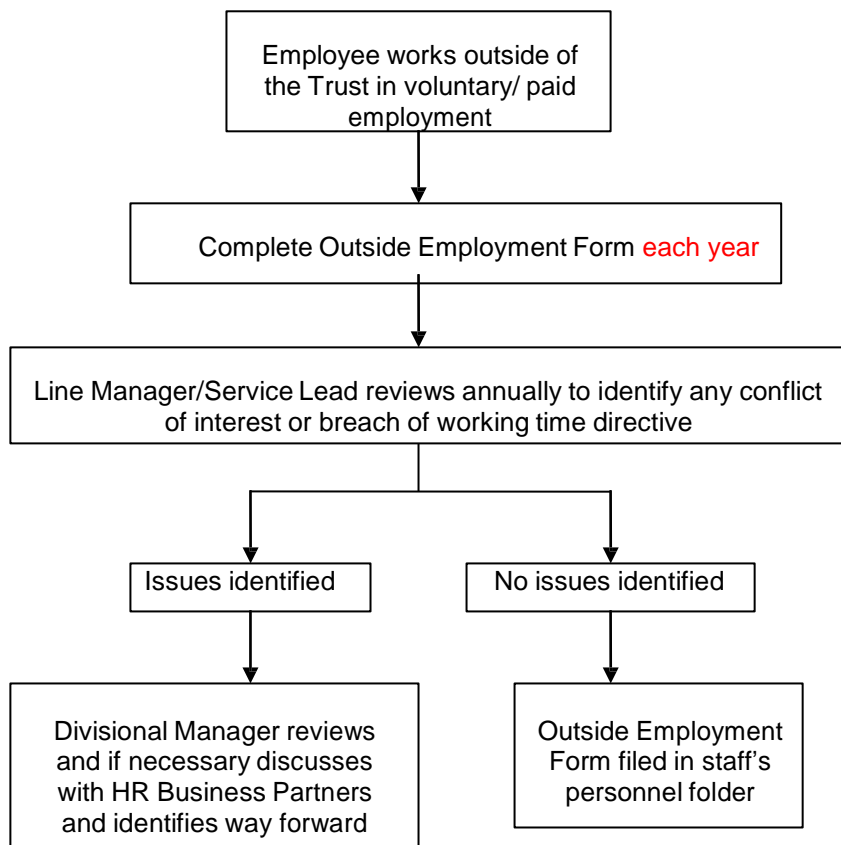
Please complete this form and return it to your line manager if you wish to work for more than an average of 48 hour as a result of your employment. If you have more than one job, the 48 hour limit applies to the total hours you work.

If you undertake work outside the trust, please ensure that you also complete the declaration of outside work form (appendix 2).

SECTION 1	
Employee Details	
Name:	
Job Title:	
Band/ Payscale:	
Service/ Department:	
Telephone Contact Details:	

SECTION 2 – Declaration & Authorisation	
To be completed by Employee	
By signing this form, I agree that I may work for more than an average of 48 hours per week.	
If I change my mind or my circumstances change I will provide one week's notice by notifying my employer Wirral Community Health and Care NHS Foundation Trust) in writing to end this agreement.	
I state that the information provided is correct and I will inform my line manager if there are any changes to the above.	
Name:	
Signature:	
Date:	
To be completed by Line Manager/ Service Lead	
Name of Line manager/ Service Lead:	
Signature:	
Date:	
<p>Note for line manager – please retain the completed form on file and forward a copy onto the HR Department: <i>Wing 5, St Catherine's Health Centre, Derby Road, Birkenhead CH42 0LQ</i></p>	

FLOWCHART FOR OUTSIDE EMPLOYMENT



Appendix 5

MONITORING TOOL

Minimum requirement to be monitored	Process for monitoring (eg audit)	Responsibility Individual/ group/committee	Frequency of Monitoring	Evidence	Responsible individual for Development of Action Plans	Responsible committee for Monitoring of action plan and implementation
How the Board members declare interests	Audit	Director of Corporate Affairs	Annually	Completion of an annual return. Report of the annual returns to the Board of Directors, and published on the trust website	Director of Corporate Affairs	Audit Committee
How the Governors declare interests	Audit	Director of Corporate Affairs	Annually	Completion of an annual return. Report of the annual returns to the Board of Directors, and published on the trust website	Director of Corporate Affairs	Board of Directors Audit Committee

Minimum requirement to be monitored	Process for monitoring (eg audit)	Responsibility Individual/ group/committee	Frequency of Monitoring	Evidence	Responsible individual for Development of Action Plans	Responsible committee for Monitoring of action plan and implementation
How the staff groups that are classified as decision making staff, including Agenda for Change band 8b and above, staff who have the power to enter into contracts on behalf of the their organisation, or are involved in decision making concerning commissioning and purchasing.	Audit	Director of Corporate Affairs	Annually	Completion of an annual return. Report of the annual returns to the Board of Directors, and published on the trust website	Director of Corporate Affairs	Board of Directors Audit Committee
How staff members register outside employment	Audit	Director of HR&OD Corporate Affairs	Annually	HR records	Director of HR & OD Corporate Affairs	Audit Committee
Actions for Line Managers/Service Leads to take if staff members are engaged in outside employment which may pose a conflict of interest	Audit	HR and Line Managers/Service Leads	Once in a financial year	HR records	HR	Education and Workforce Committee Audit Committee

Minimum requirement to be monitored	Process for monitoring (eg audit)	Responsibility Individual/ group/committee	Frequency of Monitoring	Evidence	Responsible individual for Development of Action Plans	Responsible committee for Monitoring of action plan and implementation
Outside employment database to be maintained by Human Resources and monitored annually by Line Managers/Service Leads for accuracy	Audit	HR and Line Managers/Service Leads	Once in a financial year	HR records	HR	Education and Workforce Committee Audit Committee

Managing Conflicts of Interest Toolkit

Version 2

Contents page

	Page number
Introduction	2
Forms and templates	
Checklist for sponsored post application	3
Checklist for sponsored research application	4
Annual review for a sponsored post	5
Annual review for sponsored research	7
Processes and guidance	
Process for making a declaration of interest – when should a member of staff make a declaration of interest?	93
Process for addition a declaration of interest to the register – what happens once a declaration of interest has been made?	104
Process for managing a suspected or actual breach of the Policy GP 07 – what happens if a member of staff doesn't make a declaration when they should?	115
Process for managing a request for a sponsored post or sponsored research – how should a member of staff seek approval for a sponsored post or sponsored research at the Trust? <i>Review arrangements for sponsored post or sponsored research</i>	126
Updated process for managing Declarations of interest at Board, Committee or Sub-Committee	137
Forms and templates	
Checklist for sponsored post application	8
Checklist for sponsored research application	9
Annual review for a sponsored post	10
Annual review for sponsored research	12

Version Control

Version number	Date	Description of change
1	September 2019	Creation of toolkit
2	December 2021	Inclusion of new declarations email address, and the re-ordering of process and guidance before the forms and templates

Introduction

The toolkit includes a number of forms and documents to support you when considering potential conflicts of interest, and how these can be effectively managed. It is recommended that together with reading this toolkit, you familiarise yourself with the Managing Conflicts of Interest Policy GP07 which is available on the policies section of the trust Staffzone.

Process for making a declaration of interest

When should a member of staff make a declaration of interest?

- ✓ During the recruitment process when you are joining the Trust
- ✓ If you have another job outside the Trust. Staff should also complete the HR form for outside employment *see Policy section 6.4*
- ✓ At the beginning of a meeting if the conflict relates to an item on the agenda. The person chairing the meeting will note this in the minutes together with any agreed actions in line with the Policy, *see updated process for managing Declarations of Interest at Board, Committee or Sub-Committee meetings*
- ✓ If you think that there may be a conflict of interest, or there is a change in your circumstances
- ✓ Receipt of gifts and hospitality, *see Policy section 6.4*
- ✓ Sponsored research/posts, *see process for managing a request for a sponsored post or sponsored research*
- ✓ An annual declaration at the start of the financial year for all staff grade 8B and above, plus decision makers, *see Policy section 5.1* (These members of staff will be contacted annually by the Corporate Affairs Team)
- ✓ Consider with your line manager if you need to complete a declaration of interest when you:
 - change your job role,
 - start a new project,
 - undertake a procurement exercise.
- ✓ If you are in doubt, make the declaration and this can be considered in line with the Policy
- ✓ **Gifts, hospitality and sponsorship should also be declared on the declaration form, inline with the Policy**

Who can help you with the declaration?

- Your line manager
- Corporate affairs team, please contact ~~the team Cathy Gallagher~~ by emailing wchc.declarations@nhs.net catherinegallagher@nhs.net

Where can you find the declaration of interest form?

- On the staff zone

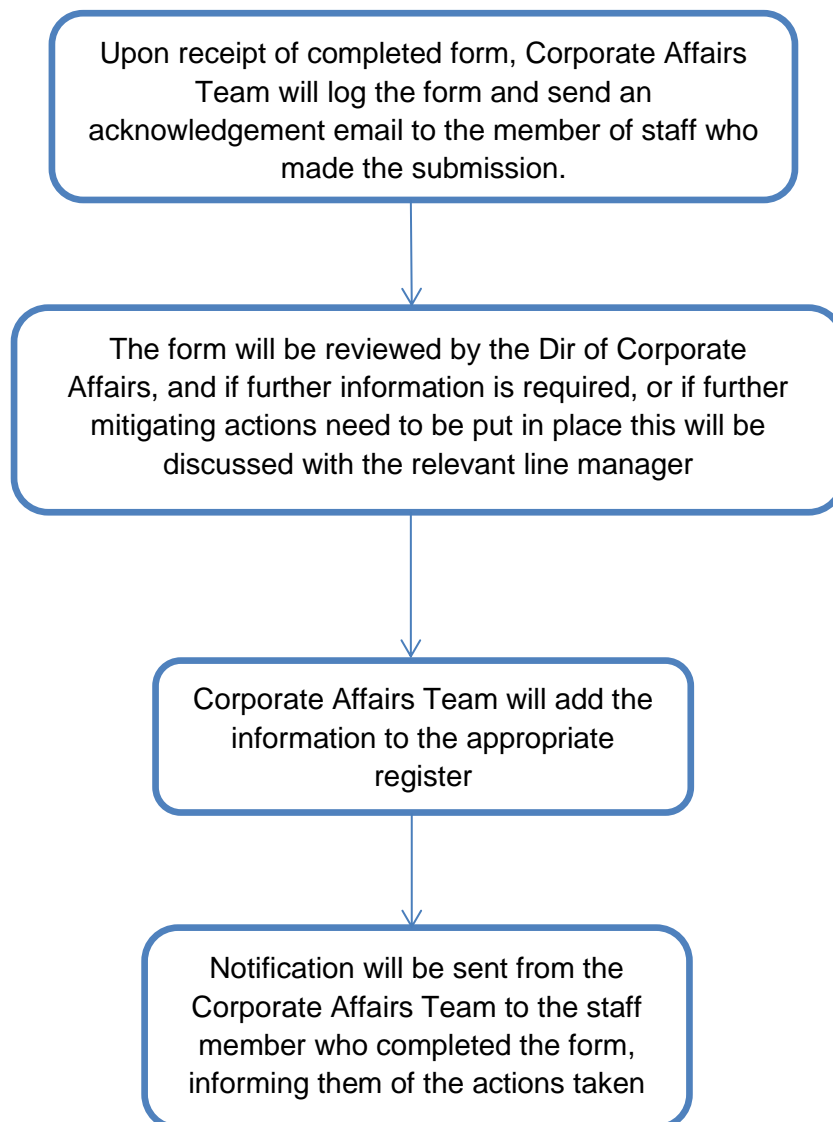
Where should you send the completed declaration of interest form to?

- Corporate affairs team, to wchc.declarations@nhs.net ~~Cathy Gallagher~~ by emailing catherinegallagher@nhs.net

Process for adding a declaration of interest to the register

What happens once a declaration of interest has been made?

Once you have completed your form for your declaration of interest, or gift/hospitality or sponsorship please send this the trust's Corporate Affairs team by emailing wchc.declarations@nhs.net ~~Cathy Gallagher~~ catherinegallagher@nhs.net The actions that will be taken are set out below:



Please send any outside employment, or Working Time Directive form(s) to the HR department, see appendix 3 and 4 in the Policy GP07

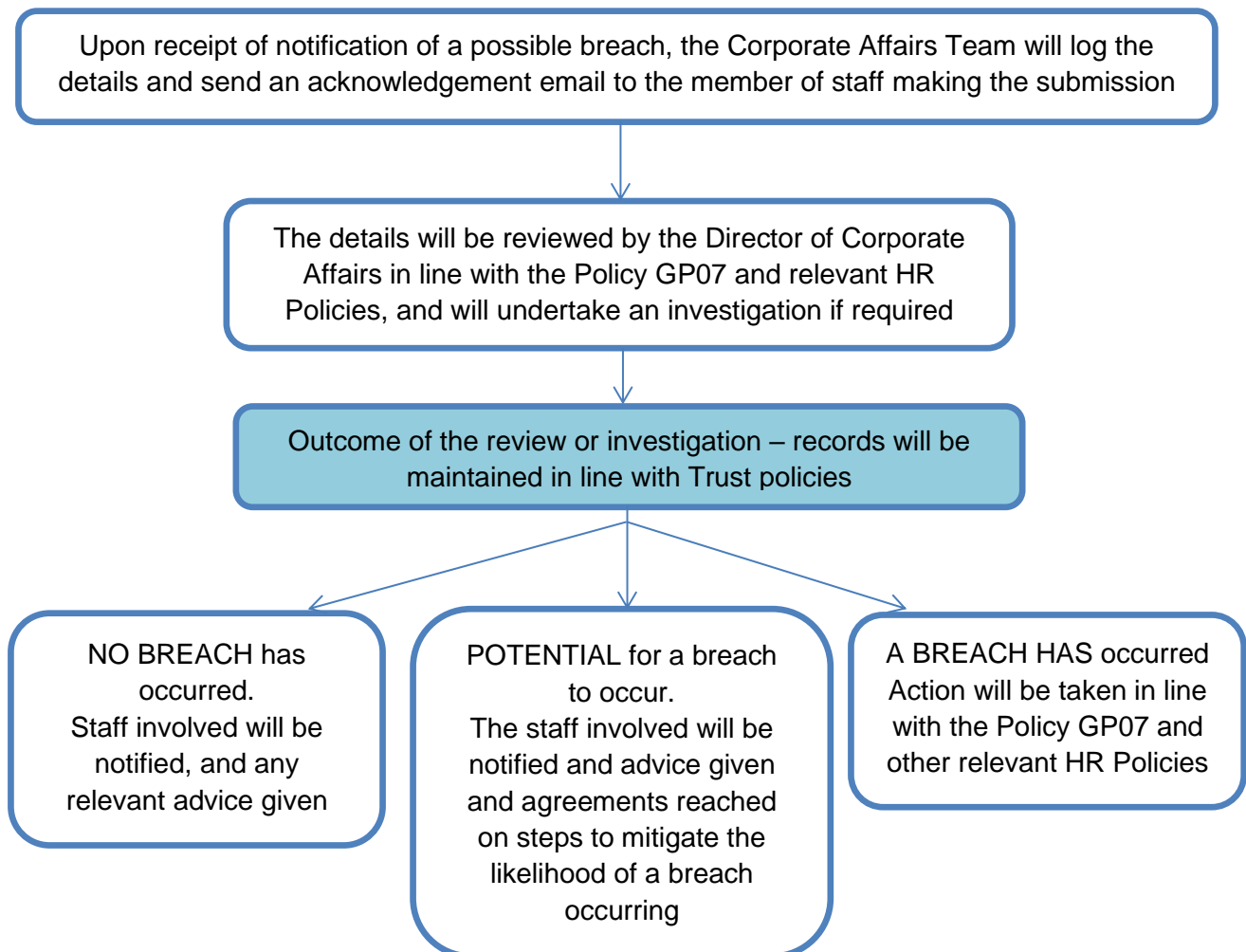
Process for managing a suspected or actual breach of the Policy

What happens if a member of staff doesn't make a declaration when they should?

If you should have made a declaration about an interest, gift/hospitality or sponsorship but didn't for some reason, this is a possible breach of the Policy GP07. Please notify the Director of Corporate Affairs as soon as possible by emailing wchc.declarations@nhs.net ~~Cathy Gallagher on catherinegallagher@nhs.net~~.

If you are aware or suspect a breach of this policy by a member of staff please report these concerns to the Director of Corporate Affairs using the email above.

The actions that will be taken are summarised below:



Learning lessons from breaches.

A report will be produced annually for the Audit Committee outlining any breaches that have occurred since the previous report, the actions taken in response to this, and lesson learnt. Where appropriate this information will be put in the public domain, without identifying individuals in line with Policy GP07.

Process for managing a request for a sponsored post or sponsored research

How should a member of staff seek approval for a sponsored post or sponsored research at the Trust?

An externally sponsored post or research **MUST** receive prior approval in line with the Policy GP07 before this can begin, the process is outlined below:

Hold initial discussion with your line manager, then the Divisional Manager and lead Director to outline the proposal. Complete a business case template for capital and revenue, Declaration of Interest form (download from Staffzone) and the relevant checklist in this toolkit.

Send the completed business case, checklist and declaration of interest documents to the Corporate Affairs team - wchc.declarations@nhs.net Cathy Gallagher
catherinegallagher@nhs.net

The business case, checklist and Declaration of Interest will be reviewed by the Director of Corporate Affairs, and if further information is required, or if further mitigating actions need to be included this will be discussed with the manager who made the submission

The business case, checklist and declaration of interest documents will be reviewed and approved or declined by the Executive Leadership Team

Notification will be sent to the manager who completed the business case, informing them of the decision, the reason and any mitigation that is required

Corporate Affairs Team will add the information to the declarations of interest

Review arrangements for sponsored post or sponsored research

An annual review of sponsorship arrangements will be undertaken by the lead manager (See pro forma in this toolkit) and the findings reported to the Lead Director for review. Any issues or concerns will be discussed with the Director of Corporate Affairs.

The lead director will provide the Director of Corporate Affairs with a confirmation of the continuation of the sponsorship arrangements (See pro forma in this toolkit).

A record of the sponsorship will be included in the annual declarations of interest register, and for six months after the end of the arrangements in line with Trust Policy.

Updated process for managing Declarations of Interest at Board, Committee or Sub-Committee meetings

In response to the internal audit report on the trust's management of conflicts of interest, the following actions will be taken to further strengthen the arrangements for capturing and managing any declarations of interest during Board, Committee or Sub-Committee meetings from 1st October 2019.

Actions

- The template for the agenda and minutes for the Board, Committees and Sub-Committees has been updated to capture as a specific record the actions taken in response to any declarations of interest made at the beginning or during the meeting, having regard to items for discussion on the agenda.
- Any such declarations together with the actions taken must be brought to the attention of the Director of Corporate Affairs by the Chair of the meeting. This should be undertaken in writing as soon as possible after the end of the meeting and no later than two working days after the meeting occurred.
- The Director of Corporate Affairs will check that the declaration and mitigation is included in the register of interests, and if it is not will add the information and take any actions necessary in line with the trust Policy on Managing Conflicts of Interest.
- If the declaration is not already included in the register, the Director of Corporate Affairs will send the committee member who made the declaration the trust's Managing Conflicts of Interest Policy and a declaration of interest form to complete and return to ensure that the register is fully updated.
- Chair and Deputy Chair of the Board, Committees and Sub-Committees are reminded of their responsibility to ask for declarations of interest at the beginning of the meetings, and to take appropriate action to mitigate any conflict or potential conflict of interest and to note both the declaration and the action taken as a result in the formal minutes of the meeting.
- The above steps will be incorporated within the toolkit that has been developed to support the implementation of the Managing Conflicts of Interest Policy. The toolkit will be made available to staff on the trust intranet site following review at the Audit Committee.

Alison Hughes

Director of Corporate Affairs

Checklist for sponsored post application

This checklist is based on the Trust Policy GP07 and there is space for the addition of subject specific requirements at the end of the checklist.

Question	Response
Is the use of external sponsorship of the post supported by the lead director	
Is the post fixed term or rolling?	
If the post is rolling, are appropriate checkpoints in place to review and withdraw if appropriate?	
Is there written confirmation that the arrangements will have no effect on purchasing decisions or prescribing and dispensing habits?	
Are there plans in place for regular audits during the sponsorship to check that the sponsorship is not having an effect on purchasing decisions or prescribing and dispensing habits?	
Is there a written agreement that details the circumstances under which organisations have the ability to exit sponsorship arrangements if conflicts of interest arise that the trust cannot manage?	
Are there arrangements in place to ensure the sponsored post holder will not promote or favour the sponsor's products, and information about alternative products and supplier will be provided?	
Is the arrangement clear that sponsors will not have any undue influence over the duties of the post or have any preferential access to service, materials or intellectual property relating to or developed in connection with the sponsored post?	
Is there a clear benefit of the funded post for patient/service users/their families or the Trust?	
Will the introduction of the funded post have a detrimental impact on service provision?	

Action	Name	Job title	Date
Checklist completed by			
Checklist reviewed by Divisional Manager/ Lead Director			

Checklist for sponsored research application

This checklist is based on the Trust Policy GP07 and there is space for the addition of subject specific requirements at the end of the checklist.

Question	Response
Funding sources for research purposes are transparent	
The proposed research has gone through the relevant health research authority /approvals process	
There is a written protocol and written contract between staff, the organisation, and/or institutes at which the study will take place and the sponsoring organisation, which specifies the nature of the services to be provided and the payment for these services. Assisted by the procurement team, and NHS standard contract should be used unless specific approval given by Director of Finance.	
The study does not constitute an inducement to prescribe, supply, administer, recommend, buy or sell any medicines, medical device, equipment or service	
Staff involved have declared their involvement with the proposed sponsored research in the declaration of interest form	
Is a clear benefit of the research for patients/ service users/ their families or the Trust?	
Will the research have a detrimental impact on service provision?	

Action	Name	Job title	Date
Checklist completed by			
Checklist reviewed by Divisional Manager/ Lead Director			

Annual review for a sponsored post

This annual review checklist is based on the Trust Policy GP07 and there is space for the addition of subject specific requirements at the end of the checklist.

Question	Response
Do the service leads want to continue the sponsored post	
Is there a clear benefit of the sponsored post for patient/service users/their families or the Trust	
Is the sponsored post having a detrimental impact on service provision	
If the post fixed term and the end date is within the next 12 months, are arrangements in place to manage the end of the employment contract and the change to the service without any detriment to patients	
If the post is rolling, are appropriate checkpoints in place to review and withdraw if appropriate	
Are the written arrangements still in place confirming that the sponsorship will have no effect on purchasing decisions or prescribing and dispensing habits	
Are there audit results within the last 12 months confirming that the sponsorship is not having an effect on purchasing decisions or prescribing and dispensing habits	
Is there still a written agreement that details the circumstances under which organisations have the ability to exit sponsorship arrangements if conflicts of interest arise that the trust cannot manage	
Is there audit results confirming that there effective arrangements in place to ensure the sponsored post holder is not promoting or favouring the sponsor's products, and information about alternative products and supplier is being provided	
Do arrangements remain in place that make it clear that sponsors will not have any undue influence over the duties of the post or have any preferential access to service, materials or intellectual property relating to or developed in connection with the sponsored post	
<i>For local requirements</i>	
<i>For local requirements</i>	
Decision on whether to continue or to end the arrangement , and next steps including notifying the lead Director of the outcome of the annual review	

Action	Name	Job title	Date
Annual review completed by			
Annual review considered by Lead Director			



Annual review received for assurance by Director of Corporate Affairs			
---	--	--	--

Annual review for sponsored research

This annual review checklist is based on the Trust Policy GP07 and there is space for the addition of subject specific requirements at the end of the checklist.

Question	Response
Do the service leads wish to continue the research	
Is there still a clear benefit of the research for patients/ service users/ their families or the Trust	
Is the research having a detrimental impact on service provision	
Have there been any alerts/notifications from the relevant health research authority /approvals process	
Is the written protocol and written contract still in date between staff, the organisation, and/or institutes at which the study will take place and the sponsoring organisation, which specifies the nature of the services to be provided and the payment for these services	
If the contract expires within the next 12 months, are arrangements in place to manage the closedown of the research without any detriment to patients	
Does the study continue to not constitute an inducement to prescribe, supply, administer, recommend, buy or sell any medicines, medical device, equipment or service	
Have the staff involved completed their annual declaration for their involvement with the proposed sponsored research in the declaration of interest form	
<i>For local requirements</i>	
<i>For local requirements</i>	
Decision on whether to continue or to end the arrangement , and next steps including notifying the lead Director of the outcome of the annual review	

Action	Name	Job title	Date
Annual review completed by			
Annual review considered by Lead Director			
Annual review received for			



assurance by Director of Corporate Affairs			
--	--	--	--

Equality Impact Assessment

Title	Managing Declarations of Interest Policy			
What is being considered?	This Policy is aligned with the model policy developed by NHS England. It introduces common principles and rules for managing conflicts of interest, provides simple advice to staff and organisations about what to do in common situations, supports good judgement about how interests should be approached, and managed sets out the issues and rationale behind the policy.			
Who may be affected?	Patients []	Staff [X]	Public []	Partner agencies []
Is there potential for an adverse impact against the protected groups below? Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion and Belief, Sex (gender), Sexual Orientation or the Human Rights articles?			Yes []	No [X]
On what basis was this decision made? (Please complete for both 'yes' and 'no'). The Policy has been considered by the Executive Lead and the author in conjunction with the Equalities Manager and we do not foresee any negative impact on any protected groups. The switch to an electronic submission of the Declaration of Interest Forms is supported with any necessary reasonable adjustments in place to support any staff with disabilities or impairments that may impact on their use of computers. Therefore, we believe this change will have negative no impact. This Policy is aligned to the national model policy issued by NHS England.				
<i>If 'No' equality relevance, sign off document below and submit this page when submitting your policy document for approval. If 'Yes' Please complete pages 2-3.</i> With regard to the general duty of the Equality Act 2010, the above function is deemed to have no equality relevance.				

Equality relevance decision by

Audit Committee

Date **5 April 2020**

The Equality Act 2010 has brought a new equality duty to all public authorities who replaced the race, disability and gender equality duty. This Equality Relevance Assessment provides assurance of the steps the Foundation Trust is taking in meeting its statutory obligation to pay due regard to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

For further information or guidance please contact – Neil Perris –Inclusion Lead - wcnt.inclusion@nhs.net

Appointment of the Senior Independent Director

Meeting	Board of Directors		
Date	13/04/2022	Agenda item	19
Lead Director	Alison Hughes, Director of Corporate Affairs		
Author(s)	Alison Hughes, Director of Corporate Affairs		
Action required (please tick the appropriate box)			
To Approve <input checked="" type="checkbox"/>	To Discuss <input type="checkbox"/>	To Assure <input type="checkbox"/>	
Purpose			
The Board of Directors is asked to approve the appointment of a new Senior Independent Director (SID) to the Board.			
Executive Summary			
<p>One of the recommendations of the 'Combined Code of Corporate Governance' was the development of the Senior Independent Director role with Boards.</p> <p>In October 2006, Monitor produced 'The NHS Foundation Trust Code of Governance'. This document is built on the principles and provisions of the 'Combined Code of Corporate Governance'.</p> <p>Although not mandatory guidance, NHS Foundation Trusts are strongly encouraged to take full account of the best practice provision in the Code of Governance.</p> <p><i>A.4.1. In consultation with the Council of Governors, the board should appoint one of the independent non-executive directors to be the senior independent director to provide a sounding board for the chairperson and to serve as an intermediary for the other directors when necessary. The senior independent director should be available to governors if they have concerns that contact through the normal channels of chairperson, chief executive, finance director or trust secretary has failed to resolve, or for which such contact is inappropriate. The senior independent director could be the deputy chairperson.</i></p> <p>The Senior Independent Director also leads the Non-Executive Directors in the evaluation of the Chairman. It is important that the Senior Independent Director is seen to be independent of the Chairman and should not therefore, be appointed by the Chairman.</p> <p>Following invitations for expressions of interest from the Non-Executive Directors of the Board, Mr Gerald Meehan has confirmed his interest in the role of the SID. This has been shared with the Lead Governor as per the provision cited above and the appointment endorsed with a vote of confidence.</p> <p>A role description for the Senior Independent Director is attached.</p>			
Risks and opportunities:			
There are no risks identified. The appointment of a SID is considered best practice.			
Quality/inclusion considerations:			
Quality Impact Assessment completed and attached <input type="checkbox"/> No Equality Impact Assessment completed and attached <input type="checkbox"/> No Not applicable for this process. <input type="checkbox"/>			
Financial/resource implications:			
None identified. <input type="checkbox"/>			
Trust Strategic Objectives			

Please select the top three Trust Strategic Objectives that this report relates to, from the drop down boxes below.

Our Populations – provide more person-centred care

Our People - improving staff engagement

Our Performance - delivering against contracts and financial requirements

Board of Directors is asked to consider the following action

To approve the appointment of Mr Gerald Meehan as the Trust's Senior Independent Director.

Report history

Submitted to

Date

Brief summary of outcome

No previous reporting history.

[Click or tap to enter a date.](#)

[Click or tap here to enter text.](#)

Role of the Senior Independent Director (SID)

Introduction

The Senior Independent Director (SID) is a Non-Executive Director appointed by the Board of Directors, in consultation with the Council of Governors' Nominations and Remuneration Committee, in accordance with Paragraph 4.7 of the Standing Orders for the Practice and Procedure of the Board of Directors.

The SID may be, but does not have to be, the Vice-Chairman of the Board of Directors.

The SID will be available to members of the Trust and to Governors if they have concerns that contact through the usual channels of the Chairman, the Chief Executive, the Director of Finance or the Trust Secretary has failed to resolve or where it would be inappropriate to use such channels.

In addition to the duties described here the SID has the same duties as the other Non-Executive Directors.

The SID, the Chairman and Non-Executive Directors

The SID has a key role in supporting the Chairman in leading the Board of Directors and acting as a sounding board and source of advice for the Chairman.

The SID also has a role in supporting the Chairman as Chairman of the Council of Governors.

The SID should hold a meeting with the other Non-Executive Directors in the absence of the Chairman at least annually as part of the process of appraisal of the Chairman.

There may be other circumstances where such meetings are appropriate. For example, informing the re-appointment process for the Chairman, where Governors have expressed concern regarding the Chairman or whether the Board of Directors is experiencing a period of stress, as described below.

The SID and the Council of Governors

While the Council of Governors, through the Nomination and Remuneration Committee of the Council of Governors, determines the process for the annual appraisal of the Chairman, the SID is responsible for carrying out the appraisal of the Chairman on its behalf as set out as best practice in the Monitor's Code of Governance.

The SID might also take responsibility for an orderly succession process for the Chairman role where a reappointment or a new appointment is necessary.

Appendix 1

The SID should maintain regular contact with the Council of Governors and attend meetings of the Council of Governors to obtain a clear understanding of Governors' views on the key strategic and performance issues facing the Trust.

The SID should also be available to Governors as a source of advice and guidance in circumstances where it would not be appropriate to involve the Chairman, for example appraisal of the Chairman or setting the Chairman's objectives.

In rare cases where there are concerns about the performance of the Chairman the SID should provide support and guidance to the Council of Governors in seeking to resolve concerns or in the absence of a resolution in taking formal action. In such circumstances the SID should liaise with the Lead Governor.

The SID and the Board of Directors

In circumstances where the Board of Directors may be undergoing a period of stress, the SID has a vital role in intervening to resolve significant issues of concern, for example, unresolved concerns on the part of the Council of Governors regarding the performance of the Chairman, where the relationship between the Chairman and the Chief Executive is either too close or not sufficiently harmonious, where the Trust's strategy is not supported by the whole Board of Directors or where key decisions are being made without reference to the Board of Directors or where succession planning is being ignored.

In the circumstances outlined above, the SID will work with the Chairman, other Directors and/or Governors, to resolve such issues.