**PARTNER MEMBER NOMINATION FORM**

Please complete the following nomination paper for the role of partner member of the ICB.

|  |
| --- |
| **1 Name of the eligible organisation making the nomination** |
|  |
| **2 Name and current role of the person being nominated and for Partner Member role (please see pages 2 and 3 of this Nomination Pack)** |
|  |
| **3 Individual seconding the nomination (to be signed by the person being nominated - electronic signatures are acceptable)** |
|  |
| **4 Proposer: Name, role and organisation including summary biography (maximum of 250 words) of proposer of nomination. This entry will be cited when a list of nominees is confirmed.** |
|  |
| **5 Signature of the proposer on behalf of the eligible organisation named above. If the signature is electronic please also provide an email confirming that you are proposing this candidate as a Partner Member** |
|  |

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| --- |
|  |

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Hertfordshire & West Essex ICS Integrated Care Board**

**Declaration of Interest**

**Introduction**

All individuals appointed as Members on the Board of the Integrated Care Board are responsible for familiarising themselves with the eligibility and ineligibility requirements, confirming their eligibility prior to appointment and immediately notifying the Chair of the Integrated Care Board of a change of circumstances that may render them no longer eligible.

**Appointments process**

All applicants will be required as part of the recruitment process to declare any relevant interests, and must register any change to their registrable interests as soon as is reasonably practicable and within 28 days after the interest arises. The main purpose of the initial declaration is to provide information to the appointments panel about any financial interest which an individual has, or any other benefit which he or she receives, which others might reasonably consider influencing their actions or words as a Board member.

Any individual involved in decisions relating to ICB functions must be acting clearly in the interests of the ICB and of the public, rather than furthering direct or indirect financial, personal, professional or organisational interests.

For all decisions, ICBs will need to carefully consider whether an individual’s role in another organisation could result in actual or perceived conflicts of interest and whether or not that outweighs the value of the knowledge they bring to the process.

**Data Protection**

The information provided in this form will be held by the Integrated Care Board in accordance with the Data Protection Act 2018.

**Advice and assistance**

Advice and guidance can be sought from the Conflicts of Interest Guardian or Governance Team – Hweicbenh.hweboard@nhs.net@nhs.net

|  |  |
| --- | --- |
| **Full name:** | Click or tap here to enter text. |
| **Position within, or relationship with the Integrated Care Board:** | Partner Member |
| **Role:** |  |
| **Do you have any relevant interests to declare?**  (delete as appropriate) | **Yes  / No**  ***If yes -*** *document them below & sign the declaration*  ***If no -*** *go straight to the declaration* |

Detail of relevant interests held. Please complete all fields on the following page and then complete the declaration section. Do not leave any blank fields.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **What type of**  **interest is it?**  (Please refer to the table at end of form, then mark the relevant  check box) | | | | **Description of interest**  Please include:   * Company details (if relevant): registered office address, company type, nature of business, company number etc. * For indirect interests, include details of the relationship with the person who has the interest e.g., partner, daughter etc. | **Date interest relates** | |
| **Financial** | **Non-Financial Professional** | **Non-Financial Personal** | **Indirect** | **From:**  (dd/mm/yyyy) | **To:**  (dd/mm/yyyy) |
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**Declaration:**

|  |  |
| --- | --- |
| I confirm that the information provided is complete and correct. | |
| **Signature:** |  |
| **Date:** |  |

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

**Hertfordshire and West Essex ICS Integrated Care Board (ICB)**

**Fit & Proper Persons Declaration**

**Executive & Non-Executive Members and Partner Members**

All organisations regulated by the Care Quality Commission need to ensure that directors meet Regulation 5 of The Health and Social Care Act 2010 (Regulated Activities) Regulations 2014.

The criteria that must be met by a director of an NHS body are as follows:

* 1. the individual is of good character;
  2. the individual has the qualifications, competence, skills and experience which are necessary for the relevant office or position or the work for which they are employed;
  3. the individual is able by reason of their health, after reasonable adjustments are made, of properly performing tasks which are intrinsic to the office or position for which they are appointed or to the work for which they are employed;
  4. the individual has not been responsible for, been privy to, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity or providing a service elsewhere which, if provided in England, would be a regulated activity; and
  5. none of the grounds of unfitness specified in Part 1 of Schedule 4 apply to the individual (e.g. bankruptcy, sequestration and insolvency, appearing on barred lists and being prohibited from holding directorships under other laws).

In assessing an individual's character for the purposes of (a), the matters considered must include those listed in Part 2 of Schedule 4. Specifically, a director will fail the ‘good character’ test if they:

* have been convicted in the United Kingdom of any offence or been convicted elsewhere of any offence which, if committed in any part of the United Kingdom, would constitute an offence;
* have been erased, removed or struck-off a register of professionals maintained by a health care or social care regulator.

**Fit and Proper Person Self-Declaration Form**

HWE ICB needs to make every reasonable effort to gain assurance that Members of its Board are of good character, have the required skills, experience and knowledge and that their health enables them to fulfil their function.

Please complete this self-declaration form accurately, sign, date and return with your application. Where a question contains an \* you will be asked to provide additional information at the end of the form.

* + - 1. Please confirm your current job title(s) and essential job functions:

…………………………………………………………………………………………………

* + - 1. Have you got the qualifications, competence, skills and experience which are necessary for the position for which you are applying?

☐ Yes ☐ No

3. Are you capable by reason of your health, after reasonable adjustments are made, of properly performing tasks which are intrinsic to the office or position for which you are applying?

☐ Yes ☐ No

4. **\***Have you been responsible for, been privy to, contributed to or facilitated any serious misconduct or mismanagement (whether lawful or not) in the course of carrying on a regulated activity or providing a service elsewhere which, if provided in England, would be a regulated activity?

☐ Yes ☐ No

5. \*Have you been convicted in the United Kingdom of any offence or been convicted elsewhere of any offence which, if committed in any part of the United Kingdom, would constitute an offence?

☐ Yes ☐ No

6. \*Have you been erased, removed or struck-off a register of professionals maintained by a health care or social care regulator?

☐ Yes ☐ No

7. Are you an undischarged bankrupt or a person whose estate has had sequestration awarded in respect of it and who has not been discharged?

☐ Yes ☐ No

8. \*Have you been subject to a bankruptcy restrictions order or an interim bankruptcy restrictions order or an order to like effect made in Scotland or Northern Ireland?

☐ Yes ☐ No

9. \*Have you been subject to a moratorium period under a debt relief order of the Insolvency Act 1986?

☐ Yes ☐ No

10. **\***Have you been subject to a composition or arrangement with, or granted a trust deed for creditors and not been discharged in respect of it?

☐ Yes ☐ No

11. \*Have you ever been included in the children’s barred list or the adults’ barred list maintained under section 2 of the Safeguarding Vulnerable Groups Act 2006, or in any corresponding list maintained under an equivalent enactment in force in Scotland or Northern Ireland?

☐ Yes ☐ No

12. Are you prohibited from holding the relevant position under any other law e.g. Companies Act 2006 or the Charities Act 2016?

☐ Yes ☐ No

* + 1. Please provide details of when you last completed a check with the Disclosure and Barring Service (DBS):

Date: Level:

…………………………………… Highlight as appropriate: *Adults/Children/Both*

* + 1. Is there any relevant information regarding any current, upheld or discontinued complaint(s) or other matters tantamount to gross misconduct or serious misconduct or mismanagement including grievances or complaint(s) under any of the ICBs Fit and Proper Person Test Policy?

☐ Yes ☐ No

* + 1. Is there any current, upheld or discontinued disciplinary action under the Trust’s Disciplinary Procedures including the issue of a formal written warning, disciplinary suspension, or dismissal tantamount to gross or serious misconduct that can include but not be limited to:

• Criminal convictions for offences leading to a sentence of imprisonment or incompatible with service in the NHS.

• Dishonesty

• Bullying

• Discrimination, harassment, or victimisation

• Sexual harassment

• Suppression of speaking up

• Accumulative misconduct

☐ Yes ☐ No

* If you have selected any answers with an asterisk, please explain the circumstances here:

………………………………………………………………………………………………….

* I hereby declare that the above is accurate.
* I undertake to notify the ICB immediately if I no longer satisfy the criteria to be a “fit and proper person”.
* I understand that this declaration will be required annually and that the ICB will make its own checks by reviewing the registers of disqualified directors and register of insolvency.
* I accept that my “fit and proper person” status will be subject to review at my annual appraisal.

**Name:**

**Vacancy applied for:**

**Date:**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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