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## 1. Introduction

This policy provides guidance to staff and board members on the procedure to be followed in the event of any gift, hospitality or sponsorship being offered. It also describes standards of business conduct and behaviour that NHS Blood and Transplant (NHSBT) (also referred to as ‘the organisation’) expects from its staff.

Public sector bodies such as the NHS, which are accountable to the public at large, must be impartial and honest in the conduct of their business. In turn, their members of staff and board members should undertake their duties with the highest standards of probity and remain beyond suspicion. Providing best value for taxpayers and ensuring that decisions are taken transparently and clearly, are both key principles in the NHS Constitution. 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 to ensure our finite resources are used in the best interests of patients.

The Conflicts of Interest Policy requires that all staff members and board members with private or personal interests which might affect their role within the organisation, declare these interests on joining the organisation, when their interests change or when the potential for conflict or actual conflict arises.

## 2. Policy Purpose

The policy follows guidance contained in the NHS England guidance on ‘Managing conflicts of interest in the NHS’ (February 2017). The policy also reflects the requirements of the Bribery Act 2010.

The aim of this policy is to ensure that NHSBT has robust procedures and processes in place for the effective management of conflicts of interest and this supports an organisational culture that proactively and positively manages any conflicts. This policy also aims to protect the organisation, its decision-making and stewardship of public funds from any impropriety.

2.1 The policy provides guidance by:

- 2.1.1 Setting out consistent principles and rules;
- 2.1.2 Advising appropriate courses of action for commonly arising situations; and
- 2.1.3 Facilitating good judgement when approaching and managing interests.

## 3. Policy Scope

3.1 This policy applies to all board members, independent members, staff (permanent/ temporary/ contracted, trainees, agency staff, seconded staff, bank staff and joint appointments), self-employed consultants, contractors, sub-contractors, and sub-committee and advisory group members. It also applies to those who are unpaid or volunteers.

3.2 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 guidance, these individuals are referred to as ‘decision making staff.’ Decision making staff in NHSBT are:

- 3.2.1 Executive and Non-Executive Directors (or equivalent roles);

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- 3.2.2 Those at Agenda for Change Band 8A and above, and equivalent medical staff;
  - 3.2.3 Administrative and clinical staff who have the power to enter into contracts on behalf of the organisation;
  - 3.2.4 Administrative and clinical staff involved in decision making concerning the purchasing of goods, medicines and medical devices or equipment.
- 3.3 Some aspects of this policy may not be applicable to non-permanent staff listed under 3.1, as these groups may often have more than one 'employer'. If an individual is unsure as to whether a specific aspect of the policy is applicable to them, advice should be sought from the Company Secretary.

## 4. Explanation of Terms

### 4.1 Definition of a Conflict of Interest

4.1.1 A 'conflict of interest' is defined as "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".<sup>1</sup>

4.1.2 A conflict of interest may be:

i Actual - there is a material conflict between one or more interests

ii Potential - there is the possibility of a material conflict between one or more interests in the future.

4.1.3 Staff may hold interests for which they cannot see potential conflict. However, caution is always advisable because others may see it differently. It will be important to exercise judgement and to declare such interests where there is otherwise a risk of imputation of improper conduct.

4.1.4 As a general guide:

i perception of wrong-doing, impaired judgement or undue influence can be as detrimental as any of them actually occurring;

ii if in doubt it is better to assume a conflict of interest exists and manage it, rather than ignore it; and,

iii financial gain is not necessary for a conflict to exist.

### 4.2 Privileged Information

4.2.1 An individual must not use confidential information acquired in the pursuit of their role within NHSBT to benefit them or another connected person.

4.2.2 Those individuals to whom this policy applies should take care not to provide any third party with a possible advantage by sharing privileged, personal or commercial information, or by providing information that may be commercially useful in advance of that information being made available publicly or any other information that is not

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<sup>1</sup> Paragraph 3.1 of NHS England's Managing Conflicts of Interest in the NHS: Guidance for Staff and Organisations, effective 1 June 2017.

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otherwise available and in the public domain. This includes but is not limited to informing a potential supplier of procurement in advance of other potential bidders.

#### 4.3 **Types of conflicts of interest**

4.3.1 Conflicts of interests can be split into four different categories:

- i Financial Interests;
- ii Non-financial Professional Interests;
- iii Non-financial Personal Interests; and
- iv Indirect Interests.

4.3.2 **Financial Interests** are where an individual may financially benefit from the consequences of a commissioning decision. This could include:

- i A director (including a non-executive director) or senior employee in another organisation which is doing, or is likely to do business with an organisation in receipt of NHS funding;
- ii A shareholder, partner or owner of an organisation which is doing, or is likely to do business with an organisation in receipt of NHS funding;
- iii Someone in outside employment;
- iv Someone in receipt of secondary income;
- v Someone in receipt of a grant;
- vi Someone in receipt of other payments (e.g., honoraria, day allowances, travel or subsistence);
- vii Someone in receipt of sponsored research.

4.3.3 **Non-financial Professional Interests** are 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 could include situations where the individual is:

- i An advocate for a particular group of patients;
- ii A clinician with a special interest;
- iii An active member of a particular specialist body;
- iv An advisor for the Care Quality Commission or National Institute of Health and Care Excellence;
- v In a research role.

4.3.4 **Non-financial Personal Interests** are 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:

- i A member of a voluntary sector board or has a position of authority within a voluntary sector organisation;
- ii A member of a lobbying or pressure group with an interest in health and care.

4.3.5 **Indirect Interests** are 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.

This would include:<sup>2</sup>

- a. Close family members and relatives;
- b. Close friends and associates;
- c. Business partners.

4.3.6 It is not possible to define all instances in which an interest may be a real or perceived conflict. However, if an individual is unsure as to whether an interest should be declared then advice should be sought from the Company Secretary. If in doubt, the individual concerned should assume that a potential conflict of interest exists.

4.3.7 Further guidance on potential types of interest can be found at Appendix 1.

## 5. Roles and responsibilities

5.1 Having interests is not in itself negative; but not declaring and managing them is. Therefore, the organisation will ask annually that decision making staff (see section 3.2 above) declare their interests, even if a nil return.

### 5.2 Chief Executive

5.2.1 The Chief Executive has overall accountability for the NHSBT's approach to managing conflicts of interest.

### 5.3 Board Members and Staff

5.3.1 It is the responsibility of all staff and Board members (including committee and sub-committee members) to:

- i. Familiarise themselves and comply with this policy;
- ii. Declare any conflict of interest in any event within 28 days of identification of the conflict.
- iii. Declare any relevant interests or complete nil returns in accordance with this policy;
- iv. Use common sense and judgement to consider whether the interests you have could affect the way taxpayers' money is spent; and
- v. Avoid undertaking duties, remunerated or otherwise, outside of their employment with NHSBT if it may or does give rise to any actual or potential conflict of interest, or prejudice the standards set out in this policy.

5.3.2 Where staff have not completed and submitted a declaration of interest form and/ or gift and hospitality form, it will be assumed that these individuals have no financial or personal interests

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<sup>2</sup> A common sense approach should be applied to these terms. It would be unrealistic to expect staff to know of all the interests that people in these classes might hold. However, if staff do know of material interests (or could be reasonably expected to know about these) then these should be declared.

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to declare and/ or have not received/ accepted offers of gifts, benefits, or sponsorship of any kind.

- 5.3.3 A nil declaration is required when carrying out the annual declaration of interests exercise by those designated as decision-making in section 3.2. Breaches of this policy will be dealt with under the organisation's disciplinary procedure and may be referred to the Local Counter Fraud Specialist for a potential criminal investigation.

#### **5.4 Line Managers**

- 5.4.1 Must ensure that employees are aware of the policy and processes to be followed for declaring interests;
- 5.4.2 Must raise awareness as part of appraisal process; and
- 5.4.3 Must consider and approve declarations of interest made by their staff and seek advice from the Company Secretary, if needed.

#### **5.5 Company Secretary and Secretariat to Meetings**

- 5.5.1 The Company Secretary will receive and review all completed declarations of interest and gifts and hospitality forms and provide advice on such matters. The Company Secretary will also hold and publish a register of declared interests and a gifts and hospitality register.
- 5.5.2 The secretariat to the Board and Board Committees will ensure, where a member of any such meeting has a conflict of interest that has been identified in advance, that member does not receive any papers or other information relating to that conflict of interest or where applicable, the conflicted member attends the meeting, but does not take part in decision making, where required.
- 5.5.3 The secretariat at meetings must ensure, in consultation with the Chair of the meeting, there are arrangements for the management of the meeting's business in the event the Chair has a conflict of interest.
- 5.5.4 The secretariat must also ensure any declared conflicts and how they are managed are accurately recorded in the meeting's minutes.

#### **5.6 Other Actions at Board and Board Committees Meetings**

- 5.6.1 If an interest is declared at Board or Board Committee meetings but there is no risk of a conflict arising then no action is warranted. However, if a material interest is declared on the Board or Board Committee agenda or that arise during the meeting where it is believed that there could be a personal conflict, time should be taken to consider it. If that person is the chair, the Board or Committee should appoint one of their number to chair the discussion which would:
- i. decide whether there is a conflict which may involve a vote from non-conflicted members
  - ii. decide how to address the conflict, if there is one, which could then mean
    - a) continuation of the meeting with the conflicted person present if all are comfortable with their input but ensuring they are not part of the decision (i.e. they provide specialist knowledge),
    - b) the exclusion of them from discussion of the agenda item but they may hear the conversation or



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- c) asking them to temporarily remove themselves from the meeting.

## **5.7 People Directorate**

5.7.1 The People Directorate will ensure that newly appointed staff completes a declaration of interest form.

## **5.8 Audit, Risk and Governance Committee**

5.8.1 The Audit, Risk and Governance Committee is responsible for reviewing this policy and recommending to the Board for approval. The Committee is also responsible for monitoring compliance to provide the Board with assurance that standards of probity and propriety are being maintained. This will be done through six-monthly review of the registers and any other reports brought to the committee on an exception basis.

5.8.2 The Audit, Risk and Governance Committee will ask its internal auditors to review its processes and policies around the management of interests at least once every three years.

## **6. Declarations of Interest**

6.1 NHSBT will ensure that regular declarations of interest are made and recorded, and in any event:

- i. On appointment;
- ii. At meetings;
- iii. On changing role or responsibility or other relevant change of circumstance; and
- iv. When prompted by NHSBT, annually.

6.1.1 **On appointment:** applicants for any appointment to NHSBT and its Board should be asked to declare any relevant interests as part of the recruitment process. When an appointment is made, a formal declaration of interests should be made and recorded.

6.1.2 **At meetings:** all attendees should be asked under a standing item on the agenda of the meeting, to declare any interest they have in any agenda item before it is discussed or as soon as it becomes apparent. Declarations of interest made should be recorded in the minutes of the meeting.

Where an individual is unable to provide a declaration in writing, e.g., if a conflict becomes apparent during a meeting, they will make an oral declaration, which will be recorded in the minutes of the meeting and complete a written declaration form as soon as possible (where applicable) thereafter but no later than 28 days.

6.1.3 **On changing role or responsibility:** Where an individual changes role or responsibility within the organisation, any change to the individual's interests should be declared immediately.

6.1.4 **On any other change of circumstances:** wherever an individual's circumstances change in a way that affects the individual's interests (e.g., where an individual takes on a new role outside the organisation or sets up a new business or relationship), a further declaration should be made to reflect the change in circumstances. This could involve a conflict of interest ceasing to exist or a new one materialising.

- 6.2 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:
- i. restricting staff involvement in associated discussions and excluding them from decision making
  - ii. removing staff from the whole decision making process
  - iii. removing staff responsibility for an entire area of work
  - iv. removing staff from their role altogether if they are unable to operate effectively in it because the conflict is so significant.
- 6.3 Staff who declare material interests should make their line manager or the person(s) they are working to aware of their existence.
- 6.4 Declarations are made by completing and signing the Declaration of Interest form on ESR within 10 days.  
For non-permanent staff with no access to ESR, this form is available on [Link](#).
- 6.5 In the case of declarations made during a Board/ Committee meeting, the minutes ought to reflect the method by which the conflict management solution was arrived at.

## 7. Common Situations

- 7.1 Outside Employment
- 7.1.1 Staff should declare any existing outside employment (whether paid or unpaid) on appointment and any new outside employment (whether paid or unpaid) when it arises.
  - 7.1.2 Where a risk of conflict of interest arises, the general management actions outlined in this policy should be considered and applied to mitigate risks.
  - 7.1.3 Where contracts of employment or terms and conditions of engagement permit, permanent staff will be required to seek prior approval from the organisation to engage in outside employment.
  - 7.1.4 NHSBT may also have legitimate reasons within employment law for knowing about outside employment of staff, even when this does not give rise to risk of a conflict.
  - 7.1.5 The above may only be applicable to permanent staff. If an individual is in doubt, advice should be sought from the Company Secretary.
- 7.2 Advisory boards
- 7.2.1 NHSBT staff may benefit from acting in a non-executive or in an advisory role in external organisations, and the knowledge and skills they develop may then have a benefit to NHSBT. As there is the potential for conflict, before a role is accepted appropriate prior agreement should be sought as follows:



- NEDs and Executives should seek the permission of the Chair who may also seek guidance from other NED colleagues and the Company Secretary
- Decision making staff and equivalent medical staff should seek prior permission from their Line Executive plus another Executive colleague whose role is such that they would be most unlikely to experience a Conflict
- A note should be retained to identify who gave permission for these roles to be accepted.
- Should the Chair wish to take up new roles outside of NHS BT they would request such permission from the Department of Health and Social Care.

7.2.2 Template for record keeping of advisory board approval can be found at Appendix 4.

### 7.3 Partnerships and Companies

7.3.1 Staff should declare, as a minimum, any shareholdings and other ownership interests in any non-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 NHSBT.

7.3.2 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.

7.3.3 There is no need to declare shares or securities held in collective investment or pension funds or units of authorised unit trusts.

### 7.4 Third Party Transactions

7.4.1 Declarations should include relevant third party transactions. This includes where, in any organisation either seeking to do business or is doing business with the NHS, a person or a close family member or a partner with whom they jointly own or control a business: have ownership; control; or are a senior manager.

### 7.5 Intellectual Property

7.5.1 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 NHSBT.

7.5.2 Staff should seek prior permission from NHSBT before entering into any agreement with bodies regarding product development, research, work on pathways etc., where this impacts on the NHSBT's time, or uses its equipment, resources, or intellectual property.

7.5.3 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.

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## 7.6 Loyalty Interests

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

- i. 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.
- ii. Sit on advisory groups or other paid or unpaid decision-making forums that can influence how an organisation spends taxpayers' money.
- iii. Are, or could be, involved in the recruitment or management of close family members and relatives, close friends and associates, and business partners.
- iv. 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.

## 7.7 Clinical Private Practice

7.7.1 Clinical staff should declare all private practice on appointment, and/or any new private practice when it arises including:

- i. Where they practise
- ii. What they practise (specialty, major procedures)
- iii. When they practise (identified sessions/ time commitment).

7.7.2 Clinical staff should (unless existing contractual provisions require otherwise or unless emergency treatment for private patients is needed):

- i. Ensure that, where there would otherwise be a conflict or potential conflict of interest, NHS commitments take precedence over private work
- ii. Not accept direct or indirect financial incentives from private providers other than those allowed by [Competition and Markets Authority guidelines](#).

## 7.8 Procurement

7.8.1 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.

7.8.2 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.

7.8.3 Procurement arrangements, for instance with pharmaceutical or medical devices companies, should be at a corporate rather than an individual level (i.e. through the Procurement Department), and must be subject to the agreement of a divisional director / head of department.

## 8. Gifts

- 8.1 A 'gift' is defined as "any item of cash or goods, or any service, which is provided for personal benefit, free of charge, or at less than its commercial value"<sup>3</sup>.
- 8.2 Staff should not accept any gifts or rewards that may affect, or be seen to affect, their professional judgement; or be perceived to affect the outcome of a business transaction.
- 8.3 Any personal gift of cash or cash equivalent (e.g. vouchers) in any circumstances, must be declined and declared.
- 8.4 **Gifts from suppliers or contractors**
- 8.4.1 Gifts from suppliers or contractors doing business (or likely to do business) with the organisation should be declined, whatever their value (subject to 8.4.2 below)
- 8.4.2 Low cost branded promotional aids such as pens or post-it notes may, however, be accepted where they are under the value of £6 in total and need not be declared.
- 8.5 **Gifts from other sources (for example from patients, families, service users)**
- 8.5.1 Gifts of cash and vouchers to individuals should always be declined
- 8.5.2 Staff should not ask for any gifts
- 8.5.3 Gifts valued at over £50 should be treated with caution and only be accepted on behalf of NHSBT, not in a personal capacity. These should be declared by staff.
- 8.5.4 Modest gifts accepted under a value of £50 do not need to be declared
- 8.5.5 A common-sense approach should be applied to the valuing of gifts (using an actual amount, if known, or an estimate that a reasonable person would make as to its value)
- 8.5.6 Multiple gifts from the same source over a 12-month period should be treated in the same way as single gifts over £50 where the cumulative value exceeds £50.
- 8.6 **What should be declared**
- 8.6.1 Staff name and their role with the organisation.
- 8.6.2 A description of the nature and value of the gift, including its source.
- 8.6.3 Date of receipt.
- 8.6.4 Any other relevant information (for example circumstances surrounding the gift, action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

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<sup>3</sup> NHS England's Managing Conflicts of Interest in the NHS: Guidance for staff and organisations effective 1 June 2017.

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## 9. Hospitality

- 9.1 Hospitality means offers of meals, refreshment, travel, accommodation, and other expenses in relation to attendance at meetings, conferences, education and training events etc.<sup>4</sup>
- 9.2 Staff should not ask for, or accept, hospitality that may affect or be seen to affect their professional judgement.
- 9.3 Staff receiving hospitality should always be prepared to justify why it has been accepted and be mindful that even hospitality of a small value may give rise to perceptions of impropriety and might influence behaviour.
- 9.4 **Principles for accepting hospitality**
- 9.4.1 The offer of hospitality, if there is a suspicion that the offer may have a corrupt intention, may constitute a bribe, and must be declined and declared and reported to the Local Counter Fraud Specialist.
- 9.4.2 Hospitality declined must be declared using the gift and hospitality form.
- 9.4.3 Hospitality must only be accepted when there is a legitimate business reason; and if it is proportionate to the occasion, nature, and purpose of the event. Staff should ask themselves if the offer of hospitality is excessive, if the frequency can be justified, or if the offer could it be construed as being able to influence a decision or cast doubt on the integrity of a decision. If in doubt, contact your line manager or the Company Secretary.
- 9.4.4 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 prior to acceptance.
- 9.4.5 Staff should be particularly cautious about accepting hospitality during a procurement exercise. Any hospitality accepted must be declared and must be approved by the appropriate executive director prior to acceptance.
- 9.5 **Principles for accepting meals and refreshments**
- 9.5.1 Under a value of £25 - may be accepted and need not be declared.
- 9.5.2 Of a value between £25 and £75<sup>5</sup> - may be accepted and must be declared.
- 9.5.3 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 of interest as to why it was permissible to accept.

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<sup>4</sup> NHS England's Managing Conflicts of Interest in the NHS: Guidance for staff and organisations effective 1 June 2017.

<sup>5</sup> 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>

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- 9.5.4 A common-sense approach should be applied to the valuing of meals and refreshments (using an actual amount, if known, or a reasonable estimate).
  - 9.5.5 Declarations must be made within 10 days and where possible in advance.

## **9.6 Principals for accepting travel and accommodation payments**

- 9.6.1 Modest offers to pay some or all the travel and accommodation costs related to attendance at events may be accepted but must be declared.
- 9.6.2 Offers which go beyond modest or are of a type that the organisation itself might not usually offer, need approval by senior staff, and should only be accepted in exceptional circumstances, and must be declared. A clear reason should be recorded on the register(s) of interest as to why it was permissible to accept travel and accommodation of this type.

A non-exhaustive list of examples include:

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

## **9.7 Donations**

- 9.7.1 A donation is a charitable financial payment, which can be in the form of direct cash payment or through the application of a will or similar directive. Charitable giving and other donations are often used to support the provision of health and care services. As a major public sector employer, the NHS holds formal and informal partnerships with national and local charities. Staff will, in their private lives, undertake voluntary work or fundraising activities for charity. A supportive environment across the NHS and charitable sector should be promoted. However, conflicts of interest can arise.
- 9.7.2 Donations made by suppliers or bodies seeking to do business with NHSBT 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.
- 9.7.3 Staff should not actively solicit charitable donations unless this is a prescribed or expected part of their duties at NHSBT or is being pursued on behalf of NHSBT's charity and is not for their own personal gain.

## **9.8 Sponsored Events**

- 9.8.1 Sponsorship of events by appropriate external bodies will only be approved if a reasonable person would conclude that the event will result in clear benefit to the organisation and the NHS. Advice from a manager should be sought.
- 9.8.2 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 which they could gain a commercial advantage, and which is not in the public domain already.

9.8.3 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.

9.8.4 Training and Conferences

- i. If staff are invited to give lectures, speeches, or broadcasts in a private or official capacity, they may do so, but this must be declared. Prior approval is required from their line manager.

Staff may attend training, seminars and conferences paid for by a company, but there must be clear benefit to NHSBT, and this benefit outweighs any potential perceived impact on the objectivity of their future decision making.

**9.9 Sponsored Research**

9.9.1 Research is vital to transform services and improve outcomes. Without sponsorship of research some beneficial projects might not happen. Partnerships between the NHS and external bodies on research are important for driving innovation and sharing best practice. However, there is potential for conflicts to occur, particularly when research funding by external bodies does or could lead to commercial advantage.

9.9.2 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, NHSBT, 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.

9.9.2 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 NHSBT.

**9.10 Sponsored Posts**

9.10.1 External sponsorship of a post requires prior approval from NHSBT. Rolling sponsorship of posts should be avoided unless appropriate checkpoints are put in place to review and withdraw if appropriate.

9.10.2 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.

9.10.3 Sponsored post holders must not promote or favour the sponsor's products, and information about alternative products and suppliers should be provided.

9.10.4 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.



### 9.11 Declaration of gifts, hospitality and sponsorship

Declarations of gifts, hospitality and sponsorship are made by completing the Declaration of gifts, hospitality and sponsorship form on ESR.

For non-permanent staff with no access to ESR, a declaration of gifts, hospitality and sponsorship form can be found via this link. This form is available on Link. Declarations must be made within 10 days.

### 9.12 Additional information

9.12.1 Appendix 2 provides further guidance on managing gifts, hospitality and sponsorship.

9.12.2 Further questions and answers on managing conflicts of interests are detailed in the [‘Managing conflicts of interest in the NHS: Q&A for NHS Provider managers’](#) published by NHS England.

## 10. Register of Interests

10.1 The Company Secretary, on behalf of NHSBT will maintain the following registers of interests:

10.1.1 Board of Directors Register of Interest

10.1.2 Decision Making Staff Register of Interest

10.1.3 Staff Register of Interest (staff who do not fall under the category of decision makers but declare an interest).

10.1.4 Register of Gifts and Hospitality.

10.2 Because of their influence in the spending of taxpayers’ money, decision making staff will be prompted six-monthly to review declarations, and as appropriate, update them including nil declarations. A decision-making staff register of interests will be reviewed six-monthly by the Audit, Risk and Governance Committee. In addition, all decision-making staff will be required to make an annual attestation that their declarations are up to date.

10.3 Interests will remain on the public register for a minimum of six months after the expiration of the interest. NHSBT will retain a private record of historic interests for a minimum of six years after expiration.

10.4 When conflicts are entered on the register, sufficient information about the nature of the interest and the details of those holding the interest will be recorded.

## 11. Breaches of the Conflicts of Interest Policy

### 11.1 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.

NHSBT takes the failure to disclose information as required by this policy seriously. Failure to manage conflicts of interest could lead to criminal proceedings including for offences such as fraud, bribery and corruption. This could have implications for NHSBT. If an individual deliberately fails to declare an interest or the full details of an interest, this may result in disciplinary action being undertaken.

## **11.2 Identifying, investigating and reporting breaches**

11.2.1 Staff who are aware of actual breaches of this policy, or who are concerned that there has been, or may be, a breach, should report these concerns to their line manager or the Company Secretary.

11.2.2 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. Further information about how concerns should be raised can be found in the organisation's Whistleblowing Policy or by speaking to the Freedom to Speak Up Guardian.

11.2.3 Where staff suspect a breach, in the first instance they should speak to their line manager, or the Company Secretary. However, concerned staff can also contact the Local Counter Fraud Specialist.

11.2.4 The organisation will investigate each reported breach and give relevant parties the opportunity to explain and clarify any relevant circumstances.

11.2.5 Following investigation, NHSBT will:

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

## **11.3 Taking action in response to breaches**

11.3.1 Action taken in response to breaches of this Policy will be in accordance with the disciplinary procedures of NHSBT and could involve the People Directorate and Local Counter Fraud Specialist.

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

- i. Clarification or strengthening of existing Policy, process and procedures.
- ii. Consideration as to whether HR /employment law/ contractual action should be taken against staff or others.

- iii. Consideration being given to escalation to external parties. This might include referral of matters to external auditors, the NHS Counter Fraud Authority, the Police, statutory health bodies (such as NHS England and NHS Improvement or the Care Quality Commission), and/or health professional regulatory bodies.

#### **11.4 Imposing sanctions**

- 11.4.1 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.
- 11.4.2 Sanctions should 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:
  - i Informal action (such as reprimand or signposting to training and/or guidance).
  - ii Formal disciplinary action (such as formal warning, the requirement for additional training, re-arrangement of duties, re-deployment, demotion, or dismissal).
  - iii Reporting incidents to the external parties described above for them to consider what further investigations or sanctions might be.
  - iv Contractual action, such as exercise of remedies or sanctions against the body or staff which caused the breach.
  - v Legal action, such as investigation and prosecution under fraud, bribery and corruption legislation.

#### **11.5 Learning and transparency concerning breaches**

- 11.5.1 Reports on any breaches, the impact of these, and action taken will be considered by the Audit, Risk and Governance Committee.
- 11.5.2 To ensure that lessons are learnt and management of interests can continually improve, anonymised information on breaches, the impact of these, and action taken will be prepared and made available for inspection by the public upon request.
- 11.5.3 A Conflicts of Interest Policy Breach Reporting Form can be found in Appendix 3 and on [Link](#).

## **12. Training and Implementation**

- 12.1 Information on the content of this policy is provided as part of the recruitment process.
- 12.2 The Company Secretary will send reminders to all staff on an annual basis about the need to declare interests and receipt of gifts and hospitality.

## **13. Monitoring Compliance with the Document**

- 13.1 The policy requires all decision-making staff to make an annual declaration of interest. This is monitored and reported annually to the Audit, Risk and Governance Committee.

- 13.2 Adherence by all staff to the policy, which covers gifts and hospitality, will also be monitored annually by the Audit, Risk and Governance Committee.
- 13.3 Spot checking to monitor adherence to the policy will be undertaken from time to time.
- 13.4 The table below outlines the process for monitoring compliance with this policy.

<b>Element/Activity being monitored</b>	<b>Lead/roles</b>	<b>Reporting arrangements and frequency</b>	<b>Recommendations/actions</b>
Policy review	Author	Audit, Risk and Governance Committee, yearly	The policy will be reviewed subject to new or amended pertinent legislation/ guidance published and/or evolution in best practice.
Breaches	Company Secretary	Audit, Risk and Governance Committee As and when they arise	Appropriate action will be taken
Assurance on Compliance	Company Secretary	Audit, Risk and Governance Committee Annually	

## 14. References and associated documentation

14.1 In February 2017 NHS England published “Managing Conflicts of Interest in the NHS”. Organisations were asked to implement the measures outlined in the policy from 1 June 2017. This document can be accessed by clicking on [this link](#).

14.2 NHSBT related policies:

- a) Anti-Fraud, Bribery and Corruption
- b) Disciplinary Policy
- c) Fit and Proper Persons Policy
- d) Whistleblowing Policy

## Appendix 1 - Guidance on potential types of interests

Types of interest	Description
<b>Financial Interests</b>	<p>This is where an individual may get direct financial benefits from the consequences of a commissioning decision. This could, for example, include being:</p> <ul style="list-style-type: none"> <li>• 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;</li> <li>• A shareholder (or similar owner 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;</li> <li>• A management consultant for a provider;</li> <li>• In secondary employment;</li> <li>• In receipt of secondary income from a provider;</li> <li>• In receipt of a grant from a provider;</li> <li>• In receipt of any payments (for example honoraria, one off payments, day allowances or travel or subsistence) from a provider;</li> <li>• 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</li> <li>• 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).</li> </ul>
<b>Non-Financial Professional Interests</b>	<p>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:</p> <ul style="list-style-type: none"> <li>• An advocate for a particular group of patients;</li> <li>• A GP with special interests e.g., in dermatology, acupuncture etc.</li> <li>• A member of a particular specialist professional body (although routine GP membership of the RCGP, BMA or a medical defence organisation would not usually by itself amount to an interest which needed to be declared);</li> <li>• An advisor for Care Quality Commission (CQC) or National Institute for Health and Care Excellence (NICE);</li> <li>• A medical researcher.</li> </ul>
<b>Non-Financial Personal Interests</b>	<p>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:</p> <ul style="list-style-type: none"> <li>• A champion for a provider;</li> <li>• A volunteer for a provider;</li> <li>• A member of a voluntary sector board or has any other position of authority in or connection with a voluntary sector organisation;</li> </ul>

	<ul style="list-style-type: none"> <li>• Suffering from a particular condition requiring individually funded treatment;</li> <li>• A member of a lobby or pressure groups with an interest in health.</li> </ul>
<p><b>Indirect Interests</b></p>	<p>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, this should include:</p> <ul style="list-style-type: none"> <li>• Spouse / partner;</li> <li>• Close relative e.g., parent, grandparent, child, grandchild or sibling;</li> <li>• Close friend;</li> <li>• Business partner.</li> </ul>

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**Appendix 2 - Guidance on the acceptance of gifts, hospitality and sponsorship**


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Gift/ Hospitality	Acceptable	Approval Required	Declarable
Low value promotional gifts such as: diaries/ calendars under £6.00.	Yes*	No	No
Gifts of cash or gift vouchers (any amounts) - persons offering cash should be advised of the existence of the NHSBT's Charity as an alternative.	No - to be declined**	N/A	Yes, regardless of value
Infrequent working breakfast	Yes*	N/A	Only if considered greater than £25.00 in value.
Infrequent working lunch	Yes*	N/A	Only if considered greater than £25.00 in value.
Biscuits, chocolates, flowers, alcohol from patients/ relatives/ friends of patients	Yes*	N/A	Only if considered greater than £50.00 in value.
Other forms of commercial sponsorship including drug company sponsorship for example to attend a conference, study leave			
Holiday accommodation	No - to be declined**	N/A	Yes
Gifts/ equipment offered by contractors/ potential suppliers	No - to be declined**	N/A	Yes

\* Acceptable where the gift/ hospitality does not create a sense of obligation or constitute an incentive or bribe.

\*\* Where it is felt that declining the gift will cause offence, approval should be sought on how best to handle receipt of the gift – for example by submitting it to a team fund/ raffling the gift etc. Under such circumstances, the fear of causing offence should not create a conflict of interest for the recipient.

**Appendix 3 - Conflicts of Interest Policy Breach Reporting Form**

Date of Breach	
Details of breach of the conflicts of interest policy	
Immediate Action Taken	
Actions Taken to Mitigate the Risk	
Learning/Actions Arising: [Please complete and state None if nothing/no action]	
Any Other Information	
Date Line Manager or Company Secretary was notified of breach	

I certify that the information I have given in this declaration form is correct and to the best of my knowledge. Should it later be discovered that I have given false information, I understand that my employment/contract could be terminated by dismissal and that I may be subject to criminal investigation.'

Name of employee..... Signature of Employee.....

Date.....

Name of Line Manager.....Signature of Line Manager.....

Date.....

This form must be completed and returned to the Company Secretary at [CompanySecretary@nhsbt.nhs.uk](mailto:CompanySecretary@nhsbt.nhs.uk) within five working days of the breach being reported.

**Appendix 4 - Approving Advisory Board Roles**

About You	
Name	
Job title	
Details of the role on an Advisory Board for which approval is sought	
Executive Approval	
Line Executive Name	
Job title	
Will this role lead to a perceived or real conflict of interest?	
How will the conflict of interest be managed?	
Signature	
2nd Executive Name	
Job title	
Signature	
Date approved	
Non-executive/ Chair Approval	
Name	
Title	
Signature	
Date approved	

Please submit your completed form to the Company Secretary at [CompanySecretary@nhsbt.nhs.uk](mailto:CompanySecretary@nhsbt.nhs.uk)