

## Changes in this version

Conversion to new Board Level Policy format. Removal of process elements of prior version which will now be incorporated into separate process guidance.

## 1. Policy Purpose

- 1.1 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.
- 1.2 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](#).
- 1.3 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. Scope of Application

- 2.1 This policy applies to all Board members, independent members of Board Committees, 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.
- 2.2 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:
  - Executive and Non-Executive Directors (or equivalent roles);
  - Those at Agenda for Change Band 8A and above, and equivalent medical staff;
  - Administrative and clinical staff who have the power to enter into contracts on behalf of the organisation;
  - Administrative and clinical staff involved in decision making concerning the purchasing of goods, medicines and medical devices or equipment.
- 2.3 Some aspects of this policy may not be applicable to non-permanent staff listed under 2.1, 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.

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### 3. Policy statement and detail

- 3.1 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. Having interests is not in itself negative; but not declaring and managing them is. Therefore, NHSBT will ask annually that decision making staff (see section 2.2 above) declare their interests, even if a nil return.

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> A conflict of interest may be:

- 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.

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.

As a general guide:

- perception of wrong-doing, impaired judgement or undue influence can be as detrimental as any of them actually occurring;
- if in doubt it is better to assume a conflict of interest exists and manage it, rather than ignore it; and,
- financial gain is not necessary for a conflict to exist.

### 3.2 Types of conflicts of interest

Conflicts of interests can be split into four different categories:

- Financial Interests;
- Non-financial Professional Interests;
- Non-financial Personal Interests; and
- Indirect Interests.

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

- 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;
- 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;
- Someone in outside employment;
- Someone in receipt of secondary income;
- Someone in receipt of a grant;
- Someone in receipt of other payments (e.g., honoraria, day allowances, travel or subsistence);
- Someone in receipt of sponsored research.

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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.

- 3.2.2 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:
- An advocate for a particular group of patients;
  - A clinician with a special interest;
  - An active member of a particular specialist body;
  - An advisor for the Care Quality Commission or National Institute of Health and Care Excellence;
  - In a research role.
- 3.2.3 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:
- A member of a voluntary sector board or has a position of authority within a voluntary sector organisation;
  - A member of a lobbying or pressure group with an interest in health and care.
- 3.2.4 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:
- Close family members and relatives;
  - Close friends and associates;
  - Business partners.

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.

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.

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

### 3.3 Declarations of Interests

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

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

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. In addition, all decision-making staff will be required to make an annual attestation that their declarations are up to date.

The process for recording declarations of interest is set out in the Conflicts of Interest procedure guide.

### 3.4 Privileged Information

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

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 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.

### 3.5 Gifts

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>2</sup>.

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.

Any personal gift of cash or cash equivalent (eg. vouchers) in any circumstances, must be declined and declared.

#### 3.5.1 Gifts from suppliers or contractors

Gifts from suppliers or contractors doing business (or likely to do business) with NHSBT should be declined, whatever their value, unless they constitute low cost branded promotional aids such as pens or post-it notes and total less than £6 in value. Trivial promotional items such as this do not need to be declared.

#### 3.5.2 Gifts from other sources (for example from patients, families, service users)

- Gifts of cash and vouchers to individuals should always be declined
- Staff should not ask for any gifts
- 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.
- Modest gifts accepted under a value of £50 do not need to be declared

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)

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.

3.5.3 Guidance on the procedure to be followed in the event of any gift, hospitality or sponsorship being offered can be found in the Gifts and Hospitality Procedure document associated with this policy.

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<sup>2</sup> NHS England's Managing Conflicts of Interest in the NHS: Guidance for staff and organisations effective 1 June 2017.

### 3.6 Hospitality

Hospitality means offers of meals, refreshment, travel, accommodation, and other expenses in relation to attendance at meetings, conferences, education and training events etc. <sup>2</sup>.

Staff should not ask for, or accept, hospitality that may affect or be seen to affect their professional judgement.

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.

#### 3.6.1 Principles for accepting hospitality

- 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.
- Hospitality declined must be declared using the gift and hospitality form.
- 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 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.
- 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 Management approval must be obtained prior to acceptance.
- 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.

#### 3.6.2 Principles for accepting meals and refreshments

- Under a value of £25 - may be accepted and need not be declared.
- Of a value between £25 and £75 <sup>3</sup> - may be accepted and must be declared.
- Over a value of £75 - should be refused unless (in exceptional circumstances) Senior Management approval is given. A clear reason should be recorded on the organisation's register 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).

Declarations must be made within 10 days and where possible in advance.

#### 3.6.3 Principals for accepting travel and accommodation payments

Modest offers to pay some or all the travel and accommodation costs related to attendance at events may be accepted but 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 Management, 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:

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<sup>3</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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- offers of business class or first class travel and accommodation (including domestic travel)
  - offers of foreign travel and accommodation.

### 3.7 Donations

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.

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.

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.

### 3.8 Sponsored Events

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.

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.

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.

#### 3.8.1 Training and Conferences

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.

### 3.9 Sponsored Research

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.

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.

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.

### 3.10 **Sponsored Posts**

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.

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.

### 3.11 **Breaches of Conflicts of Interest Policy**

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.

#### 3.11.1 Identifying, investigating and reporting breaches

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.

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.

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.

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

Following investigation, NHSBT 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 the 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.

### 3.11.2 Taking action in response to breaches

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

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, 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.

### 3.11.3 Imposing sanctions

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 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:


- 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.

### 3.11.4 Learning and transparency concerning breaches

Reports on any breaches, the impact of these, and action taken will be considered by the Audit, Risk and Governance Committee.



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.

A Conflicts of Interest Policy Breach Reporting Form can be found through the following link  [Conflicts of Interest Policy Breach Reporting Form.docx](#)

## 4. Roles and responsibilities

### 4.1 Chief Executive

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

### 4.2 Executive Lead

The Executive Lead accountable for managing conflicts of interest is the Director of Quality.

### 4.3 Company Secretary and Governance Team

The Company Secretary and Governance Team 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.

The Company Secretary will work with the relevant Board Chair and/or Board Committee Chair to ensure, that where a Board or Board Committee member declares a conflict of interest that has been identified in advance, appropriate measures are taken to manage risk that could arise. This can include, but is not limited to:

- the individual not receiving papers or other information relating to the conflict of interest,
- the individual not attending any part of the meeting where the subject of the conflict of interest is being discussed,
- the individual not taking part in decision making.

If an interest is declared during a Board or Board Committee meeting but there is no risk of a conflict arising then no action is warranted. However, if a material interest is declared during a 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 decide whether there is a conflict which may involve a vote from non-conflicted members and if so how to address the conflict, which could be:

- continuation of the meeting with the conflicted person present if all are comfortable with their input but ensuring they are not part of decisions (ie. they provide specialist knowledge),
- the exclusion of them from discussion of the agenda item but they may hear the conversation, or
- asking them to temporarily remove themselves from the meeting.

Where it is the Chair of the Board/Board Committee who has the conflict of interest the Company Secretary will ensure arrangements are in place to permit the meeting's business to be undertaken.

The Company Secretary will ensure any declared conflicts and how they are managed are accurately recorded in the relevant meeting's minutes.

#### 4.4 **Decision Making Staff** (as defined in section 2.2)

Decisions making staff must complete an annual declaration of their interests, or confirm that they have none by way of a nil return. Breaches of this policy will be dealt with under NHSBT's disciplinary procedure and may be referred to the Local Counter Fraud Specialist for a potential criminal investigation.

#### 4.5 **Board Members and Staff**

It is the responsibility of all staff and Board members (including Board Committee and Executive Committee members) to:

- Familiarise themselves and comply with this policy;
- Declare any conflict of interest in any event within 28 days of identification of the conflict.
- Declare any relevant interests or complete nil returns in accordance with this policy and the Conflicts of Interest and Gifts and Hospitality procedures;
- Use common sense and judgement to consider whether the interests they have could affect the way taxpayers' money is spent; and
- 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.

Where staff (who are not decision making 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 to declare and/or have not received/ accepted offers of gifts, benefits, or sponsorship of any kind.

#### 4.6 **Line Managers**

Line Managers must ensure that employees are aware of the policy and processes to be followed for declaring interests. They should raise awareness as part of the appraisal process and through team meetings.

Line Managers are responsible for considering and approving declarations of interests made by their staff, seeking advice from the Company Secretary, if needed.

#### 4.7 **People Directorate**

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

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

The Audit, Risk and Governance Committee is responsible for reviewing this policy and recommending it 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 reviews of the Board and decision-making staff registers of interests and annual reviews of the conflicts of interest process and policy by the Audit, Risk and Governance Committee.

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.

## 5 Training and awareness

Information on the content of this policy is provided as part of the recruitment process.

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.

## 6 Reporting in relation to policy

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

- Board of Directors Register of Interest
- Decision Making Staff Register of Interest
- Staff Register of Interest (staff who do not fall under the category of decision makers but declare an interest).
- Register of Gifts and Hospitality.

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.

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.

6.2 The Company Secretary will report to the Audit, Risk and Governance Committee every six-months in relation to Board and decision making staff interests, and annually in relation to the effectiveness of the process and this policy itself.

## 7 Related policies and procedures

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](#).

[The policy also reflects the requirements of the Bribery Act 2010.](#)

NHSBT related policies (available via the [NHSBT Sharepoint](#)):

- Anti-Fraud, Bribery and Corruption
- Disciplinary Policy
- Whistleblowing Policy (Freedom to Speak Up)

## 8 Policy Review and Compliance Monitoring

| Element/Activity being monitored | Lead/roles        | Reporting arrangements and frequency                               | Recommendations/actions  |
|----------------------------------|-------------------|--|--|
| Policy review                    | Company Secretary | Audit, Risk and Governance Committee<br><br>Annually               | The policy will be reviewed subject to new or amended pertinent legislation/ guidance published and/or evolution in best practice. |
| Assurance on Compliance          | Company Secretary | Audit, Risk and Governance Committee<br><br>Six monthly            | Review of Board and Decision making staff Registers of Interests and Gifts and Hospitality Register and approvals.                 |
| Policy/process effectiveness     | Company Secretary | Audit, Risk and Governance Committee<br><br>Annually               | Annual report on effectiveness of policy/processes   |
| Breaches                         | Company Secretary | Audit, Risk and Governance Committee<br><br>As and when they arise | Appropriate action will be taken   |

## 9 Version Control and RACI view

| Version         | Owner                                 | Approved by and basis of changes   | Approved Date                          | Effective Date | Date of Next Review |
|-----------------|---------------------------------------|--|--|----------------|---------------------|
| 1               | Company Secretary                     | Initial version of Policy<br>Executive Team<br>ARGC<br>Board   | 03/05/2023<br>19/05/2023<br>06/06/2023 | 01/06/2023     | June 2024           |
| 2               | Company Secretary                     | Conversion to new Board Level Policy format with removal of process elements which will form separate process guidance.<br>Executive Lead<br>ARGC<br>Board | 09/05/2024<br>16/05/2024<br>Tbc        | 06/06/2024     | June 2025           |
|                 |                                       |  |  |                |                     |
|                 |                                       |  |  |                |                     |
| (R) Responsible | Company Secretary                     |  |  |                |                     |
| (A) Accountable | Chief Executive / Director of Quality |  |  |                |                     |
| (C) Consultees  | People directorate                    |  |  |                |                     |
| (I) Informed    | All Board members and Staff           |  |  |                |                     |